



HPCAI Update

Bi-weekly News for Hospice Professionals in Iowa

January 29, 2010

[HPCAI Legislative Day Scheduled](#)

[Health Care Reform Debate Brought to a Halt](#)

[President Obama's First State of the Union Address](#)

[RAC Scrutiny Begins for Hospice](#)

[HPCAI Sponsors Social Work Peer Group Conference](#)

[CMS Posts New Responses to Hospice Questions](#)

[Cahaba News](#)

[FDA Announces the Approval of Morphine Sulfate Oral Solution for Relief of Acute and Chronic Pain](#)

[QAPI Snapshot Survey Deadline Nears](#)

[CMS Publishes Quick Reference Charts](#)

[Print Version of CMS Hospice Payment System Fact Sheet Available](#)

[Job Opening](#)

[Education Opportunity](#)

[HPCAI Calendar](#)

HPCAI Legislative Day Scheduled

The 2010 HPCAI Legislative Day will be held Tuesday, March 9. The day will begin at 11:00 am at the HPCAI offices at 100 E. Grand Avenue. Attendees will learn more about the legislative process; get an update on legislative activities impacting hospice and palliative care in Iowa and hear from a legislator. Following a complimentary lunch, participants will head to the Capitol to visit with their own legislators.

For more information regarding HPCAI Legislative Day, please contact Shannon Strickler or Becky Anthony at 515.243.1046. Click here to [register](#). A brochure for the event can be viewed [here](#).

[Top](#)

Health Care Reform Debate Brought to a Halt

The election of Republican Scott Brown in Massachusetts last week has thrown a major wrench in the health care reform debate as Senate Democrats have lost their key 60th vote needed to pass legislation without any Republican support. This major upset has now changed the direction of the debate, leaving many wondering what, if any, legislation will result and how both chambers plan to maneuver the legislation through the process.

For those in the hospice community, however, it is important to be aware that even if health care reform doesn't pass in Congress hospices are still vulnerable and must anticipate the revival of the proposed cuts that were included in the health care reform bills. The National Hospice and Palliative Care Organization estimates \$7.6-\$10 billion in cuts to hospice were included in the health reform

bills that Congress was debating. As a reminder, both Houses of Congress passed bills that included cuts to hospice and the Medicare Payment Advisory Commission has recently proposed cuts.

One thing is certain, however, leaders in both chambers and the president have indicated that no action on either bill will occur prior to Senator-elect Brown being seated, which could take a few more weeks. Both Senate Majority Leader Harry Reid (D-NV) and Speaker of the House Nancy Pelosi (D-CA) have stated publically that they are in “no rush” to pass a bill and will continue to work with their respective caucuses to determine next steps.

There are at least four approaches that could be taken moving forward:

1. The first option would be to start over. Perhaps the easiest approach would be for Democrats to start over from scratch, knowing that Republican support will now be required to pass a bill. This is risky because of the time already invested in reform efforts that could easily result in the same stalemate another year from now.
2. Take the bill apart and pass pieces separately. The idea involves passing smaller bills in areas where there is the most agreement first and then coming back to work on the areas of contention. This idea may be picking up steam in the House as it was reported that if this route is taken, Speaker Pelosi expects the smaller-scale bills to reach the House floor before the House breaks for its Presidents Day recess on February 11th.
3. The Senate could use a complicated procedural process called, “reconciliation.” Essentially reconciliation would allow the Senate to pass a final bill with 51 votes rather than the usually required 60. This is extremely risky as the reconciliation process is not easy and can often result in mangled legislation. Senator Tom Harkin (D-IA) has indicated that the Senate has the 51 votes needed to pass the legislation in this fashion, although some Democrats and nearly all Republicans have expressed their dismay about using this procedural bypass.
4. Do nothing. This is probably the least likely option. With elections coming up in November, Democrats will have to carefully weigh both the risks associated with further action on the legislation against inaction on the legislation.

