



IHO Update

Bi-weekly News for Hospice Professionals in Iowa

August 8, 2008

Regulatory Boot Camp Registration Still Available

CMS Updates Hospice Medicare Rates for FY 2009

Hospice Lobbying Efforts Featured in *CQ Today*

Cahaba News

Quality Partners Conference Call Reminder

Mid-West Pain Management Symposium Scheduled for September

Job Openings

Hospice News Network

Regulatory Boot Camp Registration Still Available

The Weatherbee Hospice Regulatory Boot Camp begins on Monday, August 11 at the West Des Moines Sheraton Hotel (1800 50th Street, West Des Moines). More than 120 people are registered, including a number of people from out-of-state. It is not too late to register. Onsite registrations will be accepted.

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 Hiawatha.

[Top](#)

CMS Updates Hospice Medicare Rates for FY 2009

The Centers for Medicare & Medicaid Services (CMS) released for public display on July 31, the FY 2009 final rule updating hospice wage indices for services beginning October 1, 2008. In addition, CMS issues Transmittal 1570 August 1 updating the market basket payment update for FY 2009

hospice services by 3.6 percent. Combined with the adopted policy to phase out the hospice budget neutrality adjustment factor (BNAF) for the wage index will result in 2.5 percent increase for hospice services.

In the final rule, CMS adopted its proposal to phase out the wage index adjustment factor that was put into place over 10 years ago to help hospices through a transition to the new wage index. CMS estimates payments to hospices will decrease by 1.1 percent for FY 2009, the first year of the three-year phase out of the adjustment.

The current hospice wage index reflects a special adjustment, the BNAF, to ensure payments in the aggregate are budget neutral to payments using the original 1983 hospice wage index. The adjustment results in providers currently receiving about 4 percent more in payments than they would have received if the adjustment factor were not applied.

CMS has adopted as final its proposal to phase out this adjustment over a three year period, reducing it by 25 percent in FY 2009, 75 percent in FY 2010, with complete elimination in FY 2011.

The base rates for FY 2009 are:

Code	Description	Rate	Wage Component Subject to Index	Non-Weighted Amount
651	Routine Home Care	\$ 139.97	\$ 96.17	\$ 43.80
652	Continuous Home Care Full Rate = 24 hours of care \$34.04= hourly rate	\$ 816.94	\$ 561.32	\$ 255.62
655	Inpatient Respite Care	\$ 144.79	\$ 78.37	\$ 66.42
656	General Inpatient Care	\$ 622.66	\$ 398.56	\$ 224.10

The following are the wage indices for FY 2009:

CBSA	FY 2008 Wage Indices	FY 2009 Wage Indices	Percent Difference
Rural	0.9260	0.8992	-2.89%
Ames	1.0411	1.0545	1.28%
Cedar Rapids	0.9481	0.9292	-1.99%
Council Bluffs	1.0080	1.0036	-0.44%
Davenport	0.9436	0.9269	-1.77%
Des Moines	0.9828	0.9684	-1.47%
Dubuque	0.9742	0.9508	-2.40%
Iowa City	1.0362	1.0043	-3.08%
Sioux City	0.9813	0.9711	-1.04%
Waterloo	0.8969	0.8942	-0.30%

Attached is a rate calculator to estimate the impact of the changes of the market basket update factor and the changes to the wage index.

[Top](#)

Hospice Lobbying Efforts Featured in *CQ Today*

An article in the August 6 issue of *CQ Today*, a nonpartisan daily update on congressional activities, discussed the lobbying efforts of the hospice industry aimed at persuading lawmakers to delay a new regulation that would cut Medicare reimbursement for palliative and end-of-life care. The full article is attached.

[Top](#)

Cahaba News

Upcoming Training Events for Hospice Providers

For more information about events and how to register to participate, please visit our Web site at: https://www.cahabagba.com/apps/course_registration/ia/calendar.jsp

8/12/2008—"FISS 301: The Billing World Series" Webinar

This Webinar will discuss the Fiscal Intermediary Standard System (FISS) specifically addressing FISS resources, FISS shortcuts and how to submit roster bills in FISS. This session will also address Medicare Secondary Payer (MSP) information, determining whether Medicare is primary or secondary and how to use FISS to submit the most common types of MSP claims.

