



# HPCAIA Update

*Bi-weekly News for Hospice Professionals in Iowa*

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July 16, 2010

[Please Complete Annual Volunteer Statistics Survey](#)

[Cahaba News and Education](#)

[Register With the National Palliative Care Registry](#)

[Palliative Care Programs Recognized](#)

[Hospice Analytics: Adding Value for HPCAIA Members](#)

[Hospice News Network](#)

[HPCAIA Calendar](#)

## **Please Complete Annual Volunteer Statistics Survey**

The annual Volunteer Statistics survey was sent out earlier this week via the [Volunteer Coordinator ListServ](#). This survey collects important volunteer data used by HPCAIA in a number of ways throughout the year, including lobbying at the state and federal levels. The survey is being conducted online this year, and it is critical that we have 100% participation. Please confirm that your volunteer coordinator received the email and is preparing to complete the survey.

If your volunteer coordinator did not receive the email, please contact [Stacey Nay](#), and a link to the survey will be sent. Also, be sure that your volunteer coordinator is signed up to participate in the ListServ. This is an important tool linking volunteer coordinators across the state. To sign up, [click here](#) and follow the instructions on the website.

[TOP](#)

## **Cahaba News and Education**

### **Cahaba Hospice Advisory Group Meets**

Earlier this week, the Cahaba hospice advisory group met to discuss recent issues involving hospice, and HPCAIA had two representatives participate on the call. Below are highlights of the call.

#### **MAC Update**

The call began with an announcement from Cahaba that CIGNA was awarded the MAC for Section J15 on July 9. A protest could be filed, but one has not been filed yet and Cahaba is moving forward with plans to transition to CIGNA. Cahaba is waiting for additional instructions from the Centers for Medicare & Medicaid Services (CMS), and HPCAIA will provide further information as it becomes available.

#### **Hospice Changes**

- **CR 6778 (Eff. Submission 7/6/10):** The implementation of ensuring appropriate place of service recently went into effect. [Click here](#) for more information related to the FISS/CWF Edits, CHC clarification.
- **CR 6960 Change in Timely Filing Requirements for Medicare FFS Claims:** Cahaba

reiterated that hospice providers are fee-for-service providers and the timely filing requirements do apply to hospice and home health. Cahaba emphasized that timely filing requirements could affect hospice providers when they get a denial and that re-filing needs to be submitted within the same timely filing time frame as the initial submission.

Cahaba is in the process of creating a FAQ page to help answer questions providers may have about how the timely filing requirements affect hospice. If members have specific questions or situations illustrating how timely filing requirements could affect hospice providers, please submit to HPCAI and HPCAI will pass them along to Cahaba. [Click here](#) for more information.

- **CR 6905 (Eff. DOS 10/1/10) – New Hospice Site of Service Code:** CMS is implementing this new site of service code for Hospice Residential Facilities for use on hospice facility claims, including standard system editing to ensure proper payment for this site of service. Cahaba emphasized that this will affect all hospice facilities that provide routine level of care, not just residential hospice facilities. [Click here](#) and [here](#) for more information.
- **PPACA Section 3132 - Face-to-Face Encounters (Eff. On/after 1/1/11):** There is no new information related to the face-to-face encounter requirement, but look to the forthcoming home health proposed rule for the implementation details of this requirement. The HH proposed rule is expected to be released this summer. [Click here](#) to read the provision in the health reform bill.
- **CR 6698 (Eff. 3/1/10) – Signature Guidelines for Medical Review Purposes:**  
[www.cms.gov/transmittals/downloads/R327PI.pdf](http://www.cms.gov/transmittals/downloads/R327PI.pdf); New QRT,  
[www.cahabagba.com/rhhi/education/materials/quick\\_signature.pdf](http://www.cahabagba.com/rhhi/education/materials/quick_signature.pdf)
- **New reason codes 32458, 32459, 32460** (ListServ sent July 2, 2010, August Newslines):  
[www.cahabagba.com/rhhi/news/20100702\\_codes.htm](http://www.cahabagba.com/rhhi/news/20100702_codes.htm)

## Data Analysis

**New billing FAQ:** Cahaba developed a new hospice billing FAQ, [click here](#) for more information.

**Top reasons for rejected claims:** Cahaba mentioned the #2 reason for rejected claims involves appropriate HCPCS not present with discipline re code. Cahaba would like feedback from providers as to the root cause of these types of errors. Sequential billing errors are the #1 reason for rejected claims and these errors have increased. Duplicate claims were the #4 reason for rejected claims and Cahaba would also like to hear feedback as to what might be causing these particular errors. Members may submit comments to HPCAI and HPCAI will pass them along to Cahaba.

**CERT website update:** The [website](#) has been updated and Cahaba has asked that providers review the list of identified errors and ensure they have a process in place to address the potential errors.

