HOMECARE & HOSPICE
National Association for Home Care & Hospice

Home Health & Hospice Federal Update

September 16, 2020

National Landscape

COVID-19 Public Health Emergency

- Reduced demand for personal care services
- Reduced revenues and increased per patient costs
- Change in type of competitors
- Some relief from advanced and accelerated payments, provider relief fund, SBA loans/grants, etc.
- Opportunities created for mergers and acquisitions

National Landscape

COVID-19 Public Health Emergency

- Uncertainty regarding length and full impact remains to be seen
- Resilient providers
- Highlighted value of home care
- Possible permanent changes - technology

COVID-19 Relief

Legislative

- Family First Coronavirus Relief Act
  - Extended sick leave
  - Expanded Family Medical Leave
  - Federal Unemployment Compensation supports
  - Healthcare worker exemption
- CARES Act
  - $100B Provider Relief Fund
  - SBA loans/grants
  - Medicare provider regulatory relief authorizations
  - Permanent NPP HH certification authorized
  - Medicare HH telehealth "encouraged"
  - Medicaid 6.2% FMAP increase

COVID-19 Relief

Legislative

- Stimulus 3.5
  - $75B added to Provider Relief Fund
  - $330+B added to SBA Paycheck Protection Program
- Stimulus 4.0
  - House passed HEROES Act--$3 TRILLION in relief
  - Senate at Impasse
  - White House Executive Orders

CARES Act Provider Relief Fund

- $175 Billion
  - Intended to provide relief for COVID-19 related costs and lost revenues
- Distributions
  - $30B to Medicare providers on 4/10 and 4/17
  - $20B to Medicare providers starting on 4/25 with rolling weekly distributions
    - HHS has reopened General Distribution 2
    - Extended deadline for application to September 13
- https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

COVID-19 Testing and Vaccine

Testing and Vaccine Distribution

- 150 million fast COVID tests
  - Assisted living, senior day care, home health agencies
  - Nursing homes received different fast COVID tests
  - NAHC working with HHS on distribution plan to HHAs
- Vaccine
  - National academies of Sciences, Engineering, and Medicine
  - "frontline health workers" includes 3M home health care workers
  - NAHC commented – expectation is that these home health care workers include hospice and private duty home care workers

NAHC Provider Relief Request & Beyond

Telehealth

- Visit equity
- Payment
- Identification on claims
- F2F encounters – permit audio only

Home Health Advocacy Priorities

- Expanded Provider Relief Fund
- Telehealth Reimbursement
- Enhanced Reimbursement
- Verbal Physician Orders
- Rural Add-on
- PPE Prioritization

Hospice Advocacy Priorities

- PCHETA
- Rural Access to Hospice Act
- Role of PAs in hospice to reflect full scope of practice
- Delay MA VBID Carve In

Home Care Priorities

- Provider Relief Fund eligibility
- Premium Pay for Frontline Caregivers
- Essential Benefits for Workers
- Medicaid HCBS Supports
- Business and Worker Liability Protections
- PPE Access

"Advocacy is for Everyone"

“Help Home Care & Hospice Communities Rise to the Challenge”

Key Priority Areas

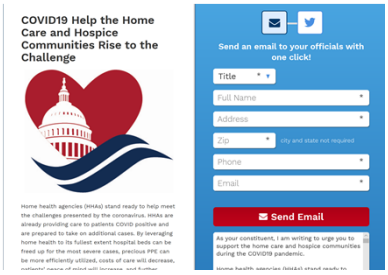
- Increase Medicare Home Health Financial Support
- Establish in-home care providers as a priority in PPE Distribution
- Waivers to allow telehealth visits to be reimbursed within the home health benefit
- Waive or suspend Medicare requirement that HH orders and eligibility verification be signed/dated by a provider during the PHE in favor of verbal orders and certifications
- Delay Hospice MA VBID Carve In

“Advocacy is for Everyone”

STEP ONE

Visit & Click on Featured Campaigns

STEP TWO



Enter Your Info & Click Send

STEP THREE

Share & Pass It On

Medicare and Medicaid Regulatory Waivers and Flexibilities

- Regulatory
  - 1135 Waivers (example)
    - Conditions of participation (CoPs)
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Provider enrollment
  - New regulations
    - Interim Final Rules with Comments (IFC)
      - Two rules issued --3/30 and 4/30
- Sub-regulatory
  - Policy changes and other regulatory authority
    - Guidance documents & FAQs

1135 Waivers: All Providers

- HIPAA
  - Waives enforcement of noncompliant technologies used for patient encounters
    - Covered providers may use any non-public facing remote communications product-e.g. Skype, Face time, Zoom

