



IHO Update

Bi-weekly News for Hospice Professionals in Iowa

July 11, 2008

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Register Now for Critical CoP Training

“The most comprehensive regulatory presentation I’ve attended in a decade. While new information was offered, it was the clarification of current information that was most affirming and supportive. The resource books are comprehensive and will be one of my most used resources. Fabulous!”

The above is a quote from a recent attendee of the Weatherbee Hospice Regulatory Boot Camp. **Mark your calendars now to attend this valuable two-and-a-half day workshop for hospice professionals, Monday, August 11 - Wednesday, August 13.**

With the publication of the new hospice CoPs in May, Weatherbee has significantly revamped the curriculum of the Boot Camp to focus specifically on the new hospice regulations with the goal of providing necessary tools and resources for compliance. **Each new CoP and standard will be reviewed within the context of what hospices need to know and what they need to do.**

This intensive and innovative Boot Camp will dig much more deeply into the new CoPs and standards than is possible at the special one-day trainings IHO has held in Des Moines and Storm Lake and will hold in July in Hiawatha. These one-day sessions are a great background to prepare you and your team for the in-depth learning and implementation tools available at the Boot Camp.

The cost for this workshop will be \$695 per person, \$595 per person for groups of two or more from one organization. **A few \$100 scholarships are still available.** These scholarships, made possible by a grant from the Wellmark Foundation, are available one per agency to offset the cost of attending the Boot Camp. To request one of the remaining scholarships, please contact Stacey Nay at nays@ihaonline.org or 515.243.1046.

In order to assure that we provide the best possible learning environment, please register as soon as possible. Weatherbee requires a minimum of 75 attendees, and a maximum of 200 for this program.

The program will be held at the West Des Moines Sheraton Hotel. A sleeping room block is available at the Sheraton. The registration brochure is attached, or you may register online at

www.iowahospice.org

For more information, contact Stacey Nay at 515.243.1046.

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CR 5567 Update: Resources and Key Facts for Providers

Effective Date: July 1, 2008

What claims should have visits reported? All claims submitted for services are performed for patients on or after July 1, 2008 must have visit information reported for the specified discipline.

What about the difference in the amount of time spent on a visit? The visit reporting through CR5567 does not differentiate between types of visits. Please count and report each type of visit the same.

What patients are included? ALL patients who have services on or after July 1, 2008 should have their visits reported on the claim form.

What about resubmissions and corrections? If the resubmission or correction is for services provided prior to July 1, 2008, visit information is not required, even if the resubmission occurs after July 1. Visits are to be reported when services are performed on or after July 1, 2008.

Billing samples related to CR 5567 are now available on the "Change Request (CR) 5567: Additional Data for Services on Hospice Claims" Web page

(https://www.cahabagba.com/rhhi/education/materials/hospice_cr5567.htm). Scroll down to the "Review" heading and click on "CR 5567 Billing Samples", or access the direct link at https://www.cahabagba.com/rhhi/education/materials/hospice_cr5567_examples.pdf

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QAPI Snapshot Survey Online

The second quarter 2008 QAPI Snapshot Online Survey is now available for data entry. Second quarter date must be entered by Wednesday, August 6. The reports for this period will be posted on Wednesday, August 20.

To access the survey:

- 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 in QAPI Snapshot" button
- Enter your Agency ID and Password
- Click the Login button
- Select the appropriate survey to begin data entry

If you have questions regarding the survey or need technical assistance of any kind, please contact the OCS QAPI Help Desk:

- QAPI@ocsys.com
- 866-641-8324

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Cahaba GBA Updates

CMS-855 Medicare Enrollment Application

An e-mail message was previously sent, June 10, 2008, informing providers that they should begin to use the revised CMS-855 enrollment application immediately, which was effective July 1, 2008. The Centers for Medicare & Medicaid Services (CMS) has issued an extension allowing Medicare contractors to continue accepting the 2006 Version of the CMS-855 for all providers and suppliers, except specialty hospitals, through September 2008. However, providers are encouraged to submit the revised version of the Medicare enrollment application.