The bottom line is that no one in Washington knows what is going to happen or what legislation will result. For now everyone is in a holding pattern waiting to see what Congressional leaders and party caucuses determine will be the course of action to follow in this debate.

[Top](#)

President Obama’s First State of the Union Address

President Barack Obama delivered his first State of the Union Address to a joint session of Congress and the American people this week. In his speech, he outlined his agenda for the months ahead with a majority of the speech focused on jobs and the economy, though he did spend several minutes on health care about two-thirds of the way through the address.

On steps moving forward, President Obama urged Congress to continue its work and not let the changed political atmosphere halt progress entirely. He said, “As temperatures cool, I want everyone to take another look at the plan we’ve proposed. Do not walk away from reform. Not now. Not when we are so close. Let us find a way to come together and finish the job for the American people.”

Democrats lauded the speech and shortly thereafter Congressional leaders continued the process of moving health care reform forward by sending members a memo outlining options to consider in the coming weeks.

The president is now expected to release his annual budget proposal to Congress next week and, upon review and alteration, Congress will act by passing a budget outline in the coming weeks, starting the

federal budgeting process anew in 2010.

[Top](#)

RAC Scrutiny Begins for Hospice

Health Data Insights, the Recovery Audit Contractor (RAC) for Region D, that includes Iowa, has announced that it will be looking at two hospice-related issues beginning immediately:

- DME while in hospice—DME providers will be reviewed
- Hospice Related Services – Medicare Parts A and B providers will be reviewed for services related to the patient's terminal illness.

For these two issues, hospice providers are not likely to be identified as a first-line recipients of a RAC audit, but the posting of these two issues confirms that RAC's are looking at hospice providers.

These are the first two CMS approved issues that impact hospices. The edits are:

DME while in hospice: Services related to a Hospice terminal diagnosis provided during a Hospice period are included in the Hospice payment and are not paid separately. **The DME provider will be reviewed for claims** paid on or after October 1, 2007. The RAC will review DME claims to determine whether payment was made to the DME provider for services provided to hospice patients that were related to the patient's terminal diagnosis and therefore paid for in the hospice's per diem rate.

Hospice Related Services – Medicare Parts A and B: Part A and Part B provider claims paid on or after October 1, 2007 are included in the review in all states in RAC Region D. The RAC will be reviewing claims of services provided to hospice patients to ensure that no payment was made to any provider for services that were related to the patient's terminal illness and therefore included in the hospice per diem rate.

The selection of this issue prompts hospice providers to ensure that they are indeed assuming financial responsibility for all covered services related to the terminal illness and related conditions including treatments, medications, equipment, supplies and other services. The Medicare Part A or Part B provider whose claims are pulled for this audit may contact the hospice provider for guidance on determining who was financially responsible for the services rendered.

For these two hospice audit issues, hospice claims will not be reviewed, but claims from other providers will be reviewed.

The RAC program is mandated by Congress and is aimed at detecting and correcting past improper payments so that CMS and Medicare Administrative Contractors (MACs) can implement actions that will prevent future improper payments. (*Source NHPCO*)

[Top](#)

HPCAI Sponsors Social Work Peer Group Conference

Ethical issues related to boundaries are among the most challenging and problematic for social work practitioners. Amanda Randall, Associate Professor at the University of Nebraska-Omaha will address these issues in the morning session of the Social Work Peer Group Conference, to be held March 5 at the Bessie Meyers Auditorium, Mary Greeley Medical Center in Ames. This morning session will qualify for 3 hours of social work ethics CEUs.

During the afternoon session, Professor Randall will focus on the family of origin and how its

influences can have dramatic affect on key end-of-life decisions.

[Online registration for the conference is available now.](#) To view a detailed brochure, [click here](#).

[Top](#)

CMS Posts New Responses to Physician Narrative and CR6440

CMS has posted new information regarding physician certification and CR6440 in the CMS Hospice Center as a result of inquiries from The National Hospice and Palliative Care Organization (NHPCO).

