

Hospice and Palliative Care Resources for the Coronavirus Disease (COVID-19)



NHPCO COVID-19 Update – 04/10/20

NHPCO has created this update for hospice and palliative care providers to share recent news and helpful links.

“You are there for your community. NHPCO is there for you.”

Policy Updates

CARES Act Provider Relief Fund

Today, April 10, 2020, the Department of Health and Human Services (HHS) announced plans for the immediate release of \$30 billion in grant funding for Medicare providers in response to the coronavirus (COVID-19) pandemic. These grants make up one portion of the \$100 billion appropriated for the Public Health and Social Services Emergency Fund in the Coronavirus Aid, Relief, and Economic Security Act or the “CARES Act,” the third coronavirus emergency package passed on March 27. The Administration’s plans include [disbursements to hospice and palliative care](#) providers which the HHS will release via direct deposit starting today.

Hospice providers across the nation, including in “hot spots,” are serving the most vulnerable populations and as a result have incurred considerable expenses and lost revenue directly related to their COVID-19 response efforts. The CARES Act grants are a first step in addressing issues that hospices face including considerable costs for personal protective equipment, respiratory supplies, and expenses related to ensuring an essential workforce.

HHS' payment of this initial tranche of funds is conditioned on the healthcare provider's acceptance of the [Terms and Conditions - PDF](#), which acceptance must occur within 30 days of receipt of payment. If a provider receives payment and does not wish to comply with these Terms and Conditions, the provider must do the following: contact HHS within 30 days of receipt of payment and then remit the full payment to HHS as instructed. Appropriate contact information will be provided soon.

For more information, go to the [HHS Provider Relief](#) page or call the CARES Provider Relief line: 866-569-3522.

CMS announces two new 1135 waivers for hospice.

Late yesterday, [CMS announced two more 1135 blanket waivers](#) for hospice providers, announced below.

- **Hospice aide competency testing allow use of pseudo patients. 42 C.F.R. 418.76(c)(1).**
CMS is temporarily modifying the requirement in § 418.76(c)(1) that a hospice aide must be evaluated by observing an aide’s performance of certain tasks with a patient. This modification

allows hospices to utilize pseudo patients such as a person trained to participate in a role-play situation or a computer-based mannequin device, instead of actual patients, in the competency testing of hospice aides for those tasks that must be observed being performed on a patient. This increases the speed of performing competency testing and allows new aides to begin serving patients more quickly without affecting patient health and safety during the public health emergency (PHE).

- **Quality and Compliance Considerations:** Document and maintain records of the competencies performed and the manner they were achieved. Competency validation must be complete to ensure safe care for the patient.
- **12-hour annual in-service training requirement for hospice aides. 42 C.F.R. 418.76(d).**

CMS is waiving the requirement that hospices must assure that each hospice aide receives 12 hours of in-service training in a 12-month period. This allows aides and the registered nurses (RNs) who teach in-service training to spend more time delivering direct patient care.

 - **Quality and Compliance Considerations:** If your agency offers continuing education units (CEU) that count toward HHA re-certification requirements, encourage your HHAs to monitor this requirement for their re-certification, and to check with their State's certifying body regarding any flexibility being offered during this time. Continuing education ensures skill competency of an aide which contributes to higher quality of care.

CMS Town Hall Answers Several Hospice Questions

On April 9, CMS held a [COVID-19 Town Hall](#) where senior CMS staff were present and providers could ask questions and share concerns. The recording will be posted shortly. The Town Hall transcript where these hospice questions were asked and the answers from CMS are below.

Initial and Comprehensive Assessment Via Hospice Telehealth and Filing Claims

Q: Hospice Question: So the hospice is unable to render physical visits to patients, individual patients and they are able to meet the patient need with telehealth initial assessments and comprehensive assessments that we've been instructed not to put on the claim so when a claim has been submitted there are zero visits on the claim. I just -- I'm just checking to ensure that

- A. The initial and comprehensive assessments can be done via telehealth,
- B. Your instructions to not put them on the claims are still in place and
- C. That then the claims will process without issues.

A: CMS Speaker: Sure. Yes. So we received this question before and we did check and as long as you are putting the level of care on the claim along with the unit for that like the number of days for that level of care plus the Q codes the location the process will -- the claim will process without a G code for the visit so you should be okay.

NOTE: NHPCO reached out to CMS Institutional Claims Processing early on April 10 to confirm the claims processing question. Here is the response we received:

Good morning Judi,

That's correct. Assuming that the patient is on the RHC level of care during the initial and comprehensive timeframe, doing them with telehealth would be compliant. The initial and comprehensive assessment are the foundation of the plan of care, laying out the patient and family needs/goals and outlining the plan for the delivery of these services. An in person initial and comprehensive assessment is standard of practice and crucial to establishing the patient-hospice relationship. During this public health emergency, we expect in most situations that the initial and comprehensive assessment visits would be done in person (especially when assessing skin/wound care; uncontrolled pain/symptoms; effectively teaching patient/caregiver medication administration etc.).

