



# IHO Update

*Bi-weekly News for Hospice Professionals in Iowa*

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May 30, 2008

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## **New Medicare Hospice Conditions of Participation Released**

The final Medicare Hospice Conditions of Participation were posted on the Federal Register public inspection page and on the CMS Web site on Tuesday, May 27. The official Federal Register publication of the final rule is scheduled for June 5, 2008. If the final regulations publish as planned, the effective date will be 180 days after publication, or December 2, 2008.

To assist IHO member hospices in complying with the new hospice Conditions of Participation, IHO is offering two different learning opportunities.

### **Regional Workshops Offer Overview of New CoPs**

The first will be via **three regional workshops scheduled for June**. The sessions will be held in **Cedar Rapids (June 17), Des Moines (June 27), and Storm Lake (June 30)**. The workshops will share overview information obtained through NHPCO's train-the-trainer conference, including a review of the new Medicare Hospice Conditions of Participation (CoPs) with a focus on what hospices need to know and do; discuss approaches to meeting the new requirements in each condition and standard; and identify compliance challenges and strategies for overcoming them.

These workshops are made possible due to comprehensive training that NHPCO is offering designated representatives from each state in early June. Each state organization is limited to sending three representatives to NHPCO's training. NHPCO intentionally limited this registration so that participants in this session can share the information and training materials with other providers "back home." Attending the training on behalf of IHO are IHO President-elect Chris Oleson and Board

Secretary Lori Bishop. In addition, IHO lobbyist Shannon Strickler will also be participating. The three will then lead the regional training here in Iowa.

These regional workshops are being offered at a very low cost to participants as a result of monies awarded to IHO through the Wellmark Foundation. The registration form for these regional workshops is attached.

### **Boot Camp Offers Intensive CoP Training**

Save the time and paper from printing the new hospice CoPs and get a copy at IHO's second learning opportunity – the **Hospice Regulatory Boot Camp**, sponsored by IHO, in conjunction with Weatherbee Resources, Inc. Mark your calendars now to attend this **intensive two-and-a-half day workshop for hospice professionals, Monday, August 11 - Wednesday, August 13**. The cost for this workshop will be \$695 per person, \$595 per person for groups of two or more from one organization.

The Hospice Regulatory Boot Camp was created in response to a need for an in-depth program that covers all aspects of the Federal regulations that govern hospices. The program is designed for hospice executives, managers and supervisory staff, including program CEOs, clinical directors and compliance officers. Whether new to hospice (the program is an excellent orientation to the hospice regulatory environment) or a seasoned hospice professional, the information, resources and discussion provided during this two-and-a-half day program will challenge, inform and guide participants through the regulatory maze that all hospice programs must navigate.

The program will be held at the West Des Moines Sheraton Hotel. A sleeping room block has been arranged. More detailed information will be mailed in early June. For more information, contact Stacey Nay at 515.243.1046.

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### **IHO Board Meets**

The IHO Board met May 28, 2008 at the IHO office. Discussion and action of the Board included:

- Received a report from Board President-elect Chris Oleson summarizing the NHPCO Council of States meeting in April. (see attachment)
- Accepted IHO Financial report showing performance to date above budget even with dues coming in below projections.
- Approved changes to IHO Investment Policy.
- Discussed member communications, IHO's mission and utilization of resources.
- Approved changing the name of IHO to better promote hospice and palliative care and instructed staff to report back with a plan for transition at the next Board meeting.
- Approved new geographic boundaries for IHO districts that results in the creation of a seventh district to include central Iowa counties and minor modifications to surrounding existing district lines. Changes to be effective January 1, 2009 providing time to plan transition.
- Received a legislative and advocacy report from Shannon Strickler including a summary of relevant issues from the 2008 session of the state legislature, IME response to hospice issues, and activity in response to the proposed changes to the hospice wage index calculation.
- Received a preview of changes to the IHO Web site.

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## IHO Fall Conference Theme Announced

The 2008 IHO Fall Conference, *Hospice: A New Vision*, is scheduled for Tuesday, November 18 and Wednesday, November 19 at the Scheman Building, Iowa State Center, in Ames.

Education sessions tentatively scheduled cover topics such as compounding, QAPI, dementia, professional boundaries, hospice in long term care facilities, ethics, pain relief / palliative care, CR 5576, and pet therapy. Don Schumacher, president of NCPCO will be the opening keynote speaker on Tuesday morning.

Tuesday will offer a special opportunity to recognize all hospice volunteers, and honor a select few.

A pre-conference workshop will be held on Monday, November 17, led by Chuck Lee of the Studer Group.

Watch the *Update* for more information on the Fall Conference. If you have specific questions regarding the conference, please contact Stacey Nay at 515-283-9309 or [nays@ihaonline.org](mailto:nays@ihaonline.org).

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## IHO Members Use Quality Partner Tools and Conference Calls to Improve Care

The National Hospice and Palliative Care Organization has developed a program called Quality Partners, an initiative designed to help hospice providers take a 360-degree look at all aspects of their organization with the goal of improving quality throughout the organization. It provides tools and resources to help hospices assess and monitor the quality of care and services they provide and determine areas in need of improvement.

