



HPCAIA Update

Bi-weekly News for Hospice Professionals in Iowa

June 19, 2009

HPCAIA Update Schedule Changes

Membership Survey Distributed to Member Directors

HPCAIA Board Meets

Iowa Medicaid Provides Billing Clarification

Hospice Advisory Group Meets

Cahaba Adjusting Hospice Claims Due to Budget Neutrality Adjustment

Boards Issue Joint Statement on Managing Patients' Pain

Invitation to Participate in Hospice Research Study

Salary and Benefits Studies Now Being Conducted

Hospice News Network

HPCAIA Calendar

HPCAIA Update Schedule Changes

No, you're not imagining things, you did receive an Update last week! In order to align our publication dates with those of some other newsletters from which we pull information, we are changing our publication dates.

[Top](#)

Membership Survey Distributed to Member Directors

On Wednesday of this week, a survey was e-mailed to directors of HPCAIA member hospices. The purpose of this survey is to gain knowledge of what issues are foremost in the minds of members and serves as a resource for the HPCAIA Board in strategic planning. The Board has been conducting this survey every three years and this tool is nearly identical to the one used previously.

If you are the director of your agency and did not receive the survey, please contact Amber Fisher at 515/238-1046, ext 361. Members have a choice of completing an online version or a paper copy. The survey deadline is **June 30, 2009**.

[Top](#)

HPCAIA Board Meets

The HPCAIA Board met June 2 at the HPCAIA office. Discussion and action of the Board included:

- Received a report from Board President Chris Oleson summarizing discussion and information from the Council of States meeting held prior to the NHPCO Management and Leadership Conference (MLC).
- Received a report from Executive Director Becky Anthony summarizing meetings held in conjunction with the MLC and member participation in Capitol Hill Day.
- Reviewed and made additional changes to the membership survey developed by the Executive Committee.
- Supported Joel Fry as a candidate for the Central Plains Geographic Area representative to the NHPCO Board upon the recommendation of the Executive Committee.
- Received an Advocacy Committee report from Mary Lowenberg reviewing the Committee's discussion from its May 12 meeting.
- Received a briefing from Shannon Strickler on the 2009 legislative session and an overview of health reform efforts to date and the three option papers released by the Senate Finance Committee.
- Received an Education Committee report from Joel Fry summarizing spring meetings and reviewing plans for the Fall Conference.
 - Received updates on work of the networking groups established earlier this year: Hospice Residence Networking Group and Palliative Care Networking Group.
- Received the April financial report from Cindy Schultz showing performance ahead of budget to date.
- Reviewed the Association's Form 990 for 2008 in accordance with governance best practices.
- Received written reports from IHO Districts 1, 5 and 6.
- Agreed to provide a scholarship to the Iowa CareGivers conference.

[Top](#)

Iowa Medicaid Provides Billing Clarification

On May 29, Iowa Medicaid issued [informational letter 806](#) regarding hospice billing. HPCAI received several inquiries about the letter and contacted Medicaid for additional clarification.

Regarding billing by calendar month, the only Medicaid system change for hospice providers is that billing will be restricted to a monthly basis. Hospice providers will no longer be able to submit a claim spanning multiple months. Iowa Medicaid made this policy change because a number of issues have arisen with older claims that covered multiple months where the DHS income maintenance workers were not aware that hospice had been initiated or that the person had expired. IME believes that this is a proactive step that will significantly decrease the confusion; and will increase the effectiveness of the hospice provision/payment cycle.

Regarding the hospice-nursing facility reimbursement section of the letter, no substantive changes were made, but the information was included only to serve as a reminder of the policy previously detailed in informational letter 713. A hospice may still make the determination that it will reimburse the nursing facility in advance for the room and board costs that Medicaid will reimburse. Iowa Medicaid is not imposing any restrictions on that business decision.

Iowa Medicaid has also invited HPCAI to collaborate with them on an examination of the Medicaid state hospice policies and regulations to determine if any clarifications or process changes are needed, within the boundaries of federal law. HPCAI will be recruiting a workgroup to examine the regulations for changes. If interested in participating, please contact [Shannon Strickler](#) at HPCAI.

