Hospice Continuous Home Care Utilization

Hello, I am Charles Canaan, senior provider education consultant at Palmetto GBA.

As a Medicare contractor for the Centers for Medicare and Medicate Services, or CMS, Palmetto GBA is tasked with preventing claims payment errors.

Our Provider Outreach and Education department helps providers like you understand the fundamentals, significant changes and new initiatives in the Medicare program. This includes national and local policies, procedures and issues identified through data analysis.

Our goal is to create a strong Health Information Supply Chain. This helps reduce incorrect billing and payments, and, at the same time, ensures that your patients are receiving the correct level of care they need.

Utilization Management:

- Evaluation of the appropriateness and medical need of health care services
- Includes a process for monitoring the use and delivery of services to control health care costs

We would apply these concepts to utilization of the hospice Medicare benefit.

2015 edition of the National Hospice and Palliative Care Organization's Facts and Figures reports:

- Continuous home care accounts for one percent of hospice care provided nationally

Data analysis shows Palmetto GBA's jurisdictional percentage is 0.8 percent.

Other Palmetto GBA's data analysis shows that out of a total of 2,681,572 hospice claims:

- 67,597 were Continuous Home Care
- These services were billed by 775 providers
- The services provided 55,029 beneficiaries

In order to have proper utilization, providers must have an understanding of when to use Continuous Home Care:

- Care is still provided in the patient's home, and hospice staff manages symptoms that are out of control, or provide more technical care than is considered routine home care
- Continuous Home Care must be for at least 8 hours during a 24-hour period which spans midnight to midnight

Continuous Home Care can be provided where a patient resides, which includes:

- A private residence
- An assisted living facility
- A long-term care facility where the patient is not receiving a skilled level of care
- A hospice facility if the patient is not receiving a general inpatient level of care

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Continuous Home Care cannot be provided in:

- A skilled nursing facility
- Inpatient hospital or inpatient hospice facility
- Long-term care hospital where skilled care is provided
- Inpatient psychiatric facility

Here are some tips to help with the evaluation of Continuous Home Health Care utilization:

- If less than 8 hours of care was given, or if death occurs before 8 hours, do not count the hours as continuous care; bill the day as a routine home care day
- If within a 24 hour period a greater number of hours of care is provided by a hospice aide than the nurse, do not count the hours as Continuous Care since at least 50 percent of the total care provided was not provided by a nurse. This would be billed as routine.
- Care that spans midnight cannot be billed as continuous Care hours.
    - For example: eight hours of skilled nursing care spanning midnight is provided from 8 p.m. to 12 a.m. and from 12 a.m. to 4 a.m.
- Ask the question: what is the medical crisis?
- Also ask the question, what is the specific patient care needed as a result of the crisis?

Areas of risk identified by Medicare review contractors include:

- Lack of training billing staff regarding Continuous Home Care billing and coding requirements
- Incorrect computation of Continuous Care hours.
    - For example: not having 8 hours within a 24-jhour period beginning and ending at midnight, or not providing predominantly nursing care, etc.
- No method of determining which hours were nurse hours versus which hours were aide hours
- No documentation in the clinical record to support the patient's initial and/or ongoing need for this level of care

Continuous Home Care and General Impatient Care both involve treating beneficiaries with increased medical needs. Providers need to have a process in place to determine which if these levels is appropriate.

Continuous Home Care manages the crisis while allowing the patient to remain at home. Generally inpatient care is managing the crisis for those who have symptoms that cannot be managed in the home.

Again, ask the proper questions, such as:

- Does this patient have a need that cannot be met at home?
- Does the patient need medical equipment not available in the home?

We believe that if you impellent these recommendations to your internal processes, you'll create and maintain a strong Information Supply Chain. This will enable you to deliver the best care possible and avoid costly errors that could result in the loss of Medicare coverage and payments.

I'm Charles Canaan with Palmetto GBA. Thanks for watching.