

Compliance Matters

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Compliance Hotline 1-800-597-3386



MEDICARE

SNF 3-day billing rule To qualify for Skilled Nursing Facility (SNF) [extended care services coverage](#), Medicare patients must meet the 3-day rule before SNF admission. The 3-day rule requires the patient have a medically necessary 3-day consecutive inpatient hospital stay. Hospitals count the admission day but not the discharge day. Time spent in the ER or outpatient observation before admission doesn't count toward the 3-day rule.

During the COVID-19 public health emergency CMS has [waived the 3-day requirement](#). This gives temporary SNF services emergency coverage without a qualifying hospital stay for patients who experience dislocations or are affected by COVID-19. See this [MLN Fact Sheet](#) for more details about the SNF 3-day billing rule.

REGULATORY

OIG Audits of Telemedicine The [Office of Inspector General](#) (OIG) is conducting at least seven different national audits, evaluations, and inspections of telemedicine services under the Medicare and Medicaid programs. The audits will also review remote patient monitoring, virtual check-ins, and e-visits. In 2018 the OIG [issued a report](#) finding 31% of claims did not meet the Medicare requirements for payment for telehealth services.

Two of the current OIG telemedicine projects are focused on [home health agencies](#) and their [response to the COVID-19 pandemic](#). Specifically, OIG will evaluate home health services provided during the pandemic to determine which types of skilled services were furnished via telehealth, and whether those services were administered and billed in accordance with Medicare requirements. Results of both reports are expected to be published in 2022.

DID YOU KNOW?

World of Medicare Through their [Medicare Learning Network](#), CMS offers the self-paced web based training course *World of Medicare*. This course is designed to teach health care professionals and administrative staff the fundamentals of the Medicare Program. It is useful for physicians, non-physician practitioners, health care administrators, medical coders, billing and claim processing personnel, and other medical administrative staff responsible for submitting claims for payment. The course takes approximately one hour to complete and includes topics such as the basic requirements of the Medicare program and how to differentiate between Medicare Parts A, B, C and D. [Share this link](#) with your staff to start the course. Successful completion gets a certificate!

In the News...

President of Ft. Lauderdale Business Indicted for Procuring Fraudulent Nursing Diplomas A Miami federal grand jury returned an indictment charging two Lauderdale residents for their roles in a fraud conspiracy that sold fake nursing degrees to people who had not completed the required nursing coursework or clinicals. [\(More\)](#)

Woman Arrested for Fake COVID-19 Immunization and Vaccination Card Scheme A California-licensed doctor was arrested for her alleged scheme to sell immunization pellets and to falsify COVID-19 vaccination cards by making it appear that customers had received an FDA authorized vaccine. The case is the first federal criminal fraud prosecution related to fraudulent COVID-19 vaccination cards. [\(More\)](#)