Updated Frequently Asked Questions (FAQs)

- Frequently Asked Questions Adjustment / Cancel Claims - https://www.cahabagba.com/rhhi/faqs/faq_adjustcancel.htm
- Frequently Asked Questions Appeals - https://www.cahabagba.com/rhhi/faqs/faq_appeals.htm
- Frequently Asked Questions Beneficiary Eligibility Information - https://www.cahabagba.com/rhhi/faqs/faq_eligibility.htm
- Frequently Asked Questions about Checking Status of Claims - https://www.cahabagba.com/rhhi/faqs/faq_claims_status.htm
- Frequently Asked Questions for Home Health / Hospice - https://www.cahabagba.com/rhhi/faqs/faq_hh_hospice.htm
- Frequently Asked Questions Overlapping Services/Claims - https://www.cahabagba.com/rhhi/faqs/faq_overlap.htm
- Frequently Asked Questions Return to Provider (RTP) / Reason Codes - https://www.cahabagba.com/rhhi/faqs/faq_rtp.htm

Upcoming Cahaba Training Events

7/22/2008—“FISS 101 - The FISS Triangle: Function Keys, Status/Locations, and Inquiries”

This webinar is designed to provide home health and hospice agency staff an overview of the various function keys used in the Fiscal Intermediary Standard System (FISS), as well as define the status/location codes, which appear in FISS. The registration deadline is Thursday, July 17, 2008.

07/24/2008—“Mythbusters: The Truth About the Medicare Hospice Benefit”

This event will provide education on the various clinical aspects of the Medicare hospice benefit and is designed to enhance the current knowledge of all hospice clinicians. The registration deadline is Monday, July 21, 2008.

For more information about these two events and how to register to participate, go to

https://www.cahabagba.com/apps/course_registration/ia/calendar.jsp

Quick Reference Tools Updated

The following quick reference tools for home health and hospice providers have recently been updated.

Hospice Quick Reference Tools

- Billing Hospice Physician Services

https://www.cahabagba.com/rhhi/education/materials/quick_hospice_dr.pdf

- Hospice Billing Code Sheet

https://www.cahabagba.com/rhhi/education/materials/quick_hospice_codes.pdf

-Hospice Facts

https://www.cahabagba.com/rhhi/education/materials/quick_hospice_facts.pdf

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Member News

Hospice of Central Iowa was featured in a segment on KCCI, the central Iowa CBS network affiliate. The story aired Tuesday, July 8 on the 10:00 p.m. newscast and focused on the proposed cuts to the Medicare hospice benefit and current legislation. Katie Piper, a Hospice of Central Iowa volunteer and NewsChannel 8 reporter, interviewed both a staff member and a patient for her piece.

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Hospice News Network

Article Explores the Role of Medical Ethics Teams in EOL Care

Laura Landro, a senior editor of *The Wall Street Journal*, says that, even as the number of hospitals with medical-ethics teams grows, questions are arising about the competence of such teams to arbitrate end-of-life decisions. She cites Nancy Dubler, director of the bioethics program of Montefiore Medical Center, as saying, “Hospitals would never permit staff to engage in medical procedures for which they are untutored, untrained and unsupervised, but there are less-than-qualified persons intervening in serious ways in the lives of patients and families” in the ethics arena.

The Department of Veterans Affairs conducted a nationwide survey of hospitals last year and found that only 28% of its ethics consulting services evaluated their own work. Only 4% required an outside evaluation of the work. VA hospitals are now required to “evaluate ethics consultants for competency and provide mandatory training for consultants.”

The VA survey further found that “fewer than half of the professionals who perform ethics consultation in a hospital learned to do so under direct supervision by someone trained in bioethics,” and “only 5% had completed a fellowship or graduate degree program in bioethics.”

