

Really Ready Too!
Disaster Preparedness

Disaster Reimbursement
For
Long Term Care



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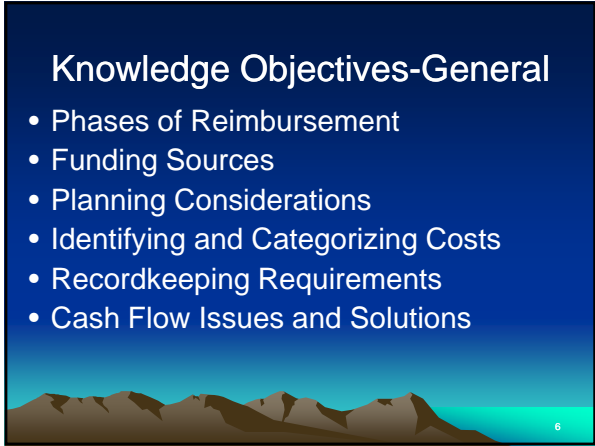


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Knowledge Objectives-General

- Phases of Reimbursement
- Funding Sources
- Planning Considerations
- Identifying and Categorizing Costs
- Recordkeeping Requirements
- Cash Flow Issues and Solutions



Knowledge Objectives - Federal

- Successful Approaches/Options
 - FEMA/Stafford Act
 - CMS
 - Medicare
 - Public Health Emergency
 - Provider Survey
 - Pandemic/H1N1

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Knowledge Objectives –State/Medi-Cal

- Roles and responsibilities of the local Medi-Cal office during a disaster:
 - Department of Health Care Services (DHCS) experiences with providers during the evacuate/relocate process
 - Department of Public Health (DPH), Licensing & Certification (L&C) & Medi-Cal function.
- Contact Medi-Cal persons for providers impacted by a disaster:
 - San Bernardino Field Office (SBFO)
 - Transportation
 - Billing Claims
- Treatment Authorization Request (TAR) requirements & process for reimbursement during & post disaster:
 - Receiving and evacuated provider TAR requirements.
 - Provider arrangements

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Reimbursement Phases

- Pre - Disaster (Event) Preparation – Those activities and related elements directed at preparing for a potential disaster, hazard, or threat, including: the development and maintaining of an Emergency Operations Plan (EOP); coordination with government officials and key supporting agencies; training of staff; and the acquisition of emergency supplies and equipment.

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Reimbursement Phases


- Event is something that happens which triggers the need to put the disaster response plan into action. An event could include a natural disaster such as a fire, flood, or earthquake; a terrorist attack; or the emergence of diseases such as H1N1 that pose a pandemic threat.



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Reimbursement Phases

- Post Disaster (Event) Recovery – Those activities actually taking place after the occurrence of an event that has resulted in activation of the EOP. Actual activities may be those specified in the EOP, or other special actions designed to restore normal business operations; protect the health and safety of residents, staff, or others within the facility; to assist government authorities in carrying out event related responsibilities; or to mitigate event related issues or problems within the general community at large.



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Pre – Disaster Preparing for an Event



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Regulatory Requirements

- Initial - Develop written plans and procedures (42CFR 483.75(m) & 483.470 (h), H&S Code 1336.3 (b)).
 - Conduct a Hazard and Vulnerability Assessment
 - Geographic
 - Seasonal
 - Medical/Health
 - Coordinate with local emergency plan officials.
 - Train and orient staff about the plan.
 - Ensure the availability of supplies and equipment.

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Regulatory Requirements

- Sustaining
 - Keeping abreast of local, State, and federal issues related to emergency preparedness.
 - Periodic review and revision.
 - Update integral contracts and memorandums of understanding.
 - Continued training of staff.
 - Practice the plan.
 - Maintain equipment and level of supplies.

