Centers for Medicare & Medicaid Services
Moderator: Georgia Perry
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OPERATOR: This is Conference #: 5889768.

Female: Good afternoon. Thank you for joining our CMS COVID-19 Call today with Home Health Providers and Hospice Providers. I'd like to introduce our speaker today, Ms. Jean Moody-Williams. Jean is the acting director here at CMS at the Center for Clinical Standards and Quality.

Jean, I'll turn it over to you.

Jean Moody-Williams: Great, thank you. And thanks everybody for joining. And I know many of you may have been on the call a little bit earlier today with the administrator, as I heard, some home health and hospice questions coming up during that call. So hopefully today we'll be able to address those or at least make sure that we have them recorded so that we can get back to you.

As was mentioned, we really have issued an unprecedented array of temporary regulation, regulatory waivers and new rules geared toward giving you maximum flexibility as you're working day to day on the 2019 Novel Coronavirus. This is of course a challenge for all of us.

And so we want to ensure that the local health systems really have the capacity to handle the surge. And working with patients through these temporary expansions of sites, as we call the hospital without walls, which also may mean that you will see patients that will need to be in alternative locations, such as home health agencies, long term care facilities, really utilized in new and different ways.

And so I think it will take coordination between all of the system to ensure that the needs of the patients of America are taken care of. So we want to

remove barriers for physicians and nurses and other clinicians to be readily available, anything that we can do at the federal level.

As we walked through all of the waivers today, we emphasize that we're trying to remove the federal barriers. In most cases, the state and local laws will still apply. So these really are get – we're getting out the way but you have to make sure to check on what is required for your state.

So the waivers that we talked about will also increase access to telehealth and expand in place testing, so we can allow for more testing areas at home or in community-based settings. So what I would like to first remind you to take a look if you haven't already at all of the waivers because they all may relate to you in one way or another in general. I'm going to concentrate today on some of the ones that are more specific to home health and hospice for the short time that we have together.

But again, you're going to want to look at the others very closely to see how they may relate to the ones that we talked about. So just jumping right in to talk about some of the waivers related to home health under Medicare telehealth. Home health agencies can provide more services to beneficiaries using telehealth within the 30-day episode of care. And that is so long as it's a part of the patient's plan of care and does not replace needed in person visits.

We always want to defer to the clinician's judgment in that area. And but we acknowledge that the use of such technology will result in changes in the frequency or type of in person visits. And so again, we invite you to look at all the telehealth waivers that are available.

We also looked at the definition of homebound. And homebound in this case would be a beneficiary is considered homebound when their physician advises them not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contracting COVID-19.

So as a result of beneficiary's homebound due with COVID-19, the need, skill services, a home health agency can provide those under this waiver. So we looked at certain things as well as the plan of care and certifying, recertified

patient eligibility, we are going to use enforcement discretion with this regard to the requirements related to certifying and recertifying eligibility in order to allow a patient to be under the care of a nurse practitioner, clinical nurse specialists, or a physician assistant who is working in accordance with state law.

So in that case, you can order Home Health Services, establish in periodically review a plan of care for Home Health Services, and certify and recertify that the patient is eligible for those services. We will not conduct audits during this time of the public health emergency.

As far as reporting goes, we are providing some relief to home health agencies and timeframes related to OASIS transmission. This waiver includes extending the five-day completion requirements for the Comprehensive Assessment and waiving the 30-day OASIS submission requirements. Home health agencies are expected to complete this Comprehensive Assessment of the patient within 30 days but you may have delayed submission and that is permitted.

We continue our way through all of these waivers to require that the patients still have assessments and receive the appropriate care to meet their needs. For the initial assessment, home health agencies can perform the initial assessment and determine the patient's homebound status remotely or by record review.

Verbal orders and I know this came up on a call I think we had last week. We are waiving the requirements to provide additional flexibilities related to verbal orders. You still have to have the read back. Verification is required, you know, that's for safety purposes. But often implication of that may occur greater than the 48-hour. So this will allow more efficient treatment of patients in a surge situation.

Regarding some of the request for anticipated payments or the RAP payments, MAC can extend the auto cancellation date of RAPs during the emergencies. These are prepayments for Home Health Services. And then there are some that are participating in the choice demonstration for Home Health Services.

So CMS is offering that home health agencies in the review choice demonstration for Home Health Services, you have the option of pausing your participation for the duration of the emergency.

And you don't have to do anything for that cause to go into effect. We are also – what to just mention, this is more – this is really more applicable to hospitals and (CAS) but obviously would impact you and that's really related to the discharge planning.

