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

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

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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 the patient has 6 months or less to live if their disease follows its normal course.
- Hospice functions as benefit 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
  - Physical Therapy
  - Speech-Language Pathology
  - 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 eligibility
- The IDT consists of physician, registered nurse, medical social worker, chaplain (core), teams along with pharmacist, hospice aides, physical therapy, occupational therapy, speech therapy, clerical counseling

Home Health Eligibility: Homebound

- Homebound Criteria
- Requires assistance in Four Basic Areas
- OR
- Medically contraindicated for home
- Homebound Criteria
- Limits on personal mobility to home
- AND
- Homebound requires a nonreimbursable service effect
Home Health Eligibility: Homebound

**Criteria**
- Additional risk factors for home SK medically contraindicated
- Other factors
  - Excessive fatigue

**Absences from the Home**
- Infrequent or relatively short duration or attributable to need for health care treatment

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

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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

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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
- Maid services
- Custodial or personal care (bathing, dressing, and using the bathroom)
- Homemaker services
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: What Does the Benefit Provide?

Hospice Eligibility: Levels of Care

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

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
- 1/6 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

Home Health

- Patient
  - Continue to meet eligibility requirements
  - Initial certification of eligibility requirements: 21 days of practice
- Agency / Enterprise
  - Patient Assessment Requirements (OASIS)
  - HIPAA
  - Consolidated Billing
  - Standards / 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
- Place to Residence 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.

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
  - Oswaldized Drugs
  - Nutritional/Intravenous Therapy (NHVTS), (NHVT) Equipment
  - Routine and Non-routine Supplies
- What’s Not Included
  - Durable Medical Equipment (DME)
  - Speech

Quality

- Qualifying Assessment & Performance Improvement (PAPI)
- 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

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