

Eli's Hospice Insider

Regulations: Medicare Offers Host Of Regulatory Relief Measures In Face Of COVID-19

From extending comprehensive assessment deadlines to calling off routine surveys, CMS is taking action.

The feds are granting hospice agencies space to take on COVID-19 challenges, now that the **Centers for Medicare & Medicaid Services** is lifting certain regulatory requirements.

Take a look at where CMS is providing regulatory relief so far under the 1135 waiver:

Volunteers. Under the declared national emergency and public health emergency related to COVID-19, CMS is waiving the requirement at 42 CFR §418.78(e) that

hospices are required to use volunteers (including at least 5 percent of patient care hours), the agency says in a fact sheet about its broad regulatory relief interim final rule released March 30. "Hospice volunteer availability and use will be reduced related to COVID-19 surge and potential quarantine," CMS notes in the sheet at www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf.

Comprehensive Assessments. CMS is waiving timeframe requirements at §418.54(d) related to updating comprehensive assessments of patients. "Hospices must continue to complete the required assessments and updates, however, the timeframes for updating the assessment may be extended from 15 to 21 days," the agency explains.

Non-Core Services. CMS is waiving the requirement for hospices to provide the non-core services of physical therapy, occupational therapy, and speech-language pathology during the national emergency.

Aide Supervision. CMS is waiving the requirements at 42 CFR §418.76(h) for a nurse to conduct an onsite supervisory visit every two weeks. "This may not be physically possible for a period of time," the agency notes.

Surveys. Medicare surveyors will not conduct standard inspections of a variety of providers including home health agencies and hospices, CMS said in a March 23 release. Surveyors still will conduct complaint inspections related to Immediate Jeopardy concerns and targeted infection control inspections, CMS continued. For the latter, "inspectors will use a streamlined targeted review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect health and safety. This will consist of both onsite and offsite inspections," CMS explains.

The procedure change "will allow us to focus inspections on the most urgent situations, so we're getting the information we need to ensure safety, while not getting in the way of patient care," CMS Administrator **Seema Verma** says in a release. "This is an extraordinary step designed for extraordinary times."

See the announcement at

www.cms.gov/newsroom/press-releases/cms-administrator-seema-vermas-remarks-prepared-delivery-updates-healthcare-facility-inspections.

Quality reporting. For post-acute care providers, including hospices, CMS is making the reporting of quality data for the fourth quarter of 2019 - meaning deadlines for Oct.1, 2019, through Dec.31, 2019 - optional, the agency said in a March 22 release. When providers do report that data, CMS will use it for payment adjustments as usual.

Hospices also don't have to submit quality data from Jan.1, 2020, through June 30, 2020, the first two quarters of the year, CMS said. For CAHPS, the relief extends an additional quarter, to CAHPS survey data from Jan.1 through Sept.30,

2020. See the announcement at

www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting.

Cost reports. CMS has listened to provider requests and is allowing HHH Medicare Administrative Contractors to postpone cost report filing dates. MACs **CGS** and **Palmetto GBA** say on their websites that the filing deadline for fiscal years ending Oct.31, 2019 and Nov.30, 2019 is now June 30, 2020. The more common Dec. 31 fiscal year end now has a July 31, 2020 cost report due date, the MACs say.

"This is a blanket extension; you do not need to send a request," Palmetto instructs. Check your MAC's website for the announcement.

Enrollment. CMS has loosened enrollment requirements, mostly for physicians and non-physician practitioners, which can help increase access to hospice services with more physicians available to order those services.

For example: MAC **National Government Services** "has established a new provider enrollment telephone hotline to allow physicians and nonphysician practitioners in our Jurisdiction ... to initiate provisional temporary Medicare billing privileges via telephone. Our hotline staff will collect information to establish a Provider Enrollment Chain and Ownership System (PECOS) enrollment record during the phone call," the MAC says on its website."Our staff will also be available to address questions regarding these temporary provider enrollment flexibilities afforded by the COVID-19 waiver." Other MACs have also announced such a hotline.

It's not a totally free pass, though. "If you have an [**HHS Office of Inspector General**] exclusion, your application will be rejected," Palmetto says on its website. And "if you have a current adverse action on your license, we will consult with CMS to determine if the billing privileges will be granted."

For all providers, including hospices, CMS is waiving enrollment application fees, criminal background checks, and site visits; expediting pending or new applications; and postponing all revalidations, CMS says in a frequently asked question set on the enrollment changes.

See the FAQs at www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf.

PEPPER. The release of new PEPPER benchmarking reports for providers including hospices is postponed indefinitely. CMS "is taking measures to free up the attention of providers as they respond to the coronavirus (COVID-19) pandemic," according to a release about the delayed reports that include data ending in the last quarter of 2019.