Proposed Wage Index Proposed Rule 2020

Barbara Ivanko, LCSW, CHPCA
Annette Lee, RN, MS

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Subscriber Webinar

Objectives

- Knowledge of the Proposed Wage Index Changes for FY 2021
- Familiarity with the CMS Sample Election Statement
- Describe the new Infection Control Surveys
- Identify the components to have ready for a successful survey

Quiet Year

- The FY 2021 Hospice Wage Index Proposed Rule was published in the Federal Register on April 15.
- Includes a 2.6% rate increase for hospices on October 1, 2020 (FY 2021)
- Changes to Core-based Statistical Area (CBSA)/Rural designations for some counties.
- Sample election statement and election addendum were released that provide a model for the new addendum requirements
- No new changes to the Hospice Quality Reporting Program (HQRP).

Rate Increase: 2.6%

Level of Care	Payment Rate
Routine Home Care (days 1-60)	$199.34
Routine Home Care (days 61+)	$157.56
Continuous Home Care (24 hours)	$1,430.63 ($59.61 an hour)
Inpatient Respite Care	$461.48
General Inpatient Care	$1046.55

CBSA Changes

- Updating to match changes made in 2018 by the Office
- 34 counties that are currently considered urban will change to rural.
- Another 47 counties will change from rural to urban in FY 2021.
- Hospices that will experience a negative impact, a 5% cap will be placed on any decrease in a hospice's wage index from the prior year.

The Election Statement

- The requirement is for the hospice to furnish an addendum listing conditions, services and items that are **unrelated** to hospice and the rationale for exclusion to the patient and family, non-hospice providers and/or MAC upon request.
- This must be provided within **5 days** from the start of care if requested at the start of care, or within **72 hours** if requested after the date of hospice election.
- This addendum will be a condition for payment, so in the event of an ADR, the hospice should submit the signed addendum as part of any ADR if an addendum was requested. If none was requested, then the hospice can submit any documentation that reflects that there was no such request made.

Refer to The Election Statement

Included in your materials

Election Statement: suggestions

- Larger font
- Formatting
- Include a place for the name of the hospice and of the patient
- Effects of Medicare Election, last line—add “virtually”!
- Does your hospice need the co-pay section?

Election Statement: suggestions

- Decline/Not Decline check boxes are premature
- Request for addendum after the start of care is not addressed
- No witness is required
- Clarity regarding who is signing, and why
- “Effective Date of Election” is confusing, why not “Start of Care”?

Patient Notification: Suggestions

- Font larger!
- Formatting
- Typo in the "Right to Immediate Advocacy" section; should say "will not be covering"
- No witness required
- Clarification of representative
- Add your BFCC-QIO info

Actions of the Prudent Hospice™

- Check your hospice's new rates and budget accordingly
- Review the CMS sample election and amend your election form to comply with the new regulation
- Determine and communicate standards for related/unrelated
- Train employees in explaining the Election Addendum (role play and video)

Remote Infection Control Surveys

HOSPICE FUNDAMENTALS

State Survey Agency Infection Control Surveys

- 1.) This is all remote, and they are providing these across the country for all provider types.
- This started with long term care and facilities, moved to HH and Hospice
- State agencies are conducting even on "deemed status" agencies
- Some states have opted not to conduct- citing "limited resources"
- Directives found on page 27 of the attached CMS tool, found at: https://www.cms.gov/files/document/qso-20-20-allpdf.pdf
- 2.) The "survey" focuses only on your ability to respond to this crisis through emergency planning, communication, staffing, infection surveillance and infection control.
- 3.) Since it is a remote survey- this information will be gathered by phone, your policies and your plans, primarily. The surveyor may also ask to look at a medical record.
- 4.) There may not be a normal "2567" Statement of deficiencies- but instead, surveyors will provide feedback on what is working and what needs improved in these areas.