[Top](#)

Hospice Advisory Group Meets

On June 2 the Cahaba Hospice Advisory Group met via teleconference. Cahaba mentioned there was a challenge to the Medicare Administrative Contractor (MAC) contract award which required an automatic stay on any MAC implementation efforts. Reportedly, the Government Accountability Office sustained the protest on May 6, though Cahaba has yet to hear anything from the Centers for Medicare & Medicaid Services (CMS). Cahaba still does not know of a timeline for the implementation of the RAC, though it will continue to operate as business as usual until the cut over date.

There was a question raised about the hospice pricer and provider notification of adjusted claims. Cahaba reported will be a mass adjustment and providers can identify these claims by the type of bill, (3rd digit is an "I"). At the time of the call Cahaba was unaware of the volume of claims affected by the pricer error.

As part of the Comprehensive Error Rate Testing (CERT) program, Cahaba is conducting wide-spread probe edits and distributed a list to the group. You can access that list by visiting [Cahaba's Web site](#).

The group discussed upcoming educational programs, including two programs tentatively scheduled for September 10 and 22, to assist hospice providers to accurately reflect charges given the change to 15 minute increments.

Questions can be directed to [Heather Hulscher](#) at HPCAI.

[Top](#)

Cahaba Adjusting Hospice Claims Due to Budget Neutrality Adjustment

On June 17, 2009, Cahaba initiated adjustments on hospice claims that have a 'From' date of October 1, 2008, and after, and a receipt date prior to April 6, 2009. These adjustments are being made to apply the full budget neutrality adjustment factor. The Centers for Medicare & Medicaid Services (CMS) instructed contractors, including Cahaba, to adjust these claims once the new Pricer was installed. Claims being adjusted as a result of this instruction can be identified by the type of bill "8XI" and "CR6418" in the 'Remarks' field on Page 04.

For additional information, refer to the [Medicare Learning Network \(MLN\) Matters article MM6418](#) titled "Revision of the Hospice Wage Index and the Hospice Pricer for FY 2009." Additional information was also included in the June 1, 2009, Home Health & Hospice *Medicare A Newslines* article, "[Adjustments to Hospice Claims Due to the Revised FY09 Hospice Wage Index.](#)"

[Top](#)

Boards Issue Joint Statement on Managing Patients' Pain

Four boards that license health professionals in Iowa have issued a joint statement encouraging health care practitioners to attend to patients' pain – whether it's acute, chronic, mild or severe.

The statement, approved over the past 10 months by the Boards of Medicine, Nursing, Pharmacy and Physician Assistants, acknowledges, "much more can be done to treat pain more appropriately." The boards have been long concerned about patients who are either over-treated or under-treated.

Although it is not a legally binding opinion of the boards, the statement says a licensed practitioner involved in the care of a patient in pain "should not be at risk of disciplinary action from their respective licensing board for prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose, based on accepted scientific knowledge, sound clinical judgment and adequate documentation."

Pain treatment may involve the use of several medications, including hydrocodone (Vicodan), and non-pharmacological treatment modalities, often in combination.

Inappropriate prescribing of controlled substances can lead to drug abuse or diversion and can also lead to ineffective management of pain. The statement notes that the goal of pain management is to treat each patient's pain in relation to the patient's overall health.

"Unmanaged or inappropriately treated pain impacts patients' quality of life, reduces patients' ability to be productive members of society and increases patients' use of health care services," the statement says.

The statement is posted on the boards' Websites:

www.medicalboard.iowa.gov

www.state.ia.us/nursing/

www.state.ia.us/ibpe/

www.idph.state.ia.us/licensure/board_home.asp?board=pa

[Top](#)

Invitation to Participate in Hospice Research Study

Hospice professionals are invited to participate in a research study on the “Core Values of Hospice Professionals” being conducted by Paul D. Longenecker, RN, PhD, Assistant Professor of Leadership Studies at Lourdes College in Sylvania, Ohio.

The purpose of this study is to evaluate the core values of professionals working in the field of hospice and palliative care. With the many changes that hospices and hospice professionals have experienced in recent years, we would like to get a “picture” of the core values that drives hospice professionals. The study will involve hospice professionals from across the United States and will be conducted over a one year period starting September 1, 2008.

