



HPCAI Update

Bi-weekly News for Hospice Professionals in Iowa

September 25, 2009

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Registration Underway for HPCAI Fall Conference

Register now to attend the 2009 IHO Fall Conference, **Quality...Staying the Course**. For more information, see the attached Fall Conference brochure or visit the [HPCAI web site](#). To register online, [click here](#). **The registration deadline is October 20.**

You may register both staff and volunteers online, but please pay special attention as you are selecting the registration category for each person. If you have any questions regarding online registration, please contact [Crystal Peters](#) at 515-243-1046, ext. 331.

Please note: There was an error on the registration page of the Fall Conference brochure. The cost for Thursday Only registration is \$109 for members and \$159 for non-members. The Thursday Only cost for volunteers is \$79. We apologize for the confusion.

Volunteer Recognition – Honored Volunteers

Many thanks to those who have turned in their Honored Volunteer nominations. A list of those nominations that have been received is available on the [HPCAI web site](#). The list is updated at least twice a week. If you have not yet turned in your nominations, the deadline has been extended and they will be accepted until Friday, October 2. If you have questions regarding the nominations or the Recognition Ceremony, contact [Stacey Nay](#) at 515-243-1046, ext. 309.

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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 HPCAI 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.

Thank you to the following hospices who have already completed the survey:

Hospice of Monroe County, Hospice of Wright County, Loring Family Hospice, and St. Anthony Regional Hospice.

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 web page.

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QAPI Snapshot Webinar Examining the Annual Report Data Set for Sept. 28

A webinar interpreting the annual report and highlighting key outcomes and opportunities as revealed by the QAPI Snapshot program is set for 1:00 pm on Sept. 28. Thirteen HPCAI members are registered as of Friday, Sept. 25.

QAPI Snapshot is a statewide quality assurance, data collection, reporting and analysis program available exclusively to HPCAI members. For more than three years, QAPI Snapshot has been the only comprehensive quality reporting and QAPI compliance program in the nation. Having partnered with OCS, Inc., HPCAI is now able to offer this program to member agencies at a reduced price and with state specific quality measures.

Program presenter will be Roger Herr, Hospice Product Manager OCS, with more than 20 years in home health and hospice, as a provider, manager, special program developer, site visitor, and consultant. Roger has worked with freestanding, hospital-based and corporate organizations across the country. In addition to his work at OCS representing hospice benchmarking reports, Roger is active in several National Quality Forum and Centers for Medicaid and Medicare (CMS) technical expert panels.

To register, click on this [online registration link](#).

If you have any questions or would like additional information, please contact Becky Anthony at anthonyb@ihaonline.org.

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Senate Finance Committee Begins ‘Mark-Up’ With 563 Amendments

The Senate Finance Committee began deliberations on its health care reform package released last week by Committee Chair Max Baucus (D-MT). Prior to the initial meeting, Baucus released a [“Modified Chairman’s Mark”](#) that made technical changes and addressed 120 of the committee amendments, leaving more than 400 amendments to consider during regular debate.

While the modifications to the Chairman’s Mark do not exempt hospice from the across the board productivity cuts, they do add a Medicare Hospice Concurrent Care (HCC) three-year demonstration program that would allow patients who are eligible for hospice care to also receive all other Medicare covered services during the same period of time. The Secretary would establish 26 sites across the country in both urban and rural areas to examine improvement in patient care, quality of life, and cost-effectiveness that results from the demonstration project. An independent evaluation of this delivery

model would be conducted with reports submitted to the Secretary and Congress. This demonstration would be required to be budget neutral.

Other provisions of interest to hospices in the Senate Finance Committee legislation include:

- **Curative and Palliative Care for Children in Medicaid:** Allows children who are eligible for Medicaid to receive hospice services without forgoing any other service, such as curative care, to which the child is entitled under Medicaid.
- **Physician Assistants Recognized as Attending Physicians to Serve Hospice Patients:** Adds physician assistants to the definition of attending physician for purposes of the written plan of care. The proposal would exclude physician assistants from the authority to certify an individual as terminally ill.
- **Medicare Hospice Quality Reporting:** Directs the Secretary of Health and Human Services (HHS) to establish quality reporting programs for hospices. Quality measures would be established by federal fiscal year (FY) 2013, and implementation of mandatory quality measure reporting programs would begin by FY 2014. Failure to report quality measures would result in reduction of the annual Market Basket update by 2.0 percent.
- **Hospice Payment Reforms:** Requires the Secretary of HHS to consult with hospice providers and MedPAC in order to formulate a data collection methodology to inform payment reform. The Secretary would be required to collect data and information on cost reports, claims and other mechanisms as deemed relevant by the Secretary; this reporting would begin in 2011. The Secretary would be required to implement rules during FY2013 changing to the payment methodology for hospice care as appropriate based on the additional data and information collected.