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Cost Categories

- Reimbursable Cost Categories
 - Planning and Administration
 - Training
 - Equipment
 - Supplies
 - Purchased Services

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Planning and Administration

- General Definition – Personnel and other related costs necessary to preparing and maintaining the EOP.
- Typical costs
 - Salary and wages of staff (could include FT/PT Coord)
 - Travel expense
 - Outside consultants and expertise
 - Printing and supplies
 - Other administrative costs
 - Legal costs related to contracts and MOUs

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Training

- General Definition – Costs related to ensuring staff are oriented on the general provisions the employee specific responsibilities under the EOP.
- Typical costs
 - Salary and wages of trainers and training participants
 - Related costs for training program development and materials including the use of consultants and other experts
 - Costs related to periodic exercises and drills
 - Travel and related costs to improve proficiency of staff

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Equipment – Required

- General Definition - Specific equipment required by regulation to meet licensing and certification requirements. Specific equipment required by regulation would include emergency generators, lighting (including flashlights), storage, and internal fire suppression.

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Equipment - Special

- General Definition - Special or other equipment necessary to meet the specific requirements of the EOP. Equipment might vary by facility depending on the hazard assessment that was the basis for the EOP. Such items might include communication equipment (satellite phone), autoclaves, large ice chests, external fire suppression equipment, sandbag funnels and shovels, large exhaust fans, portable air conditioners or heaters, water purification equipment, and special durable medical equipment such as ventilators, oxygen tents, portable defibrillators, dialysis equipment, or telemedicine technology.

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Supplies - Required

- General Definition – Specific supplies required to meet the basic parameters of the EOP. Such supplies might include emergency generator fuel, bottled water, smoke alarm test materials, emergency food supply, and essential medical supportive materials and supplies.

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Supplies - Special

- General Definition - Special or other supplies necessary beyond the basic requirements of the EOP. Supplies might vary by facility depending on the hazard assessment that was the basis for the EOP and/or a broader role for the facility defined in the EOP or as part of a MOU with local emergency officials. Such supplies might include sandbags, large stores of bottled water and/or emergency food, special and additional medical supplies, and disposable food serving products.

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Purchased Services

- General Definition – These services include ongoing or one time costs for services related to the EOP or as part of a MOU with local emergency officials. Such services might include costs for medical transportation, storage, emergency communications, security, equipment maintenance, medical records media conversion, building repatriation, and specialized consulting not categorized to Administration or Training.

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Reimbursement Sources

- Facility Cost/Charge Structure
- Medi-Cal
- Medicare
- Health Care Contracts (HMO/VA/Other)
- Workers Compensation Insurance
- Local Government
- State Government
- Federal Government
- Charities and Special Relief

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Medi-Cal as a Source

- Pre-Disaster (Event)
 - Allowable Costs
 - Share of Cost
 - AB 1629 Issues
- Post-Disaster (Event)
 - Allowable Cost
 - Share of Cost
 - AB 1629 Issues
 - Waivers and Declarations

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Other Sources

- Healthcare Contracts
 - Pre-Disaster (Event)
 - Post-Disaster (Event)
- Workers Compensation
- Local Government Funding
 - Pre-Disaster (Event)
- Charities and Special Relief

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Recordkeeping Requirements

- Medi-Cal – Title 22, California Code of Regulations (CCR), Section 51476 – Keeping and Availability of Records.
- Licensing – Title 22 CCR Division 5 – Various provisions.
- Medicare/Medi-Cal – Adequate cost data 42 CFR Part 413.
- Special provisions contained in admission agreement and contracts with Medicare Advantage, HMOs, VA, COHS, and other payers.

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Recordkeeping Recommendations

- Keep anything and everything.
- Include record storage and protection as a must do in your EOP.
 - Consider alternate means of storage and record backup process.
 - Work through what if scenarios and outline alternate methods to access and store records.

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Recordkeeping Recommendations

- Identify Minimum Required Data Elements for Billing each Payer Category.
- Develop Minimum Data Element Templates.
- Administrative Simplification Waivers
- Develop internal codes to identify disaster period related claims.
- Be aware of potential use of CMS event identifier codes.

