

## New Medicare Plan for COVID-19 Medicare Waiver

In response to COVID-19, CMS is empowered to take proactive steps through 1135 waivers and rapidly expand the Administration’s aggressive efforts against COVID-19. As a result, CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay. This waiver provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period.

Within NetSolutions, a new Medicare A plan will need to be set up for the modified requirements. Following are the steps for creating the new plan. Once the new plan is set up, it will be attached to each applicable resident on their reimbursement table. NOTE: At this time, CMS has provided no guidance on the actual billing requirements or reimbursement rates for these waived claims. As more information is received, we will communicate any necessary changes needed.

### Setting Up a New Medicare Waiver Plan

You can copy the existing Medicare A plan, then modify it to allow for more than 100 days, and remove the Hospital Stay requirement.

To copy a plan:

1. Go to **Facility tab, Payors, Payor/Plans**. Select your existing Medicare A payor where you want the new plan.

<input type="radio"/> Medicare <input type="radio"/> Medicaid <input type="radio"/> Commercial <input type="radio"/> Resident <input type="radio"/> Guarantor					
<b>EDIT</b>	<b>DEL</b>	<b>NAME</b>			
		Medicare A MSP			
		Medicare A PPS			
		Medicare B			
		MEDICARE QA SURESH A			
GENERAL   BILL SETUP   PROVIDER   PAYOR ADDR.   BILL CODES   UB CONTROLS   OTHER PAYORS					
					<b>PAYOR INFORMATION</b>
Shortname:*	Med A PPS	Name:	Medicare A PPS		
Payor Type:	Medicare	Payortype Type:*	A		
Paytype Code:*	M - Medicare	Billing Group:			
<b>OTHER INFORMATION</b>					
Intermediary:	PALMETTO GBA, LLC				
Allowable:	62802822		Non-Allowable:	62802821	
Private Portion Desc:	<input type="text"/>				
Receipt Writeoff Range:	(See Plan)				
<input type="button" value="SAVE"/> <input type="button" value="NEXT"/> <input type="button" value="CANCEL"/>			<a href="#">Copy</a> <a href="#">Plans</a> <a href="#">Levels</a> <a href="#">Aqqr.</a> <a href="#">Detail</a> <a href="#">Denial Codes</a> <a href="#">Crossover Payors</a>		

2. Click **Plans**.

PLAN MAINTENANCE

EDIT DEL PLAN NAME INACTIVATE

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Plan Name: \*   Auth Required?  
 Bill Spec: \*   Equiv Exempt Start:   
 Primary Plan:    
 Co-Insurer:  Price Type:  Hosp Lve day to Break Bill:   
 Fiscal Yr End:  Room Desc:   
 HL7 Plan Id:  Adv Room Desc:   
 Reference Code:  MCRA No Pay Bill Method:  Ancil Summary  
 Receipt WriteOff Range:  To:  Payor/Product Code:  Bed Summary  
 Paytype Code:\*   Receive Payment via 835  Override Bill Admit Date?  
 NPI:  Provider Taxonomy Code:

SAVE CANCEL CLOSE Copy Levels Detail GL Items Groups

3. Click **Copy**.
4. Choose **Copy Plan**.
5. Select your existing Medicare PPS PDPM plan, then click **Save**.

PLAN SELECTION -- Webpage Dialog

Copy Plan  Copy Template PLAN SELECTION

Select	Payortype	Shortname	Plan Description
<input type="button" value="SELECT"/>	Commercial	AARP	AARP Co-Insurance
<input type="button" value="SELECT"/>	Commercial	AARP	Copy of AARP Co-Insurance
<input type="button" value="SELECT"/>	Commercial	COMM	COMMERCIAL INSURANCE
<input type="button" value="SELECT"/>	Commercial	HUD	HUD
<input type="button" value="SELECT"/>	Commercial	VA	VA
<input type="button" value="SELECT"/>	Guarantor	APARTMENT	APARTMENT PARTICIPATION
<input type="button" value="SELECT"/>	Guarantor	Guarantor	PRIVATE PAY
<input type="button" value="SELECT"/>	Guarantor	Guarantor	MEDICAID PARTICIPATION
<input type="button" value="SELECT"/>	Guarantor	Guarantor	DNU
<input type="button" value="SELECT"/>	Guarantor	Guarantor	PRIVATE PAY - equiv exempt
<input type="button" value="SELECT"/>	Guarantor	MILLSG	Mills
<input type="button" value="SELECT"/>	Guarantor	ThompsonF	Thompson
<input type="button" value="SELECT"/>	Medicaid	MCD WA	Medicaid - Washington
<input type="button" value="SELECT"/>	Medicaid	MCD WA	MEDICAID ECS
<input type="button" value="SELECT"/>	Medicaid	MCD WA	MCD WA
<input type="button" value="SELECT"/>	Medicare	Med A MSP	MEDICARE A MSP
<input checked="" type="button" value="SELECT"/>	Medicare	Med A PPS	MEDICARE A PPS
<input type="button" value="SELECT"/>	Medicare	Med A PPS	MEDICARE A NO PAY
<input type="button" value="SELECT"/>	Medicare	Medicare B	Enterals
<input type="button" value="SELECT"/>	Medicare	Medicare B	MEDICARE B THERAPIES
<input type="button" value="SELECT"/>	Resident	Resident	RESIDENT

SAVE CLOSE

6. You now have a plan in your plan list called “Copy of Medicare A xxx”. Edit the plan.
7. Change the Plan Name to your new plan. Click Save.
8. Edit your new plan and click Detail.