After all proposed amendments to the Chairman's Mark have been acted upon, the Senate Finance committee will take a final vote on the legislation, as amended. Following that action, the Finance Committee bill will be merged with the Senate Health, Education, Labor and Pension Committee's bill, which was passed in July, before heading to the floor for a vote of the full Senate. Meanwhile, the House is not likely to act on its legislation until after the Senate has taken action, and the House Energy and Commerce Committee is still dealing with remaining amendments to its legislation.

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CMS Issues Revised Interpretive Guidelines

In a Survey and Certification letter dated September 18, CMS distributed an advance copy of changes to the hospice state operations manual to reflect the changes in the Revised Medicare Hospice Conditions of Participation that were effective December 2, 2008.

The changes will replace chapter two of the state operations manual and are effective immediately. CMS directed states to share the information with all survey and certification staff. For your convenience, the information HPCAI has attached.

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Medicare Payment Rates Available for Hospices

The Centers for Medicare & Medicaid Services (CMS) has published the Medicare hospice payment calculations for FY 2010. The market basket update factor for hospice services beginning October 1 is 2.1 percent. The following chart provides the payment rates for the four levels of hospice care:

Level of Care	Full Payment Rate	Labor-Related Share	Non-Labor Related Share
Routine Home Care	\$142.91	\$98.19	\$44.72
Continuous Home Care = 24 hours of care (\$34.75 hourly rate)	\$834.10	\$573.11	\$260.99
Inpatient Respite Care	\$147.83	\$80.02	\$67.81
General Inpatient Care	\$635.74	\$406.94	\$228.80

As reported in previous communication to HPCAI members, CMS is implementing a more gradual phase-out of the BNAF to the wage index over a seven year period, and a 10 percent reduction in FY 2010. The rule also states that CMS is moving forward with its plans to collect additional data from hospices to advance its goals for increasing the accuracy of hospice payments.

The following table provides Iowa hospice wage indices for FY 2010:

Core Based Statistical Area	FY 2010 Hospice Wage Indices
Ames	1.0014
Cedar Rapids	0.9415
Council Bluffs	0.9966
Davenport	0.8904
Des Moines	1.0065
Dubuque	0.8846
Iowa City	1.0010
Sioux City	0.9411
Waterloo	0.8962
Rural	0.9293

An example of the payment calculation for routine home care in rural Iowa is as follows:

Labor-Related Share x Rural Iowa Wage Index: $\$98.19 \times 0.9293 = \91.24 .

Non Labor Related Share + Wage Adjusted Labor Share = Total Payment: $\$91.24 + \$44.72 = \$135.96$

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Articles Focus on End-of-Life Care

Two recent articles have focused on end of life care and health care reform efforts. In "[The Case for Killing Granny](#)," the cover article from the September 21 issue of Newsweek, Evan Thomas uses the personal story of the death of his own mother to begin a discussion of cost disparities and rationing health care. Timothy Egan, in a New York Times blog "[The Way We Die Now](#)," dated September 23, tells the story of one families' choice to walk away from "the medical-industrial complex" and die at home.

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Cahaba News

REMINDER: Changes to HIPAA File Transfer Protocol (FTP) Script Affecting Electronic Data Interchange Functions

Providers need to take action NOW! In an effort to comply with security requirements, Cahaba is upgrading the FTP server used for sending claim files and receiving electronic remittances and reports. As a result, the Cahaba HIPAA Scripts used to send and receive files will not work with the new server. This upgrade will be implemented September 30; therefore, providers need to take immediate action.

