

Medicare Regulations and Hospice Benefit

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Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

Objectives

- ▶ The participant will be able to discuss who receives Hospice care
- ▶ The participant will be able to describe hospice regulations
- ▶ The participant will be able to describe Hospice length of stay (LOS)

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- ▶ The participant will be able to discuss the Certificate of Terminal Illness (CTI)
- ▶ The participant will be able to discuss the Notice of Election (NOE)
- ▶ The participant will be able to discuss coverage of Hospice services

CMS – CoPs for Hospice Care

- ▶ The Conditions of Participation (CoPs) are the Medicare Regulations for Hospice
- ▶ Originally written in 1983
- ▶ Revised in 2008
- ▶ Many additions/revisions since 2008 – issued as Change Requests
- ▶ These are MANDATORY to maintain Medicare certification to be allowed to bill Medicare for services provided to patients with Medicare or Medicaid (and other insurers also)

State Hospice Licensing Regulations

- ▶ **MASSACHUSETTS:**
- ▶ **DEPARTMENT OF PUBLIC HEALTH – DPH**

- ▶ **MAINE:**
- ▶ **DEPARTMENT OF HUMAN SERVICES**

- ▶ Surveyors (federal /state) do surveys (routine or complaint surveys) to evaluate compliance with regulations and provision of quality hospice care.
- ▶ A new law in 2014 mandates surveys every 3 years

- ▶ If there are differences between the federal and state regulations, the hospice must follow the most stringent regulation.


ELIGIBILITY

- ▶ A patient is eligible for Hospice care if they have Medicare Part A and if two physicians determine that the patient has six months or less to live if the terminal illness runs its normal course
- ▶ Patients must be re-assessed for eligibility at regular intervals, but there is no limit on the amount of time a patient can then spend under Hospice care

Benefit Periods

- ▶ 1st and 2nd benefit periods are 90 days each and then there are unlimited 60 day periods if the care is continuous
- ▶ The periods are considered continuous if the beneficiary does not revoke or is not discharged.

Who Receives Hospice Care

- ▶ In 2013, an estimated 1.5 to 1.6 million patients received services from Hospice
 - ▶ According to the Medicare Payment Advisory Commission (MedPAC), in 2013, 47.3% of Medicare decedents utilized Hospice care
 - ▶ Increased utilization has led to increased scrutiny of hospices to better ensure that Hospice programs are serving only patients who are eligible and appropriate for Hospice care
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Length of Stay (LOS)

- ▶ The total number of days that a Hospice patient receives care is referred to as the length of stay
 - LOS can be influenced by a number of factors
 - Approximately 34.5% of Hospice patients nationally receive care for just seven days or less
 - 48.8% of patients die or are discharged within 14 days of admission
 - Only 11.5% of patients remain under Hospice care for longer than 180 days
 - LOS affects reimbursement

Payment

- ▶ Medicare pays Hospice a flat, per-diem rate that covers all aspects of the patient's care, including all services delivered by the interdisciplinary team, drugs, medical equipment and supplies for the terminal illness and related conditions
- ▶ Medicare Administrative Contractors (MACs) oversee and pay for the services and determine payment
- ▶ Our MAC is NGS – National Government Services

Levels of Care (LOC)

Level of Care	2012	2013
Routine Home Care	95.0%	96.5%
General Inpatient Care	2.7%	4.8%
Continuous Care	0.5%	0.8%
Respite Care	0.3%	0.3%

Focused Medical Review/ADR

- ▶ Medicare reviews medical records and documentation through the ADR process (Additional Documentation Review)
- ▶ Medicare reviewers read the documentation retroactively and then decide whether the patient was eligible and the care was necessary. If denied, Medicare will take back the payments received by the hospice
- ▶ There are appeal processes

Medicare Hospice Benefit

- ▶ Hospice is an elected benefit covered under Medicare Part A
- ▶ Patient is eligible if he/she has Part A and is certified as being terminally ill

Certificate of Terminal Illness (CTI)

- ▶ The individual is certified as having a terminal illness with a medical prognosis of 6 months or less if the illness runs its normal course
- ▶ The certification/recertification is a critical piece of documentation necessary to ensure Medicare payment for the Hospice services you provide

Timeframe for Certification/Recertification

- ▶ The Hospice must obtain verbal or written certification of the terminal illness, no later than 2 calendar days (by the end of the third day) after the start of each benefit period (initial & subsequent)
- ▶ Initial certifications may be completed up to 15 days before Hospice care is elected

Timeframe for Certification/Recertification

- ▶ The Hospice must determine who may accept verbal certification from a physician in compliance with state and local law regulations
- ▶ In addition, the Hospice must ensure the written certification/recertification is signed and dated prior to billing Medicare, or their claim(s) may be denied