Physician Certification/Recertification Verbal Narrative Update

Specifically NHPCO asked CMS to clarify the need for a verbal narrative from either the attending physician or the hospice physician within two calendar days of the start of the certification period if the written certification and narrative could not be obtained in that timeframe. CMS responded with the Q&A below.

ID#: 9969, Posted January 21, 2010

Question: When certifying/recertifying hospice patients, must a physician provide an oral narrative as part of an oral certification/recertification, if the written certification/recertification cannot be completed within two calendar days?

CMS Answer: The oral certification/recertification should state that the patient is terminally ill with a life expectancy of six months or less, if the illness runs its normal course. Currently, we (CMS) do not require the narrative to be provided orally at the same time as the oral certification/recertification. However, we would remind certifying/recertifying physicians and hospices, that while the narrative (verbal or otherwise) is not required as part of the oral certification/recertification, the essence of what the written narrative will ultimately entail in its explanation of the clinical findings that support a life expectancy of six months or less, is expected to be the basis for the oral certification/recertification. While a verbal narrative is not required as part of the oral certification/recertification, the written narrative is required prior to filing a claim.

CR6440 Q&As

Hospice providers have had many questions related to CR6440 even now after the January 1, 2010 implementation date. In response to NHPCO's request for clarification, CMS has posted two new Q&A's related to:

1. **SW phone calls** – CMS confirmed that **only** calls made to patients and families related to the palliation and management of the terminal illness, coordinating care or arranging for placement are to be counted. Calls to community resources on behalf of the patient **should not** be counted.
2. **Charges for visits** – CMS responded that a hospice could either file the claim with a total charge, regardless of time, or file the claim with charges based on 15 minute increments.

ID#:9970, Posted January 27, 2010

Question: In CR 6440 CMS wrote that: "Report only social worker phone calls related to providing and or coordinating care to the patient and family, and documented as such in the clinical records." Does this last sentence mean that only calls to the hospice patient and family are to be considered for reporting?

CMS Answer: Social worker calls that should be considered for reporting on claims can **ONLY** be made to the patient or family. To be reported, the calls must also be necessary for the palliation and management of the terminal illness and related conditions as described in the patient's plan of care, be related to providing and or coordinating care to the patient and family, and be documented

in the clinical records.

NHPCO Note: NHPCO worked with CMS on the answer to this question, requesting that who phone calls could be made to could be broadened. In keeping with their decisions about how to count visits for other disciplines, they determined that counting only phone calls to patients and families should be counted.

ID#:9971, Posted January 27, 2010

Question: How should a hospice provider report the total charges field on the line item reporting a visit?

CMS Answer: The total charges should be the hospice provider's total charges for the service billed on that line of the claim based on the provider's charge structure. What is placed in the charges is completely dependent on the provider and their own charge structure. If a provider charges \$100 per visit regardless of the length of the visit, then the charge would be \$100 on the line for the visit regardless of the number of units for the length of the visit. If the provider has a timed charge structure then they would report the total charge after calculating their rate for the length of the visit being reported on the claim.

NHPCO Note: Each hospice should choose how to set a charge structure and complete the claim based on that charge structure. Since hospice payment reform is on the agenda for federal policymakers, and the information on claim forms, including charges, could be used to evaluate different payment options, including a cost-to-charge ratio, NHPCO strongly encourages providers to report charges accurately and to implement a unit charge structure which can reflect charges per 15 minute increment.

CMS regularly posts answers to payment policy and coverage questions on the CMS Hospice Center, in the section of the Web page entitled "[How to Stay Informed – Questions and Answers: Hospice.](#)" (Source NHPCO Regulatory Release)

[Top](#)

Cahaba News

Reminder: Timely Filing Requirements

Cahaba's Provider Contact Center receives many requests from home health and hospice providers to waive timely filing guidelines. As a reminder, Medicare regulations allow only a limited number of exceptions to timely filing in cases where a Medicare administrative error has occurred. These would include such situations as.