- Provider enrollment
  - Waives screening requirements: fees, site visits, criminal background checks
  - Postpone revalidations
  - Expedite application process

1135 Waivers: Home Health

- 484.45(a) Flexibility with the comprehensive assessment 30-day submission time frame – Does not specify a time frame
- 484.55(a) Initial evaluation visits conducted remotely or through medical review—help with 48-hour rule
- 484.55 (b)(1) Extends the 5-day window for completing the comprehensive assessment to 30 days
- 484.55(a)(2)and(b)(3) Permits OT, PT, and SLP to conduct the initial and comprehensive assessment when therapy ordered
- 484.58(a) Discharge planning – HHAs not required to use quality and resource use measures to assist patients when transferring to post acute care

1135 Waivers: Home Health

- 484.65 Quality Assurance and Performance Improvement program (QAPI) (HH&H)
  - Focus on infection control
  - Adverse events
- 484.80(d) 12hour annual in-service training (HH&H)
  - Postponed until 1st quarter after PHE ends
- 484.80(h) 14-day onsite visits for HHA aide supervision (HH&H)
  - Encourages HHA to conduct
- 484.80(h)(1) Annual on-site supervisory visits (HH &H)
  - Postponed until 60 days after PHE ends
- 484.110(d) Clinical records
  - 10 days rather than 4 days or next visit

Medicare Interim Final Rules--3/30

- Homebound
  - Medically contraindicated for a beneficiary to leave the home because the patient has a condition that may make the patient more susceptible to contracting COVID-19
    - Dual eligible
- Telehealth
  - Implements lifting the geographic location and originating site restriction (CARES Act)
    - Enables the physician F2F encounter for HH certification to be conducted in the home, HIPAA allows the F2F to be non-public facing products
  - Telehealth visit must be included in the HH POC, not replace on site visit, Non-billable
  - HHA may enter into an arrangement with physician to provide home visits as incident to the physician's services –not under a HHPOC
  - Therapist may bill for telehealth under Part B – non-homebound patients

    Comments: reimbursement and joint visit by HHA and physician
- RHC/FQHC may conduct home nursing visits in all areas in which they are located
  - HHAs may become overwhelmed

    Comments: challenge CMS' rationale

Medicare Interim Final Rules--4/30

- NPPs (NP, PA, CNS) may certify and order home health services
  - permanent; retroactive to March 1, 2020; updated regulations; state laws apply; Medicaid
- HHVBP : Aligns with the reporting exceptions for the HHQRP, and HCAHPS
  - No reporting required for the 4th quarter of 2019 and 1st and 2nd quarter 2020
  - May need to develop a new method for HHVBP TPS calculation- 2022 payment year

  Comment: recommend suspending the last year HHVBP
- OASIS E: Delayed until Jan 1 one full year after the PHE ends
- Hospital at home: Expands locations for HOPD- registered outpatients may receive services in the home
  - Open to a HHPOC, prohibits OPD services
  - Open to OPD, prohibits HHPOC

  Comment: These patients should be admitted to HH since they meet eligibility criteria; skilled need and homebound

Medicare Policy and Other Regulatory Flexibilities

- RAP auto cancel extension time frame by 90 days from the paid date of the RAP
- HHQRP and HHCAHPS exception for reporting data last quarter of 2019 and 1st and 2nd quarter of 2020
- Cost reporting filing delayed by 2-3months- flexibility already exits in the regulations.
- Accelerated payments reevaluated and suspend advanced payments
- Halting TPE and ADR requests for all providers (MACs , RACs, CERT and SMRCs)
- Review Choice Demonstration originally paused in IL, OH and TX 3/29; NC and FL expansion paused also---CMS now restarting RCD
- State Surveys suspended – HH and hospice targeted for IC
- Update to the home health grouper for Dx codes for vaping related disorder and COVID-19
  -- Advocating to allow Z20 codes or symptom codes for symptomatic, non-confirmed COVID-19 HH beneficiaries.