NHPCO developed Quality Partners to advance the use of data collection and measurement to improve patient outcomes and administrative functions. Too many hospices have historically relied upon anecdotal evidence as a performance measure for quality of care; however, this is no longer acceptable as Medicare's new Conditions of Participation (CoPs) clearly reflect. Quality Partners helps guide hospices staff working to insure that each hospice complies with the Quality Assessment and Performance Improvement (QAPI) requirements under the CoPs. The assessment tool is broken down into 10 components of quality:

- Patient and Family Centered Care
- Ethical Behavior and Consumer Rights
- Clinical Excellence and Safety
- Inclusion and Access
- Organizational Excellence
- Workforce Excellence
- Standards
- Compliance with Laws and Regulations
- Stewardship and Accountability
- Performance Measurement

Attached to this issue of the *Update* is a chart indicating the hospices in Iowa which have completed portions of the assessment. These hospices may serve as a resource for hospices just getting started with the assessment.

IHO is offering monthly conference calls reviewing each of these components. The calls have resulted in the creation of additional resources to help hospices address the components of quality.

These resources, and notes from the calls, are posted on the IHO Web site for ready access by members.

The next call will be held Tuesday, June 17 from 10:00-11:00 a.m. and will address Organizational Excellence. You can sign up for the calls online at [www.iowahospice.org](http://www.iowahospice.org).

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## **QAPI Snapshot Reports Available**

QAPI Snapshot Reports from the first quarter are available online. These reports are based on data submitted by May 14, 2008.

To access your reports, follow these steps:

- Go to: <http://www.ocsys.com>
  - Click on the Client Login link (top right-hand corner)
  - Select "Hospice Login" from the drop-down menu
  - Select "Login to QAPI Snapshot" button
  - Enter your Agency ID and Password
  - Click the Login button
  - Scroll down to the "Reports Currently Available" section, and select the desired report
  - Note that if you did not submit Q1.08 data, no report for that time period will be available
- If you have questions regarding your report, or need technical assistance, contact the OCS QAPI Help Desk: [QAPI@ocsys.com](mailto:QAPI@ocsys.com) or by phone at 866.641.8324.

As a reminder, Q2, 2008 data submission will begin on July 1, with the data submission deadline being August 6, 2008.

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## **Documentation Requirements Clarified for Medicaid Patients in Nursing Facilities**

The Iowa Department of Human Services released a letter earlier this month clarifying the process of sending required documentation to the Department of Human Services with a Medicaid member is receiving hospice services in a nursing facility.

The letter, attached, covers each step that a hospice must take, from prior to providing service through death.

If you have questions regarding the process, you may contact IME Provider Services at 800-338-7909, 515-725-1004 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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## **Hospital Discharge Planning Must Include the Availability of Hospice Services**

Hospitals are required by law and Medicare guidance to conduct discharge planning evaluations for a patient's likely need for post-hospital services, including hospice services. As part of this discharge planning process, Medicare guidance requires participating hospitals to provide a complete list of available hospice providers in a patient's requested geographic area, if hospice care is indicated for

that patient.

Some hospitals and hospices might not be aware of this requirement because the Medicare Hospital Conditions of Participation ("COPs") do not specifically mention hospices as a type of post-hospital service provider that must be identified to appropriate patients during the discharge planning process. Rather, for hospital discharge plan requirements, the COPs only mention home health agencies and skilled nursing facilities in 42 C.F.R. § 482.43(c).

When Medicare law and guidance is examined more closely, however, it is clear that Medicare also requires hospitals to provide information to patients regarding available hospice services when deemed appropriate by the hospital discharge plan.

The Social Security Act requires the Secretary of the Department of Health and Human Services to develop guidelines and standards for the hospital discharge planning process, in order to promote a smooth transition from hospital care to the most appropriate setting for post-hospital treatment. These guidelines and standards must include "an evaluation of a patient's likely need for appropriate post-hospital services, including hospice care and post-hospital extended care services and the availability of those services".<sup>1</sup>

The Secretary's standards and guidance on hospital discharge planning can be found in both the COPs and in Medicare's State Operations Manual. The Manual is the official guidance that Medicare surveyors follow when conducting certification surveys of hospitals that participate in the Medicare program. According to the Manual, Medicare interprets the Social Security Act and 42 C.F.R. § 482.43(b)(4) to require participating hospitals to:

- Have a discharge plan for each patient that includes an evaluation of the patient's likely need for hospice care;
- Provide a list of available Medicare certified hospices that serve the geographic area requested by the patient;
- Not specify or limit qualified hospices to which a patient is referred, and identify those entities to whom the patient is referred in which the hospital has a financial interest or which has an interest in the hospital; and
- Document in the patient's medical record that a list of hospices was presented to the patient or the individual acting on the patient's behalf.<sup>2</sup>

The Manual's survey procedures ask Medicare surveyors to interview patients who the hospital's discharge evaluation identified as needing hospice services to determine if:

- A list of Medicare certified hospice facilities serving the patient's requested geographic area was presented to the patient;
- The patient's choice of hospice was respected, when possible;
- The choice of hospices was limited in any way;
- The patient was inappropriately steered to a particular hospice; or
- The patient was informed of any hospice in which the hospital has a financial interest.

