

Hospice Care: Telehealth Flexibilities



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We must make permanent flexibilities issued through legislation which enable hospice palliative care providers to offer needed care to Americans facing serious or life-limiting illness wherever they call home. Specifically, NHPCO supports continued telehealth flexibilities for the face-to-face (F2F) encounter prior to recertification of hospice eligibility.

The F2F Encounter

The F2F encounter is a low-touch, administrative visit to collect clinical information in determining continued eligibility for hospice. Recertification decisions are broadly informed by the collective interdisciplinary team throughout care delivery to the beneficiary. As this is not a care delivery visit, the F2F requirement is a perfect opportunity for telehealth.

This flexibility is especially beneficial for hospices caring for patients in rural and frontier areas and high-traffic, urban locations. The physicians and nurse practitioners who are required to conduct the F2F encounter are best utilized in hospice by spending time delivering care to patients who need it most—those with uncontrolled pain or those who are experiencing a symptom crisis. When required to occur in-person, the F2F encounter is especially burdensome with more time spent commuting in the car instead of serving patients in need.

Research has found “no statistically significant difference in reauthorization recommendations found between telehealth and in-person visits”¹ demonstrating the visit can be successfully conducted via telehealth. In addition to supporting patients, families, and hospices providers, allowing the use of a virtual option to conduct the F2F encounter would not impose additional costs on the Medicare program, as there is no separate payment for the encounter. F2F encounters are covered under the current daily capitation payment structure of the Medicare Hospice Benefit; permitting them to be virtually conducted is cost neutral.

NHPCO calls on Congress to pass H.R. 8278: the Hospice Recertification Flexibility Act

H.R. 8278, introduced by Carol Miller (R-WV-1), provides a two-year extension of current telehealth flexibilities for F2F encounters, establishes guardrails to ensure program integrity when telehealth is used in F2F, and requires CMS to collect data on the usage of telehealth in the F2F encounter.

1. Moore SL, Portz JD, Santodomingo M, Elsbernd K, McHale M, Massone J. Using Telehealth for Hospice Reauthorization Visits: Results of a Quality Improvement Analysis. *J Pain Symptom Manage.* 2020 Sep;60(3):e22-e27.

Guardrails to ensure Program Integrity

Does not permit telehealth flexibilities for F2F if the beneficiary is residing in an area subject to a moratorium on the enrollment of new hospices, the hospice is under a provisional period of enhanced oversight, or the encounter is being performed by a physician or nurse practitioner who is not enrolled in Medicare and does not have a valid opt-out affidavit on file. **NHPCO has long supported program integrity measures to root out bad and fraudulent actors misusing the Medicare Hospice Benefit and ensure beneficiary protections.** The program integrity measures included in this bill are reasonable and will not burden high-quality, mission-driven hospices.

Requires CMS to collect data on telehealth usage for F2F

Requires the Centers of Medicare & Medicaid Services (CMS) to establish a modifier or code for the F2F encounter to indicate if the encounter was furnished through telehealth. In its 2022 report, the Medicare Payment Advisory Commission (MedPAC) formally recommended that the “Secretary should require that hospices report telehealth services on Medicare claims.” **NHPCO supports the collection of telehealth data for the F2F encounter.** We have included this support in official comments to CMS’ regarding FY22, FY23, and FY24 Hospice Wage Index Proposed Rule and in other communications to Congress.

NHPCO also supports the following proposals, which include extensions of the F2F flexibility for hospice:

- **H.R.8261:** Preserving Telehealth, Hospital, and Ambulance Access Act
- **H.R.7623 / S. 3967:** Telehealth Modernization Act of 2024
- **H.R.4189 / S. 2016:** Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2023

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