Objectives

- Learn the differences between Home Health versus Hospice
- Identify the eligibility requirements for Home Health versus Hospice
- Identify the requirements for ongoing care
What is Home Health?

- Skilled Care provided in the patient’s place of residence to a covered beneficiary
- Treatment of an illness or injury
- Reasonable and necessary care based on the unique condition of the patient
- Skilled Care may be necessary to improve, maintain, and/or prevent or slow further deterioration

What is Hospice?

- Items and services provided to a terminally ill individual by, or by others under arrangements made by a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individuals’ attending physician and by the medical director and by the interdisciplinary group.
- Statement from the physician that they believe the patient has 6 months or less to live if their disease follows its normal course
- Hospice functions as benefits manager for patient – overseeing and pre-approving all care related to the terminal illness
Eligibility Requirements for Home Health Versus Hospice

**Home Health**
- Confined to the home
- Under the care of a physician
- Receiving services under a plan of care established and periodically reviewed by a physician;
- Needs:
  - Skilled Nursing care on an intermittent basis; or
  - Physical Therapy; or
  - Speech Language Pathology; or
  - Continuing need for Occupational Therapy

**Hospice**
- Does not have to be confined to the home
- Under the care of an attending physician and hospice physician
- Receiving services under a plan of care established and periodically reviewed by the interdisciplinary team
- The interdisciplinary team (IDT) continually assesses for hospice eligibility
- The IDT consists of physician, registered nurse, medical social worker, chaplain (core) along with pharmacist, hospice aide, Physical Therapy, Occupational Therapy, Speech Therapy, dietary counselling

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Home Health Eligibility: Homebound

Homebound Criteria

- **Criterion One:**
- Requires assistance to leave home
- OR
- Medically contraindicated to leave home

- **Criterion Two:**
- Exists a normal inability to leave home
- AND
- Leaving home requires a considerable and taxing effort
Home Health Eligibility: Homebound

Criteria

Criterion One:
Assistance to leave home OR medically contraindicated AND

Criterion Two:
Exists a normal inability to leave home AND leaving home is a considerable and taxing effort

Absences from the Home

- Infrequent; or
- Relatively short duration; or
- Attributable to need to receive health care treatment

Criteria Applied

- Adult Day Care
- Kidney Dialysis
- Chemotherapy / Radiation
- Religious Services
- Physical
- Cognitive
- Psychiatric

Home Health Eligibility: Under the Care of a Physician

- Certifies the patient’s eligibility for home health services
- Establishes, directs and signs the patient’s Plan of Care
Home Health Eligibility: Skilled Services

Qualifying Skilled Service
- Intermittent Nursing
- Physical Therapy
- Speech Language Pathology
- Ongoing Occupational Therapy

Dependent Services
- Home Health Aide
- Medical Social Services

What’s Not Covered
- 24-hour-a-day care
- Meal delivery
- Custodial or personal care (help bathing, dressing, and using the bathroom)
- Homemaker services

Hospice Eligibility: What Does the Benefit Provide?

- What is included?
  - Interdisciplinary Team (IDT)
  - 4 levels of Care
  - Pain Management
  - Symptom Management
  - Emotional and Spiritual Support
  - Medications related to hospice diagnosis
  - Equipment related to hospice diagnosis
  - Bereavement Care
Hospice Eligibility: Levels of Care

Routine/Residential | General Inpatient
---|---
Levels of Care
Continuous | Respite

Hospice Eligibility: Levels of Care
Routine Home Care

- Lowest level of reimbursement.
- 85% of our patients are routine home care
- Occurs any place the patient calls home
Hospice Eligibility: Levels of Care

General Inpatient Care (GIP)

- One of the highest levels of reimbursement
- Short term inpatient care for the management of symptoms
- Interventions exhausted
- GIP is not for patient “actively dying”
- Documentation must support eligibility
- Provided in a free-standing Residential Hospice or in hospital or skilled facility under arrangement

Hospice Eligibility: Levels of Care

Continuous Care

- For control of symptoms in a patient’s home
- For a limited period of time, 72 hours or so
- 8 hours of care is needed to be provided in a 24 hour period in order to bill continuous care rate
- \(\frac{1}{2}\) of the care must be provided by a licensed nurse, the rest can be provided by a Hospice Aide
Hospice Eligibility: Levels of Care

**Respite**

- Provided for caregivers to have a break, take a short vacation or if the caregiver becomes ill
- Limited to 5 consecutive days
- Provided in a free-standing Residential Hospice or in a skilled facility under arrangement
- Reimbursement is comparable to that of routine home care

**Regulatory Requirements for Ongoing Care**

**Regulatory Oversight**

- Medicare Conditions of Participation
- State Licensure Regulations
- Accrediting Organizations
- Medicare Administrative Contractors
- Targeted Probe Education (TPE) Audits
- Certification Audits
Regulatory Requirements for Ongoing Care

Home Health
- Patient
  - Continue to meet eligibility requirements
  - No limit to recertification of 60 day episodes if eligibility requirements are satisfied
- Agency / Enterprise
  - Patient Assessment Requirements (OASIS)
  - HIPAA
  - Consolidated Billing
  - Licensure / Accreditation
  - Quality

Hospice
- Benefit periods and recertification:
  - Initial certification period – 90 days
  - Re-certifications, 90 days X1, then every 60 days as long as patient stays hospice eligible
- Face to Face visits made by a hospice physician or a nurse practitioner thirty days prior to the third benefit period and every sixty days thereafter. Information used to determine continued eligibility.

Regulatory Requirements for Ongoing Care: Home Health

Patient Assessments
- Outcome & Assessment Information Set (OASIS)
- Requirements:
  - Timing of Assessment
  - Who performs the Assessment
  - Content of Assessment
  - Case Mix Adjustment

Consolidated Billing
- What’s Included:
  - Services Provided Under Arrangement
  - Osteoporosis Drugs
  - Negative Pressure Wound Therapy (NPWT) – Disposable
  - Routine and Non-routine Supplies
- What’s Not Included:
  - Durable Medical Equipment (DME)
  - NPWT DME

Quality
- Quality Assessment & Performance Improvement (QAPI):
  - Scope
  - Data
  - Activities
  - Projects
- Care Delivery:
  - Documentation
  - Collaboration
Regulatory Requirements for Ongoing Care: Hospice

Quality Measures and Reporting

- Hospice Item Set (HIS) Metrics
- Consumer Assessment of Healthcare Providers Survey (CAHPS)
- Hospice Compare
- (Program for Evaluating Payment Patterns Electronic Report (PEPPER)
- Non Cancer Length of Stay (NCLOS) Rates

Home Health and Hospice Compliance in a Pressure Cooker Regulatory Environment

Stay tuned:

More to come with the recent CMS release of the proposed rule on reducing regulatory burden for all medical providers.