



IHO Update

In-servicing Home for Hospice Professionals in Iowa

November 16, 2007

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IHO Board Meets

The IHO Board met November 9, 2007 at the IHO office. Discussion and action of the Board included:

- Received an orientation regarding a governing board's fiduciary responsibilities and a review of current national and local activity surrounding nonprofit boards from Willard Boyd, III with Nyemaster, Goode, West, Hansell & O'Brien in Des Moines.
- Received a report from Board President Leanne Burrack summarizing a meeting and conference call of the NHPCO Council of States and noting Cahaba education.
- Received an update on IHO activities related to the Wellmark Foundation grant.
- Approved 2008 IHO budget with membership dues formula and cap remaining the same.
- Approved 2008 IHO legislative agenda and received report regarding IHO Legislative Day and advocacy regarding (CR) 5567.
- Approved a data collection and reporting agreement with OCS.
- Received an update on hospice/rural health clinic issue and list of facilities and services regulated by CON.
- Received an education committee report from Joel Fry reviewing the Fall Conference. Discussed plans for sponsoring Weatherbee Regulatory Boot Camp in November 2008 and special topics conference for the spring of 2008.
- Received written report from IHO Districts 1, 2 and 3.
- Received 2008 calendar for IHO meetings.

IHO Statewide Benchmarking Plans Further Growth in 2008

IHO is set to keep the momentum going forward. Building off outstanding participation by members in its first offering in 2007, IHO and OCS are ready to bring even greater value to IHO members in 2008. The IHO Board recently approved an agreement with OCS to offer the QAPI Snapshot Benchmarking program to IHO members with additional enhancements for 2008 reporting.

The enhancements include some of the measures IHO members tested during a three month period this summer. The additional measures primarily address management of patient's pain. The core measures continue to be based on the OCS QAPI Snapshot nationwide benchmarking program. The measures span all areas of analysis required by the proposed hospice QAPI Condition of Participation, as well as the 10 components of quality cited by the NHPCO Quality Partners Initiative. Further, QAPI Snapshot includes a review of an agency's success in reporting data and performing in all 10 Quality Partners components.

More than 35 IHO members participated in the IHO/OCS QAPI Snapshot Survey in 2007. The QAPI Snapshot provides hospices a one-page benchmark report that includes a comprehensive set of performance measures including: quality outcomes, patient volumes and mix, quality operations and quality practices.

Special Member Pricing

The Annual Participation Fee for the Iowa-Specific QAPI Snapshot Benchmarking program is \$600 per agency or reporting site.

How to Sign Up!

A Web conference is set for December 13, from 9-10 am CST. The program will be introduced and details regarding sign-up as well as data submission will be reviewed.

If you have any technical questions about the project prior to the Web conference call 603-795-4802 or email QAPI@ocsys.com. Other questions can be directed to Becky Anthony at IHO at 515-243-1046.

Save the Date

IHO will be hosting a conference call from Fall Conference faculty, Peter Benjamin with The Huntington Consulting Group, on Monday, December 3, at 10:00 a.m. This will be a follow-up to his presentation, "How Hospice Fits: Key Trends in Health Care Impacting Hospices." Any IHO member is welcome to participate for no fee. This is due to a large request to get more in-depth details from his session that was cut short at the Fall Conference. More details for the call will be e-mailed out to all members.

IHO Seeking Volunteers for Committees

IHO has two great opportunities for members to serve the organization. Descriptions are below for two committees that are looking for member volunteers. If you are interested in serving on either of the committees, please see the Application Form enclosed with this week's *IHO Update*.

Advocacy Committee

The Advocacy Committee shall monitor state legislative activity that may impact the provision of hospice and end-of-life care in Iowa and subsequently IHO members. The committee shall propose an annual legislative agenda for approval by the IHO Board for consideration by the Iowa General Assembly. The committee shall also provide direction for the Organization for addressing regulatory issues that affect IHO members with various state departments including the Iowa Medicaid Enterprise and the Iowa Department of Inspections and Appeals. The committee meets two times per year, once in Des Moines and once via conference call.

Education

The Education Committee shall plan professional development and educational opportunities as directed by the IHO Board including annually a special topics conference and the fall conference. The Education Committee shall also monitor the need for additional educational programs and make recommendations to the Board for development thereof. The Committee shall annually review the IHO Web site and newsletter and provide direction for collecting content. The committee meets three times per year, twice in Des Moines and once in Ames.

This is a great way to get more involved with IHO and help enhance advocacy and education efforts for your peers!

