

Q&A Session for Home Care and Hospice COVID-19 Town Hall: Advocacy

The National Association for Home Care & Hospice (NAHC) conducted a nationwide webinar on Wednesday May 20, 2020 that addressed the legislative and regulatory actions that have been made on behalf of the home health and hospice industry during the COVID-19 pandemic. The webinar was part of the NAHC COVID-19 Town Hall series. The presentation included updates from the NAHC President and the NAHC advocacy staff from the legislative, regulatory and private duty divisions.

Q: Do you know if both a PCP telehealth visit and home health nurse visit for routine visit on the same day can both be billed under Medicare?

A. CMS will reimburse the PCP for a telehealth visit and the HHA for an on-site visit on the same day if the reason for the visits are not a duplication.

Q: Do we have an end date identified yet as to when the national emergency period will end? And how will this impact the temporary relief and regulatory updates that we have received?

A. The Secretary of Health and Human Services has not indicated when the PHE will end. All regulatory waivers and temporary flexibilities will end on the date that the PHE ends.

Q: What is the definition of the end of the Public Health Emergency? In Chicago we are currently in Phase 2, and about to move to Phase 3. We may be in phase 3 for many months, and it may be 18 - 24 months before we reach Phase 5.

A. A declaration of a Public Health Emergency (PHE) by the Secretary of HHS lasts for the duration of the emergency or 90 days, but may be extended by the Secretary. The COVID-19 –related PHE was initially declared on January 31 and was renewed on April 21. We anticipate that the Secretary will make determinations about any further extension as we get closer to the July expiration, as well as whether any existing COVID-related flexibilities will be made permanent.

Q: Did you say that the waiver allows for a therapist to complete the initial and comprehensive assessment EVEN IF nursing has been ordered?

A. Correct. CMS will permit the therapist (PT, OT, and SLP) to conduct the initial and comprehensive assessments on all cases where therapy is ordered, including case where therapy and nursing are ordered at the start of care.

Q: Colorado is planning on enforcing Electronic Visit Verification 8-3-2020 and they claim it would require federal level action to delay. Given all the COVID-19 challenges, is there any federal-level lobbying to delay EVV?

A. NAHC has not identified this issue as a priority, and we are not aware of any other stakeholders advocating for a delay.

Q: Are there issues with the physician billing for a telehealth visit and HH billing for their visit the same day?

A. See response above

Q: I thought Medicare was allowing physicians to bill for telehealth visits that were video as well as audio-only visits?

A. Physicians are permitted to bill Medicare for telehealth using audio/visual and audio only technologies. However, CMS will not permit the face-to-face encounter for Medicare home health certification to be conducted using audio only technology.

Q: For Dual eligible patients, will the service still need to be considered a skilled Medicare service? Currently monitoring of stable Prottime/INR checks under Medicaid, should this be changed back to Medicare under the new guidelines.

A. The patient must be in need of a skilled service to be covered under the Medicare home health benefit. Skilled nursing solely for venipunctures is not a qualifying service under the Medicare home health benefit, even during the PHE.

Q: For the OT doing the SOC is that retroactive to 3/1?

A. The waivers under the 1135 authority, which includes the waivers for the home health initial and comprehensive assessment are effective beginning March 1, 2020

Q: Is there any concern about advocating for paid visits for telehealth audio only? If that becomes payable, might we expect competition from physician offices resulting in decreased "hand-off" referrals to Home Health agencies...?

A. This issue has not been raised as a concern.

Q: Can ARNP write other orders or just for the certification?

A. NPPs (NPs, PA's and CNS) may certify beneficiaries for Medicare home health services and write orders for home health patients.

Q: What if the patient prefers the HHA over the Hospital? May they request a transfer to the HHA?

A. Patient preference should always be paramount when appropriate. However, CMS only addressed prohibiting the HOPD from providing outpatient services in the home when the beneficiary is open to a home health plan of care.

Q: Did you say that Home Health and Hospice surveys will continue if we are due?

A. On March 4, 2020 CMS issued instructions to the state survey agencies to suspend all survey activity, with some exceptions. One of the exceptions is for providers that are statutorily required to be surveyed, which include home health and hospice agencies. On March 23, 2020, CMS issued a prioritization of all state surveys to include no authorizations of standard surveys for home health and hospices. However, those instructions were intended for a three-week period only beginning March 23, 2020. CMS has not provided any further instructions on how it plans to conduct surveys going forward and how it will apply surveys conducted specific to infection control to the standard survey schedule.

Q: Any word if the targeted IC surveys are replacing the standard surveys for HH and Hospice this year?

A. See the response above

Q: Bill - You mentioned the HHFMA monthly calls. I miss those! Any idea when they will start back up. I understand that you have a lot going on, but thought I would check. Thank you!

A. We will resume the HHFMA calls in June with the usual third Wednesday at 1PM ET.

Q: Does hospice provide 24-hour care?

A: Under the hospice benefit a wide variety of services are provided to address pain and symptom management for terminally ill individuals and support for their caregivers. Hospices are required to be available on a 24-hour basis to address needs as they arise.

Q: Will we have access to Trella's Power Point presentation?

A: Trella's presentations is at the end of the handout for the webinar. Here is the link:
https://www.nahc.org/wp-content/uploads/2020/05/WebEvent_20-05-20-1300_Handout.pdf

Q: How do you bill a hospice episode (during the PHE) if all visits provided were virtual? (We often encounter facility visitation limitations.) Thank you.

A: A hospice claim will not reject if no visits are reported provided all other necessary information is included on the claim.

Q: Can the QIO intervene when the beneficiary disagrees with the issuance of ABN for hospice level of care? The only number on the ABN is a general Medicare number but our QIO got involved. This is related to Katie's comment about QIO authority

A. Yes, the QIO can intervene for ABN and the FFS Expedited Determination.