We are giving some waivers as it relates to discharge planning, as far as the information that must be provided relating to, for example, quality measures and various lists that must be given to the patients and families. However, they – hospitals must still work with the families to ensure that the patient is discharged to a post-acute care provider is really the right one to meet the patient's care needs.

So I'm going to switch to hospice waivers that we also issued yesterday. And the first one is on Medicare telehealth. Hospice providers can provide services to a Medicare patient receiving routine homecare through telehealth, it is – if it is feasible and appropriate to do so. So those are the ifs and that is going to be left to the clinician's judgment.

Face to face encounters for purposes of patient recertification for Medicare hospice benefit can also be conducted via telehealth. We're also waiving the requirement that hospices are required to use volunteers. And that was at least – for at least 5 percent of patient care hours. I think it's probably pretty obvious why we are waiving that.

We understand that the volunteers may not be available and as well to protect the patient and the volunteer. We also been our waiving on site visit supervisions with hospice aide. And we're waiving the requirement that a nurse conduct an onsite visit every two weeks. And this would include waiving the requirement for nurse and other professionals to conduct an onsite visit every two weeks to evaluate if the aides are providing consistent care.

It may not be physically possible to do that. We do obviously encourage supervision being available to answer calls that the aide may have or anything of that nature to ensure the appropriate outcome for patients.

Regarding the Comprehensive Assessment and I know this question came up a little bit earlier today, we are waiving certain requirements for hospice related to update of the Comprehensive Assessment of patients. The hospice must continue to complete the required assessment and updates. However, the timeframe for updating these assessments may be extended from 15 to 21 days.

Now, the hospice COPs allow hospice the flexibility to decide which patient care activities must be performed in person and which can be performed virtually based on the preferences of the patients and the caregivers and the individual goals of care.

So in the recent intermediate final rule, we stated that telehealth could be used in lieu of in person visits when the patient is receiving routine homecare as long as the patient is receiving that level of care that would apply to the visit, then that would be appropriate.

So, again, please review the telehealth guidelines. We do have someone on the line as well that can answer your questions. And I think the last thing I wanted to point out is that we are waiving the requirement for hospices to provide certain noncore hospice service during this national emergency, including the requirement for physical therapy, occupational therapy, and speech language pathology.

So you can see, as I said, this is just a sample of some of the things that we have waived. And you can probably also tell it's because of the feedback that you have been giving us hour long, we've tried to accommodate and listen and hear those requests. As I know we all have the same goal of doing what's best for the patients and protecting our health care workers during this very, very challenging time.

So, again, I just want to thank you for all you're doing. And I think you have a lot more work. We have a lot more work ahead of us. But we've going to

continue to work together to meet the needs. So with that, I'm going to open it up for questions and operator if you could start to queue up our first question, it would be appreciated.

Operator: All right. Ladies and gentlemen, as a reminder to ask a question, please press star one on your telephone keypad. To withdraw your question, press the pound key. Again, in order to ask a question, please press star one. We will pause for just a moment to compile the Q&A roster.

We have a question from anonymous line, please state your first and last name. Your line is now open.

(Donna Floyd): Hello.

Operator: Hello, we can hear you. Thank you.

(Donna Floyd): I just want clarification please, regarding home health supervisory visits on a 60 day only case, those cases regarding – requiring only CNAs maybe like Medicaid and CMS agency is providing to clarify that these can or cannot be done with tele visits for supervision or are these waived as well? This is (Donna Floyd) from the Craig business group.

Jean Moody-Williams: OK. So the 60-day visit as it relates to Medicaid. The question is can they be done through telehealth? Do we have any one for Medicaid on?

(Donna Floyd): Sixty-day supervisory …

Jean Moody-Williams: Supervisory.

(Donna Floyd): Supervisory.

Jean Moody-Williams: Yes. Thank you.

(Donna Floyd): I don't know that – this is not this is not a Medicaid question. This is for a CMS certified agency. Could they do those visits? Or this was is also waived?

Jean Moody-Williams: I'm listening to hear if anyone had the answer to that.

Male: Is this the visit as part of the plan of care for a home health visit?

(Donna Floyd): No, this is a requirement under the COP for home health CNAs that if the case only has CNAs, there must be a CNA supervisory visit every 60 days.

Jean Moody-Williams: Yes. So we will have to get back to you. I am sure that we you can use the telehealth in situations such as that. Again, we would ask that some supervision obviously be given to that nurses aide during that time period.

