QIO Office Hours COVID-19
Hot Topics with MDS and Managed Care in the face of COVID19

April 16, 2020

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Qsource.
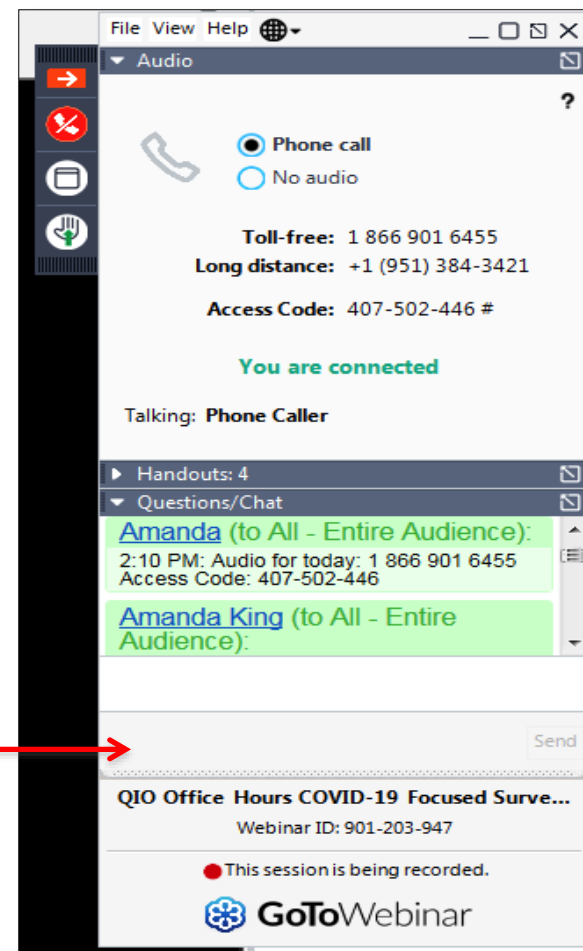
Agenda

- Opening Remarks
- Housekeeping
- Presentation
- Q&A
- Closing Remarks

Housekeeping Items: Chat

- To ensure maximum sound quality, participant lines have been muted; however we welcome ALL questions and comments via the chat box on the right hand side of your screen

- To submit questions or comments:
  - Use the chat box

Polling Question

Which of the following sources do you prefer to receive professional development opportunities and information? Select your top 3:

- ➢ Webinars/Webcasts
- ➢ Podcasts/Short audio recordings/On-demand learning sessions
- ➢ Online Journal Articles and/or Blogs
- ➢ Email network/ListServ with links to online resource
- ➢ Social Media (twitter, facebook, linkedin)
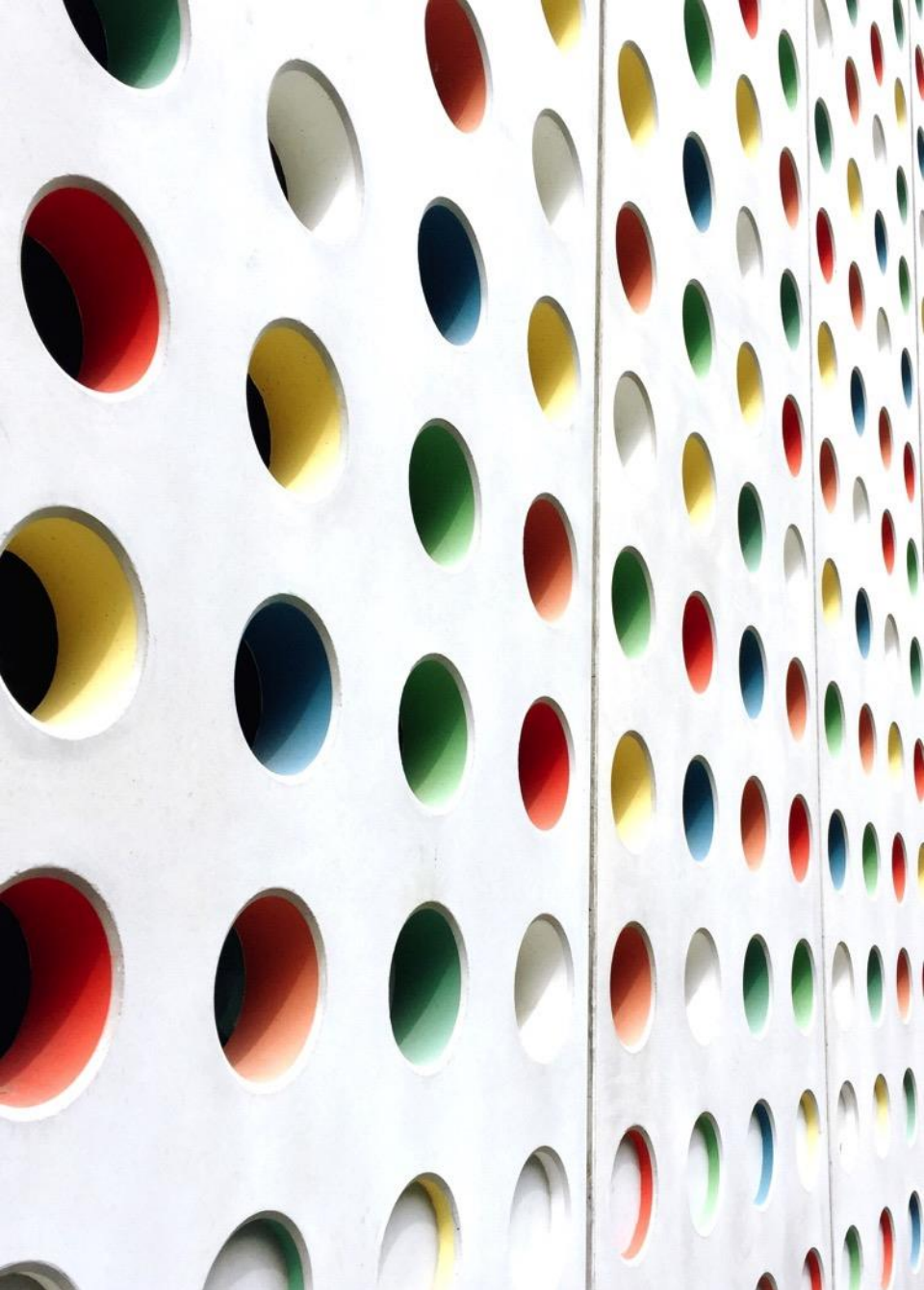
Hot Topics with MDS and Managed Care in the face of COVID-19

ROSANNA BENBOW, RN, CCM, DNS-CT, RAC-CT

Leading Transitions
Post Acute Care Consultation and Staffing

OBJECTIVES

Become familiar with state and federal updates to waivers and relief efforts for post acute providers

Identify when isolation procedures can be coding on the Minimum Data Set

Understand basic rules for diagnosis coding for COVID19

Understand Managed Care efforts to relieve the burdens of prior authorizations

CMS WAIVERS

1135 Waiver

This is a waiver that is often issued with natural disasters- though the COVID19 waiver did something new- waiving the need for a 3 night stay and referencing "continuation" of benefits.

"Blanket Waiver"- this doesn't mean the waiver applies to every scenario, but that providers do not have to apply to use the waiver.

Waivers are currently highly misunderstood and many providers appear to be misusing.

Waiver benefit	The fine print	Comment
Waives the requirement for a 3-day prior hospitalization for coverage of a SNF stay	For those people who are evacuated, transferred, or otherwise dislocated as a result of the effect of disaster or emergency. Also, certain beneficiaries who recently exhausted their SNF benefits, can renew their coverage without first having to start a new benefit period	Applies to Medicare Part A FFS beneficiary who needs skilled care but cannot access acute care in a hospital. Admissions can be from community, observation stays, emergency rooms or from existing long-stay population. Beneficiary MUST meet requirements for skilled care
Renewed coverage for extended care services up to 100 days	Beneficiary must have begun or is ready to begin the process of ending their spell of illness	By definition, the "chronically skilled" vent or tube fed person had not begun nor was ready to begin the process of ending their spell of illness...and therefore do not qualify for another 100 days. Here the word "renewed" caused much confusion.
Relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission	No specific guidance provided as of this writing	Don't make up new MDS definitions or backdate.