While the Manual represents Medicare's surveyor guidelines and does not carry the force of law in the same way that a statute or regulation does, when the Manual guidance is taken together with the provision of the Social Security Act discussed above, it is clear that hospitals must examine the appropriateness and availability of hospice services for patients during the discharge planning process. As a result, hospitals participating in the Medicare program should include information on available hospice providers when a patient's discharge plan indicates that a patient might be eligible for hospice care. Hospitals may not limit the list of available hospices, and must disclose to patients any financial interest that the hospital has in a hospice to which the patient is referred.

Hospices should work with the discharge planning staff in local hospitals to ensure that the hospital includes the hospice in its list of available hospice service providers. This will help the hospitals to meet their obligations under the Medicare program, and increase the hospice's exposure to patients

who might be eligible for, and elect to receive, hospice services.

Reinhart Boerner Van Deuren's Hospice and Palliative Care Practice Group serves hospices across the country in a variety of areas, including: regulatory compliance; survey and certification; accreditation; licensing; HIPAA; caregiver misconduct investigations; due diligence, mergers and acquisitions and other corporate matters; labor and employment; criminal and civil investigations by state or federal government agencies; litigation contracts and daily operational issues.

1Social Security Act § 1861(ee)(2)(D), 42 U.S.C. 1395x(ee)(2)(d).

2Medicare State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, AO-0354.

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This article does not constitute legal advice nor serve as a substitute for legal advice. Hospices are encouraged to contact their legal counsel.

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## Education Opportunity

Hospice of Central Iowa has announced that they will hold a day-long conference on end of life care for children. *Pediatric Care at End of Life* will be held on June 26, 2008 at Des Moines University. The conference will address some of the unique needs and issues of care for children and adolescents with life-threatening conditions and also the needs of family caregivers. It will provide learning opportunities to advance the knowledge, skill and competence of clinical staff, enhancing their ability to deliver high-quality pediatric care at end of life.

For more information on the conference, or to register, go to [www.hospiceofcentraliowa.org](http://www.hospiceofcentraliowa.org).

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## Member News

Dixie Kavars, Executive Director of Hospice of North Iowa in Mason City is the new chair for IHO District 2. Thank you Dixie, for assuming this important leadership role.

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## Hospice News Network

Mike Glover was sentenced to life without parole in the Iowa penitentiary after he allegedly murdered a friend who was sleeping with the woman Glover loved. Glover participates in Sailing to Serenity, the prison hospice run by lifers. Glover says his work gives him purpose, adding that the “program kind of saved me.” Glover keeps watch with dying inmates, listening to the patient’s hopes of what others will remember him by. It doesn’t matter to Glover what the man has done. “As far as I’m concerned, he’s a person,” Glover said. “They want you to know the good things they did.” (*The Quad City Times*, 4/21)

NHPCO CEO Don Schumacher recently encouraged any hospice to “become better at identifying what it does and why it is necessary.” Speaking in Massachusetts, Schumacher said, “In the absence of that information, Medicare’s leaders are questioning how much of the cost increases are driven by patient needs and how much by the financial needs of the hospice organizations.” (*The Berkshire Eagle*, 4/23)

“Improving end-of-life outcomes in nursing homes by targeting residents at high risk of mortality for palliative care” is an article that appears in the *Journal of Palliative Medicine*. The article examines the results of the Making Advance Planning a Priority (MAPP) program. The program identifies nursing home residents at “high risk of death,” informs the attending physician of the risk, obtains either palliative care or a hospice consultation (if eligible) for the patient and improves documentation of advance care planning. After the program began, residents who participated were more likely to get palliative care referrals and less likely to die in the hospital. All had advance directives. (*Aging & Elder Health Week*, 6/1; *Journal of Palliative Medicine*, 2008;11(2):217-225)

Data from the 2008 American Hospital Association Annual Survey of Hospitals, as analyzed by the Center to Advance Palliative Care (CAPC), shows that palliative care programs in US hospitals have increased by more than 100% since 2000. Forty-seven percent of hospitals with more than 50 beds have programs and 77% of those with more than 250 beds have them. Dr. Diane Meier, director of CAPC, says, “Palliative care represents a paradigm shift in how we treat serious illness in America. Ten years ago there were almost no hospital palliative care programs in the U.S. But if we’re going to meet the needs of an aging population, it’s going to be necessary for every hospital to have a program.” (*Hospice Letter*, 5/2008)

*HNN is sponsored by Glatfelter Insurance Group that provides property and liability insurance for hospices and home healthcare agencies through their Hospice and Community Care Insurance Services division. Ask your insurance agent to visit their website at [www.hccis.com](http://www.hccis.com).*

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## **Attachments**

- CoP Regional Workshop Registration Form
- NHPCO Council of States PPT
- Quality Partners Participation Chart
- IA Dept. of Human Services Letter