Home Health and Hospice PC-Ace Pro 32™ (Medicare's Free Software) Users – The current version of PC-Ace Pro 32, which uses HIPAA FTP scripts, will not work after September 30. Providers who currently use PC-Ace Pro 32 to transmit claims and receive electronic remittances and reports, must download and install the upgraded PC-Ace Pro 32 version 2.14 no later than September 30. This upgrade is available from the [Cahaba Web site](#). Step-by-step instructions on performing the upgrade are available here, "[Important Information for PC-Ace Pro 32™ Home Health & Hospice Users.](#)"

Important Reminders

- Please share this information with your electronic data interchange (EDI) software vendor, billing service, clearinghouse or connectivity vendor. Your vendor will need to make changes to allow you to connect to the new server. The specifications for the new server are available on the [Cahaba Web site](#).
- If you are a current FTP user, you must change your password on the Secure FTP server the first time you connect. Refer to the instructions at the above link for details on how to change your password. This new password is for the new Secure FTP server and is not to be used with the Cahaba's HIPAA FTP Scripts.
- There is only one FTP Security assigned to a facility/submitter. If you have more than one person who sends files or downloads remits under your facility's submitter ID (i.e. IA00xxxx), you must share the new FTP password that is created by your office with all employees who need it.

If you have any questions or encounter any problems, please call EDI Services at (866) 839-2441 or send an email to iaediservices@cahabagba.com.

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Education Opportunities

- Weatherbee Resources has created a [RAC Assistance Web site](#). The Web site is organized in sections, "Prepare," "Educate" and "Manage," as well as a "Resource" section and a "Forum," where you can read blog-like postings and leave comments and questions. Also on the Web site, you can sign up to receive a [RAC Assistance Newsletter](#). Weatherbee Resources is also offering a ***RAC/ADR Boot Camp for Hospices***. The Boot Camp, an intensive, two-day workshop to help hospices prepare for, understand and manage claim denials from Recovery Audit Contractors (RACs) and ADRs from Fiscal Intermediaries/RHHIs, will be held December 7 and 8 at the Omni Mandalay at Las Colinas in Dallas, Texas. For more information, visit the [Boot Camp web site](#).
- Middle River Hospice and Madison County Health Care System are hosting a seminar focused on helping those who are facing difficult situations find meaning and value, even in the midst of pain and suffering. "***Being Wounded Healers: Helping Ourselves and Others Find Meaning in Suffering***," will be held Thursday, October 15, from 8:00 am to Noon at First Baptist Church Fellowship Hall, 1305 W. Jefferson, Winterset. For more information, call Jean Walker at 515-462-2373, ext. 656 or email jlwalker@madisonhealth.com.
- The [Iowa Geriatric Education Center](#), a statewide consortium comprised of The University of Iowa (Colleges of Medicine, Dentistry, Pharmacy & Nursing), Palmer College of Chiropractic,

Aging Resources of Central Iowa, Iowa Health System and the Iowa Foundation for Medical Care, has created a new training program for health professionals who treat older Iowans. “***Depression Training to Promote Nurses as Advocates for Older Adults***” was created to increase the skills and abilities of nurses working in diverse health care settings where it is important to identify and treat late life depression. This CD-based continuing education program is available for \$50. For more information, contact the Center by email at geriatric-education@uiowa.edu.

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Hospice News Network

Health Care Reform Notes

- US Representative John Salazar (D-Colorado), in a letter to President Barack Obama, urges him to consider the Grand Junction model of health care as a model for a national system. According to the article, Salazar said, “The health-care system in Grand Junction, headed by an independent physicians association and several nonprofits, has been able to provide care to the majority of the population for 30 years.” The letter also said that the medical community of Grand Junction has also provided “a resourceful solution to the controversial discussion of end-of-life care” with Hospice and Palliative Care of Western Colorado. (*The Grand Junction Daily Sentinel*, 9/8)
- Representative Earl Blumenauer (D-Oregon), author of the provision to have Medicare pay for end-of-life conversations between doctors and patients, says he’ll fight to keep it in, but realizes it may have to be sacrificed to win passage of the reform bill. Blumenauer says he could vote for a bill without his provision “if it addresses the primary and larger issues -- covering most, if not all, of the 47 million uninsured people in America and providing mechanisms to control spiraling health care costs.” (*The Oregonian*, 9/10; *Kaiser Health News*, 9/11)
- The Detroit *Free Press* uses the story of Aleen Gentile, 97-year-old hospice patient, to illustrate the benefits of doctor-patient consultations about the end of life. Dr. Leslie Bricker, chief of the palliative medicine service at Henry Ford Hospital, says, “How such a reasonable suggestion got morphed into death panels I’ll never know. ... We never withdraw care. We withdraw interventions, but we always will care for you.” (*The Free Press*, 9/7)