Credit to McKnights

Infection and Isolation

Prevention vs Active Treatment

Prevention- interventions to prevent the spread of potentially infected patients while either new to facility, or suspected cases not yet diagnosed.

Active treatment- active diagnosis of infectious process with antibiotics, antivirals, respiratory treatments, and other interventions for a provider diagnosed condition. Treatment would be present in the specific lookback period. (7-14 days)

RAI Definition for Isolation

"Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission."

CDC and APIC guidelines are referenced

Code for "single room isolation" only when all of the following conditions are met:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.

2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.

3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.

4. The resident must remain in his/her room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

ICD10 Coding for COVID 19

COVID-19 Infections (Infections due to SARS-CoV-2)

a) Code only confirmed cases Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient.

Presumptive positive COVID-19 test results should be coded as confirmed. A presumptive positive test result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC). CDC confirmation of local and state tests for COVID-19 is no longer required.

If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID19, do not assign code U07.1. Assign a code(s) explaining the reason for encounter (such as fever) or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

b) Sequencing of codes

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients as indicated in Section . I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium. For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock

c) Acute respiratory illness due to COVID-19

(i) Pneumonia For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.

(ii) Acute bronchitis For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.

(iii) Lower respiratory infection If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

(iv) Acute respiratory distress syndrome For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

Exposure, Screening

d) Exposure to COVID-19 For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out. For cases where there is an actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, see guideline a).

e) Screening for COVID-19 For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline d). If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline g).

Signs/Symptoms vs Asymptomatic

f) Signs and symptoms without definitive diagnosis of COVID-19 For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as: • R05 Cough • R06.02 Shortness of breath • R50.9 Fever, unspecified If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code. This is an exception to guideline I.C.21.c.1, Contact/Exposure.

g) Asymptomatic individuals who test positive for COVID-19 For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

Managed Care Efforts

Health Plan	Suspension Duration	Other Requirements?	Line of Business	Official Announcement
Aetna	3/25/20 – 4/24/20 (30 days)	Must notify w/in 24 hours	Commercial Medicare Advantage	https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/provider-pa-post-acute-and-ny-acute-3-26-20.pdf
Anthem	3/16/20 – 6/14/20 (90 days)	Approval x 3 days, must notify w/in 24 hours; 5 days approved with standard auth process; SNF-to-SNF may be prescreened	Commercial Medicare Advantage	https://providernews.anthem.com/indiana
Anthem MCD		Approval x 7 days, notify w/in 24 hours, only prescreen from a higher level of care	Medicaid	https://providernews.anthem.com/indiana/article/important-covid-19-update-prior-authorization-and-other-policy-adjustments-1
BCBS of MI				BUSINESS AS USUAL
Care Source				BUSINESS AS USUAL
Cigna	3/23/20 – 5/31/20	Press release does not address – notify w/in 24 hours	Commercial Medicare Advantage	https://www.cigna.com/newsroom/news-releases/2020/cigna-makes-it-easier-for-hospitals-to-focus-on-covid-19-by-helping-accelerate-patient-transfers
Humana	4/1/20 – ?	Prescreen IN-Network; no auth for OP/Part B auths; auth OON	All plans	https://www.humana.com/coronavirus/covid19-humana-member-resources
IU Health	3/6/20 – ?	AUTH is required but IUHP will allow OON providers to admit as IN-network	All plans	https://s3.amazonaws.com/iuhealthplans/page-content/IU-Health-Plans-Coverage-and-Payment-Related-During-COVID_EMergency-2020.04.03.pdf?mtime=20200403092438
MDwise				BUSINESS AS USUAL
MHS			Medicaid	
MHS AmBetter			Exchange	BUSINESS AS USUAL
TriCare				
UHC	3/23/20 – 5/31/20	Must notify w/in 24 hours to avoid penalties	Commercial Medicare Advantage	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/pa-covid19-updates.html

