



**3/17/2020**

## **NHPCO COVID-19 UPDATE**

*NHPCO has created this update for hospice and palliative care providers throughout the community to share the most recent news and helpful links regarding this ongoing public health crisis.*

### **Policy Updates**

#### **CMS Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak**

Today, CMS announced expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves or others at risk.

Access the [CMS Fact Sheet](#) and the [CMS FAQs document](#) online.

**Note:** Our current analysis is that the expansion of telehealth does not apply to the hospice face to face requirement.

***Details:***

- The Coronavirus Preparedness and Response Supplemental Appropriations Act, as signed into law by the President on March 6, 2020, includes a provision allowing Secretary Azar to waive certain Medicare telehealth payment requirements until January 31, 2020 to allow beneficiaries in all areas of the country to receive telehealth services, including at their home.
- Under the waiver, limitations on where Medicare patients are eligible for telehealth will be removed during the emergency. Patients outside of rural areas and patients in their homes will be eligible for telehealth services, effective for services starting March 6, 2020.
- CMS maintains a list of services that are normally furnished in-person that may be furnished via Medicare telehealth. [This list is available online](#). These services are described by HCPCS codes and paid under the Physician Fee Schedule.
- Under this telehealth expansion, services may be provided to patients by professionals regardless of patient location.
- Prior to this announcement, Medicare was only allowed to pay clinicians for telehealth services such as routine visits in certain circumstances.

### ***Impact on Hospice and Palliative Care Providers***

Some Hospice and palliative care providers can utilize this waiver.

- The waiver temporarily eliminates the requirement that the originating site must be a physician's office or other authorized healthcare facility and allows Medicare to pay for telehealth services when beneficiaries are in their homes or any setting of care.
- For example, Palliative Care Services that are completed by a professional (physician, NP, PA, and CNS) under Medicare B.
- We have requested that CMS include Face-to-Face encounters in this waiver and will follow-up with additional guidance once it is provided.
- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
- Providers can bill immediately for dates of service starting March 6, 2020. Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services.
- Medicare coinsurance and deductible still apply for these services. However, the [HHS Office of Inspector General \(OIG\) is providing flexibility](#) for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

### **Hospice Face-to-Face Requirement**

We have been inundated with questions about whether the hospice face-to-face requirement will be allowed by telehealth. We heard this afternoon from CMS the following: “Thank you for your email. I can assure you that we are currently giving this much thought. As soon as I know more, I will be in touch.”

### **National Hospice Groups Collaborate on Requests to Congress**

Today, NHPCO along with other national organizations representing hospices providers sent a letter to Congress in response to the unfolding COVID-19 public health crisis. The letter calls for additional hospice funding from Congress, availability of PPE, expanded use of telehealth, pausing of audit activity, and additional regulatory flexibility related to notice of elections and terminations. President Trump and the Senate are considering combining a House-passed coronavirus aid bill, [H.R. 6201](#), Families First Coronavirus Response Act with the Administration’s \$850 billion forthcoming request in stimulus spending. We are advocating for the legislative priorities in the letter (linked below) to be included in this legislative package. This bill could pass as early as this week or move into separate bill packages. [See the letter submitted today.](#)

## **Provider Updates**

### **Goals of Care for Patients During COVID-19 Pandemic**

NHPCO urges healthcare professionals to discuss goals of care as they screen and treat patients with COVID-19 and influenza. These illnesses are the most dangerous for the frail and elderly population. As you know, many frail and elderly people have expressed their wishes to not have aggressive treatment, intubation or mechanical ventilation. Hospice providers should be prepared to care for patients at home who contract COVID-19 and who want palliative treatment of this illness. Caring for these patients at home decreases the risk of spreading the illnesses in the community, protects hospital staff and preserves emergency and ICU resources for those who wish to receive that kind of care. This approach dovetails with the hospice philosophy of care to facilitate a comfortable and dignified death. It is critical for care processes to include determining patient wishes and implementing referrals to other healthcare providers as appropriate, such as hospice and palliative care.

### **Suggestion to Address the Shortage of PPE**

PPE short supply is a Nationwide problem. Have you considered industrial PPE- as far as N95s from Lowe’s Home Depot? They also have ‘gowns’ – aka painting garb. Just trying to help us all think outside of the box to protect our field staff. *(Thank you to Julie Wilkinson from LHC Group, Inc. for sharing this suggestion.)*

## What to do When Patients Die of Suspected or Confirmed COVID-19

Questions are starting to come in regarding what to do regarding handling the bodies of those who have died from suspected or confirmed COVID-19, as well as guidance about funerals and visitations.

The [National Funeral Directors Association](#) (NFDA) has a [page dedicated to COVID-19](#) which is updated as information becomes available.

NFDA has also posted [CDC Guidance for Funerals](#). Keep in mind that local and/or state public health officials may be making recommendations that are more stringent than what the CDC recommends. Per NFDA, in those instances, you should defer to your state and/or local public health officials.

## Resources

### Updated CDC Resources:

- [Disinfecting your home if someone is sick](#) (3/17/20)
- [FAQ for Healthcare Professionals](#) (3/17/20)
- [Keeping Workplaces, Homes, Schools, or Commercial Establishments Safe](#) (3/17/20)

[CMS Coronavirus \(COVID-19\) Partner Toolkit](#) - to help you stay informed on CMS and HHS materials available on the COVID-19. Please share these materials, bookmark the page, and check back often for the most up-to-date info.

[The HHS Office for Civil Rights' \(OCR\) March 16, 2020, Bulletin on the HIPAA Waiver](#) - offers more information regarding HIPAA and COVID-19.

*To ensure you are added to our distribution list, [please complete this online form](#). This is available to members and non-members.*

*For the latest news and links, visit the NHPCO website at [nhpco.org/coronavirus](http://nhpco.org/coronavirus).*

*Need to find a previous COVID-19 Update, check out the [Update archive](#).*