

# FORVIS™

## PHE END COUNTDOWN: SENIOR LIVING & LONG- TERM CARE IMPACTS

April 13, 2023



# TO RECEIVE CPE CREDIT

- You must respond to at least 3 of the 4 polling questions per CPE hour
- You must be logged in for a minimum of 50 minutes per every CPE hour in order to receive CPE credit

# DISCLAIMER

The educational materials provided herein, & the topics covered in this session are based on guidelines established by the Centers for Medicare & Medicaid Services (CMS).

These materials were created to provide information regarding leading practices, service code regulations, impact on pay for performance, & additional strategies. Materials relied upon the date of this report & education, would need to be evaluated further for continued applicability as regulations are updated frequently. **FORVIS** has no contractual obligation to update these materials & disclaims all liability relating thereto.

We have created these materials subject to consulting standards, not attest standards & our activities do not constitute an audit &, accordingly, we are not issuing an opinion or providing assurance relative to the subject matter.

**FORVIS**

# MEET THE PRESENTERS



**Juli Pascoe, CPA**

Partner

[juli.pascoe@forvis.com](mailto:juli.pascoe@forvis.com)



**Andy Page, CPA**

Partner

[andy.page@forvis.com](mailto:andy.page@forvis.com)



**Julie Bilyeu**

Managing Director

[julie.bilyeu@forvis.com](mailto:julie.bilyeu@forvis.com)



**Sherri Robbins, RN, BSN, CLNC, RAC-CTA,  
LNHA**

Senior Managing Consultant

[sherri.robbs@forvis.com](mailto:sherri.robbs@forvis.com)

# AGENDA

- Impact of the End of the PHE
  - Operational
  - Billing
  - Clinical
  - Medicaid Reimbursement
- Be Prepared
- Q&A

# Operational Impacts

---



# COVID-19 REPORTING REQUIREMENTS

In May 2020, the interim final rule required nursing homes to report various data to the CDC through the NHSN system & to notify residents & families of COVID-19 infections

- Failure to report results in civil monetary penalties

The Home Health PPS final rule added a sunset date of December 31, 2024 for most reporting except for vaccinations status

- Nursing homes must continue to report COVID-19 data in NHSN
- Nursing homes must continue to notify patients/families

# COVID-19 TESTING REQUIREMENTS

## Implemented by CMS With September 2020 Final Rule

- Requires COVID-19 testing of residents & staff according to specifications outlined by the HHS secretary
  - Outbreak testing in response to signs & symptoms

## Vaccine Education/Offering

- Implemented by CMS with the May 2021 final rule
  - Requires education on risks & benefits of vaccination to staff & patients
  - Offers assistance in accessing vaccinations

## Staff Vaccination Mandate

- Required staff & volunteers to be vaccinated or granted an exemption
- Has been challenged in court but still upheld
- Requirements may evolve with the future of vaccines

## Parameters of Outbreak Testing Have Changed

- Testing based on identified close contact
- Testing based on high-risk exposure

← POST-PHE SHOULD FOLLOW RECOMMENDED CDC GUIDANCE →



# Billing Impacts

---



# UNWINDING OF MEDICAID

- To receive increased Medicaid funding, states had to meet several conditions including continuous coverage
  - Beneficiaries were not subject to income-based eligibility determinations
  - Medicaid could not disenroll anyone unless they requested to be disenrolled, moved out of state, or expired

# UNWINDING OF MEDICAID

**CMS is  
allowing for a  
12-month  
unwinding  
period**

- Providers should be aware of their state's re-determination process
- Communicate with residents/responsible parties on providing renewal forms, documents, etc. & updating contact information with the state if necessary
- Monitor eligibility & patient resource changes

# 1135 WAIVERS

Waived qualifying hospital stay requirement for Medicare Part A eligibility

Allowed for a one-time renewal of the SNF benefit period without a 60-day wellness period if the PHE resulted in a delay or prevented the patient from commencing or completing their current benefit period

No longer in effect for admissions 5/12 forward

Part A patients must have a qualifying hospital stay

★ *The industry is advocating for a permanent repeal*

Beneficiaries will once again be limited to a maximum benefit period of 100 days with a 60-day wellness period to reset benefits

**FORVIS**

# VACCINES

Effective July 1, 2023, consolidated billing regulations will be in place for vaccines administered to patients in a covered Medicare stay

SNF can bill to Medicare B, other providers would look to SNF for payment

CMS will pay approximately \$40/dose for administering COVID-19 vaccines through the end of the calendar year

Effective January 1, vaccines will pay approx. \$30/dose

# TELEHEALTH

- Under the PHE, CMS waived certain requirements including location
- The Consolidated Appropriations Act of 2023 extended flexibilities through December 31, 2024
  - Beneficiaries can continue to receive telehealth services at any site regardless of location
  - OT, PT, SLP, & audiologists can continue to furnish telehealth
  - Effective August 9, 2023, providers must use HIPAA approved technology

