



IHO Update

Bi-weekly News for Hospice Professionals in Iowa

October 12, 2007

Registration Deadline Approaching for IHO Fall Conference

Less than a week is left to register for the 2007 IHO Fall Conference, “Where We’ve Been and Where We’re Heading,” Oct. 24-25 at The Scheman Building in Ames. Send in your registration materials by **Wednesday, October 17.**

This marks the 25th Anniversary of IHO and we have a powerful line-up of education sessions devoted to those both new to hospice and those who have been involved with either IHO or hospice for the last 25 years! Every participant will receive a special gift in recognition of this important anniversary.

New Things to Know!

- More than 70 volunteers will be honored at this year’s recognition ceremony led by Katie Piper, KCCI TV-Channel 8 news anchor and hospice volunteer. If you nominated a volunteer, be sure to have them registered for the conference. Please note the special “volunteer program rate” on the Registration Form.
- Conference Handouts are now available to download at www.iowahospice.org under the “Calendar Tab.” Be sure to download handouts for the sessions that you will be attending as no hard copies will be available at the conference.
- Be sure to register on the IHO Web site for the October 23 IHO Director/Care Coordinator Peer Group Meeting at the Gateway Hotel & Conference Center in Ames.
- More than 25 breakout sessions and three engaging keynote speakers are just a few highlights of this year’s conference. Download the conference brochure online at www.iowahospice.org under the “Calendar Tab” or enclosed with this week’s *IHO Update* for further information or to register. *Hope to see you there!*

October 23 Conference Geared Toward Hospice Directors/Care Coordinators

Join Martha Tecca, senior director of hospice with OCS, and a long-time partner in IHO’s efforts to support Iowa hospices with data, on October 23 at the Central Prairie Room at The Hotel at Gateway Center in Ames. Her morning session will focus on the QAPI snapshot

program, data capture and reporting processes, benchmark interpretation guidelines, and strategic management approaches utilizing the data and concrete performance improvement techniques.

An afternoon networking session will then take place to discuss hot topics in hospice. Marcia Gowdy with Heartland Hospice in Red Oak will facilitate the afternoon.

To register, fill out and send in the form attached with this week's *IHO Update* or register online at www.iowahospice.org under the "Calendar Tab."

IHO Partners with Hospice Compliance Network

Recognizing the importance of regulatory compliance in the effective and efficient management of today's hospice programs, the Board approved a relationship with IHO and Hospice Compliance Network (HCN) earlier this year.

The relationship is designed to meet IHO members' needs for timely, accurate compliance information by providing IHO members with a 40 percent reduced rate for HCN membership (regularly \$150 annually). As hospices budget for next year expenditures, HCN provides a valuable resource for compliance at a very reasonable price.

HCN services include a bi-monthly electronic newsletter focused exclusively on regulatory compliance for hospices, hospice compliance electronic alerts for issues of immediate interest and importance, access to the HCN password protected Web site, and the ability to participate in the HCN Listserv that allows for peer to peer compliance networking for HCN members as well as archives to previous discussion. Hospices can also separately purchase the Hospice Compliance Line that participating hospices may use as their compliance hotline.

IHO members currently enrolled in HCN will receive a discount upon renewal of their HCN membership. Interested IHO members new to HCN may join through the HCN Web site by clicking on the State Affinity Programs page where you will find the IHO application. The annual membership fee to IHO members for HCN is \$90 annually. Please contact IHO or HCN (800.689.6747) with any questions. More information regarding the HCN is also available under the Advocacy section on the IHO Web site.

Cahaba News

Upcoming Training Events

Don't forget to participate in the following educational events! For more information about events and how to register, please visit the Cahaba Web site at:

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

October 23**Sailing Through Hospice Billing Changes; CR 5567**

This webinar will review the changes mandated by Change Request 5567, which implements new hospice billing policies. NOTE: This webinar will be repeated (live) on November 14 & 15, 2007.

November 14 & 15**Sailing Through Hospice Billing Changes; CR 5567**

This webinar is a repeat of the October 23 event.

November 20**Teleconference: Reconstructing the Home Health Prospective Payment System (HH PPS) in 2008**

This teleconference will review the changes to the HH PPS, which will be implemented for episodes beginning January 1, 2008. These changes, were proposed in the May 4, 2007, Federal Register and published as a final rule on August 29. This teleconference will be repeated (live) on November 27, December 7, 11, and 13.

CMS-1541-FC Corrections Document Updated

(submitted from the Home Health Hospice Open Door Forum)

Since the publication of the HH PPS Final Rule "Home Health Prospective Payment System Refinement & Rate Update for Calendar Year 2008" (CMS-1541-FC) dated August 29, 2007, technical errors have been identified.

