# FAQs on Alignment of SNF Regulatory Waivers, MDS Guidance, and Payment During COVID-19 Resident Isolation

AHCA has developed this FAQ document to help providers navigate how the various CDC and CMS COVID-19 guidance and Section 1135 waivers interact with current MDS-RAI coding guidance and payment models in SNFs specific to situations where it is determined that a resident requires isolation related to the COVID-19 virus. This guidance is intended to provide context to help guide provider decisions and will be updated as necessary as new government policies and guidance are issued.

## 1. CDC and CMS Isolation Policy and Guidance Related to COVID-19

The CMS COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers document states that:

> "CMS is waiving the requirements in 42 CFR 483.10(e) (5), (6), and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms and/or residents with a confirmed diagnosis of COVID-19, and separating them from residents who are asymptomatic or tested negative for COVID-19. This action waives a facility's requirements, under 42 CFR 483.10, to provide for a resident to share a room with his or her roommate of choice in certain circumstances, to provide notice and rationale for changing a resident's room, and to provide for a resident's refusal a transfer to another room in the facility. This aligns with CDC guidance to preferably place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents."

**Question: Does this mean that a provider can cohort into the same room residents who have a confirmed diagnosis of COVID-19, or are presumed to be positive due to signs and symptoms consistent with CDC and CMS COVID-19 isolation guidance?** For example, a member asked: *"We are creating negative pressure sub-units in certain wings of our facilities. Every individual placed in these portions of the unit will be COVID positive. We want to be able to optimize the number of beds we have available within the negative pressure area (the size of which is limited by the air flow capacity of the air scrubber machines we are using) without putting so many beds behind the negative pressure curtain that we need to discharge or transfer non-COVID patients to another SNF."*

**Answer:** Remember, the top priority during this pandemic is to prevent the spread of the virus. If it appears that the only option available at the time to *"place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents"* then this waiver would allow providers to cohort residents that meet the CDC and CMS COVID-19 isolation guidance into the same room. Please refer to the AHCA Cohorting LTC Residents During COVID-19 guidance for more information.

## 2. CMS MDS-RAI Isolation Policy and Coding Guidance Related to COVID-19

**Question: Has CMS published any updated MDS-RAI guidance related to completing item *O0100M – Isolation for active infectious disease (does not include standard precautions)*?**

**Answer:** No. In a recent email received from CMS the Agency indicates that providers should continue to code residents for the O0100M isolation item per current MDS-RAI manual instructions. The current MDS guidance for this MDS item is in Chapter 3 of the MDS 3.0 RAI Manual v 1.17.1 October 2019.

**Question: Is CMS considering revising the MDS-RAI manual guidance related to item O0100M to permit for coding resident status as in a cohorted same-room isolation per COVID-19 CDC and CMS guidance?**

**Answer:** CMS is aware of provider concerns related to this issue. AHCA will share any updated guidance as it becomes available.

## 3. Payment Policy Implications Related to Cohorting Isolation Patients in the Same Room Under CDC and CMS COVID-19 Guidance

**Question: Will cohorting in the same room patients who have a confirmed diagnosis of COVID-19, or are presumed to be positive due to signs and symptoms consistent with CDC and CMS COVID-19 isolation guidance impact payments?**

**Answer:** Per currently available CMS COVID-19 related isolation policy and guidance related to COVID-19 we believe that payment models that rely on case-mix classification models that use the MDS O0100M Isolation Item to determine the case-mix classification payment rate (i.e. PDPM, RUGs in some Medicaid case-mix states, and some Medicare Advantage plans) may classify COVID-19 isolation patients cohorted into the same room into a lower paying payment rate than COVID-19 isolation patients that are isolated by themselves. The potential impact on payment models that are not dependent on MDS item O0100M data may vary depending on how the models are priced under the contracted arrangements.

**Question: Is CMS considering revising PDPM payment policy to permit appropriate payment for residents cohorted into the same isolation room per COVID-19 CDC and CMS guidance? What about other payers (i.e. State Medicaid, Medicare Advantage, etc.) where there may be similar concerns.**

**Answer:** CMS is aware of provider concerns related to this issue. AHCA will share any updated guidance as it becomes available. If this issue also applies to other payers, providers will need to contact their state Medicaid agency, Medicare Advantage plan, or other payers directly to seek clarification or changes in payment policy to account for the increased costs associated

with resident isolation when residents are cohorted into the same isolation room during the COVID-19 emergency.

**Question: How can providers assure adequate cash-flow during the COVID-19 national emergency while awaiting any updated CMS policies or guidance related to this issue?**

**Answer:** AHCA recommends that providers consider applying for an accelerated payment to address cash-flow concerns as CMS sorts through the various unresolved payment policy issues identified as the COVID-19 Section 1135 waivers and other COVID-19 related policies are implemented. CMS recently announced accelerated and advance payment provisions that permit providers to submit a request to their MAC on a simple form to obtain accelerated payments for Medicare Part A and Part B services for up to three months of historical billing. Providers will still be able to submit and be paid for claims during this period. After 120 days for receipt of the payment, providers will have a flexible process to repay during the subsequent 90 days. This AHCA FAQ document contains additional details regarding the process and MAC contact information and links.