

Hospice

(updated 4/9/2019)

<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 	Yes (NEW ON 4/9)	<ul style="list-style-type: none"> Hospices are allowed to use pseudopatients (a person roleplaying or computer-based mannequin device) for aide competency testing in order to get new aides to work faster
<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](#):

New 4/9: CMS also waived the annual 12-hour in service training requirement for hospice aides to allow hospice aides and the nurses who would be supervising the training to spend more time on direct patient care.

Medicare telehealth during the emergency period

- Hospice providers can provide services to a Medicare patient receiving routine home care through telecommunications technology (including audio-only technology), if it is feasible and appropriate to do so. **NEW ON 4/9: CMS has stated in office hours not in writing** that this includes the initial assessment but hospices must be mindful of being able to fulfill the requirements of the initial assessment and use their judgement as to whether that is feasible in each individual case.
- 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.

New 4/9: CMS updated their [fact sheet](#) that summarizes all waivers to date. CMS provided an updated 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.