Trinity Hospice Hosts Groundbreaking Ceremony

The groundbreaking ceremony took place on Friday, October 26, for the Paula J. Baber Hospice Home in Fort Dodge. Paula J. Baber died in 1999 after a four year battle with breast cancer and received hospice care in her home. To honor her memory, her husband, Dr. Bill Baber, donated \$750,000 to make the dream of a hospice inpatient facility a reality for the Fort Dodge community. Located on the Trinity Regional Medical Center Highland Park Campus on Ninth Avenue South in Fort Dodge, the home will have eight patient rooms. Work began at the site on Monday, October 29, with a completion date set for October 1, 2008.

CMS Home Health, Hospice & DME Open Door Forum

November 28, 2007

2 p.m. Eastern Standard Time (EST)

Conference Leader(s): Carol Blackford//Verlon Johnson/Natalie Highsmith

To participate, dial 1-800-837-1935 & Reference Conference ID: 18786234 (Those participating by phone do not need to RSVP). An encore audio recording of this call can be accessed by dialing 1-800-642-1687; Conference ID: 18786234. This call begins two hours after the conference has ended. The recording will expire after three business days.

For Forum Schedule updates, Open Door Forum Mailing list and Frequently Asked Questions please visit the CMS Web site at www.cms.hhs.gov/OpenDoorForums

NHPCO News

2007 Call for NHPCO Committee Service

NHPCO is seeking dedicated individuals to join its standing committees. Committee service is an excellent opportunity for emerging leaders to network and learn from their colleagues across the country.

Committees play a vital role in the work of the organization; providing guidance on policy and regulatory issues, crafting the educational offerings, providing leadership with quality and standards, and helping define positions on ethical matters.

This year NHPCO is accepting online applications for the following committees: Ethics Committee, Professional Education, Public Policy Committee, Quality and Standards Committee, Regulatory Committee, and Research Committee.

Interested members can learn more about the committees in the Committees and Task Forces section of the NHPCO Web site. Applications may be submitted through November 30, 2007. Committee members will be appointed in January and serve a three-year term, ending in December of 2010.

Application Procedures

Applications may be submitted online at www.nhpco.org or by downloading an application form and returning it to committeeapplications@nhpco.org by close of business Friday, November 30, 2007.

Eligibility

Any employee or volunteer of a provider, state or associate member, as well as individual members of the National Council of Hospice and Palliative Care Professionals is eligible to serve on an NHPCO committee. Questions about committee service should be directed to Andy Duncan at 703-837-3145 or committeeapplications@nhpco.org.

NHPCO Regulatory Alert

The articles below are taken from NHPCO's Regulatory Round-Up newsletter.

CR5567 Reporting of Additional Data to Describe Services on Hospice Claims

CMS issued a revision to Change Request 5567 - "Reporting of Additional Data to Describe Services on Hospice Claims" (Transmittal 1304) on November 2, 2007, which changes the effective date for reporting additional visit data on the claims form.

Reporting of additional service data on hospice claims is now **OPTIONAL for hospices effective on January 1, 2008**. This reporting now becomes **MANDATORY on July 1, 2008**.

Medicare systems changes described in CR 5567 will be implemented January 7, 2008 as scheduled to allow hospices to exercise their option to begin reporting for January dates of service. The changes are necessary for the optional information to be received and processed correctly.

CMS emphasizes that the Medicare system edit restricting the use of V-codes as the principal diagnosis on a hospice claim will still go into effect for January 1, 2008 dates of service. Hospices must ensure they cease reporting V-codes as a beneficiary's principal diagnosis for January 1, 2008 dates of service whether or not they exercise their option to report additional service data.

The revision is found in CR 5567 which can be accessed at the [CMS Transmittals Web site](#). If you have not already received detailed information on CR 5567, we recommend that you review the [MLN Matters article on CR5567](#).

IHO along with NHPCO recommend that you begin preparations now, if you have not done so already, to collect the data necessary to report visits on the claim form for nurses, social workers and home health aides. NHPCO has created a [CR5567 section](#) on the Web site for members.

Total Charges

NHPCO is awaiting new clarifications from CMS about the requirement on the claim form for "total charges." A number must be recorded there in order for the claim to process. CMS is currently thinking that they will want to have total charges by discipline as a method to collect cost information on the visits reported on the claim form. NHPCO is working with software vendors and cost reporting preparation firms to provide a template for providers to help determine charges, based on the previous year's cost report, current visit costs and administrative overhead. CMS reports that Questions and Answers that will provide more detail on this issue will be published in the next several weeks.

Open Forum on CR 5567 will be held at the NHPCO Clinical Team Conference

If you are attending the Clinical Team Conference in New Orleans, don't miss the opportunity to attend the Open Forum on CMS CR5567. This informal discussion about the CMS CR5567 and how hospices are preparing for its new effective date of July 1, 2008, will provide an opportunity for participants to discuss its challenges, pose questions and share solutions with each other.

