

Utilization Review/Case Management Updates

Background

Utilization Review

CMS is waiving certain requirements which address the statutory basis for hospitals and includes the requirement that hospitals participating in Medicare and Medicaid must have a utilization review plan that meets specified requirements.

- ✓ CMS is waiving the entire Utilization Review (UR) condition of participation which requires that a hospital must have a UR plan with a UR committee that provides for a review of services furnished to Medicare and

Medicaid beneficiaries to evaluate the medical necessity of the admission, duration of stay, and services provided. These flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.

The intent of removing these administrative requirements is to allow hospitals to focus more resources on providing direct patient care.



Detailed Discharge Planning for Hospitals and CAHs

CMS is waiving the requirement to provide detailed information regarding discharge planning, described below:

- ✓ The hospital, psychiatric hospital, and CAH must assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, home health agency (HHA), skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), and long-term care hospital (LTCH) quality measures and resource use measures. The hospital must ensure that the post-acute care data on quality measures and resource use measures is relevant and applicable to the patient's goals of care and treatment preferences.
- ✓ Medicare's Discharge Planning Regulations (which were updated in November 2019) requires that hospitals assess the patient's needs for post-hospital services, and the availability of such services. When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any post-acute service provider. For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.¹

During the Public Health Emergency (PHE), assisting patients in utilizing publicly reported quality data to select a post-acute provider will not be enforced, but hospitals must still work with patients and families to ensure the patient discharge is to post-acute care that is able to meet the patient's needs



Limiting Detailed Discharge Planning for Hospitals

CMS is waiving all the requirements related to post-acute care services to expedite the safe discharge and movement of patients among care settings, and to be responsive to fluid situations in various areas of the country. CMS is waiving the more detailed requirement that hospitals ensure those patients are discharged home and referred for HHA services, or transferred to a SNF for post-hospital extended care services, or transferred to an IRF or LTCH for specialized hospital services, must:

- ✓ Include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient.
- ✓ Inform the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services.
- ✓ Identify in the discharge plan any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare.

These waivers acknowledge that due to the PHE a patient may not be able to receive a comprehensive list of nursing homes in the discharge area and make a choice of their ideal provider. However, the patient must still be discharged only to a post-acute provider able to meet the patient's specific care needs.



3-Day Stay

SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are otherwise affected by the emergency, such as those who are (1) evacuated from a nursing home in the emergency area, (2) discharged from a hospital (in the emergency or receiving locations) in order to provide care to more seriously ill patients, or (3) need SNF care as a result of the emergency, regardless of whether that individual was in a hospital or nursing home prior to the emergency.

CMS will also provide renewed coverage for extended care services which will not first require starting a new spell of illness for such beneficiaries, who can then receive up to an additional 100 days of SNF Part A coverage for care needed as a result of the above-captioned emergency. This policy will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances.



Home Bound

A beneficiary is considered homebound when their physician advises them not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contract COVID-19. As a result, if a beneficiary is homebound due to COVID-19 and needs skilled services, an HHA can provide those services under the Medicare Home Health benefit.



Flexibility in Patient Self Determination Act Requirements (Advance Directives)

CMS is waiving the requirements which require hospitals and CAHs to provide information about their advance directive policies to patients.

Guidance

- ✓ Review waiver guidelines with Utilization Review/Case Management staff.
- ✓ Ensure patients receive sufficient information and discharge planning activities to meet the requirements outlined.
- ✓ Communicate revisions to the 3-day rule and homebound definition to key partners in the hospital's community to ensure patients can be transferred to another level of care efficiently.



Sources

1. <https://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf-2>
2. <https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf> ■