

March 30, 2020

Hospice

<u>What did LeadingAge/VNAA/EH ask for</u>	<u>Did we get it</u>	<u>What is in the rule</u>
<ul style="list-style-type: none"> Relaxing requirements for the hospice comprehensive assessment 	Yes	<ul style="list-style-type: none"> Hospices must continue to complete the required assessments and updates, however, the timeframes for updating the assessment may be extended from 15 to 21 days.
<ul style="list-style-type: none"> Allowing contracting for core services (42 CFR 418.64) 	No	<ul style="list-style-type: none"> CMS is waiving the requirement for hospices to provide certain non-core hospice services during the national emergency, including the requirements at 42 CFR §418.72 for physical therapy, occupational therapy, and speech-language pathology.
<ul style="list-style-type: none"> Permitting telephonic or video supervision of hospice aides in lieu of the mandatory in-person nurse visit every 14 days 	Yes - got more!	<ul style="list-style-type: none"> CMS is waiving the requirements that a nurse conduct an onsite visit every two weeks to evaluate if aides are providing care consistent with the care plan.
<ul style="list-style-type: none"> Allowing hospices to utilize pseudo patients in the aide competency testing 	No	<ul style="list-style-type: none"> No action taken by CMS – hospices must still comply with this requirement.
<ul style="list-style-type: none"> Waiving the 5% level of activity requirement 	Yes	<ul style="list-style-type: none"> CMS is waiving the requirement that hospices are required to use volunteers (including at least 5% of patient care hours).

Other waivers

In addition to the items included in LeadingAge’s 1135 waiver request, the following provisions are included in the hospice waivers [that were included in our requests to Congress](#):

Medicare telehealth during the emergency period

- Hospice providers can provide services to a Medicare patient receiving routine home care through telehealth (including audio-only technology), if it is feasible and appropriate to do so.
- Face-to-face encounters for purposes of patient recertification for the Medicare hospice benefit can now be conducted via telehealth (audio-visual technology must be used).

Suspending audits during the emergency period

- CMS has suspended most Medicare Fee-For-Service (FFS) medical review during the emergency period due to the COVID-19 pandemic. This includes pre-payment medical reviews conducted by
- Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate (TPE) program, and post-payment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews and Recovery Audit Contractor (RAC).
- No additional documentation requests will be issued for the duration of the PHE for the COVID-19 pandemic.
- TPE reviews that are in process will be suspended and claims will be released and paid. Current post-payment MAC, SMRC, and RAC reviews will be suspended and released from review. This suspension of medical review activities is for the duration of the PHE.
- However, CMS may conduct medical reviews during or after the PHE if there is an indication of potential fraud.

Accelerated payments

- CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications. Providers can get more information on this process [here](#)

Cost reports

CMS is delaying the filing deadline of certain cost report due dates due to the COVID-19 outbreak.

- CMS will delay the filing deadline of FYE 10/31/2019 cost reports due by March 31, 2020 and FYE 11/30/2019 cost reports due by April 30, 2020.
- The extended cost report due dates for these October and November FYEs will be June 30, 2020.
- CMS will also delay the filing deadline of the FYE 12/31/2019 cost reports due by May 31, 2020.
- The extended cost report due date for FYE 12/31/2019 will be July 31, 2020.

CMS has provided a [fact sheet](#) for hospices as well as the [interim final rule](#) with comment period.

LeadingAge and VNAA/ElevatingHOME are reviewing thoroughly and will share fuller analyses and topics for comment.