

Report on Medicare Compliance Volume 30, Number 45. December 20, 2021 CO's Personal Experience With Waiver Raises Questions About Its Use, Discharge Planning

By Nina Youngstrom

COVID-19 waivers got very personal for one compliance officer when a skilled nursing facility (SNF) refused to use the waiver of the three-day qualifying hospital stay to bill Medicare Part A for her 85-year-old aunt's September admission after a total knee arthroplasty (TKA). As a result, the compliance officer picked up the tab for services that could have been covered by Medicare Part A, while the SNF billed Medicare Part B for rehabilitation. The situation was particularly troublesome because she said the same SNF was willing to bill Medicare fully with the waiver in June when her aunt had a TKA on the other knee.

"This isn't sitting well with me," said the compliance officer, a nurse and attorney who prefers not to be identified. "The SNF said we are not doing the COVID waiver anymore." She was also dismayed when she said the hospital that performed the TKA mentioned it had "a deal" for patients in a similar boat: They could pay the SNF \$199 a night for room and board while the other services would still be covered by Medicare Part B. The compliance officer felt stuck; her aunt lives alone, and home health wasn't going to cut it.

Although SNFs are not required to use the blanket waiver for the three-day qualifying stay before the SNF admission, which CMS created at the dawn of the pandemic to free up hospital beds, the patient's situation raises several compliance and patient-satisfaction issues for hospitals and SNFs, said Ronald Hirsch, M.D., vice president of R1 RCM. He wonders why the SNF wouldn't use the waiver, which states, "Using the authority under Section 1812(f) of the Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who experience dislocations, or are otherwise affected by COVID-19." All it had to do was bill the admission with the DR (disaster-related) condition code, Hirsch said.

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