The CoPs do not prevent hospices from using telehealth to complete those portions of the assessment that can be successfully completed via technology. The assessments must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process. The ultimate goal of these assessments is to fully identify the needs of the patient and caregivers to establish an individualized patient-centered plan of care. The response/ confirmation provided to question 2 and 3 is also correct.

Q: Hospice Question: And the ability to do the assessments both comprehensive and/or initial via telehealth – does that apply to home health as well?

A: CMS Speaker: There is nothing in the COP is for other provider that dictates how an assessment is performed whether it's done in person by telehealth or anything to that level of specificity. So there's nothing in the regulations that prohibit this from being done. What the regulations do require is that the assessment – that it provides a comprehensive view of the patient status at that moment – psychosocial status, their physical status, their functional status so to the extent that telehealth can be used to accomplish the assessment then the answer is yes, it can be done. To the extent that there may need to be an in person contact in order to assess some of these key areas that would also need to be done. So we can't give you a blanket yes or no. It's really going to come down to what the patient needs, what the caregiver needs, what their care preferences are and how to balance all of that.

Hospice Face-to-Face When Audio is Available but Visual Capability is Not

Q: Hospice Speaker: I wanted to echo what everyone else was saying about how much we appreciate you having these opportunities to ask questions so my question is about the face to face visit for hospice recertification and we do understand that it must be an audiovisual telehealth visit and I know you are taking it under advisement for the patients who do live in rural areas have no visual capacity because they don't have a smart phone or a tablet or Internet access only have a land line. What do you suggest, should hospice submit an individual waiver request if they can only do an audio only telehealth visit for those patients who need to be recertified? Thank you.

CMS Speaker: Sure, this is Hillary. The face to face encounter requirement for hospices is a statutory requirement so I think the agency is limited in its ability to waive that requirement either on a case-by-case basis or the blanket waiver. But as you mentioned we are considering

whether there is additional flexibility that should be in place for the examples you mentioned like patients in rural areas that may not have access to the two way audiovisual so that is something we are taking another look at.

Hospice Speaker: It would not be a waiver though if I understand the question. These are authorities so it would be a policy change.

CMS Speaker: Yep, correct.

Hospice Speaker: So at this point, there is no reason to suggest to hospice they submit individual waiver request because that would not impact the outcome it sounds like.

CMS Speaker: Correct.

CMS Announces Suspension of 2% Payment Reduction for Medicare FFS Claims (Sequestration)

CMS confirmed today in [MLN Connects](#), that, in keeping with Section 3709 of the CARES Act, the 2% payment adjustment will be temporarily suspended for all Medicare Fee-For-Service (FFS) claims due to sequestration. The suspension is effective for claims with **dates of service from May 1 through December 31, 2020**.

Provider Updates

NHPCO has created a new resource: Agency Preparedness for COVID-19 Pandemic

[The resource](#) includes a decision tree for your COVID-19 care team. Special thanks to Bob Parker, DNP, RN, CENP, CHPN, CHP, Chief Clinical and Compliance Officer at Intrepid USA, Inc. for authoring this resource.

NHPCO Partners with the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) on Guidance for Hospice in LTC

NHPCO has worked collaboratively with AHCA and NCAL to create [guidance for hospice providers and LTC providers](#) in the time of COVID-19. All three organizations are releasing this document to their memberships today. We hope you find it useful.

Flowchart on Medicare requirements for Using Telehealth for Billable Physician/NP Visits with Medicare hospice patients during COVID-19

[This easy flowchart](#), developed by Husch Blackwell, outlines, in a step-by-step format, the specific Medicare requirements and operational best practices for hospices that are considering using telehealth to perform Billable Physician/NP Visits with Medicare hospice patients during the COVID-19 pandemic. Please note that this flowchart, which contains information current as of April 2, 2020, does not constitute legal advice.

Resources

Webinar: Tips for a Successful Telehealth & Virtual Visit Webinar

Please join NHPCO on **Monday, April 13 from 4:00PM-5:00PM ET** for a live, interactive webinar on Telehealth & Virtual Visits. Telemedicine is taking a front and center role as the health care community battles COVID-19. During this session, we will talk about how Telehealth & Virtual Visits can be utilized by the hospice and palliative care community, discuss tips for a successful visit and have a Q&A session with some of our Telehealth experts. [Please register here for the webinar session.](#)

New Resource from the CDC

- [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 \(4/9/20\)](#)

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