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Cash Flow Issues

- General regulatory requirement - 45 days operating capital.
- Meeting billing requirements - Prior authorization, timely submission.
- Billing cycle - Weekly, monthly, quarterly.
- Method of bill submission - electronic, paper, use of third party agents.
- Method of funds deposit – EFT, paper check.
- Alternative methods – Advance payments.

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Cash Flow Solutions

- Medi-Cal Advance Payments
- Medicare Accelerated Payments
- HMO Contracts
- Other Payer Contracts
- Access to Cash
 - Pre-established lines or letters of credit
 - Special pre-arranged payments with vendors
 - Credit cards

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Post Disaster – Recovery Federal and State Grants

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Federal Major Disaster Declaration

- Declared by the President
- To supplement state and local efforts
- Emergency and Permanent work are eligible
- Federal share shall not be less than 75% of eligible costs

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Available Programs

- FEMA Grant (Stafford Act)
- State Grant (California Disaster Assistance Act)

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Governor's Office of Emergency Services Role

- Disburse grant funds to applicants
- Administer applicant subgrants through project monitoring, inspection, review, and audits for compliance with federal regulations
- Organize and conduct applicant briefings
- Administer the CDAA program

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Federal Law, Regulations & Policies



- Law: *Stafford Act*
Authorizes FEMA to provide assistance
- Regulations: Code of Federal Regulations (*CFR*)
Rules to implement the law
- Policies: Apply to law/regulations and may be subject or disaster specific

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Other Federal Programs

- Natural Resources Conservation Service (NRCS) - Emergency Watershed Protection Program (EWP)
- Federal Highway Administration (FHWA) - Emergency Relief (ER) Program Administered by Caltrans
- Housing & Urban Development (HUD) – Disaster Recovery Initiative (DRI)

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Important Dates

- Declaration Date
- Incident Period
- Request for Public Assistance (RPA)

State Cost Share for Federal Disasters under CDAA

- State cost share is 75% of the non-federal share (18.75%)
- Local share 6.25%
- Automatically generated for approved FEMA projects
- State cost shares with other non-FEMA federal disaster programs

State Authorities

- Government Code, Chapter 7.5 Disaster Assistance Act
- Title 19, Division 2, Chapter 6, the California Disaster Assistance Act (CDAA), California Code of Regulations

Eligible Applicants

- State Agencies
- Local Governments
 - Counties
 - Cities
 - Special Districts
 - School Districts



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Eligible Applicants


- Community College Districts
- Certain Private Non-Profit (PNP) Organizations
- Native American Tribes
 - apply to FEMA direct



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Federal Issues

Past Experience
New Mindset
Janice Zalen



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FEMA



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FEMA and For-Profit Facilities

- Eligible Applicants Under Stafford Act
 - Certain Private Non-Profit Organizations



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Potential Solution 1

- Amend the Stafford Act
 - Nursing Home Emergency Assistance Act of 2009 (H.R. 1494)
 - Would permit all long term care facilities access to disaster relief funding
 - Introduced by Rep. Ron Paul (R-TX)
 - No cosponsors and no companion bill in Senate

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Potential Solution 2

- Work within the limits of the Stafford Act
 - Some costs associated with for-profit providers may be eligible when contracted for by an eligible applicant (FEMA's Disaster Assistance Policy 9525.4)
 - AHCA working with FEMA on clarification and education
 - Stay tuned

FEMA

- Past Experiences—Not Good
- New Mindset—Much Improved
 - Change in administration has opened FEMA doors for AHCA/NCAL
 - Much more responsive to long term care (LTC) at the national level

Centers for Medicare & Medicaid Services (CMS)