(Donna Floyd): That makes sense. We just need something concrete from you guys.

Jean Moody-Williams: Yes.

(Donna Floyd): OK.

Jean Moody-Williams: And if you could send that question in, to make sure that we have that. I understand what you're asking. I just want to make sure that when we do an FAQs, we address it appropriately.

(Donna Floyd): Would you give me that email address again, please?

Jean Moody-Williams: Yes, actually, we'll give it at the bottom of the call so everybody can have it.

(Donna Floyd): Thanks.

Operator: Your next question is from (Jamie Moore). Your line is now open.

(Jamie Moore): Hi. In regards to the routine homecare visits for telehealth, for hospice, will they be releasing new HCPCS codes or are we just using routine visits? How is that going to work?

(Hilary Leffler): Hey there, this is (Hilary Leffler). So, when you report a visit on the claim, you're going to report the in person visits and not the telehealth visits. You'll just note in your chart when you're doing the telehealth visits but it won't go on the claim.

(Jamie Moore): OK, great. Thank you.

Operator: Next question is from (Chris Langsley). Your line is now open.

(Chris Langsley): Hi. In lots of the communication specific to hospice around telehealth waivers being able to do visits via telehealth. Can you define telehealth? There's a lot of questions about it that means phone plus video or just phone. Many agencies don't have video capabilities set up so will phone count? If it's just a two-way phone conversation count for these telehealth waivers for hospice?

Jean Moody-Williams: Yes, and the latest guidance that was put out on yesterday telephone will count.

(Chris Langsley): And so back to your original statement, in the summary you gave at the beginning of the call, you talked about the Comprehensive Assessment visits. And so to clarify is that – if visits are being refused, are we surmise that a clinical visit is not required for a clinical reason that that 14-day Comprehensive Assessment visit could in fact be done by telephone, is that true?

Jean Moody-Williams: Yes. It could be done by telephone.

(Chris Langsley): Thank you.

Operator: Your next question is from (Glenn Vairag). Your line is now open.

(Glenn Vairag): Hi. I was calling about the RCD, you know, we're so close to the end of the RCD period. And I was just wondering, you know, what's going to happen to that if you're already to the point where you're well over 90 percent, how – do you have any guidance on what's going to happen to RCD?

Jean Moody-Williams: OK. Do we have anyone that can address that question?

OK. So, we will have to – we have recorded that and we will get back to you on that. I know many of the deadlines are being extended. But I don't want to speak to that when – just to make sure.

(Glenn Vairag): Well, I know they're being extended. But my question is, is where Ohio it ends today. So I just wanted to know what happens.

Jean Moody-Williams: OK. Understood, I don't think we have the right person on the phone to address that. I know I'm not. But we'll get back to you as soon as we can on that question.

(Glenn Vairag): Thank you.

Operator: Your next question is from (Rachel Shadik). Your line is now open.

(Rachel Shadik): Yes, thank you. And thank you for the work that you've done to assist the homecare and hospice organization. I actually have two questions. The first is that, it pertains to Medicare telehealth, I'm assuming and wanting to make sure I'm correct that a telephone visit or a face to face visit will count as telehealth, just like for hospice?

Jean Moody-Williams: So the telehealth visit has the parameters of telephone or the video. And then the face – are you saying, is that the same as a face to face?

(Rachel Shadik): So this would be a device using a phone that we can see the patient that also counts as a telehealth visit, correct?

Jean Moody-Williams: Yes.

(Rachel Shadik): And how we account for those on claims?

Jean Moody-Williams: OK. I'll turn – I know we have someone that can answer that.

(Hilary Leffler): Sure. Is your question about how you account for them on the Home Health claim?

(Rachel Shadik): Yes. And is there reimbursement for them at this point in time both of those?

(Hilary Leffler): So it's the same as hospice. You would not put a telehealth visit on the Home Health claim only in person visits are on the claim. CMS is limited in reimbursing for in person only visits for the home health benefit. But in the

IFC, we're exercising as much flexibility as we can to allow telehealth to occur but there still has to be some in person visits to render payment.

(Rachel Shadik): Yes, OK. And then my second question was this. I just missed what you said about home health. You said that, if the state allows a nurse practitioner to function independently, that they could sign off on the plan of care, the certifications and re-certifications, is that the same for a physician assistant?

(Hilary Leffler): Correct.

Jean Moody-Williams: Yes.

(Rachel Shadik): OK. Thank you.

Operator: And your next question is from (Caroline). Your line is now open.