Completion of the survey takes approximately 10 - 15 minutes. To complete the survey, [click here](#).

We hope that you will take a moment to complete the survey and help provide valuable information about the core values of hospice professionals. In addition, we encourage you to invite other members of your hospice organization to participate in the study by sharing this invitation. If you have any questions about this study, please do not hesitate to contact Dr. Paul Longenecker at 419-517-8885 or plongenecker@lourdes.edu.

[Top](#)

Salary and Benefits Studies Now Being Conducted

Hospital & Healthcare Compensation Service (HCS) announced that its **2009-2010 HOMECARE** and **Hospice Salary & Benefits** surveys now are being conducted. Questionnaires have been mailed to agencies throughout the United States. Recognized as the standard for reliable and comprehensive compensation data for home health, the **HOMECARE** study is a cooperative effort between HCS and the National Association for Home Care & Hospice (NAHC). HCS and NAHC encourage agency participation in this most important survey.

The **HOMECARE Report** will cover salary, hourly and per visit data on 66 jobs. Data are reported by county, state, geographical region, auspice type, and operating revenue size. Information on fringe benefits and turnover rates also are covered.

The **Hospice** study, which is a cooperative effort between HCS, NAHC, and the Hospice Association

of America, will cover salary, hourly and per visit data on 66 jobs. Data are reported by state, geographical region, auspice type, and operating revenue size. Information on fringe benefits and turnover rates also are covered.

Completed questionnaires for both studies should be sent to HCS by August 3. **This year there is only one due date – there is no extended date for questionnaire submission – so send your data on or before August 3.** HCS plans to publish the **HEMOCARE Report** in October 2009. The **Hospice Report** will be available in November 2009.

Participants in the studies merit substantial discounts on the published **Reports**. In addition, HCS offers **Report** results in Excel. The files include the salary/hourly/visit sections of the **Reports**, and show each data grouping of the published results.

Questionnaires may be downloaded at <http://www.hhcsinc.com/surveyquestionnaires.htm>. For further information, please contact Rosanne Zabka at rzabka@hhcsinc.com or (201) 405-0075.

[Top](#)

Hospice News Network

Bill Extending Hospice Benefit Introduced by Warner

Senator Mark Warner (D-Virginia) has introduced the Senior Navigation and Planning Act of 2009, which would, according to an article in *The Virginian Pilot*, “provide for better education on living wills, counseling for dying patients and respite care for their families” through an extended Medicare Hospice Benefit. The “transitional care” benefit contained in the Act “would be available for terminally ill people expected to die within 18 months.” Warner is submitting the legislation at this time because Congress is working on health-care reform, and he wants to see these ideas included in the final version.

According to Warner’s Web site, “the Senior Navigation and Planning Act of 2009 will: enhance Medicare and Medicaid coverage of advanced illness care management services; require doctors to provide patients with information on living wills and other planning tools; give providers incentives to achieve accreditation and certification in hospice and palliative care; encourage more comprehensive discharge planning; and increase public awareness about the importance of end-of-life planning.”

The proposed bill would also require “doctors, beginning in 2014, to offer certain Medicare patients, such as those with end-stage cancer, renal disease and congestive heart failure, information about advance directives and other planning tools. Doctors who failed to provide the information would not receive Medicare reimbursements.” Additionally, the bill contains proposals for “financial incentives for hospitals and skilled nursing centers to have accredited palliative care programs.” (*The Virginian Pilot*, 6/12; <http://warner.senate.gov/public/>)

FDA Asks for Responses on Strategies for Opioids

The FDA is considering Risk Evaluation and Mitigation Strategies (REMS) to ensure that the benefits of long-acting and extended-release opioids outweigh the risks. A webinar is online at www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163655.htm which discusses the general and specific issues related to the strategies.