List of Items to Prepare

- 1. A list of all current staff with phone numbers and staff's titles (both direct employees and contract staff)
- 2. A list of all current patients with dx, services provided, and phone numbers
- 3. An email address, who to correspond with and send results to
- 4. Staff education provided regarding infection control/Covid-19
- 5. Written standards, policies, and procedures regarding: undiagnosed respiratory illness and Covid-19
- 6. Emergency Preparedness policy for a Pandemic
- 7. Policy for when to implement emergency staffing
- 8. Policy for cleaning and disinfecting
- 9. Complaint incidents for the past 3 months
- 10. QAPI regarding infection control for the past 3 months
- 11. Copy of self assessment that you have done for COVID 19/Infection Control

Intentional Focus for Staff and Patient Safety

- 1. Hand hygiene
  2. Use of PPE per current CDC guidelines- and plans if lack of PPE
  3. Transmission-Based Precautions
  4. Patient care (including patient placement);
  5. Infection prevention and control standards, policies and procedures (hand hygiene, PPE, cleaning and disinfection, surveillance);
  6. Visitor entry (i.e., screening, restriction, and education);
  7. Education, monitoring, and screening of staff; and
  8. Emergency preparedness – staffing in emergencies

Hand Hygiene

- Are staff performing hand hygiene when indicated?
  __If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
  __Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is used instead?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
  • Before and after contact with patients;
  • After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
  • After removing personal protective equipment (e.g., gloves, gown, facemask); and
  • Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).
- Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.
  __Did staff implement appropriate hand hygiene? Yes No (see appropriate IPC tags for the provider/supplier type)

Policies and Procedures

- ___Did the facility establish a facility-wide written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
  ___Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
  ___Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.
  ___Did the facility develop and implement an overall IPCP including policies and procedures for for undiagnosed respiratory illness and COVID-19? Yes No (see appropriate IPC tags for the provider/supplier type)

Infection Surveillance

- ___Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?
___The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
___The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
___The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
___Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?
___Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.
___Did the facility provide appropriate infection surveillance?

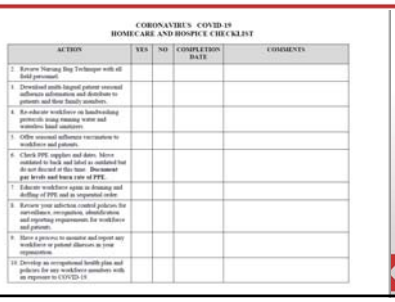
Educating and Monitoring

• Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
• How does the provider convey updates on COVID-19 to all staff?
• Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
• If staff develop symptoms at work (as stated above), does the facility:
o have a process for staff to report their illness or developing symptoms;
o place them in a facemask and have them return home for appropriate medical evaluation;
o inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
o Follow current guidance about returning to work (e.g., local health department, CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).
Did the facility provide appropriate education, monitoring, and screening of staff?

Staffing in Emergencies

___Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?
___Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient?
(N/A if emergency staff was not needed)
___Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

Self- Checklist



CORONAVIRUS COVID-19
HOMECARE AND HOSPICE CHECKLIST

ACTION	YES	NO	COMPLETION DATE	COMMENTS
2. Review Nursing Bag Technique with all field personnel.				
3. Download multi-lingual patient seasonal influenza information and distribute to patients and their family members.				
4. Re-educate workforce on handwashing protocols using running water and waterless hand sanitizers				
5. Offer seasonal influenza vaccination to workforce and patients.				
6. Check PPE supplies and dates. Move outdated to back and label as outdated but do not discard at this time. Document par levels and burn rate of PPE.				
7. Educate workforce again on donning and doffing of PPE and in sequential order				
8. Review your infection control policies for surveillance, recognition, identification and reporting requirements for workforce and patients.				
9. Have a process to monitor and report any workforce or patient illnesses in your organization				
10. Develop an occupational health plan and policies for any workforce members with an exposure to COVID-19				

Actions of the Prudent Hospice™

- Perform self-assessment (3/16/20 updated version)
- Gather the documentation surveyors are requesting to ensure readiness and ease of survey
- Educate staff and patients on COVID-19 and continue to update per CDC and your state's Department of Health
- Ensure team is competent in infection control measures and policies

Resources

- The Proposed Rule: **https://www.federalregister.gov/public-inspection**
- The proposed wage index applicable to FY2021 can be found at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice
- Model election statement and addendum available at https://www.cms.gov/Center/Provider-Type/Hospice-Center

Resources (con't)

- https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0
- https://www.nahc.org/wp-content/uploads/2020/03/Coronavirus-Checklist-3-16-20-guidance-1.pdf

To Contact Us

Hospice Fundamentals
561-454-8121
heretohelp@hospicefundamentals.com

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