- The beneficiary's Part A or Part B benefits were not established timely.
- The Social Security Administration (SSA) failed to inform the beneficiary of their entitlement to Medicare benefits;
- Information needed by the provider to file the claim was not provided by Medicare, or the intermediary.

For additional information about timely filing requirements, refer to the following resources:

- November 1, 2009, Home Health and Hospice Medicare A Newline article, "[Reminder of Timely Claim Filing Requirements](#)"
- Centers for Medicare & Medicaid Services (CMS), [Medicare Claims Processing Manual](#), (CMS Pub. 100-04) Ch. 1, §70

Prior to calling the Cahaba Provider Contact Center for assistance with untimely Medicare claims, please review these resources.

Upcoming educational events for hospice providers.

For more information and to register to participate, please visit the [Web site](#).

OASIS-C and Payment

February 4, Noon – 1:30 p.m.

Registration Deadline: February 1

This webinar will cover the OASIS-C updated items that drive the HIPPS code for proper payment. Learn about new guidance, tools for reporting the proper response on the OASIS items, and how these drive payment. Several state OASIS Education Coordinators have also been invited to attend to assist with your questions.

For more details and to register, [click here](#).

The Nuts and Bolts of Medicare Part A

February 9, Noon – 2:00 p.m.

Registration Deadline: February 4

This webinar will provide a general overview of the Medicare program, with a focus on Medicare Part A benefits, coverage criteria, and beneficiary costs. This webinar will also provide a review of critical resources available to home health and hospice providers.

For more details and to register, [click here](#).

Clinician's ABCs of the Home Health Benefit

February 18, Noon – 1:30 p.m.

Registration Deadline: February 15

Learn the basics of the Medicare home health benefit, including the qualifying criteria, what is a "skilled service" and what makes it medically necessary. Also will cover the basics of Cahaba's role with medical review, and local coverage determinations.

For more details and to register, [click here](#).

Clinician's Intro to the Medicare Hospice Benefit

February 25, Noon – 1:30 p.m.

Registration Deadline: February 22

Learn the basics of the Medicare Hospice benefit, including the qualifying criteria of election, certification, and terminal prognosis. Will cover the use of the Hospice Local Coverage Determination (LCD) to assist in identifying patients with a six month prognosis, and the different levels of the hospice benefit. Also will cover the basics of Cahaba's role with medical review.

For more details and to register, [click here](#).

[Top](#)

FDA Announces the Approval of Morphine Sulfate Oral Solution for Relief of Acute and Chronic Pain

The U.S. Food and Drug Administration (FDA) has approved Morphine Sulfate Oral Solution for the relief of moderate to severe, acute and chronic pain in opioid-tolerant patients. The solution will be available in 100 milligrams per 5 mL or 20 milligrams per 1 mL.

Although using this medication to manage pain has been common practice for many years, this form and concentration of morphine was not FDA-approved until now. CAPC welcomes the news of the

approval, as the morphine solution is critical for treating and preventing extreme suffering for those nearing the end of life.

In the spring of 2009, the FDA announced that it was ordering manufacturers to stop making the medication, as well as several other opioid medications that were developed so long ago they did not have FDA approval. After a huge outcry from CAPC, AAHPM, HPNA and NHPCO, the FDA reversed their decision. They agreed to keep morphine sulfate oral solution on the market in the 20 milligrams per 1 mL concentration until there was an approved version or an equivalent therapy.

As part of the FDA's unapproved drugs initiative, the FDA is working with the manufacturer of the now-approved product, Roxane Laboratories, to ensure that there is enough drug available for patients. The FDA will also be working with patient organizations and prescribers so that they are aware that an approved product is available, and can notify the FDA if there are any problems with availability.