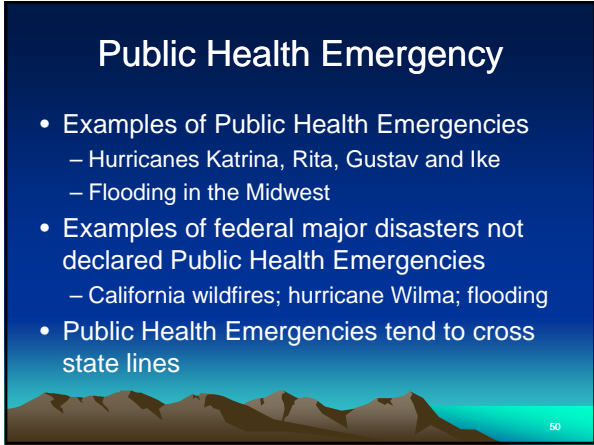
Medicare and Public Health Emergencies

- CMS may waive certain Medicare regulations **only** when:
- The U.S. Department of Health and Human Services (HHS) declares a Public Health Emergency
 - **Not** when the President issues a Federal Major Disaster Declaration



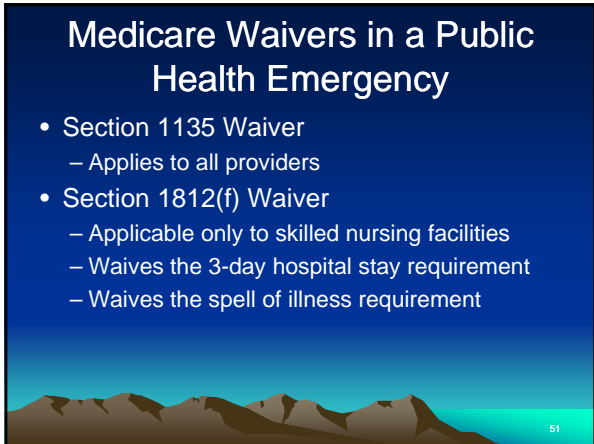
Public Health Emergency

- Examples of Public Health Emergencies
 - Hurricanes Katrina, Rita, Gustav and Ike
 - Flooding in the Midwest
- Examples of federal major disasters not declared Public Health Emergencies
 - California wildfires; hurricane Wilma; flooding
- Public Health Emergencies tend to cross state lines



Medicare Waivers in a Public Health Emergency

- Section 1135 Waiver
 - Applies to all providers
- Section 1812(f) Waiver
 - Applicable only to skilled nursing facilities
 - Waives the 3-day hospital stay requirement
 - Waives the spell of illness requirement



Medicare Policy in a Public Health Emergency

- Access “Frequently Asked Questions” entitled, *CMS Response to X Emergency—Medicare Fee for Service*
- Not formal policy, but a good predictor of CMS interpretations and policies in a Public Health Emergency:
 - Nuts and bolts of requirements under waivers
 - Billing information, medication, durable medical equipment, ambulance

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Medicare Policy in a Public Health Emergency

- Access CMS’s Frequently Asked Questions and Answers (FAQs):
<http://www.cms.hhs.gov/Emergency/Downloads/NorthDakotaMinnesotaEmergencyMedicareFFSPolicy.pdf>
- Or go to www.cms.hhs.gov , search “disaster” and select the latest one

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CMS Survey and Certification (S & C) Group

Provider Survey and Certification Frequently Asked Questions: Declared Public Health Emergencies – All Hazards Health Standards and Quality Issues