PHE Waivers: Hospice Conditions of Participation

- 418.78(e)Volunteer services
- 418.54 Comprehensive assessment update
- 418.72 Non-core services – PT, OT, SLP
- Aides
  - 418.76(h) Onsite supervision every 14 days waived
  - 418.76(d) 12-hour in-service requirement waived
  - 418.76(c)(1) Pseudo patients
  - 418.76(h)(2) Annual onsite competency evaluation postponed

PHE Waivers: Conditions of Participation

- 418.100(g)(3) Annual assessment and training of caregiving staff postponed

- 418.58 QAPI: Narrow scope of QAPI program
  - concentrate on infection control issues, with
  - continued focus on adverse events (aspects of care most closely associated with COVID-19)
  - must retain an effective, ongoing, agency-wide, data-driven QAPI program

PHE Waivers: Hospice Conditions of Participation

Hospice Inpatient Units – Physical Environment:

- Allows for flexibilities related to frequencies for inspection, testing and maintenance of equipment and facilities at 418.110(c)(2)(iv)
- Life Safety Code at 482.41(d)(1)(i) and (e)
- Outside window/door at 418.110(d)(6)
- Alcohol-based hand rub dispenser (ABHR) at 418.110(d)
- Fire drills at 418.110(d)(4)

Medicare Hospice Waivers and Flexibilities: Telecommunications & Telehealth

During PHE, telecommunications technology may be used for RHC visits:

- Part of per-diem payment
- Not reported on claim (except medical social services calls)
- Plan of care must include:
  - Visit/type of technology
  - Description of how technology helps to achieve goals outlined on plan of care

Telecommunications & Telehealth

- Can include audio only if IDG deems appropriate
- CMS: most initial and comprehensive assessments should be completed in person; technology may be used as long as it results in a full assessment of patient/caregiver needs and "informs an individualized plan of care"
- Report technology for COVID costs separately

Hospice F2F

F2F encounter requirement for third and subsequent benefit periods:

- During PHE
- Two-way, audio-visual, real time technology may be used by hospice physician or NP for F2F if sole purpose for encounter
- Audio only NOT permitted
- Not billable

Telehealth Visits

- During PHE
  - Home may be originating site for telehealth
  - Hospices may bill Part A for medical services performed by hospice physician or hospice NP provided the clinician is the designated attending physician

Technology – Looking Ahead

- NAHC letter to CMS: Time to plan for delivery of hospice care in post-COVID world
  - Clarify that hospices may use technology-based visits
  - Develop codes/modifiers for reporting visits on claims
  - Clarify that technology-based visits should be reported on HIS discharge record
  - Permanently allow use of telecommunications technology for F2F encounter

Hospice Access to Nursing Facility Residents

- Which hospice staff should be allowed access?
- Hospice staff should:
  - Pass any facility screenings
  - Utilize proper PPE
- Modifications to visit frequency
- Testing

Medicare HH PPS Proposed Rule

- CY 2021 Home Health Prospective Payment System Rate Update and Quality Reporting Requirements-Proposed Rule
- https://www.govinfo.gov/content/pkg/FR-2020-06-30/pdf/2020-13792.pdf
- 2.7% rate update
  - Maintains PDGM case mix model and LUPA thresholds
  - New wage index areas with %5 cap on reductions
  - Outlier standards maintained
  - No new behavioral adjustment
- Telehealth use standards made permanent
- 2021 Home infusion therapy supplier clarified
- Home health quality reporting and OASIS

- Would bring a degree of stabilization and predictability
- Concerns on LUPA reductions justifying a rollback in Behavioral Adjustment

2021 Proposed Payment Rates

- Base payment rates increased by a net Market Basket Index of 2.7%
  - An annual inflation update of 3.1%
  - Reduced by a 0.4% Productivity Adjustment to net at 2.7%
- Medicare home health services spending projected to increase by $540 million in CY 2021
- The base 30 day payment rate is increased from $1864.03 to $1911.87
  - wage index budget neutrality factor of 0.9987
  - HHAs that did not submit required quality data have that rate reduced by 2%

2021 Proposed Payment Rates

- The LUPA per visit rates are set at:
  - SN $153.54
  - PT $167.83
  - SLP $182.42
  - OT $168.98
  - MSW $246.10
  - HHA $69.53
- LUPA rates also reduced by 2% for those HHAs that did not submit required quality data.
- The LUPA add-on for LUPA only patient continues.
  - For example: SN as the first LUPA visit, the add-on results in a first visit payment of $283.30
  - Each discipline would get its own add-on rate

2021 Proposed Payment Rates

- Area Wage Index that applies based on the patient's residence has changed significantly to reflect update census information
  - https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center
  - New CBSA inclusions and exclusions
  - New Rural and non-rural areas
- Due to the significant change, CMS proposes to cap any reduction in the wage index at 5%
- There is no cap on wage index increases

2021 Proposed Payment Rates

- Outlier standards unchanged
  - Fixed Dollar Loss ratio stays a 0.56
  - Means that no increase or decrease in the national volume of outlier episodes is expected
- Rural add-on phase-out continues
  - High Utilization areas---- 0% add-on
  - Low Population Density areas—2% add-n
  - All other areas-----1% add-on
- PDGM case mix weights unchanged from 2020
- LUPA thresholds stay at the 2020 levels

