



HomeCare & Hospice
National Association for Home Care & Hospice

**HOME HEALTH and HOSPICE
PANDEMIC RELIEF:
Medicare and More**

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Relief Information Sources

- <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>
- <https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19>
- <https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf>
- <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

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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

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Medicare Home Health and Hospice Relief

- Hospice
 - F2F
 - Telehealth
 - Hospice services
 - Physician payment
 - Non-core services
 - Volunteers
 - Comprehensive assessments
 - Aide supervision

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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

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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

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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

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Upcoming Events

COVID-19 Virtual Town Halls

Every Wednesday
March 25 - April 29

2020 Financial Management Conference & Expo

July 26-28
Las Vegas, NV

PDGM 2020 Virtual Summits

April 28 & 29

2020 Home Care and Hospice Conference and Expo

October 18-20
Tampa, FL

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Questions?

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