For a draft of the detailed description of the errors and corrections to those errors, see the corrections to CMS-1541-FC. CMS will address these technical errors and corrections in the Federal Register, as a correction notice, in the near future. On October 4, 2007, this file was revised in regards to the earlier calculation. The revised corrections document is available at: (http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-CN2_web_100407.pdf).

Note: When the correction notice is published in the Federal Register, the public should refer to the correction notice as official notification and publication of the errors and corrections.

CMS has updated the previous posting of more user-friendly versions of select tables from the final rule (CMS-1541-FC) to include more user-friendly versions of the wage index related addendums, Addendum A and Addendum B, for non-urban and urban areas as defined by the Office of Management and Budget determined Core Based Statistical Areas (CBSAs). The revised tables are available at:

(http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-F_Tables.zip).

NHPCO Update

- **MedPAC Meets – Hospice on Agenda**

On Thursday October 4, the Medicare Payment Advisory Commission heard a presentation from MedPAC staff on hospice payment issues. MedPAC staff have begun a detailed analysis of hospice spending and utilization, the increases in the average hospice length of stay, and characteristics of hospices who have exceeded the cap or have not exceeded the cap. Policy analyst Jim Mathews reported that the hospice payment structure is “ripe for a major overhaul” and asked commissioners to think strategically about the type of benefit that should be paid for in the future. He also commented on the development of data collection by CMS through CR5567 and stated that it was MedPAC’s desire that the “goal of the data collection achieves the desired result.” Commissioners asked questions about hospice growth, the cap and the growth of small for profit providers. They asked MedPAC staff to continue to analyze the data on hospice costs and hospice utilization. Hospice will continue to be on the MedPAC agenda throughout the fall. A copy of the [Power Point presentation from the MedPAC meeting](#) is available on NHPCO’s Web site. A Regulatory Alert from NHPCO will be going out to members by the end of the week with further comments.

- **NPI - Stage 3 Of The NPI Implementation Is Coming**

CMS's *MedLearn Matters* article MM5452 discusses Stage Three of Medicare’s fee-for-service (FFS) processes for the National Provider Identifier (NPI) and reflects Medicare processing of claims submitted with NPIs. Submitted NPIs will be cross-walked to the Medicare legacy number(s) for processing. Medicare’s internal provider files will continue to be based upon records established in relation to the legacy identifiers. The MLM article is available on the NHPCO [Regulatory](#) Web page.

HNN Notes

- Nebraska has established a pilot program, Ticket to Work Palliative Care Program, that will select thirty people in the Lincoln, Nebraska, area to work with a palliative care team to address pain and symptom issues. The program hopes to address these issues in ways that improve the participants ability to work. More information may be found by going to www.nebraskatickettowork.com, clicking on “What’s New,” and finding the link to the Palliative Care Pilot Project. (*Nebraska Ticket to Work Web site*)
- A report on the timing of referral to hospice and quality of care, published in the *Journal of Pain & Symptom Management*, says that 11.4 percent of family members believe their referral to hospice came too late. Those who reported those late referrals also reported more unmet needs, higher reported concerns, and lower satisfaction. The authors wrote, our results suggest that family members' perception of the timing of hospice referral-not the length of stay-is associated with the quality of hospice care. This perception varies

substantially among the participating hospice programs.” (*Obesity, Fitness & Wellness Week*, 9/29; *Journal of Pain & Symptom Management*, 2007;34(2):120-125)

- A small, but growing movement in the US is the rebirth of home funerals. Viewing, wakes, and memorial services are being held at home, with family members washing and dressing the body or building and decorating the casket. Char Barrett, owner of Seattle’s A Sacred Moment, says that a home funeral can cost less than \$1,000 if the family does everything including transporting the body to the crematory. The average cost of a funeral in the US in 2004 was \$6,500. Neither cost includes cemetery costs. (*MSNBC*, 9/24)
- *The Chicago Tribune* reports the Vatican’s recent affirmation of the moral obligation to artificially feed and hydrate most permanently unconscious patients as “ordinary” care means that the 615 Catholic hospitals and 511 Catholic skilled nursing homes may have to change their practices. According to the article, Catholic tradition has allowed “extraordinary” treatment to be discontinued, but insisted on the continuation of ordinary care. The new ruling, says the article, means that Catholic institutions may not honor the living wills of patients in persistent vegetative states who do not want artificial nutrition and hydration. (*The Chicago Tribune*, 9/21)

Glatfelter Insurance Group is the national sponsor of Hospice News Network for 2007.

Enclosures

IHO Fall Conference Brochure
IHO Director/Care Coordinator Brochure