Telehealth

- Proposing to permanently allow the use of remote patient monitoring or other telecommunications as outlined in the CARES Act during the PHE
- Tied to patient specific needs identified in the comprehensive assessment
- Describe in the POC how the use of telehealth will help to achieve goals
- Cannot substitute for an ordered home visit
- Cannot be considered a home visit for eligibility or payment
- Continue to report as administrative cost

Telehealth

- CMS states in the proposed rule that the CARES Act requires the Secretary to encourage the use of telecommunications systems including remote patient monitoring ..and other communications or monitoring services…

§409.46 Allowable administrative costs

……..

- e) Remote patient monitoring. Remote patient monitoring is defined as the collection of physiologic data (for example, ECG, blood pressure, or glucose monitoring) digitally stored and transmitted by the patient or caregiver or both to the home health agency. If remote patient monitoring is used by the home health agency to augment the care planning process, the costs of the equipment, set-up, and service related to this system are allowable only as administrative costs. Visits to a beneficiary's home for the sole purpose of supplying, connecting, or training the patient on the remote patient monitoring equipment, without the provision of a skilled service are not separately billable.

- Unclear whether telephonic visits are included

Home Infusion Therapy Supplier

- New Part B benefit -coverage and payment finalized in the 2019-20 HHPPS rules
- Covers the professional services related to HIT for Part B drugs- infused via a pump
- HIT suppliers must be accredited by a Medicare approved AO
- HHAs may become HIT supplier
- HHAs may contract with a HIT supplier
- Skilled services related to Part B infusion drugs carved out of the home health benefit beginning 1/1/2021
- Currently DME suppliers with pharmacies are able to bill under the new benefit

Home Infusion Therapy Supplier

Proposed rule outlines the provider enrollment requirements

- Accredited by a CMS approved accrediting organization
- Comply with the conditions for payment and coverage under §410.1500- 1550 and §486.500-525
- Submit Form CMS-855B application
- Subject to the application fee (2020 -$595.00)
- Limited risk level category for screening
- Same appeal rights for enrollment denials and revocations

HHAs should begin working with DME and HIT supplies

Quality Reporting Program & OASIS

- No proposed changes to HH QRP for CY2021
- Proposed change in OASIS testing for new agencies
  - Eliminate the testing requirement due to iQIES
- Reminders
  - OASIS-E delayed until January 1st of the year that is at least 1 full calendar year after the end of the COVID-19 PHE
  - 20 measures for CY2022 HH QRP finalized last year

Medicare Hospice FY2021 Final Rule

- https://www.govinfo.gov/content/pkg/FR-2020-08-04/pdf/2020-16991.pdf
- Payment Update Percentage: 2.4%
- Wage index refinements - limit loss in value from previous year to 5%
- Aggregate Cap: $30,683.93
- Service-Intensity Adjustment (SIA): proposed elimination of budget neutrality adjustment to payment calculation

FY2021 Payment Issues

Description	FY2020 Base Payment Rate	FY2021 Proposed Base Payment Rate	FY2021 FINAL Base Payment Rate
RHC (days 1-60)	$194.50	$199.34	$199.25
RHC (days 61+)	$153.72	$157.56	$157.49
CHC (24 hours)	$1,395.63	$1,430.63 ($59.61/hour)	$1,432.41 ($59.68/hour)
IRC	$450.10	$461.48	$461.09
GIP	$1,021.25	$1,046.55	$1,045.66

Election Statement & Addendum

Finalized in FY2020 Hospice Final Rule

- Modifications to election statement
- Election statement addendum
- Effective October 1, 2020

Election Statement & Addendum

- Continued concerns regarding spending outside of the Hospice Benefit
- Purpose
  - Greater transparency
  - Hold hospices accountable

HQRP

Hospices not required to submit HIS or CAHPS data:

- October 1, 2019–December 31, 2019 (Q4 2019)
- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

HQRP & HOPE

- Hospice Care Index
  - Several claims-based indictors
  - Would go through rule making
- Hospice Visits Last Days of Life
  - Claims based measure
  - Replace Hospice Visits When Death is Imminent measure
  - Remove Section O of the Hospice Item Set

Hospice Quality of Care

- Expect CMS to release revised State Operations Manual Appendix M to reflect greater focus on quality of care during surveys
- Potentially more frequent surveys and/or focused facility surveys

Contact Information

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