The FDA continues to be concerned that the marketed drugs meet current FDA standards. For this formulation of morphine, the manufacturer developed a safety program prior to approval in order to address the known risks of morphine misuse, abuse and overdose. The new approval does not change the status of other painkillers that are highly beneficial to hospice and palliative care patients. (*Source – CAPC*)

[Top](#)

QAPI Snapshot Survey Deadline Nears

The 2009 Fourth Quarter QAPI Snapshot Survey is now available. This survey is an essential component of your 2010 QAPI program. **Data submission deadline is Wednesday, February 3.**

To help your agency streamline data collection activities and ensure accuracy, OCS has developed a Data Organization Tool to use before you submit the survey. Simply download the tool to your desktop and start your data preparation. Access to the tool is available from the Survey page, to the right of the online survey link. After you complete your preparatory work using the tool, you're ready to proceed to the online survey.

To access the online survey, follow these simple steps:

1. Go to the OCS home page (www.ocshomecare.com).
2. Click on the "Client Login" link in the top right-hand corner of the page.
3. Click on the drop-down box in the middle of the page and select Hospice Connection.
4. At the Hospice Connection User Login prompt, enter your Agency ID and Password.
5. From the main Hospice Connection window, click on the Surveys tab.
6. Under the Surveys tab, click on the QAPI Snapshot surveys link. *For the short term, you may be prompted to re-enter your Agency ID and Password to access the surveys.*

Note: If you do not submit data, no report for this time period will be available.

Please add this handy [Outlook appointment reminder](#) to your calendar for timely data entry reminders.

If you have questions, please email client services at gapi@ocsys.com or call 866.641.8324.

[Top](#)

CMS Publishes Quick Reference Charts

CMS's Medicare Learning Network (MLN) has developed two QUICK REFERENCE CHARTS,

which provide information on frequently used CMS web pages.

- The [Quick Reference: All Medicare Providers](#) (DEC2009) chart includes a list of CMS web pages that ALL Medicare providers use most frequently.
- The [Quick Reference: New Medicare Provider](#) (DEC2009) chart includes a list of CMS web pages that NEW Medicare providers use most frequently.

[Top](#)

Print Version of CMS Hospice Payment System Fact Sheet Available

The revised *Hospice Payment System Fact Sheet* (November 2009) is now available in print format. This fact sheet provides general information about the Medicare hospice benefit including coverage of hospice services, certification requirements, election periods, how payment rates are set, patient coinsurance payments, caps on hospice payments, and additional reporting required on hospice claims. To place an order, go to the [CMS Web site](#), scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

[Top](#)

Job Opening

Alegent Health Hospice, Omaha, Nebraska

Operations Director

Seeking dynamic strategic leader for a large non-profit faith-based hospice agency in Omaha. This position will work collaboratively with Home Care and System leadership to establish outcomes and strategies for passionate EOL care across the continuum. Seeking candidate with clear communication skills, team oriented, and outcomes driven. Five years of previous management experience in a progressive hospice or healthcare related field required.

If interested in learning more about this position please call or email Denise McNitt 402-898-8351 or denise.mcnitt@alegent.org.

[Top](#)

Education Opportunity

Iowa Hospice is sponsoring ELNEC certification seminars. The End-of-Life Nursing Education Consortium (ELNEC) Project is a national end-of-life educational program administered by City of Hope National Medical Center and the American Association of Colleges of Nursing, designed to enhance palliative care in nursing.

The seminars will be held February 3- 4 in Council Bluffs and February 11-12 in Iowa City. For more information about the seminars or to register, contact Brooke Gritzner at 712/790-3013.

[Top](#)

HPCAI Calendar

- **February 9, 1 – 3 p.m.**
District 5 Meeting
Atlantic Home Care and Hospice office
- **March 5**
Social Work Peer Group Conference
Bessie Myers Auditorium, Mary Greeley Medical Center
- **March 9, 11:00 a.m. – 2:00 p.m.**
HPCAI Legislative Day
HPCAI Offices and Capitol
- **November 2 – 3**
HPCAI Fall Conference
Scheman Building, Iowa State Center, Ames

To add items to the HPCAI Calendar, send information to [Stacey Nay](#).

[Top](#)