The registration deadline for this educational event is Thursday, August 7, 2008. For more details, go to: https://www.cahabagba.com/apps/course_registration/ia/course_summary.jsp?EID=367

8/19/2008—"FISS 401: Did I Do That?!" Webinar

This Webinar will discuss using the Fiscal Intermediary Standard System (FISS) to correct claims that have gone to the return to provider (RTP) file, adjust claims, and cancel claims.

The registration deadline for this educational event is Thursday, August 14, 2008. For more details, go to: https://www.cahabagba.com/apps/course_registration/ia/course_summary.jsp?EID=364

8/26/2008—"FISS 501: The Big Picture" Webinar

This Webinar will focus on the path of a claim once it is submitted into the Fiscal Intermediary Standard System (FISS), including the various edits that affect claim processing. The relationship between the Common Working File (CWF) and FISS, and the impact to claims processing, will also be discussed. The Webinar is designed to provide a big picture of Medicare claims processing to home health and hospice provider staff who have a basic understanding of claim submission and claim correction.

The registration deadline for this educational event is Thursday, August 21, 2008. For more details, go to: https://www.cahabagba.com/apps/course_registration/ia/course_summary.jsp?EID=368

8/28/2008—"Mythbusters: The Truth About the Medicare Hospice Benefit"

NOTE: This event is a repeat of the July 24, 2008, teleconference.

This event will provide education on the various clinical aspects of the Medicare hospice benefit, "busting myths" about coverage with the Medicare Benefit Policy Manual. Topics will include a discussion of how medical review works and the top denial reasons for hospice services, the CMS guidelines for coverage of different levels of care, and the documentation of a six-month prognosis using the LCD. This session is designed to enhance the current knowledge of all hospice clinicians.

The registration deadline for this educational event is Monday, August 25, 2008. For more details, go to: https://www.cahabagba.com/apps/course_registration/ia/course_summary.jsp?EID=370

Hospice Claims and Reason Code U5181

Cahaba recently identified hospice claims and notice of elections (NOEs) that are suspended in status/location S MMIKE with reason code U5181. This reason code indicates that an occurrence code (OC) 27 and date was required, but not included, or was included but reported an incorrect date. Cahaba is in the process of releasing these claims/NOEs to continue processing. If the claim/NOE receives reason code U5181, the claim/NOE will move to the return to provider (RTP) file for you to correct.

When correcting these claims, ensure that OC 27 and the date are reported on all notices of election (NOEs) and initial claims following a hospice election. OC 27 is also required when a recertification occurs within the claim's dates of service, and the OC 27 date must be the first day of the next benefit period. For assistance in resolving this reason code, refer to the "Top Claim Submission" Web page for reason code U5181 at: https://www.cahabagba.com/rhhi/claims/errors_u5181.htm

[Top](#)

Quality Partners Conference Call Reminder

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.

[Top](#)

Mid-West Pain Management Symposium Scheduled for September

The seventh annual Mid-West Pain Management Symposium will be held in Aberdeen, SD September 25 – 27, 2008. The focus of the 2008 Symposium is on chronic pain management and end-of-life care. Session topics include engaging the patient in pain assessment and treatment; bio-psychosocial model of pain; and a general session on the nature of suffering through the end-of-life.

For more information on the symposium, go to www.mwpmsr.com.

[Top](#)

Job Openings

Hospice of Southwest Iowa is looking for a Clinical Coordinator in Council Bluffs. Applicant must possess excellent interpersonal communication skills, self motivation, creative problem solving and team building abilities.

Applicant will coordinate staff development, community resources, patient calls, daily work load schedules of staff, assist with MD orders and referrals, computer documentation, recruiting and interviewing personnel, and staff supervision. Experience preferred: 5 years acute care, 2-3 years home care or hospice experience, 2-3 years supervision. Must have RN degree, BLS, Valid Drivers' License, Auto Insurance.