(Caroline): Hello. Thank you. I certainly appreciate everything that CMS has done to open up the regulations so that we can continue to serve patients in our communities. My question was just answered it was a home health question, so thank you very much.

(Hilary Leffler): OK.

Jean Moody-Williams: Thank you.

Operator: And your next question is from (Jennifer Harden). Your line is now open.

(Jennifer Harden): Yes. I just had a question regarding the use of physician assistants and hospice care. Are you looking at giving us the ability to do face to face visits just as nurse practitioners currently do?

Jean Moody-Williams: Yes. There are several waivers. As I said, if you look at the comprehensive package that extend ability, again, within what's allowed within your state to physician assistants, nurse practitioners, certified registered nurse anesthetist, clinical nurse specialists, ought to have the ability to practice at the top of their license.

(Jennifer Harden): OK. Thank you.

Operator: Your next question is from (Patricia de Arena). Your line is now open.

(Patricia de Arena): Good afternoon. I'm just wanting to clarify regarding, I understand that the – we cannot put telehealth visits on to the claim. So I'm assuming that in turn that means that telehealth visits will not count towards your visit count when you are calculate LUPA, is that correct?

(Hilary Leffler): Correct.

(Patricia de Arena): OK. Thank you.

Operator: Your next question is from (Steve Craig). Your line is now open.

(Steve Craig): Hi. She just answered my question. Are you guys going to have a CMS going to have any further discussion on allowing telehealth visits to count in the LUPA threshold going forward?

(Hilary Leffler): So the CMS is limited in its ability to do things that are prohibited by statute. So the statute for the home health prospective payment system is such that payment is rendered for in person visits. Which is why once you reach that LUPA threshold, we're allowing you to have as much flexibility as possible to do the telehealth visits.

But we weren't able to go as far as to have them count towards the LUPA like as a visit to get you over the LUPA threshold because then that would be rendering payment based on the telehealth visit, which isn't allowed by law. But there are other arrangements that we noted in the interim final rule about ways for you guys to work under the arrangement of a physician and perhaps through an arrangement with the physician get reimbursement for telehealth visits, in cases where you wouldn't have any in person visits to put on the home health claim.

(Steve Craig): OK. So just to clarify that a hypothetical obviously, if my LUPA threshold is four, I'm at three face to face visits and I have NPPA, our physicians do a telehealth visit in lieu of one of my nurses, I can build that as a face to face visit or health visit?

(Hilary Leffler): You can under the physician fee schedule, yes.

(Steve Craig): Under the physician fee schedule, I can but I'm talking exclusively to LUPA counting as a home health visit.

(Hilary Leffler): No would not be able to count as a LUPA visit to get you over the threshold.

(Steve Craig): Thank you.

Jean Moody-Williams: OK, thank you. I think we could take one more question please.

Operator: Your next question is from (Shannon Wolf). Your line is now open.

(Shannon Wolf): Yes. I'm sorry. I apologize for coming in on the end, on the noncore services for home – for hospice, did you say that the chaplain and the social worker can do the telehealth visit?

Jean Moody-Williams: Did I mentioned that? I did not mention that. But …

(Shannon Wolf): I know you mentioned P.T., so I was wondering about the chaplain …

Jean Moody-Williams: … OT, speech language. And we will have to get back to you on the chaplain. And what was the other?

(Shannon Wolf): The social worker.

Jean Moody-Williams: So, oh, yes. OK, social worker. So and we would encourage, I think all of those to be done by telehealth if they can. But then again, it's depending on the needs of the patient at the time.

(Shannon Wolf): Right, right. We would definitely be in there at the end of life if necessary. But I did not know if those were considered essential visits or nonessential.

Jean Moody-Williams: Yes. I think in the case …

(Shannon Wolf): OK.

Jean Moody-Williams: … of hospice, they would be considered essential.

(Shannon Wolf): OK. Thank you.

Jean Moody-Williams: And as a matter of fact, we did that for nursing homes as well so. All right, well, thank you all for joining. And we will be continuing these calls. And, again, hopefully to adjust things as they come up, and they will. So we appreciate your feedback. Thank you.

And oh, just before we hang up, I know you wanted the e-mail address for questions. So I'll turn it back to (Hilary).

(Hilary Leffler): Sure. Thanks, Jean. And thanks everyone for joining our call this afternoon. Our email address, our inbox is COVID-19, the number 1-9, @cms.hhs.gov. Again, it's COVID-19@cms.hhs.gov. Thanks again for joining our call. And we look forward to speaking with you all very soon. Thanks again.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating. You may now disconnect.

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