



IHO Update

Bi-weekly News for Hospice Professionals in Iowa

July 25, 2008

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Stop Hospice Rate Cuts: Urgent Call for Advocacy at the Federal Level

CMS has stated that they expect to release the final rule on the Cuts to Medicare reimbursement on August 1. Your action is needed immediately to let the Administration know how the cuts will impact compassionate end-of-life care.

Please take a few moments to call the White House comment line and respectfully ask that the President halt further action on the hospice rate cuts. This is an excellent opportunity for you to be heard on the many reasons why end-of-life care should not be put in jeopardy by a significant reduction in Medicare reimbursement. Please do keep in mind, though, that this is not the forum to express anger and frustration, nor to express political beliefs. To help you, a few talking points are included below.

Call the White House Comment Line at 202-456-1111. The operator may ask what state you are calling from.

Talking points:

- On August 1st, The Centers for Medicare and Medicaid Services is expected to issue a final rule on CMS-1548, which would cut Medicare reimbursement for the compassionate end-of-life care provided by hospices.
- The hospice community already experiences very low margins, around 3.4%, and cannot afford rate reductions.
- Unlike other health care sectors, hospice often goes to where patients live, so we are already suffering from high gas prices.
- I am asking President Bush to halt any further action on this regulation.
- Thank you for your time.

You might want to follow your call with an email. To easily do that, you can use the online tool at the NHPCO Legislative Action Center: <http://capwiz.com/nhpco/home/>.

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Regulatory Boot Camp Registration Deadline Nears

“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. **The registration deadline for the Boot Camp is Thursday, July 31.**

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. **Five \$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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Iowa Smokefree Air Act Questions and Answers

The first of July marks the effective date of many changes made during the legislative session. The most publicized change taking effect is the Iowa Smokefree Air Act, the law prohibiting smoking within all enclosed public places and workplaces and certain outdoor areas. The Iowa Department of Public Health (IDPH) has a Web site, www.iowasmokefreeair.gov, offering many resources on the law including fact sheets, frequently asked questions, and tools for implementation. However, below are some answers to questions that IHA has received:

1. *Where is smoking prohibited under the new law?*

Smoking is prohibited in all public areas, including health care provider locations, and places of employment which does include a vehicle owned or leased by an employer. However, smoking may be allowed in private or semi-private rooms of a nursing facility so long as the residents of the room are smokers. This law will primarily impact hospice offices, hospice owned or leased vehicles, and hospice inpatient facilities.

2. *How will the law be enforced for a patient, visitor, or employees who refuse to abide by smoking policy?*

The law charges IDPH with enforcement of the Iowa Smokefree Air Act, which will be primarily a complaint driven process. However, IDPH may refer complaints regarding a violation of the law to designated law enforcement authorities. IDPH's goal is to educate the public and businesses eventually resulting in voluntary compliance.

Complaints may be reported on the Smokefree Air Act Web site, www.IowaSmokefreeAir.gov, by calling the Smokefree Air Act Helpline 1-888-944-2247 or by mailing a written complaint to IDPH, 321 E. 12th Street, Des Moines, IA 50319-0075.

A person who smokes in a non-smoking area may receive a citation and civil fine of \$50 from a law enforcement official. A business that violates the law may receive a civil fine of \$100 for a first offense, up to \$200 for a second offense (within a year), and up to \$500 for the third and subsequent offense (within a year). IDPH intends to handle initial violations with warnings and education but will issue citations for repeat offenders.

3. *Someone violating the law at the hospice is reported to IDPH; is the hospice liable for something it had no ideas was happening?*

Good faith efforts to comply with the law will likely not result in liability. The IDPH information states that in order to meet the requirements of the act, an employer must not permit smoking in prohibited areas and must:

- Post no-smoking signs at every entrance to a non-smoking area,
- Place no-smoking signs in every vehicle that is considered a place of, employment or owned or leased by the employer,
- Inform all employees about the provisions of the Smokefree Air Act and
- Remove all ashtrays from areas where smoking is prohibited.