Due to the transition to CIGNA, Cahaba could not provide a date for the next advisory group meeting. HPCAI will keep members posted with developments as the transition to CIGNA continues.

## Cahaba Webinars

For more information on Cahaba webinars, please visit the [Calendar of Educational Events](#).

### Clinician's Intro to the Medicare Hospice Benefit

July 22, Noon – 1:30 p.m.

Registration Deadline: July 19

Target Audience: hospice agency staff including clinicians administrators and quality assurance staff

This webinar will discuss the basics of the Medicare Hospice benefit, including the qualifying

criteria of election, certification and terminal prognosis. It will also 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. It will also discuss Cahaba's role with medical review.

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

### **Hospice Billing – Part 2**

August 3, Noon – 2:00 p.m.

Registration Deadline: July 29

Target Audience: hospice agency billing staff

This webinar is designed for hospice billers who have a basic understanding of Medicare hospice billing. The session will include how and when to submit a cancel NOE, how to cancel a benefit period, appropriate billing of discharge/revocation claims including posting of revocations when omitted and billing in transfer situations. The advance beneficiary notice (ABN) and appropriate billing will also be discussed. This session will also contain billing information for multiple respite stays, billing for untimely certifications, and discharge for cause. Top billing errors and hospice resources will also be provided.

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

### **Medicare Secondary Payer (MSP) for Home Health and Hospice Agencies**

August 17, Noon – 2:00 p.m.

Registration Deadline: August 12

Target Audience: home health and hospice staff, including billers, administrators and financial personnel

This webinar will examine the situations when Medicare is the secondary payer to other types of insurance as well as the recent changes for submitting MSP claims to Medicare. Instructions for appropriately submitting conditional payments to Medicare will also be explained. In addition, critical resources for assisting in understanding MSP will also be identified and discussed.

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

[TOP](#)

## **Register With the National Palliative Care Registry**

The Center to Advance Palliative Care (CAPC) provides health care professionals with the tools, training and technical assistance necessary to start and sustain successful palliative care programs in hospitals and other health care settings. Located at Mount Sinai School of Medicine, CAPC is a national organization dedicated to increasing the availability of quality palliative care services for people facing serious illness.

CAPC maintains the [National Palliative Care Registry](#),<sup>TM</sup> the only repository for national data depicting the operational features of hospital palliative care programs. Your participation is vital.

Each year when you register, you will:

- Track your program's structures and processes of care year after year to guide the development and sustainability of your program.
- Maintain your listing on the [GetPalliativeCare.org](#) Provider Directory—a top resource for patients and families. (As of January 1, 2011, only programs that have completed the registry will be listed.)

- Generate in-depth, customized reports through Palliative Care COMPARE™ (coming 2011).
- Be included in [CAPC](#) and [NPCRC](#) prevalence studies that are reported to policymakers, media, academia and health care professionals.

Register your program by December 31 to be included in the Provider Directory. All program data are strictly confidential and reporting is aggregate and anonymous.

[TOP](#)

## Palliative Care Programs Recognized

Three programs that expand the reach of palliative and end-of-life care will be recognized by the American Hospital Association with the 2010 Circle of Life Award: Celebrating Innovation in Palliative and End-of-Life Care, along with five others that will receive Citations of Honor.

Kansas City Hospice & Palliative Care in Kansas City, MO; Snohomish County Palliative Partnership in Everett, WA and Department of Veterans Affairs New York/New Jersey Healthcare Network will each receive a Circle of Life Award during a ceremony in San Diego on July 23.

"A patient needing palliative or end-of-life care faces difficult challenges that must be addressed with skill and unique expertise," said AHA president and CEO, Rich Umbdenstock. "These winners exemplify what the health care field is striving for: compassionate care for patients and families at all times. These innovative programs serve as guiding lights for others on this path."

For highlights of the award winning programs, [click here](#). For more information on the Circle of Life Awards, [click here](#).

[TOP](#)

## Hospice Analytics: Adding Value for HPCAI Members

The Hospice & Palliative Care Association of Iowa Market Report will give your hospice agency access to detailed, county-level hospice data for your select service area based on the latest Medicare100% Hospice Analytic file (claims data) from 2008 (the most current year available).

Twenty-three state hospice associations are taking advantage of the increasingly popular Market Report program. With the reports in hand, you have the tools to compare your program to others in your service area including invaluable details on patients served, total patient days, and Medicare deaths for each hospice in selected counties, length of stay, diagnosis information, patient demographics, revenue per patient, and much more. Perfect for developing QAPI programs, marketing and strategic plans. Your ring-bound report includes 57 slides which presents data in easily-understandable full color charts and graphs and includes a PowerPoint CD for easy presentations to board members, community leaders, staff and political representatives. You will also receive complete data tables for developing your own charts and graphs. This critical data will provide insight into hospice within your geographic area and help your organization identify under-served patient populations.