Indiana State Efforts

Indiana Efforts

COVD19 Units- 50% increase to Medicaid rates to offset cost of staff and equipment, etc

Potential CMI adjustments to compensate for the diverted efforts and resources of 2nd Q CMI

Allowance of Personal Care Attendants with online training courses

Relaxed timelines for PASSR completion

Relaxed timeline for TB screening

Less surveys- only focusing on infection control and priority complaints

Resources

ICD10 Coding https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

RAI Manual https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf

CMS Waivers https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
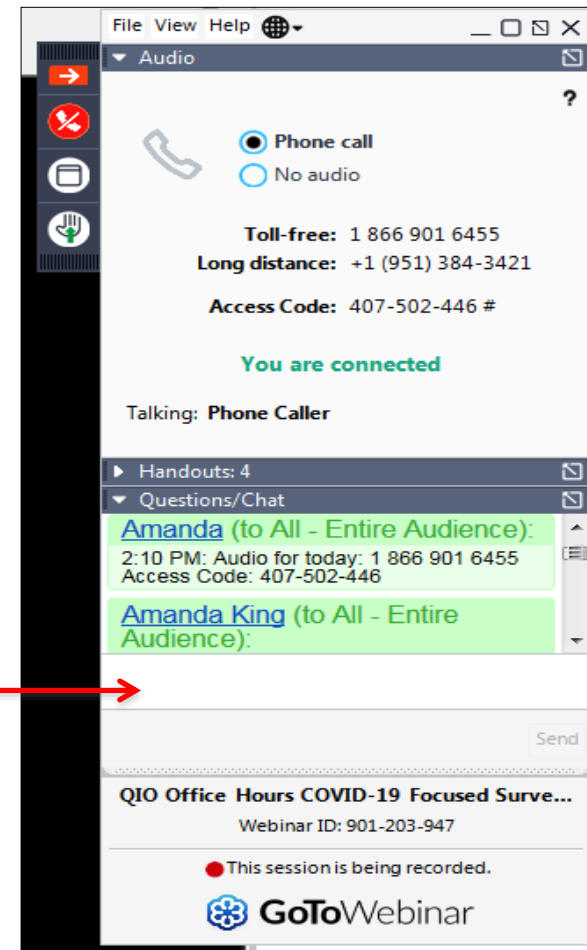
McKnights Article on Waivers https://www.mcknights.com/blogs/guest-columns/waiver-or-not-here-i-come/

IN.gov updates https://coronavirus.in.gov/

ISDH https://www.ihca.org/ISDH-Guidance/

Questions?

- To submit questions or comments:
  - Use the chat box

Polling Question

What additional resources do you need most right now?

➢ Policies/Waivers

➢ Activity Ideas for Residents during COVID-19

➢ Surveillance Tools

➢ Infection Control Education and Training

➢ Resident Transfer Resources

ResourceHub.Exchange

ResourceHub.Exchange is our online warehouse of tools, resources, podcast and webinars.

All items are available to users for FREE, but some do require a registration to the site to access.

Simply create an account and you'll have access to more than 1,000 downloadable tools and resources along with hundreds of On-Demand Learning opportunities!