There are those who oppose mandatory training and credentialing in bioethics. Giles Scofield, a former law professor who has an article in the current *Journal of Law, Medicine and Ethics*, thinks that bioethicists are “merely trying to preserve their livelihood by overstating the risk of using untrained ethics consultants.” (*The Wall Street Journal*, 6/25)

AMA Adopts Palliative Sedation Policy

At its June meeting, the AMA adopted a new ethical policy saying that “when all else fails to control patients’ pain at the end of life, it is appropriate for physicians to sedate such patients to unconsciousness.” Critics have called palliative sedation “a form of physician-assisted suicide,” saying that it speeds the dying process. But the AMA’s Council on Ethical and Judicial Affairs

(CEJA) says there is no evidence for such belief. Dr. H. Rex Greene, a member of the CEJA, said, “These are unusual circumstances that require us to urgently relieve these symptoms by sedating patients to unconsciousness. This is not intended to end life.”

The policy says that physicians are “obligated” to offer the option of palliative sedation “as a last resort,” when “symptoms cannot be diminished through all other means of palliation, including symptom-specific treatments.”

The article says, “Doctors should consult with a multidisciplinary team or a palliative care expert to determine that sedation to unconsciousness is the right course of treatment The rationale for the sedation should be documented in the medical record, and patients or their surrogates should consent to the procedure. Physicians also should talk with patients about whether the sedation will be intermittent or constant, and whether to withdraw or withhold other life-sustaining treatments.”

The policy also states that palliative sedation should not be used to treat emotional distress. Such symptoms “are better addressed with social and spiritual supports.” It further adds that palliative sedation “must never be used to intentionally cause a patient's death.”

One convention delegate said that the policy “protects patients from inappropriate use of palliative sedation. It provides guidance to hospitals that might otherwise be reluctant to allow this to occur, and it provides protection to the entire health care team involved, who might otherwise allow terrible suffering to occur.”

Both the AHA and the American Academy of Pain Medicine support palliative sedation, even to the point of unconsciousness. And, the article says, “The AMA opposes euthanasia and physician-assisted suicide as being ‘fundamentally incompatible with the physician's role as healer.’”

The article is online at www.ama-assn.org/amednews/2008/07/07/prsi0707.htm. (*American Medical News*, 7/7)

Communicating with Referral Sources

Polly Rehnwall, speaker for the audio conference, “Tapping into Your Hospice Referral Sources,” suggests that you make sure referral sources know “what’s in it for them,” not just for the patients. Referral sources have different needs: hospitals consider response time to be crucial, as do long-term care facilities, but the latter would also like to reduce “the hassles of families or caregivers.” Physicians want to see phone calls from patients and ER visits decrease. (*Hospice Letter*, 6/2008)

Use of Antipsychotic Drugs Examined

The New York Times says, “The use of antipsychotic drugs to tamp down the agitation, combative behavior and outbursts of dementia patients has soared, especially in the elderly,” and these “increases continue despite a drumbeat of bad publicity.” Dr. William D. Smucker, a member of the American Medical Directors Association, agrees with those who think the misuse of the drugs is widespread. Smucker says his organization recommends antipsychotics only after a careful evaluation and as a last resort. He adds, “Many physicians are absent without leave in the nursing home and don’t take an active role in the assessment of the patient.” (*The New York Times*, 6/24)

Nursing Homes Turn Green

In 2001, Dr. Bill Thomas got a \$300,000 grant from the Robert Wood Johnson Foundation to establish “Green Houses,” small, home-like alternatives to nursing homes for elderly residents. Now, the program is taking a huge growth step, with plans to build Green Houses in all 50 states. There are currently 41 houses in 10 states. RWJF officials say they don’t know yet about the economic viability of the Green Houses, but won’t wait for an answer before investing heavily in the concept. (*The Wall Street Journal*, 6/24)

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