Content of the Certification/Recertification

- ▶ The certification should be based on the clinical judgment of the Hospice medical director (or physician member of the interdisciplinary group (IDG), and the patient's attending physician, if he/she has one

Content of the Certification/Recertification

- ▶ In addition to the initial certification for Hospice, the patient must be recertified for each subsequent Hospice benefit period

Content of the Certification/Recertification

- ▶ Must include the statement that the patient's medical prognosis is their life expectancy is 6 months or less if the terminal illness runs its normal course
- ▶ Must include a brief narrative, written by the certifying physician, explaining the clinical findings that support the patient's life expectancy of six months or less

Content of the Certification/Recertification

- ▶ Must include the benefit period dates that the certification or recertification covers
- ▶ Narratives associated with the third benefit period and subsequent benefit periods must explain why the clinical findings of the face-to-face encounter support a life expectancy of six months or less

Signature Requirements for Certification

- ▶ For the first benefit period after election of the Medicare Hospice benefit, the certification must be signed and dated by:
 - Medical director of the Hospice or the physician member of the Hospice interdisciplinary group (IDG)
 - The beneficiary's attending physician (if they have one)

Signature Requirements for Certification

- ▶ For the certification, the attending physician must be a doctor of medicine or osteopathy, and be identified by the beneficiary at the time he/she elects to receive Hospice care as having the most significant role in the determination and delivery of the individual's medical care

Signature Requirements for Certification

- ▶ For the recertification (for subsequent Hospice benefit periods), only the Hospice medical director or the physician member of the IDG is required to sign and date the certification
- ▶ The beneficiary's attending physician is not required to sign and date the recertification

COP 418.24

Notice of Election (NOE)

- ▶ The individual (or his/her authorized representative) signs a statement indicating that he or she elects the Hospice benefit and waives all other rights to Medicare payment for services that are related to the treatment of the terminal illness and related conditions

Hospice Care Notice of Election (NOE) Must Include...

- ▶ Identification of the particular Hospice that will provide care
- ▶ The patient or representative (as applicable) acknowledgement that the patient has been given a full understanding of Hospice care, particularly the palliative rather than curative nature of treatment

Hospice Care Notice of Election (NOE) Must Include...

- ▶ The patient or representative (as applicable) acknowledgement that the patient understands that certain Medicare services are waived by the election
- ▶ The effective date of the election which may be a later date but may not be retroactive
- ▶ The signature of the individual or representative
- ▶ A verbal election is not allowed

Hospice Care Notice of Election (NOE)

- ▶ Any Hospice election statement that is missing any one of the necessary items, is considered incomplete, and may result in the claim being denied
- ▶ The NOE must be filed with Medicare within 5 days or the hospice will never receive reimbursement for those days

Coverage of Hospice Services

- ▶ The Medicare Hospice benefit includes the following Hospice services for the palliation and management of the terminal illness and related conditions.

Coverage of Hospice Services

▶ **Attending physician**

- Chosen by patient, is involved in decisions regarding treatment and medications and must approve the plan of care

▶ **Medical Director**

- Responsible for palliation and management of the terminal illness and related conditions
- If attending is unavailable, is responsible for medical needs of the patient
- Is available for consultation and home visits

NURSING SERVICES

- ▶ RN coordinates each patient's care
 - (RN Case Manager)
- ▶ RNs and LPNS make regular visits to the patients home to:
 - Assess the status and needs of the patient
 - Provide expert symptom and pain management
 - Teach patients and caregivers about the disease and dying process
 - Teach caregivers to provide care
- ▶ RNs are available 24/7 – After hours coverage for calls and visits

Medical Social Services

- ▶ Provided by a qualified SW under the direction of a physician
- ▶ Performs the psychosocial assessment of the patient/family needs
- ▶ Provides emotional support and counseling based on assessed needs
 - Helps the family with concerns that arise with a terminal illness
 - Facilitates life review
 - Can help to find community resources
 - Can arrange nursing home placement
 - Can help with advance directives
 - Can help with funeral arrangements
 - Can provide specialized support to children and adolescents


Chaplain

- ▶ Provides assessment of patient/family spiritual needs
- ▶ Provides non-denomination spiritual counseling to meet those needs in accordance with patient/family acceptance of this service
- ▶ Can act as liaison with patients own religious community and makes all reasonable efforts to facilitate visits by those members
- ▶ Respects the faith and beliefs of the patient and family
- ▶ Can help to plan funeral and memorial services

HOSPICE AIDE

- ▶ Supervised by an RN at least every 14 days (indirect supervision)
- ▶ Follows the plan of care instructions written by the RN
- ▶ Provides personal care
- ▶ Assists with activities of daily living
 - Dressing, bathing, toileting, etc.
- ▶ Can provide assistance with meals
- ▶ Reports changes to the RN
- ▶ Completes appropriate documentation
- ▶ Does not administer medication
- ▶ 12 hours/year inservice training is mandatory