<http://www.cms.hhs.gov/SurveyCertEmergPr/Downloads/AllHazardsFAQs.pdf>

- Updated for public health emergencies

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S & C Group FAQs

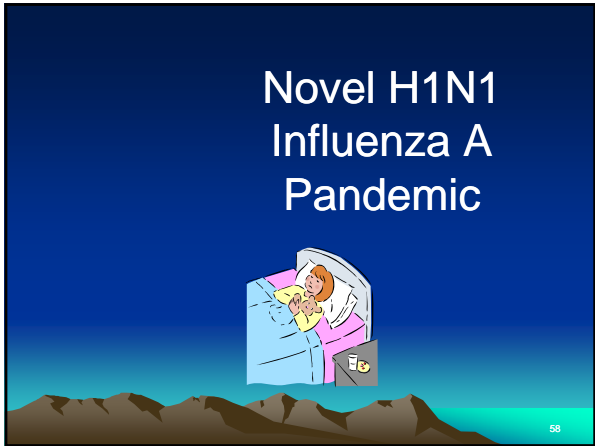
- Includes some of the information in previously discussed FAQs plus:
 - Enforcement information, e.g., denial of payments for new admissions may be deferred;
 - NF provider questions begin on p. 23, e.g., MDS
 - Lots more

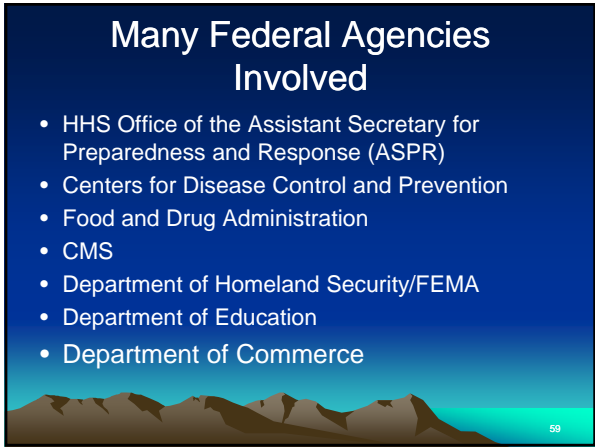
S & C Group—Tools and Resources for Emergencies

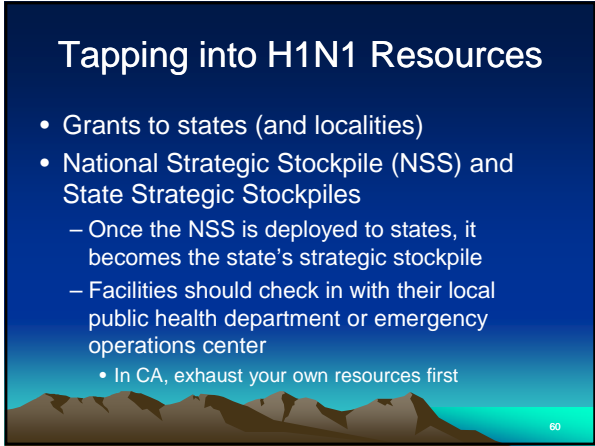
- <http://www.cms.hhs.gov/surveycertemergprep/>
 - State survey agency guidance (recommendations);
 - Health care provider guidance (recommendations)
 - Voluntary tools and checklists
 - Links to other resources

CMS

- Past experience—no advance information on CMS disaster policies
- New mindset—no formal policy, but FAQs help
- AHCA still asking for advance CMS policies for public health emergencies
- AHCA advocates for declarations of public health emergencies as appropriate







CMS and Pandemic

- Up to date pandemic information for Medicare and Medicaid providers:
http://www.cms.hhs.gov/Emergency/10_PandemicFlu.asp
 - FAQs
 - MLN Matters article, *Influenza Pandemic Emergency – The Medicare Program Prepares*
 - Provides Change Requests/transmittal links

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CMS Change Requests/Transmittals

- Change Requests to Medicare Administrative Contractors (MACs) to waive certain Medicare requirements in the event of pandemic influenza outbreak
- Requires a Joint Signature Memoranda (JSM) to implement the Change Request
 - As of August 19, no JSMs issued
- So that contractors are prepared

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Examples from Change Requests

- All in the form of Q & As
- Transmittal 454: Info on 1135 waiver as it relates to influenza pandemic
- Change Request 6284: Medicare Part D and Part C (Medicare Advantage)
- Transmittal 441: Payment questions
- Change Request 6256: Financial management, accelerated payments