If the employer or person in control of the business encounters someone who is smoking in violation of the act or policy, IDPH states that they should inform the individual who is smoking that they are in violation of the Smokefree Air Act and ask the individual to stop smoking immediately. If the individual refuses to stop smoking, then they should be asked to leave the area where smoking is prohibited. If the individual refuses to leave, local law enforcement officials may be contacted.

4. *What constitutes a public place for hospices?*

Smoking is prohibited in all enclosed areas of hospices including owned or leased vehicles. In addition, the law also requires the grounds of public buildings to be smokefree, which includes

public hospital-based hospices. The administrative rules implementing the act define grounds as “an outdoor area of a public building that is used in connection with the building...or any other outdoor area as designated by the person having custody or control of the public building.” All entities can have more restrictive policies than the law so a private hospital-based hospice is entitled to maintain a smokefree campus even though the law does not require it.

5. *What are the signage requirements?*

Signs must be posted at every entrance to a public place, place of employment, or area where smoking is not allowed. Signs must also be posted in vehicles owned, leased, or provided by an employer. All signs must be at least 24 square inches, typed in legible font, and clearly display: the international no smoking symbol or the words “no smoking”, www.IowaSmokfreeAir.gov, and the Smokefree Air Act Helpline 1-888-944-2247.

Sample signs are available on the Smokefree Air Web site including the format for larger signs for placement at a building and smaller signs (8x3; 6x4) for a vehicle. In addition, the American Lung Association is offering free window cling-on signs for vehicles which can be ordered at www.lungia.org or by calling 1-800-LUNGUSA.

6. *What about smoking in vehicles?*

Smoking is prohibited in all places of employment or public places, so no smoking in any vehicle owned, leased, or provided by hospices. The law permits smoking in private vehicles, but many entities with smokefree campuses dissuade the use of smoking in vehicles by prohibiting employees to work when they smell like tobacco smoke consistent with other policies prohibiting the use of excessive perfume.

Please contact Shannon Strickler (stricklers@ihaonline.org) at IHO with questions.

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Quality Partners Conference Call Update

During the July 15 Quality Partners conference call, participants requested that several areas be researched. These requests included policies on conflict of interest and retention activities, staff learning needs assessment, and management competency assessment. A sample conflict of interest policy and a sample staff learning needs assessment have been posted to the IHO Web site. In addition, a list of resources for developing a policy on staff retention and for assessing management competencies as also been posted to the Web site. The minutes of the July 15 conference call are available on the IHO Web site as well.

The next Quality Partners conference call will cover Stewardship and Accountability, and will be held from 10:00 to 11:00 a.m. on Tuesday, August 19. Online registration is available for this and future Quality Partners conference calls: www.iowahospice.com.

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CMS Issues New Q & As on CR5567 Reporting of Charges

On Monday, July 21, 2008 CMS posted additional Questions and Answers for CR5567 on the

requirements for reporting charges on the claim form. CMS has given more information on the methods of calculating charges, with references to the CMS billing manuals for more detailed information.

Methodology for Calculating Charges to be Used for Billing Visits

- Charges should not be arbitrary; they should be directly associated with the cost of providing care to all patients. Providers may use cost reports as a baseline, but if possible look at actual costs for the current time period(s).
- Established charge structure should be the same for all payers for same services.
- Billing should reflect gross charges (not adjusted down for contractual allowances or discounts)
- Additional Resources:

CMS Provider Reimbursement Manual

<<http://nhpco.informz.net/z/cjUucD9taT0zNDAzNjAmcD0xJnU9NzUwNjE5NzU5JmxpPTEwODc3MDU/index.html>> , Part 1, Chapter 22, "Determination of Costs of Services."