Volunteers – CoP 418.78

- ▶ Must complete mandatory training
 - ▶ Must meet the same standards as paid employees
 - ▶ Are supervised by the Volunteer Coordinator
 - ▶ Volunteers must provide services in an amount that is at least 5% of total patient care hours
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VOLUNTEERS

- ▶ Provide a variety of support activities including:
 - ▶ Companionship, light housekeeping
 - ▶ Respite for caregivers
 - ▶ Sitting Vigil
 - ▶ Threshold Singers– an a capella group that sings bedside to people
 - ▶ Veteran to Veteran Support

Volunteers

- ▶ Provide “tuck in” calls
- ▶ Help at MVH HH with greeting at front desk, kitchen help
- ▶ Assist with office and administrative support duties
- ▶ Keepsake program (teddy bears and pillows made from patients clothing)
- ▶ Help with Bereavement support

Volunteers

- ▶ Offer specialized services such as hairdressing, pet therapy, Reiki, and massage
- ▶ Volunteers cannot transport patients, give medications, handle money or provide personal care.

Bereavement Services

- ▶ Mandated for at least one year after death (MVH provides for longer)
- ▶ Bereavement Counselor provides grief support pre and post death based on assessment and individual needs and plan of care

Bereavement Services

► Bereavement services include:

- Telephone check in call approximately one month after death and at one year after death
- Home visits when requested/needed
- Informational mailings
- Sympathy card from team
- Referral to a MVH support group
 - General bereavement, widow/widowers/ loss of parent
- Individual support
- Children's Support
 - Monthly workshops, daylong outdoor activities,
 - Special coping (holidays, other special days

Other therapies

- ▶ **Massage therapy**– Licensed massage therapists
- ▶ **Reiki**
 - Not “religious”
 - helps with stress reduction,
 - can be with or without “hands on”
 - Creates feeling of relaxation, peace and security
- ▶ **Expressive Therapy**
 - Creative Arts Therapy
 - Used to manage stress, alleviate pain and express feelings.


Other Team Members

Dietitian

Contracted Services:

- PT, OT, SLT
- Pharmacist (Long Term Pharmacy)
- Wound Care Nurse
- IV Nurses

Coverage of Hospice Services

- ▶ Drugs and biologicals for pain and symptom management
 - ▶ Short-term inpatient care for pain control and symptom management and for respite care
 - ▶ Medical supplies and durable medical equipment and oxygen
 - ▶ (Related to the terminal illness and related conditions)
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Medicare Will Not Pay For

- ▶ Hospice care not arranged by a Hospice other than the Hospice designated by the individual (unless furnished under arrangement by the designated Hospice)
- ▶ Care in an emergency room, hospital, or other inpatient facility, outpatient services; or ambulance transportation, unless these services are either arranged by the Hospice or are unrelated to the terminal illness—patient may be responsible if going outside the plan of care

How Payment Rates are Set

- ▶ Medicare pays Hospice a daily rate for each day a patient is enrolled in the Hospice benefit
- ▶ Daily payments are made regardless of the amount of services furnished on a given day

How Payment Rates are Set

- ▶ The payments are intended to cover the costs the agency incurs in furnishing services identified in the patient's POC, including services provided directly or arranged by the agency

- ▶ Payments are based on the level of care (LOC)
 - Routine home care
 - Continuous home care
 - Inpatient respite care
 - General inpatient care


Criteria for Hospice Care

- ▶ Patients who have a terminal prognosis of six months or less, if the disease runs its normal course
- ▶ Patients whose terminal diagnosis is supported by the patient's medical history and the current symptoms/stage of the illness

Criteria for Hospice Care

- ▶ Patients who wish to focus on managing pain and other symptoms rather than curing or reversing the illness
- ▶ Patients who are in agreement with the Hospice philosophy and wish to receive Hospice care

Referral for Hospice Services

- ▶ May come from anyone including the patient's physician, caregiver, family member, neighbor, and friend or from the patient
 - ▶ Physician orders are not needed to provide the patient/caregiver with information about Hospice services
 - ▶ An order will be needed to admit
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Establish the Patient as Medically Eligible for Hospice

- ▶ Obtain a complete medical history to determine the progression of disease and co-morbidities that support the terminal prognosis
- ▶ Consult with the referring physician to clarify any outstanding concerns about the patient's condition and decline

Assure That the Patient/Caregiver Understand & Support the Hospice Philosophy & Its Goals

- ▶ Explain the goal of care is to assist the patient/caregiver in meeting their goals, to provide comfort and support to the patient and family
- ▶ Explore the patient/caregiver goals and wishes regarding end of life care and treatment