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Medi-Cal Issues

Successful Approaches
Treatment Authorization Request
Requirements for LTC Providers
Joyce Davis, RN, NE IV

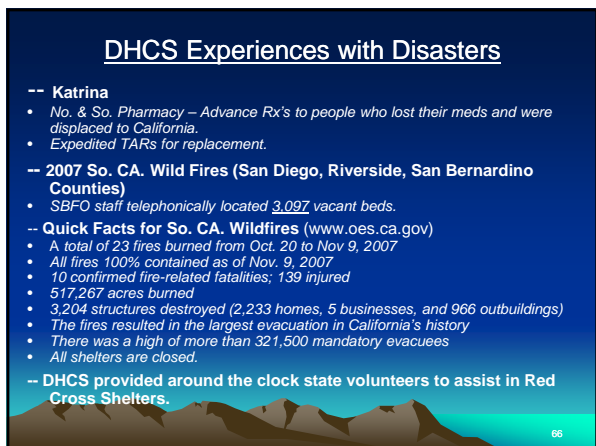


Roles and Responsibilities of the Local Medi-Cal Office During a Disaster



DHCS Experiences with Disasters

- Katrina
 - No. & So. Pharmacy – Advance Rx's to people who lost their meds and were displaced to California.
 - Expedited TARs for replacement.
- 2007 So. CA. Wild Fires (San Diego, Riverside, San Bernardino Counties)
 - SBFO staff telephonically located 3,097 vacant beds.
- Quick Facts for So. CA. Wildfires (www.oes.ca.gov)
 - A total of 23 fires burned from Oct. 20 to Nov 9, 2007
 - All fires 100% contained as of Nov. 9, 2007
 - 10 confirmed fire-related fatalities; 139 injured
 - 517,267 acres burned
 - 3,204 structures destroyed (2,233 homes, 5 businesses, and 966 outbuildings)
 - The fires resulted in the largest evacuation in California's history
 - There was a high of more than 321,500 mandatory evacuees
 - All shelters are closed.
- DHCS provided around the clock state volunteers to assist in Red Cross Shelters.



Post Disaster—2007 So. CA. Wild Fires

- DHCS identified a need for improvement in the areas of:
 - More efficient response time to identify/locate beds and get information to command center.
 - Improve resource tools staff utilized at home to help identify vacant beds during off hours.
 - Utilize more staff to identify/locate beds.
 - Address provider billing concerns/questions following disasters.
- Improvements made in response to these areas:
 - Placed data regarding long term care facilities on computer discs. Discs are give to staff to keep at home site or traveling during off hours in event L&C request assistance.
 - Improved response time to L&C by securing remote computer access to DHCS computer network-access to files and rosters from home base.
 - Added another field office (Sacramento) to assist or serve as backup in event SBFO is impacted and cannot utilize staff/equipment during a disaster.
 - Department staff collaboration to discuss/review TAR and billing options available to providers who evacuate and who receive residents.

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Enhancements Proved Beneficial During the 2008 No. CA. Wildfires (Butte/Monterey/Humboldt Counties)

- Staff from San Bernardino and Sacramento Field Office's were utilized to locate vacant beds for 1,500 displaced residents.
- Response time improved by utilizing discs and one person was able to improve response time and make 40 calls/hour.
- L&C was notified expeditiously of the 1,500 vacant beds located.
- Providers formed agreements with each other regarding who would be billing for services during disaster period.
- TAR requests were minimal.

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Medi-Cal, DPH/L&C Roles and Responsibilities

- Providers must notify local L&C in any event of evacuation of residents.
- DPH plays the critical roll in the disaster notification process. DPH & DHCS notification chain is as follows:
 - Governor's Office of Emergency Services (OES) -- DPH/L&C appointee contacts.
 - DHCS Chief Deputy Director, Karen Johnson contacts
 - DHCS Deputy Director contacts
 - Utilization Management Division Chief, Doug Robins contacts
 - So. Field Operations Branch Chief, Willie Anderson, Jr. contacts
 - SBFO Administrator, Joyce Davis contacts
 - Designated staff to assist with calls to locate beds.