Plan Maintenance

		PLAN MAINTENANCE	
		<b>PLAN NAME</b>	<b>INACTIVATE</b>
		A MEDICARE A PPS no QHS no 100 limit	<a href="#">Inactivate</a>
		Charles County MEDICARE A PPS	<a href="#">Inactivate</a>
		Copy 2 of MEDICARE A PPS	<a href="#">Inactivate</a>
		Copy 3 of MEDICARE A PPS	<a href="#">Inactivate</a>
		Daniels MEDICARE A PPS	<a href="#">Inactivate</a>
		MCR A NO PAY 10/01/05	<a href="#">Inactivate</a>

  

Plan Name: \* A MEDICARE A PPS no QHS no 100 limit  Auth Required?

Bill Spec: \* Medicare A -5010UB04/ANSI Equiv Exempt Start:

Primary Plan:

Co-Insurer: R Price Type: P Hosp Lve day to Break Bill: 0

Fiscal Yr End: 0 Room Desc:

HL7 Plan Id: M Adv Room Desc:

Reference Code:  MCRA No Pay Bill Method: Normal Ancil Summary

Receipt WriteOff Range: -5.00 To: 5.00 Payor/Product Code:  Bed Summary

Paytype Code: \* - Use Payor Value  Override Bill Admit Date?

NPI: 3886120201 Provider Taxonomy Code: 7344035440  Discharge Billing?

Include billing activity for this plan on early statements?

SAVE CANCEL CLOSE Copy Levels Detail GL Items Groups PDPM Facility Factors

9. You will need make the following changes on the Plan Detail screen: Set the "Hosp Stay Min" to 0; Set "Max Days" to 999; Set "Min Days Dschg" to 0; Uncheck "Hospital Stay Req?". Click Save. Note: Since this plan has never been used, you will not need to change the "Start Date" in the upper left corner.

PLAN DETAIL MAINTENANCE

		PLAN DETAIL MAINTENANCE	
	<b>Start Date</b>	<b>End Date</b>	
	10/01/2019		
	01/01/2019	09/30/2019	
	01/01/2018	12/31/2018	
	01/01/2017	12/31/2017	
	01/01/2016	12/31/2016	
	10/01/2015	12/31/2015	
	01/01/2015	09/30/2015	

  

PLAN DETAILS

Start Date : 10/01/2019  Pay Day of Discharge?/ Time  Tax Exempt ?

End Date :  Supress Day of Discharge ?  Pay Ancil ?

Item Method : Inclusive  Pay Admit / Discharge Day ?  Pay Bed ?

Hosp Stay Min : 0  Pay Day of Expiration?/ Time  Adv. Bill Ancil ?

Occupancy Level : 0.0000  Pay Expiration Day on Hospital Leave ?  Adv. Bill Bed ?

Plan Limit :  Pay Admit / Expiration Day ? / Time 00:01  Adv. Bill Copay ?

Amount 1 :  Hospital Stay Req ?  Adv. Bill Non-PP Copay ?

Max Days : 999  Reduce Adv Copay by Private Portion ?  Adv. Bill Tax Ancil ?

Min Days Dschg : 0  MPPR Reimbursement for Therapy ?  Adv. Bill Tax Bed ?

Fund Portion :  Include ARD as Service Date ?  Use ICD-10 Diagnosis ?

Customary : 0.00 Day  Use Certifying Physician For Therapy ?  PDPM Assessment on Claim ?

Amount 2 :  Calculate Sequestration Reduction? %

Fee Schedule :  Calculate QRP Reduction? %

Calculate VBP Payment Multiplier?

**EFFECTIVE DATE RANGE FOR PLAN PROCESSES CHANGES**

Enter the effective date for any Changes you make to the Plan Process information:

Effective Start : 10/01/2019

End :

[Plan Process](#)

SAVE CLOSE

10. You will also need to change the plan processes. Click the Plan Processes link. Note: Again, since this plan has never been used, you do not need to change the Effective Start date for the Plan Process Changes.

- This example is set up to pay a max days of 999 (also see previous screenshot) at a PDPM rate (method = C030) with a fixed amount co-pay (method = P004) starting on day 21. If you have additional plan processes on your Medicare A plan, modify all lines to have "Thru" = 999.

PLAN DETAIL MAINTENANCE ✕

**A MEDICARE A PPS NO QHS NO 100 LIMIT PLAN PROCESS TABLE**

EDIT	DEL	Seq	Method Description	Bed	AstLv	K-Ast	Apt	K-Apt	Anc	CoPay	HLv	PLv	Rsv	From	Thru
		10	C030 per-diem by level with improvement bonus	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	1	999
		20	C001 based on item search type	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	1	999
		40	P004 fixed amount co-payment	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	21	999
		50	W001 gross minus net	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	1	999

**PLAN PROCESS PROFILE**

Payor: Medicare A PPS  
 Plan: A MEDICARE A PPS no QHS no 100 limit  
 Effective Start: 10/01/2019  
 Effective End:  
 Valid Table: Yes

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Method:  Seq:   
 Process Descr:   
 Charge Descr:   
 From Day:  Thru: 
 Offset  Logical

<input type="checkbox"/> Beds	<input type="checkbox"/> Hospital Leave	<input type="checkbox"/> Copayments
<input type="checkbox"/> Apartments	<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Include Bed
<input type="checkbox"/> Kept Apartments	<input type="checkbox"/> Ancillaries	<input type="checkbox"/> Include Ancillaries
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Reserve	<input type="checkbox"/> Under Minimum
<input type="checkbox"/> Kept Assisted Living		<input type="checkbox"/> Include Deductibles
		<input type="checkbox"/> Over Maximum

SAVE 
CANCEL 
CLOSE
[Detail](#)
[New](#)

- Click Close when all Plan Processes have been modified.
- This new plan will then be added to any resident who falls in the waiver categories.