

The “New Normal” in hospice, Moving forward post-pandemic

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Leading Person-Centered Care



Regulatory Challenges



PHE Flexibilities

- 9 1135 waivers for hospice providers
- CARES Act
 - Hospice face-to-face to be provided through telehealth (audio and visual)
 - CARES Act links face-to-face telehealth to the public health emergency
- Provider relief funds
 - \$1 billion available for hospice providers
- Other flexibilities for care delivered by audio-only
- Temporary pause in medical review – resumed August 17
- NHPCO advocating for hospice and palliative care every day

FY 2021 Election Statement and Addendum

Current State of Affairs

- Election statement modifications and added addendum were finalized in the FY2020 Hospice Wage Index final rule
- CMS allowed a one year delay, with an implementation date of October 1, 2020
- Providers and EMR vendors began preparation
- COVID-19 happened
- Further delay, requested in comments by NHPCO and many others, was **NOT** granted
- Implementation date is **October 1, 2020**
- Election Statement will be Condition of Payment

Special Focus on Addendum

Patient Notification of Hospice Non-Covered Items, Services and Drugs – “Addendum”

- To be provided to patients and representatives upon request
- Title: “**Patient Notification of Hospice Non-Covered Items, Services, and Drugs.**”
- Effective **October 1, 2020 (FY 2021)**, hospices will be required to issue the addendum detailing non-covered items, services and drugs **when the patient or representative requests it**, either at admission or during the course of hospice care.

Is the item, service or drug unrelated to terminal illness and related conditions?

- Core purpose for addendum
 - Hospice must provide information on why the identified conditions, items, services, and drugs are considered unrelated to the terminal illness and related conditions and not needed for pain or symptom management.
 - There must be a general statement that the decision as to whether or not conditions, items, services, and drugs is related is made for each patient
- Deciding relatedness
 - Discussion with team
 - Ultimate decision by hospice physician
 - **Could include deprescribing some drugs or not covering certain drugs**

Special Focus on Part D



Part D and Hospice

- Topic of 2 OIG Reports
 - OIG work has found that Medicare sometimes paid twice for drugs because they were paid for under Part D when payment for these drugs should have been provided by the hospice under the hospice daily payment rate.
- Featured as unimplemented priority #10 in August 2020 OIG Report
 - “CMS should develop and execute a strategy to ensure that Part D does not pay for drugs that should be covered by the Part A hospice benefit”
- Pressure on CMS to address issue
 - Notification of hospice election to Part D plan is significant issue
 - Pilot project to address earlier notification to Part D plans with EMR software
 - NHPCO integrally involved

Upcoming at NHPCO



- 7 Educational Tracks
- 60+ on demand sessions
- Discussion opportunities with faculty
- One-on-one office hours
- 60+ hours CE/CME for nurses & physicians
- Exhibit Hall
- Town Hall
- Happy Hours
- Streaming Music Event
- And much more!

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