

Home Health and Hospice Compliance in a Pressure Cooker Regulatory Environment

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Objectives

- ▶ Learn the differences between Home Health versus Hospice
- ▶ Identify the eligibility requirements for Home Health versus Hospice
- ▶ Identify the requirements for ongoing care



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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

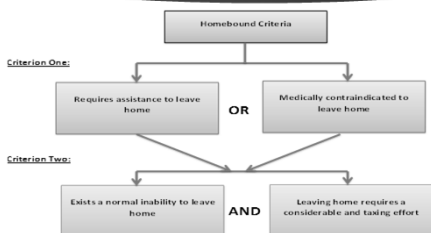
Home Health

- ▶ 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 or 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

Home Health Eligibility: Homebound



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

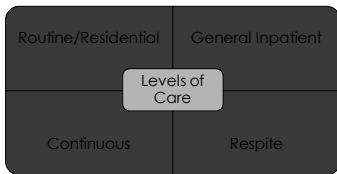
- 24-hour-a-day care
- Meal delivery
- Custodial or personal care (help bathing, dressing, and using the bathroom)
- Homemaker services

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



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
- ▶ ½ 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



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▶ Stay tuned:

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



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