Payment for Hospice Care Based on Location Where Care is Furnished

Effective January 1, 2008, all payment rates will be adjusted by the geographic wage index value of the area where hospice services are provided, including the provision of General Inpatient and Inpatient Respite care. For these services, CMS will require the identification and location of the facility where services are provided. CMS responded that they are in the process of developing operational instructions that we believe will help simplify the billing process.

Hospice providers currently are required to identify the geographic location of their patients for the routine home care and continuous home care levels of care, and the location of the hospice office for general inpatient care and inpatient respite care. CMS is now also requiring hospice providers to identify the geographic location where inpatient care is provided. They believe that the location of the facility for the provision of both the general inpatient and inpatient respite levels of care will be the same as the location of the hospice office thus the impact on hospices for implementing this provision should be negligible as most hospices currently provide this information on the claims.

CR 5745 Billing Instructions Regarding Payment for Hospice Care Based on Location Where Care is Furnished

New Value Code for Respite/GIP

The Centers for Medicare & Medicaid has established a new value code to distinguish a facility CBSA from the currently reported residence CBSA. This code allows you to continue the current practice of billing all hospice services on a single monthly claim while enabling Medicare to wage adjust the services on that claim accurately based on where the care is furnished, using the FY2008 Hospice Wage Index. Value code G8 is effective January 1, 2008. CR 5745 has also redefined value code 61 to apply to residence locations only. A full description of the codes and their definitions can be found online at [MLN Matters, article 5745](#)

Meetings with MedPAC

NHPCO held another meeting with MedPAC on Tuesday, October 30, to discuss hospice cap analysis, hospice margins and the need for more hospice data. MedPAC analyst Jim Mathews reiterated that the Medicare Hospice Benefit is "ripe for overhaul" and that they are considering, pending further data analysis, a wholesale redesign of the payment system for hospice services.

Data on hospice services and costs is critical to this discussion of reform. In the end, most of the analysts we are getting questions from are folks that are trying to make hospice services "tangible." The questions we are getting include the following:

1. What services are provided, tangible numbers of visits, what else should we count in addition to visits that will tangibly show the services provided by hospices, IDG meetings, family conferences by phone, and other patient-related services.
2. How many visits, how long, who provides them, and where are the visits provided.

3. What amount of supplies/drugs/DME is being provided, can we provide that information specific to a patient, and can we sort by patient and/or diagnosis.
4. What is the length of stay – can we capture that by diagnosis, location of care.
5. What does the care cost, what does it cost by patient, how is it different for patients with different diagnoses, how is it different for patients with different lengths of stay, and what is a part of costs in addition to visits.
6. What does hospice care in the nursing home look like, how is it the same/different from care provided to patients in their own homes, what are we asking nursing homes to provide, and is it the same/different as what we ask family caregivers to provide.

MedPAC has asked for help from NHPCO in answering these questions. NHPCO may be able to capture some of this data analysis from software vendors and providers but also want providers to know that they are facing a time of increasing requests for data, for data at the patient level, and a higher degree of scrutiny at the federal level.

NHPCO must work collaboratively and cooperatively so that the federal policymakers have the best data there is and can make informed decisions. If you have ideas for data that is available, please don't hesitate to contact NHPCO. The contact person for this effort is Judi Lund Person, VP of Regulatory and State Leadership or Stephen Connor, VP for Research and International Relations.

Hospice Care Saves Money for Medicare, New Study Shows

Average Savings of \$2,309 per Hospice Beneficiary

Findings of a major new study of hospice care in America show that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. This provides useful evidence to support the many benefits of hospice, reports the National Hospice and Palliative Care Organization.

Researchers found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. The new study from Duke University appears in the October 2007 issue of the professional journal "Social Science & Medicine." The article is included as an attachment with this week's IHO Update.

Additionally, Medicare costs would be reduced for seven out of 10 hospice recipients if hospice has been used for a longer period of time the study found.

For cancer patients, hospice use decreased Medicare costs up until 233 days of care. For non-cancer patients there were cost savings seen up until 154 days of care.

NHPCO reports that 1.3 million patients received care from one of the nation's 4,500 hospice providers in 2006. This represents a steady increase of more than 100,000 patients than the previous year. Approximately 35 percent of all deaths in the US were under the care of a hospice program.

The study was funded by the Health Care Financing Organization (HCFO) of the Robert Wood Johnson Foundation.

Further information about hospice is available from NHPCO's Caring Connections at www.caringinfo.org or by calling the HelpLine at 800-658-8898; the Spanish-language HelpLine, Cuidando con Cariño, is 877-658-8896.

Enclosures

IHO Volunteer Committee Application
Hospice Care Saves Money Research Article