Palliative Care Notes

- The American Academy of Hospice and Palliative Medicine (AAHPM) has created www.palliativedoctors.org to “meet a growing need for information about palliative care and hospice as the population ages, and to address a lack of understanding about who can benefit from it.” The site explains palliative care, what palliative care physicians do, the benefits of palliative care, when to seek hospice care, resources for caregivers, and a link to find a palliative care doctor. (*PalliativeDoctors Website*; *Healthcare Mergers, Acquisitions & Ventures Week*, 9/12)
- Pallipedia.org, a new Web site sponsored by the International Association for Hospice & Palliative Care, provides a free online palliative care dictionary. Users may search for palliative care terms, or submit definitions to be included in the dictionary. (*Pallipedia Website*)
- At the Annual Assembly of the American Academy of Hospice & Palliative Medicine, panelists discussed the use of chemotherapy near the end of a patient’s life. They also discussed the need for informed decision making associated with such treatment, and the ways to give truthful information about prognosis and treatment effectiveness to patients. The session also offered discussion on what cancer professionals should say about hospice as part of routine good care of the seriously ill. One panelist noted that receiving chemotherapy near the end of life is “becoming more common, with 16% to 23% of patients receiving chemotherapy within 14 days of their death, when it is unlikely to benefit.” Other sessions included discussions of relational communications, interdisciplinary support for patients and families in distress, and discussing prognoses with patients and families. (*Oncology Nursing News*, 9/7, 9/9)

- “Growing Pains: Palliative Care Making Gains,” in a recent *NCI Cancer Bulletin*, says, “The growth and changes in palliative care are particularly significant for oncology, where an aging population and a corresponding increase in cancer incidence are expected to expand the need for palliative services.” The author also notes that palliative care improves patient outcomes and can lead to significant cost savings. (*NCI Cancer Bulletin*, 9/8)

Hospice Care Notes

- An article in the *St. Petersburg Times* featured Jane Parker, a volunteer doula with Suncoast Hospice. Parker “attends births where it’s known the baby will be stillborn or die soon after birth.” Suncoast also has a counseling program for before and after birth. Stacy Orloff, Suncoast’s vice president, says, “One of many reasons I’m so proud of this program is we provide an opportunity to honor this experience that the mother is going through. ... We’re helping families say hello and goodbye at the same time.” (*St. Petersburg Times*, 9/9)
- Keith Zimmer, associate athletic director of Life Skills for the University of Nebraska, “sends Nebraska student-athletes across Lincoln for all kinds of community outreach activities and across the state for out-of-season opportunities on weekends or during spring break.” Recently, he sent Roy Helu and Alex Henery to fulfill a wish of hospice patient Ron Brooks to meet two Husker football players before he died. The article says, “The smile never left Ron Brooks’ face during his 45 minutes Friday with two famous, but humble Huskers.” Zimmer added, “I think it’s important for Nebraska fans to know that on the same weekend of our season opener, this was not an uncommon scene. Our student-athletes go out and do this kind of stuff all the time. They do answer the call, and they’re happy to do it, and do a great job.” (*Huskers Website*, 9/5)
- Blue Cross Blue Shield of Michigan has expanded hospice coverage for its subscribers. Except for consumers in some large plans customized by employers, BCBSM now offers coverage for the last twelve months of life, rather than six. Additionally, it offers an initial transition period in which the patient can have both “curative treatment and hospice counseling and education. Patients’ full medical-surgical benefits continue until they and their physicians jointly decide to move to traditional hospice care.” (*Blue Cross Blue Shield of Michigan Website*, 8/26)

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.

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HPCAI Calendar

- **October 14**
District 1, Buena Vista Regional Medical Center, Kallmer Education Center, Rooms A & B, Storm Lake
- **October 27**
HPCAI Fall Pre-Conference, Gateway Hotel and Conference Center, Ames
- **October 28 – 29**
HPCAI Fall Conference, Scheman Building, Ames
- **November 5**
District 3 Meeting, Cedar Valley Hospice, Independence

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

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