

# Hospice Flexibility Under the COVID-19 Emergency



Due to the COVID-19 pandemic, an influx of regulatory waivers, flexibilities, and recommendations continue to be put into place. These changes have been established to ensure the necessary care capacity and the safety of all involved. These changes are temporary, to last through the time of this formal public health emergency.

## As of March 30, the following relief is provided to Medicare certified hospices:

### → Hospice Telehealth Visits Allowed

- Hospice providers can provide appropriate services to a Medicare patient receiving routine home care through telehealth
- Face-to-face encounters for purposes of patient recertification can be conducted via telehealth

### → Workforce Requirement Changes

- Requirement for hospices to use volunteers is waived
- Requirement for on-site nursing visits for aide supervision is waived
- Requirement to provide non-core services, including therapy, is waived

### → Paperwork Relief

- The timeframe for comprehensive hospice assessment is extended from 15 to 21 days
- Cost report filing deadlines are delayed (from March and April to October and November)

## Hospices can also take advantage of relief for all Medicare providers:

### → Apply for Advanced and Accelerated Payment

- Hospices in good standing can apply for advanced payment from Medicare, to be paid back 120 days after issue

### → General Telehealth

- Hospices providing part B services can provide office-based, hospital-based, emergency room-based, home-based and other visits via telehealth
- Telephone assessments and check-ins are also allowable and billable, for both new and existing patients

## Additional Resources

- For more detail on hospice-specific flexibilities: [Hospice: CMS Flexibilities to Fight COVID-19](#)
- For information on using telehealth, see [CAPC's COVID-19 Response Toolkit](#), Telehealth Section
- For information on state-by-state waivers and flexibility, see [CAPC's State COVID Policy Tracker](#)