(Select Publication 15-1, then Chapter 22, unzip, and select pr1_2200_to_2207.1doc) References: Pages 4, 12 & 15.

Publication 100-04, CMS Medicare Claims Processing Manual

<<http://nhpco.informz.net/z/cjUucD9taT0zNDAzNjAmcD0xJnU9NzUwNjE5NzU5JmxpPTEwODc3MDY/index.html>> , Chapter 25, "Completing and Processing the Form CMS-1450 Data Set."

(Select Publication 100-4, then Chapter 25) References: Page 114.

Presentation of Charges on UB-04 Form (FL - Field Locator)

- For each line item listed in FL 42, there should be a total charge in FL 47. The total charge should be based on the number of units' (FL 46) multiplied by the established charge per unit (which does not appear on the claim).
- A HCPCS code ("Q codes") will be listed in FL 44 for each level of care.
- Line 23, FL 47 equals the grand total of level of care charges plus visit charges.

Helpful Tips for Implementing CR5567

Check off these tips as you complete them. Prepare for your first billing with the new visit information on the claim form and avoid delays in payment.

1. Establish methodology for counting hospice visits in every setting, all levels of care, and by all hospice employees.
2. Establish billing (charges) rates by discipline.
 - Visits are not time sensitive (actual time spent with patient/family).
 - Document to substantiate charges.
 - Review charges on recurring basis (i.e. quarterly) to determine if reasonable and reflective of actual costs and visit information.
3. Finance should meet with IDGs to educate on:
 - Timely submission of visits and documentation;
 - Discuss visit codes (billable & nonbillable);
 - Medicare Summary Notice (MSN) – review process, provide samples.
4. Test a small batch of claims by submitting to FI – monitor daily to ensure timely processing and accurate payments.

5. Establish billing cycle for monthly claims processing.
 - May want to delay a few days from month end to ensure accounting of all visits.
 - Communicate with patient care managers prior to billing to ensure all visits are accounted for.
 - Bill the FI:
 - Day 1 – submit monthly billing within established timelines by respective FI;
 - Day 2 – run an "acknowledgement" report (available through your FI software application) to ensure electronic batch file was readable by FI (report will include claims accepted & rejected); if claim entered through the Direct Data Entry (DDE) refer to the FISS claims status screen;
 - Day 3 – Monitor daily Return to Provider (RTP) to correct claims with errors; observe processing of claims between total charges (levels of care + visit charges) and non-covered charges plus expected payment;
 - Day 14 or later – verify payments received in bank; post electronic remittance advices (ERA) or manual remittance advices to Accounts Receivable system; look for discrepancies between expected and actual payments.
 - Monitor and track "voids & replacements" of claims due to late-entry visits – communicate with patient care managers to determine if system wide and/or employee issues.

Please direct any questions to regulatory@nhpco.org.

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Iowa Drug Card to Provide Free Prescription Drug Cards to All Residents

On June 17^h a new statewide discount drug card program called the Iowa Drug Card was launched for all Iowa residents. The program, which is free to all Iowans, will provide savings of up to 75% on prescription drugs with average savings of around 30%. There are no restrictions to membership, no income restrictions, no age limit and no applications to fill out!

Iowans can download a FREE card by visiting www.iowadrugcard.com. Anyone not able to access the website, or otherwise obtain a member card, can visit any Kmart Pharmacy location in Iowa.

Kmart Pharmacy will process your prescription through the Iowa Drug Card program even if you do not have a member card. Pharmacy locations and pricing are also available online.

For more information on the Iowa Drug Card program, contact Lila C. Cedotal, Program Development Director, at 800.726.4232 or via email at lila@iowadrugcard.com.

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Member News

District 4 Meeting Date

IHO District 4 will be meeting at the Atlantic Home Health/Hospice office from 1:00 to 3:00 p.m. on Tuesday, July 29. Ronalda Dick from Hospice of Central Iowa will speak about the HCI QAPI process.

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