Please Call Joni at (712) 352-1389, or apply at alegent.com, look for Home Care Clinical Coordinator for Hospice of Southwest Iowa.

[Top](#)

Hospice News Network

NHPCO statement on AICDs

NHPCO has issued a position statement of guidelines for caring for hospice patients with automatic implantable cardioverter-defibrillators (AICDs). The statement stresses that the guidelines “address AICDs or the defibrillator function of dual AICD/pacemaker devices only. They are not intended to apply to pacemakers or the pacemaker function of dual devices.” The guidelines are as follows:

- All patients with AICDs should be identified on admission and this should subsequently be documented prominently.
- The possibility of AICD discharge during the dying process should be thoroughly explained to patients and their designated caregivers as early as possible after admission to a hospice or palliative care program.
- The option of deactivating AICDs should be thoroughly explored with patients and their designated caregivers as soon as possible after admission.
- Patients, their designated caregivers, and healthcare team members should be educated that deactivation of an AICD does not constitute euthanasia or physician-assisted suicide, nor is it likely to hasten death.
- Patients, their designated caregivers, and healthcare team members should be informed about any decision to deactivate an AICD and about the methods to achieve deactivation.
- The process of AICD identification, education of the involved parties, discussion about goals of care, and possible device deactivation should be incorporated smoothly into current hospice and palliative care practices.

The position statement is online at www.nhpc.org. Under “Professional Resources,” click on “Communications and Publications,” then on “Position/Ethical Statements.” (*NHPCO Position Statement*)

Alzheimer’s News

A new drug called Rember shows promise for treating Alzheimer’s by breaking up the tangles of tau protein found in the brains of patients with the disease. Developed by Singapore’s TauRx Therapeutics, patients taking a middle-strength dosage of Rember had not declined in mental function after 19 months. Those taking a higher dose were not helped because a formulation flaw kept the drug from working, and a lower dose was insufficiently high to provide therapeutic effects. Another drug that targets the tau protein, developed by Allon Therapeutics in British Columbia, also has promising results. (*MSNBC MSN Website, 7/29*)

Researchers in Kansas have found that adults with dementia retain a “sense of adult identity, and “dislike being patronized or treated as if they are children.” Researchers observed 20 nursing home patients as aides assisted them with daily activities. “They discovered that when nursing aides communicated in a kind of baby talk for seniors — using a high-pitched sing-song tone, comments like ‘good girl,’ diminutives like ‘honey’ and language that assumed a state of dependency (‘are we ready for our bath?’) — Alzheimer’s patients were twice as likely to resist their efforts to help.” (*Chicago Tribune, 7/28*)

Cost of Fuel Impacting Home Health Care Providers

Home health care workers drive 2.8 billion miles more than US Postal Service drivers, according to a study from the National Association for Home Care and Hospice (NAHC). The NAHC president, Val. J. Halamadaris, says, "Caring for over seven million patients annually with 428 million visits, these dedicated providers of home care and hospice are feeling the same pain at the pump as other consumers, but they carry the added burden of the administration's deep cuts into Medicare and Medicaid benefits." The study found that "home care workers across the country have reduced the number of care areas and visits due to the increase in gas prices." (*Hospice Letter*, 7/2008)

U.S. home health care workers, particularly those in rural areas, are suffering from financial headaches caused by the escalating cost of transportation, forcing some to borrow cash from co-workers in between paychecks and others to consider leaving the industry altogether," an *AP* article says. Some home health care providers are giving their employees prepaid gas cards, rental cars and other perks in an attempt to retain them. Experts say the cost of fuel is "a particularly knotty problem for nurses, aides and other employees of home health care agencies many of whom are responsible for their own travel expenses and depend on government reimbursements that haven't yet caught up with the rising prices at the pump." (*AP State & Local Wire*, 7/20)

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[Top](#)