Guidance on Documentation for Use of COVID-19 SNF Waivers

Pursuant to CMS authority under Section 1135 of the Social Security Act, CMS announced several waivers of requirements that would normally be in place for providers to receive reimbursement under Medicare or Medicaid. Most significant are the waiver of the 3-day prior inpatient hospital stay and the 60-day break in spell-of-illness requirements for skilled nursing facility (SNF) Part A benefit eligibility.

It is foreseeable that after the emergency declaration is rescinded, the Centers for Medicare and Medicaid Services (CMS) either through the Officer of the Inspector General (OIG) or through contractors will look to ensure that Medicare dollars were spent appropriately without fraud, waste and abuse.

Documentation will be critical to elucidate an organizations rationale for the use of the waivers. When evaluating your use of the waivers, it is important to focus on CMS' goal to take "**aggressive actions and exercising regulatory flexibilities to help healthcare providers contain the spread of 2019 Novel Coronavirus Disease (COVID-19)".**

AHCA/NCAL has provided key documentation guidelines for supporting the employment of these waivers.

1. ***Reinforce commitment to code of conduct and internal policies regarding accurate assessment, documentation, and appropriate billing.*** The fact that CMS is temporarily releasing some of its requirements and procedures does not imply that compliant practices are also relaxed. Communication or education on the topic of compliance should be documented, either through signatures, minutes or copy of email communications.

2. ***Document and define the process you will use to implement the waivers and make coverage determinations.*** The documented process could be as simple as stating that you will be utilizing the **AHCA Skilled SNF Coverage Decisions Under COVID-19 Waivers flowcharts** (on the AHCA/NCAL Coronavirus website under Finance & Reimbursement Issues) in the context of state and local market needs in response to COVID-19.

    a. Develop a checklist that outlines local market needs that can be utilized for each patient assessed for waiver eligibility such as
        - Dates of state, local and federal key directives like state hospital orders to free up beds in response to COVID-19,
        - State emergency declarations
        - Area news highlighting impact of COVID-19
        - State level data from www.healthdata.org/covid
        - Any internal organizational communication that updates on current organizational environment and any information or changes that were made on state, local or federal guidelines.

    Create a folder or file with the above documentation to support overall contextual decision making.

b. Employ the AHCA developed waiver flowcharts as well as CDC and CMS COVID-19 infection control guidance to document patient specific decision making. Organizations should consider including the actual flowchart with circled responses in the medical record demonstrating support of the physician order or the attestation that the patient met the criteria for level of care (LOC).

3. ***Clearly document medical necessity.*** Documentation should clearly support the rationale for decision making including why the patient is requiring the care being delivered and why the particular care being provided is appropriate to the diagnosis, illness or condition.
   Refer to the SNF coverage guidelines as defined in Chapter 8, Section 30 of the Medicare Benefit Policy Manual. A signed physician certification will not suffice, the documentation needs to clearly support the order. The patient assessment, physician documentation delineating the reason why patient should be skilled in place versus discharging to hospital, hospital notes that may document rationale for not admitting a patient or discharging early should all be culled and recorded.

4. ***Develop a checklist for each the medical record to remind staff to capture the following information.***
   - ☐ Meets 1135 waiver criteria as evidenced by completed waiver tracking flowcharts
   - ☐ Signed physician certification authorizing LOC
   - ☐ Diagnosis and documentation support of LOC
   - ☐ Bed is properly temporarily certified by the State per waiver of 42 CFR 483.90 (in cases where a previously non-certified bed/location is being used under the waiver).
   - ☐ Medicare Part A claims applying the 1135 waivers contain the appropriate “DR” condition code (Part A claims) or “CR” (Part B claim lines) modifier codes per CMS Medicare Fee-for-Service Billing FAQs.

5. ***Audit a sample number of charts to assess performance on listed steps.*** Being able to demonstrate a commitment to internal monitoring helps validate organizations dedication to doing the right thing. It also enables the organization to course correct should issues be identified.