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DHCS Medi-Cal Role with DPH During Disaster

- DPH/L&C staff are stationed at Command Center throughout event.
- DPH/L&C communicates to Medi-Cal staff liaison (Administrator/Supervisor) the number of available beds needed in a geographical area.
- SBFO Medi-Cal Administrator/Supervisor will inform Branch Chief of need to include Sacramento Field Office if assistance is deemed necessary.
- SBFO Medi-Cal staff telephonically call nursing facilities and identify available beds in area outside of disaster area for relocation of residents.
- Information Requested Includes:
 - Number vacant beds at each facility.
 - Gender of beds available (male/female/non-gender specific).
 - Provider contact person's name.
 - Address, telephone number of facility.

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DHCS Medi-Cal Role with DPH During Disaster - Continued

- Medi-Cal staff coordinate with Medi-Cal Administrator/Supervisor and provide complete information to be sent to L&C Command Center Liaison.
- Medi-Cal Administrator/Supervisor transmits information via computer to L&C Command Center Liaison.
- L&C Command Center Liaison sends information to L&C staff stationed in impacted area.
- L&C initials relocation of residents.

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Medi-Cal Contacts Disaster

- TAR inquiries/Information:
 - San Bernardino Medi-Cal Field Office
Joyce Davis, NE IV-Administrator
Yvonne Hicks, Nurse Supervisor 1-800-472-2300
- Medi-Cal Transportation Authorization
 - No. CA. – Sacramento Field Office
Pam Woodworth, Administrator 888-706-5697
 - So. CA. – San Diego Field Office
Elvira Moon, Administrator 888-724-7302
- Medi-Cal Claims Questions
 - DHCS Payment Systems Division/Fiscal Intermediary Operations Management Branch
Emilite Smith 916-464-3002
Bonnie Kinkade

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TAR Information

- Call San Bernardino Field Office: 1-800-472-2300 or (909) 383-4192
- Medi-Cal certified facilities that evacuate and receive displaced residents may make mutual agreements regarding TAR billing options.
- Short term transfer residents within 7-days, providers work out which one of them will bill.
 - * If receiving provider is not Medi-Cal certified, the transferring provider must bill and work out with receiving provider an acceptable reimbursement for temporarily taking care of the resident.
- Long term transfer resident **does not** return to the original facility **within 7-days**:
 - Receiving provider may bill for the resident only if it is Medi-Cal certified. Facility should be located in same county as the transferring provider to ensure consistent eligibility.
- Transfers of residents between two counties – transferring providers should bill and pay receiving provider.
 - * If the resident chooses to remain in the other county facility and that county has a Managed Care Plan, Medi-Cal Fee-for-service ceases once resident is actively enrolled in the Managed Care Plan.

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TAR Information - Continued

- Temporary evacuation outside of a health facility.
 - The evacuation/transferring provider may bill for residents.
- Residents that are transferred to inpatient hospital settings secondary to medical conditions.
 - Transfer facility may bill bed hold days.

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Applicable Web Sites

- CDPH (www.cdph.ca.gov)
- DHCS (www.dhcs.ca.gov)
- OES (www.oes.ca.gov)
- DIR (www.dir.ca.gov/dwc)
- FEMA (www.fema.gov)
- CMS (www.cms.gov)
- 44CFR (www.access.gpo.gov)

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Applicable Web Sites

- OMB Circulars
(www.whitehouse.gov/omb)
- Robert T. Stafford Act
(www.fema.gov/library)
- FEMA Policy
(www.fema.gov/rrr/pa/9500toc.shtm)
- FEMA Appeals Database
(www.fema.gov/appeals/index.jsp)



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Questions



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