HOME HEALTH and HOSPICE
PANDEMIC RELIEF:
Medicare and More

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Relief Information Sources

Medicare Home Health and Hospice Relief

• Home Health Services
  – Telehealth
  – Homebound
  – F2F encounters
  – Conditions of Participation
    • Initial assessment
    • OASIS timeline
    • Aide supervision
  – NPP certification authority accelerated

Medicare Home Health and Hospice Relief

• Hospice
  – F2F
  – Telehealth
    • Hospice services
    • Physician payment
  – Non-core services
  – Volunteers
  – Comprehensive assessments
  – Aide supervision
Medicare Home Health and Hospice Relief

- Home Health and Hospice
  - Suspension of claims audits
  - Suspension of Home Health Review Choice Demonstration
  - Advance Payment

Home Health Telehealth

- CMS permits HHAs to provide all necessary telehealth during emergency period
- Must be physician-ordered on the POC
- Does not affect payment amount
- LUPA thresholds based on in-person visits
- Value: permits HHAs to reduce in-person visits in non-LUPA episodes
  - Reduces episode costs
  - No reduction in episode payment amount
- Physicians and NPPs can contract with HHAs to provide telehealth
Home Health Homebound

• COVID-19 infected persons classified as homebound
• Suspected COVID-19 persons who are quarantined classified as homebound
• Individuals deemed by physician as at risk of infection if leaving home classified as homebound
  – Generally applicable to individuals with some level of compromised condition
  – “Medically-contraindicated” to leave the home

Non-Physician Home Health Certification Authority

• Allows patient to be under the care of an NPP to the extent permitted under state law
• NPP= NP, PA, and CNS
• Authorities
  – Order home health services
  – Establish and review POC
  – Certify and recertify eligibility
• CMS utilizing discretionary authority not to enforce rules
• Watch for any state HHA licensing barriers
• CARES Act make this relief permanent, but CMS needs to implement
Medicare Advance Payment

- CMS will accelerate and advance payment to all provider types
- Up to 3 months of anticipated revenue
- After 120 days, CMS will offset claims payments against amounts owing for accelerated and advance payments
- Full repayment required within 210 days
- Providers under medical review ineligible (RCD does not count; TPE suspended)
- MAC handles all requests
- Be careful that level of request within expected revenues

CoPs

- Initial evaluation visits conducted remotely or through medical review—help with 48 hour rule
- Flexibility with the 30 day submission time frame – Does not specify a time frame
- Extends the 5 day window for completing the comprehensive assessment to 30 days
- 14 day HCA supervisory visit waived – encouraged to conduct virtual
Payment / Coverage

Telehealth
• No separate payment
• Must be listed on the POC how and when to be used
• May not take place of an ordered visit

Homebound
• If a physician orders that leaving the home is medically contraindicated due to COVID-19, beneficiary will be considered homebound under the HH benefit

Payment / Coverage

Physician Face to Face encounter may be conducted via telehealth
• Must be two-way audiovisual communication
• Skype, Facetime, Zoom etc., and not be subject to HIPAA enforcement

NPPs may certify and write orders for HH during PHE Authority accelerated
- Addition guidance and regulations since now law

Extends time frame for auto cancellation of RAPs
Medical Review

• Halting TPE and ARD requests for all providers
• MACs, RACs and SMRCs
• Prepayment and post payment reviews
• ADRs that have been requested – claims will process and pay
• No new ADR requests
• Will conduct reviews for fraud
• No direction on claims in appeals

Medical Review

• Review Choice Demonstration
  – Pause in IL, Ohio and Texas 3/29
  – Will not precede in NC or Florida as scheduled
  – New dates to be announced after the PHE
  – Claims submitted prior to 3/29 will process as usual –
  – Claims submitted after 3/29 to the end of the PHE will not be subject to review choice
  – Pre claim review request already submitted will be review and if affirmed will not be subject to further medical review
Medical Review /RCD

• HHS may choose to continue with prepayment review
• HHAs may submit claims without a review and UTI during the pause and not be subject to 25% reduction
• HHAs with other choices (pre or post payment) will not receive ADRs and ADR in process will be released for payment
• After the PHE claims that were paid, w/o UTN, will be reviewed https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf

Hospice Services via Telecommunications Systems

• During COVID-19 emergency, CMS:
  – Will allow provision of hospice services to RHC patients using telecommunication systems
    • Must be feasible and appropriate to provide reasonable and necessary services and not jeopardize patient’s or hospice worker’s health
    • Technology use must be:
      – Delineated on plan of care
      – Tied to patient-specific needs
## Hospice Services via Telecommunications Systems

- Visits during RHC (cont.)
- NO PAYMENT beyond per diem
- Only in-person visits included on hospice claim (except social worker calls)
- Hospice can report technology costs on cost report

## Hospice Face-to-Face Encounter

- Administrative requirement; hospice physician or NP; not reimbursable
- Can use telehealth if “visit” is solely for recert
- Hospice must use “telecommunications technology” that includes audio/video permitting two-way, real-time, interactive communication
- HHS OCR has waived HIPAA concerns to allow use of non-public facing technologies (Skype, etc.)
Hospice Telehealth/Physician Medical Services

• Under COVID-19 CMS waived telehealth requirements:
  – Home may be originating site
  – No geographic restrictions
  – Allows use of telephone/must have two-way audio/video, real-time interactive capability
• Hospice attending in community may bill for telehealth visits under Part B
• Hospice-connected physician or NP serving as patient’s designated attending may provide telehealth services in accordance with 1834(m) and hospice may bill

Hospice Waivers

• Volunteer Level of Activity §418.78(e)
• Comprehensive Assessments §418.54(d)
  – Extending from 15 to 21 days
• Non-Core Services §418.72
  – Physical therapy
  – Occupational therapy
  – Speech-language pathology
• Onsite Visits for Hospice Aide Supervision §418.76(h)
Hospice Waivers

• Hospice QRP:
  – October 1, 2019–December 31, 2019 (Q4 2019)
  – January 1, 2020–March 31, 2020 (Q1 2020)
  – April 1, 2020–June 30, 2020 (Q2 2020)

Hospice Medical Review Activity

Suspended
• Targeted probe and educate (TPE)
• Post-payment reviews conducted by
  – MACs
  – Supplemental Medical Review Contractor (SMRC)
  – Recovery Audit Contractor (RAC)

*CMS may conduct medical reviews during or after PHE if there is indication of fraud
NAHC COVID-19
Information and Resources

nahc.org/covid19

Upcoming Events

COVID-19 Virtual Town Halls
Every Wednesday
March 25 - April 29

PDGM 2020 Virtual Summits
April 28 & 29

2020 Financial Management Conference & Expo
July 26-28
Las Vegas, NV

2020 Home Care and Hospice Conference and Expo
October 18-20
Tampa, FL
Questions?

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