Type "**ResourceHub.Exchange**" into your browser to get started.
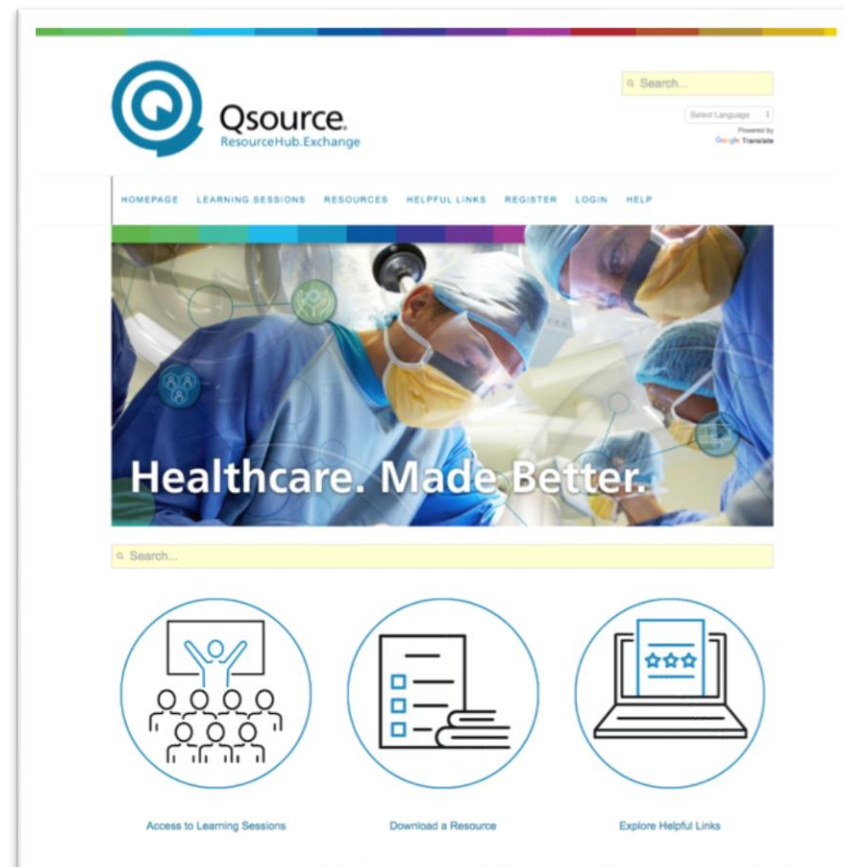
Q Tips Podcasts for Nursing Homes

Get great tips from Qsource as part of our QTips Podcast series. Available each week and sent directly to your email in-box.

Podcast 1 | Qsource Assistance Overview

URL: https://bit.ly/2UV6x2S

Podcast 2 | Dining Assistant Waiver

URL: https://bit.ly/2wnF1Bq

Podcast 3 | Temporary Blanket Waivers for Resident Care Facilities

URL: https://bit.ly/2VnBcot

Q Tips Podcasts for Nursing Homes

Get great tips from Qsource as part of our QTips Podcast series. Available each week and sent directly to your email in-box.

Podcast 4 | Voluntary Resident Leave of Absence During COVID-19

URL: https://bit.ly/3c9gQpA

Podcast 5 | Caring for Residents and Families Mental Health

URL: https://bit.ly/2Rzneyt

Podcast 6 | MDS and Case Management in the midst of COVID-19

URL: https://bit.ly/3a3pPaj

On-Demand Learning

We also make each Office Hour available for On-Demand Learning to share with peers.

Office Hours | COVID-19 Focused Survey for Nursing Homes

URL: https://bit.ly/2RCWfCq

Office Hours | How to Safely and Effectively Handle Vendors in Your Facility During COVID-19

URL: https://bit.ly/2K1oZQT

New Resource: Virtual Meeting Guide

We've developed a new resource to help you in conducting virtual meetings...

whether online or by phone.

Includes:

• Software options

• How to Plan a Meeting

• How to Conduct a Meeting

• Rules and Etiquette

• Conference Call BINGO!

Find it on ResourceHub.Exchange

Virtual Meeting Guide

Thank you for joining us!

Please complete the survey that will come up as you exit the webinar – we value your feedback in developing future events!

Please visit us at www.Qsource.org/qio

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Qsource.

Connect with Us

Facebook
www.facebook.com/QsourceLiveWell

Twitter
www.twitter.com/Qsource

LinkedIn
www.linkedin.com/in/qsource-healthcare-consultants

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Qsource.