# Clinical Impacts

---



# 1135 WAIVERS

## Nurse Aide Training

- CMS implemented a waiver related to training & certification of nurse aides
- Waiver terminated in June 2022; however, due to backlogs nationwide, CMS made additional waivers available at state & local levels with varying approval dates
- Nurse aides will have 4 months from the end of PHE to complete training/certification



# PRE-ADMISSION SCREENING & RESIDENT REVIEW (PASRR)

## PASRR Requirement Waived by CMS

- Allows for admission to nursing home without prior completion of the PASRR
- Purpose was to assist hospitals by allowing them to bypass a process that previously created delays

## Waiver Will End With the PHE

- Recommended to reach out to referral sources now to make sure they are aware

# RESIDENT ROOMMATES & GROUPING

## CMS Waived Requirement to Allow Flexibility in Containing COVID-19

- No longer allowed residents to choose roommates or refuse relocation
- Purpose was to help contain COVID-19

## Waiver Will End With the PHE

- Once ended, it is important to effectively mitigate COVID-19 while preserving resident rights

# RESIDENT TRANSFER & DISCHARGE



- Waiver allowed for transfer of residents to other locations for the purposes of containing COVID-19
- Waiver will end with the PHE
  - Important to continue to practice mitigation strategies after the end of PHE

# ALCOHOL-BASED HAND RUB



- Requirements related to placement of alcohol-based hand rub to create greater access to residents & staff
- Waiver will end with the PHE
  - Possible that CMS will take action to maintain increased access due to the heightened focus on infection control

# VACCINES, TESTS, TREATMENTS, & SUPPLIES

- Several programs & initiatives appeared during the PHE
- Medicare will continue to cover vaccines, tests, & treatments under certain circumstances
  - Concerns about access to tests for screening purposes such as point of care & at-home testing
  - The industry continues to advocate for continued access to supplies & resources to protect residents & staff post-PHE

# State Medicaid Reimbursement

---



# STATE MEDICAID REIMBURSEMENT – PHE IMPACTS

As of January 2023, there were twelve states with supplemental Medicaid funding tied to the PHE

States will lose the ability to extend “add-ons”, supplements, etc. that are tied to the PHE

This creates a bit of a scramble to protect revenue streams during the 2023 State Budget Cycles

# STATE MEDICAID REIMBURSEMENT – STATE RESPONSE

In response to the PHE sunset, many states are calling on legislators to enact permanent increases – at or above the levels paid during the PHE

## Some States Have Been Successful

### PENNSYLVANIA

17.5% increase for  
2023 (~\$35/day)

### FLORIDA

~\$300M earmarked in  
additional funding for  
implementation of \$15/hour  
minimum wage

### ILLINOIS

\$700M increase in mid-  
2022



# STATE MEDICAID REIMBURSEMENT – NEXT STEPS



- Many State Associations are modeling costs to lobby for a “post-pandemic” rebase of rates
- Get involved! If there are surveys/data requests/etc., be sure to participate
- The PHE has changed our business ... Let’s use it as a catalyst for permanent change with Medicaid payment reform

# Be Prepared

---



# PREPARING FOR THE END OF PHE

## Educate Admissions & Referral Sources

- Hospital stay waiver ending
- PASRR requirements changing

## Educate Billing Staff on Waivers Ending & the Impact on Billing

## Reach out to the State Regarding the Process for Re-Eligibility of Medicaid

## Educate Staff on COVID-19 Reporting & Vaccination Requirements Post-PHE

# FORVIS™

## Q&A



# CONNECT WITH THE PRESENTERS



**Juli Pascoe, CPA**

Partner

[juli.pascoe@forvis.com](mailto:juli.pascoe@forvis.com)



**Andy Page, CPA**

Partner

[andy.page@forvis.com](mailto:andy.page@forvis.com)



**Julie Bilyeu**

Managing Director

[julie.bilyeu@forvis.com](mailto:julie.bilyeu@forvis.com)



**Sherri Robbins, RN, BSN, CLNC, RAC-CTA,  
LNHA**

Senior Managing Consultant

[sherri.robbs@forvis.com](mailto:sherri.robbs@forvis.com)

# PHE End Countdown Series

Thursdays • 3–4 p.m. ET

**REGISTER NOW**



# CONTINUING PROFESSIONAL EDUCATION (CPE) CREDIT



**FORVIS, LLP** is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: [www.nasbaregistry.org](http://www.nasbaregistry.org)

**FORVIS**

# CPE CREDIT

- CPE credit may be awarded upon verification of participant attendance
- For questions, concerns, or comments regarding CPE credit, please email FORVIS at [cpecompliance@forvis.com](mailto:cpecompliance@forvis.com)



# Thank you!

**forvis.com**

The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by FORVIS or the author(s) as to any individual situation as situations are fact specific. The reader should perform its own analysis and form its own conclusions regarding any specific situation. Further, the author(s) conclusions may be revised without notice with or without changes in industry information and legal authorities. FORVIS has been registered in the U.S. Patent and Trademark Office, which registration is pending.

# **FORVIS**

**Assurance / Tax / Advisory**