

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



## NHPCO COVID-19 Update – 04/21/20

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

#### **Deal Reached on Interim COVID-19 Legislation**

Today, Congress and the Administration have reached a deal on a \$484 billion funding bill that includes funding for small businesses, healthcare providers and for testing. The Senate is expected to pass the legislation today and the House is set to vote on the legislation on Thursday, April 23, 2020. Included in this legislation is \$75 billion for reimbursement to hospitals and healthcare providers to support the need for COVID19 related expenses and lost revenue. The funding language in the bill remains the same as the CARES Act. This funding is in addition to the \$100 billion provided in the CARES Act. Congress is expected to continue work on a 4<sup>th</sup> COVID-19 related piece of legislation.

#### **CMS Holds Home Health and Hospice Stakeholder Call**

On April 21, CMS held a Home Health and Hospice Stakeholder Call. Three hospice providers presented on their COVID-19 experiences. Thank you to representatives from Northwell Health, NY, VNSNY and Intrepid Health Care, who provided “news from the field” on hospice care amid COVID-19. In addition, CMS answered two questions that many hospice providers have asked in recent days. The transcript of the questions and answers are below:

**Q: Can CMS include all hospice services to be provided virtually through telephone and telehealth modalities as determined by the hospice planning care, including visits from all hospice disciplines including nurses, social workers, spiritual services, bereavement and other counseling. Are there any other types of services specified in the plan of care?**

**A:** The answer is that hospices may provide any services via telemedicine or audio only as long as the patient is receiving routine home care (RHC) level of care and those telemedicine services which are audio only services are capable of meeting the patient and caregiver needs. You [the hospice] are really going to be the best judge of that. There are some things where, of course, they are going to require an in-person visit to meet the needs of the patient and some that can be done by telemedicine and basically it is permissible to do that when it is advisable to have a telemedicine visit.

**Q: I was wondering both on the hospice side and CMS side so a question if there's been any flexibility regarding obtaining patient consent specifically with signature and a question for the presenters on how you guys are handling that.**

**A:** This is Karen from the quality safety oversight group. We have talked about that in terms of the requiring the signature. I don't believe there is anything in the participation for that but there may be a payment related issue there in terms of that signature and I don't know if anybody is available from the payment side.

>>Speaker: This is Hilary. On the payment side. So right now, we are still requiring signature to elect the hospice benefit. It's very important because they need to have the Medicare payment made on their behalf to any other provider it's important that patient be fully informed of this.

### **Updated CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers during COVID-19 Response**

The Cybersecurity and Infrastructure Security Agency (CISA) has developed, in collaboration with other federal agencies, State and local governments, and the private sector, an [“Essential Critical Infrastructure Workforce”](#) advisory list. This list is intended to help State, local, tribal and territorial officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security. In the healthcare sector, workers in hospice inpatient units and hospice home care are both listed as essential critical infrastructure workforce. This list, while advisory, could be used with local emergency management personnel in local workforce and PPE issues.

## **Provider Updates**

### **Palliative Care Providers**

2019 MIPS Data Submission Deadline Extended to April 30, 2020, 8 pm EDT. Individual MIPS eligible clinicians who do not submit their MIPS data by the submission deadline will qualify for the 2019 automatic extreme and uncontrollable circumstances policy. MIPS eligible clinicians, groups, and virtual groups not able to complete their 2019 MIPS data submission can now apply for a 2019 extreme and uncontrollable circumstances exception due to the COVID-19 pandemic. See the [Quality Payment Program COVID-19 Response fact sheet](#) for more information and subscribe to the QPP list serv for program updates.

## **Resources**

### **Update CDC Resource**

- [Healthcare Infection Prevention and Control FAQs for COVID-19](#) (4/19/20)