- Understand who is served by hospice in your area and who's not.
- Compare yourself to other hospices in revealing detail.
- Easy to follow colorful charts and graphs for presentations.
- Comes complete with a prepared PowerPoint presentation.
- CD Includes all data tables for your own internal research.

The 2010 market report (2008 data) or three-year trend report (06, 07, 08) are available to Hospice & Palliative Care Association of Iowa members only.

To get the edge on your market, order your Market Report today. Go to [www.iowahospice.org](http://www.iowahospice.org) and see the order form under the “Resource” tab” or click here.

[TOP](#)

## Hospice News Network

### Gaining Support from Physicians in the Community

“Gaining Community Physician Support,” in the current *Insights*, says that hospices are the invited guests of community physicians each and every time a hospice is asked to participate in the care of patients. The article, by Dr. Daniel Maison, chief medical officer of Florida’s Treasure Coast Hospice, discusses the motivations of physicians in decision-making, practical information that helps hospices serve the needs of physicians, and how to help physicians “come to understand why your [hospice] program is as necessary and wonderful as you know it to be.”

Hospices often assume that they get referrals because of their excellent care, but Maison says that most physicians assume that most hospices give excellent care. The common motivators for any decisions are: 1) Because it’s the right thing to do; 2) Some benefit is gained by the person who decides; 3) It benefits someone else, and 4) “We have always done it that way.” Further investigation into physician motivation may be needed.

Maison suggests five ways of gathering information from physicians: 1) Ask them individually; 2) Survey them; 3) Conduct a focus group; 4) Create an advisory board, and 5) Ask key physicians to join your hospice board. Each has advantages and disadvantages, and more than one method may be needed to get the information you want. But all will help you gather the data you need, will give a hearing to every physician who participates, and will create “buy-in” to your program. Maison cautions that you shouldn’t be discouraged if your first attempts don’t give you as much information as you wanted or hoped for because the process of information gathering is often as helpful (or more so) as the data collected.

Maison cautions that what physicians say they want and what they actually want may be two different things. He cites the example of a physician who complained that he “lost control” of patients he sent to hospice. So the hospice called him for needed decisions, and he then complained that they were bothering him. Maison suggests addressing their stated needs publicly, and taking care of their unspoken needs without speaking of them.

In conclusion, Maison says, “Remember that change will not occur overnight, and that patience and persistence can and *will* pay off.” Treasure Coast Hospice is nearly five times as large as when Maison went to work there. “Although by no means the only factor in our growth, actively engaging the physicians we serve has had lasting and cumulative effects on the health and growth of our hospice organization.” (*Insights*, Summer/2010)

### Public Policy Notes

Oregon Representative Earl Blumenauer (D) will reintroduce a “revamped” bill that would pay physicians for discussing advance planning with patients. Both Medicare and Medicaid would cover the EOL conversations. The new bill makes advance directives transferable between states. Backers of the old bill were accused of supporting “death panels.” (*OPB News*, 7/7)

President Obama made a recess appointment of Dr. Donald Berwick to lead CMS. The appointment was considered somewhat unusual because the Senate is only in recess for two weeks, but Republicans had made clear that they would stall the appointment as long as possible, and CMS has been without a permanent administrator for nearly four years. The article says, “One of Dr. Berwick’s first tasks will be to work with Congress to avert a 21 percent cut in Medicare payments to doctors, scheduled to occur late this year.” ([The New York Times](#), 7/6)

## Research & Resource Notes

A study to determine the frequency and predictors of refusals of DNR in advanced cancer patients admitted to an acute palliative care unit found that only 4 percent of more than 2,300 patients refused a DNR order. Patients with blood cancers and advance directives were less likely than others to refuse. Those with moderate to severe pain, more nausea, and no advance directives were at higher risk of refusal. The authors say that this study demonstrates possible predictors of complicated DNR discussions. (*Cancer*, 2010,116(12):3061-70)

Hospice Foundation of America announces the [Hospice Information Center](#), part of the HFA CARES: Hospice Foundation of America's Conversations, Advice, Resources and Education Series. The educational resource makes it easier for family and friends to understand hospice. The Center offers personal testimonies, the basics about hospice, EOL and hospice resources, and an opportunity to ask questions. The site is funded by a grant from the Centers for Medicare and Medicaid Services (CMS) to support hospice and end-of-life care outreach and education. ([Hospice Foundation of America Press Release](#), 7/6)

[TOP](#)

## HPCAI Calendar

- **September 2, 10 a.m.**  
**HPCAI Board Meeting**  
HPCAI Board Room, Des Moines
- **November 2 – 3**  
**HPCAI Fall Conference**  
**Scherman Building**, Iowa State Center, Ames

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

[TOP](#)