

Blanket Waivers for 2019 Hurricane (formerly Tropical Storm) Dorian

- **Skilled Nursing Facilities**

1812(f): This waiver of the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility stay provides temporary emergency coverage of Skilled Nursing Facility (SNF) services without a qualifying hospital stay, for those people who are evacuated, transferred, or otherwise dislocated 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. Separate clearance document to be distributed for clearance once the 1135 waiver is signed.

483.20: This waiver provides relief to Skilled Nursing Facilities on the timeframe requirements for Minimum Data Set assessments and transmission.

- **Home Health Agencies**

484.20(c)(1): This waiver provides relief to Home Health Agencies on the timeframes related to OASIS transmission.

- **Critical Access Hospitals**

This action waives the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours.

- **Housing Acute Care Patients In Excluded Distinct Part Units**

Allows the authority to house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient. The inpatient prospective payment system (IPPS) hospital should bill for the care and annotate the patient's medical record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency.

- **Durable Medical Equipment**

Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable as a result of the hurricane.

- **Replacement Prescription Fills**

Medicare payment may be permitted for replacement prescription fills (for a quantity up to the amount originally dispensed) of covered Part B drugs in circumstances where dispensed medication has been lost or otherwise rendered unusable by damage due to the disaster or emergency.

- **Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital**

Allows IPPS and other acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit. The hospital should continue to bill for inpatient psychiatric services under the inpatient psychiatric facility prospective payment system for such patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the hurricane. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for.

- **Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital**

Allows IPPS and other acute care hospitals with excluded distinct part inpatient rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the inpatient rehabilitation facility prospective payment system for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services.

- **Ensuring Correct Processing of Home Health Disaster Related Claims**

Allows MACs to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies. CR 10372 states that MACs shall provide a reusable process to extend the auto-cancel date on the HRAP file for Home Health RAPS when a waiver is issued in the event of an emergency or disaster so system maintainer action is not needed on an ad hoc basis and MACs can implement extensions based on future Technical Direction Letters.

- **Extension for Medicare Geographic Classification Review Board (MGCRB) Applications**

Allows CMS to grant an extension to the deadline of application re-classification requirements located at 42 CFR § 412.256 for the impacted states/areas due to a disaster or emergency. Applications for reclassifications from hospitals in these areas must be received by the MGCRB not later than October 1, 2019.

- **Extension for Inpatient Prospective Payment System (IPPS) Wage Index Revisions**

Allows Hospital Wage Index Development Time Table for hospitals in a disaster or emergency area to request revisions to and provide documentation for their Worksheet S-3 wage data and occupational mix data as included in the preliminary Public Use Files (PUFs), respectively. CMS may grant an extension for hospitals in the affected

area. MACs must receive the revision requests and supporting documentation by October 1, 2019. If hospitals encounter difficulty meeting this extended deadline date, hospitals should communicate their concerns to CMS via their MAC, and CMS may consider an additional extension if CMS determines it is warranted.

These temporary emergency waivers apply to the timeframes specified in the Secretary's declaration of the PHE.