A recent *NHPCO NewsBriefs* warns hospices that these drugs may be removed from the market, and calls upon all providers those who treat patients for pain to respond to the FDA request for comments on the REMS. The American Pain Foundation has also called for action and posted information on its Web site at www.painfoundation.org. Comments will be accepted until June 30, and may be submitted electronically to www.regulations.gov, or by mail to Division of Dockets Management

(HFA-305), FDA, 5630 Fishers Lane, Room 1061, Rockville, MD 20852. All comments should reference Docket No. FDA-2009-N-0143.

As reported in *NHCPO NewsBriefs*, the FDA particularly wants comments on the following issues:

- The type of certification that should be required of prescribers and dispensers of opioids, including how this certification should be administered.
- The type of patient education on opioids that should be required, including whether or not to mandate the use of prescriber-patient agreements.
- Other REMS elements besides health care provider certification and patient education that would support the safe use of opioids.
- How restrictive a REMS system for opioids should be.”
- What types of controls, if any, should be placed on distributors that provide opioids to pharmacies and health care facilities.”
- Whether or not existing systems can be used to implement a REMS for opioids.”
- The obstacles that need to be addressed in order to develop a single, shared REMS system for drug innovators and generic manufacturers.”
- The metrics that should be used to assess the success of REMS.” (*FDA Website; NHCPO NewsBriefs*, 6/10; *American Pain Foundation Website*)

Research and Resource News

“Pediatricians’ Perceptions of and Preferred Timing for Pediatric Palliative Care,” in the May issue of *Pediatrics* reports on a survey of 800 Florida and California pediatricians about their preferences regarding the timing of referrals for children with life-limiting diseases. Nearly 42% defined palliative care as hospice care; 31.9% offered an alternative description; and 26.2% didn’t know what it was. Fewer than half (49.3%) had ever referred a patient to palliative care, and 29.4% didn’t know whether or not there were any local palliative care services. The authors conclude, “Most pediatricians define palliative care as similar to hospice care and refer patients once curative therapy is no longer an option. Creating a more-practical definition of care, one that emphasizes an array of services throughout the course of an illness, as opposed to hospice care, may increase earlier palliative care referrals for children with life-limiting illnesses.” (*Pediatrics*, 2009;123(5):e777-e782)

The Reverend Jack Conrad, director of spiritual care at Tennessee’s Methodist Le Bonheur Germantown Hospital, has written *Living Before Dying: Reflections of a Hospice Chaplain*. Conrad has compiled true stories of patients who had been given a terminal diagnosis, and tells the tales of their “living and dying, hope and disillusionment, relationships and strengths.” He says that living before dying “means valuing every moment and making the most of them -- no matter how many or few are left.” Proceeds from sale of the book go to finance construction of the hospice’s future inpatient unit. (*Commercial Appeal*, 6/6)

Public Policy News

Separate health care bills were recently introduced into the US House and Senate, but the bills have many similarities. Both would require all individuals to carry health insurance, and provide assistance for those who can’t afford it. Both would also establish government programs to assist people in finding insurance. Both houses of Congress will work on ironing out differences between the two bills, and hope to pass a final version in October. Several members of the House Ways and Means Committee recently met with President Barack Obama, who stated he wanted to reduce the nation’s

sharp, regional variations in medical spending, control outlays for people at the end of life and emphasize primary care. (The Wall Street Journal, 6/10)

A bill recently passed by the Oregon House of Representatives, and sent on to the Senate, would create the first statewide registry for end-of-life care in the nation. The registry, which would be voluntary, would record POLST forms. The article cites a survey conducted by Oregon Health & Science University that found that in one in four cases emergency workers couldn't find the forms in time and gave some people more care than they wanted. (The Oregonian, 6/8)

Peter Orszag, budget chief for the Obama administration and a key player in health-care reform, said, "If we could make the rest of the nation practice medicine the way that Green Bay docs, we would have higher quality and significantly lower costs." Those involved in health care in the area cite the value of digital records, physician collaboration, preventive care and transparency as key factors in Wisconsin's success in holding down health costs. According to the article, Obama is increasingly focused on wasteful medical care that does not extend life and may actually be harmful as he tries to control rising health-care costs. (*The Washington Post*, 6/11)

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.

[Top](#)

HPCAI Calendar

October 28 – 29

HPCAI Fall Conference, Scheman Building, Ames

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

[Top](#)