



HPCAI Update

Bi-weekly News for Hospice Professionals in Iowa

January 23, 2009

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Be Ready for Home Care / Hospice Joint Commission Survey

The movement to unannounced surveys for accrediting bodies and regulatory agencies requires home health agencies to be in a continual state of readiness. For 2009 The Joint Commission completely revised the *Comprehensive Accreditation Manual for Home Care* (CAMHC) and scoring guidelines. These changes will directly impact the way that home care organizations need to prepare for a survey.

HPCAI in conjunction with the Iowa Hospital Association is sponsoring a program to review the changes in the *2009 Comprehensive Accreditation Manual for Home Care* (CAMHC) and changes in the scoring process; and discuss the prioritization of standards and how these can impact the survey process. In addition, the most frequently cited home care standards in 2008 will be reviewed, and practical tips given to assure compliance with these standards. Don't just get ready, **be ready** for your next unannounced Joint Commission survey.

The Joint Commission 2009 Home Care / Hospice Update will be held in the IHA Education Center on Friday, February 20, 2009. A block of sleeping rooms has been reserved at the Hotel Fort Des Moines at a cost of \$129 per night, plus tax. [To register for the program online, click here.](#)

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HPCAI Directory Will Be Arriving Soon with Your Help

New this year is a goal to distribute the HPCAI Membership Directory during the first quarter. The HPCAI Board and Officers change in January, so by pushing the deadline up, members will have the current information sooner. The past pattern of updating the Directory in the summer was due to the fact that the Board and Officers had previously changed following a "program year" rather than a "calendar year."

Information was sent to each hospice director in December with a request to return

updates/changes by January 15. The following agencies are applauded as they met the deadline and have returned their directory information.

Hospice of Monroe County – Monroe Co. Hospital	Wesley Community Hospice	Hospice of Jasper County
Hospice of the Heartland, Kossuth Regional Health Center	Hospice of Dubuque	Burgess Home Health/Hospice
Essence of Life Hospice	Hospice of Palo Alto County	Orange City Home Health & Hospice
HOMEWARD Hospice	Avera Holy Family Hospice	Iowa Hospice – Oskaloosa
CCMH – Home Care/Hospice	Hospice of North Iowa – Forest City	Mahaska Hospice
Genesis Hospice	Grinnell Regional Hospice	Hospice of Pella/Comfort House
Hospice of Central Iowa – Boone	Cedar Valley Hospice – Grundy Center	Hospice of Central Iowa – Perry
St. Anthony Home Health Agency	Hospice of North Iowa – Hampton	Pocahontas Community Hospital Hospice
Amenity Hospice	Myrtue Medical Center Department of Community Health	Heartland Hospice
St. Luke’s Hospice	Hospice of Humboldt County	Sanford Hospice Lyon County
Mercy Hospice – Centerville	Horn Memorial Home Health & Hospice	Loring Family Hospice
Circle of Life Hospice	Cedar Valley Hospice – Independence	Keokuk County Hospice
Cherokee Regional Medical Center Hospice	Hospice – Respite of Greene County	CHEARS Home Health & Hospice
Hospice for Wright County	Iowa Hospice	Hospice of Northwest Iowa
Genesis Hospice – Clinton	Hospice of Comfort	Iowa Health Hospice
Mercy Home Care & Hospice – Clinton	Iowa Hospice – Marshalltown	Hospice of Washington County
Hospice of Southeast Iowa – Corning	Iowa River Hospice	Cedar Valley Hospice
Asera Care Hospice	Hospice of North Iowa	Iowa Hospice – Waterloo
Hospice of Southwest Iowa	Lakes Regional Healthcare Hospice	Cedar Valley Hospice – Waverly
Hospice with Heart	Above and Beyond Hospice Care	Hamilton County Public Health Services/Hospice
Howard County Community Hospice	Great River Hospice – Mount Pleasant	Great River Hospice Care Initiatives
Greater Regional Home Care & Hospice	Hospice of Central Iowa – Mount Pleasant	Hospice of Central Iowa
WMC Home Health & Hospice	Iowa Hospice – Muscatine	Middle River Hospice – Madison Co Health Care
Crawford County Home Health Hospice & Public Health	Unity HealthCare – Home Care/Hospice	Methodist Home Health/Hospice

There are 28 agencies that have yet to return their updates. If your agency is one of them please return your directory page now to HPCAI so the directory can be distributed promptly. To update your directory listing, please contact [Amber Fisher](#) at 515/283/9366.

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Stimulus Bill Includes Provision Favorable to Hospice

On January 16, the U.S. House of Representatives released their proposed American Recovery and

Reinvestment Act, widely known as the “stimulus bill.” The plan included a provision to halt the elimination of the budget neutrality adjustment factor (BNAF) for one year, retroactive to October 1, 2008. NHPCO, the Alliance for Care at the End of Life, and thousands of hospice advocates around the nation have been working since last April to get Congress to intervene with such a delay. The House action on this issue is a direct result of grassroots hospice advocacy.

Keep in mind this is just step one in a complicated legislative process. NHPCO and The Alliance are currently working with hospice champions in the Senate to ensure that the hospice provision is in its version of the legislation. Then, both bills will need to be passed and any differences between the two worked out in a conference committee. Stay tuned for further calls to action regarding this bill.

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MedPAC Makes 2010 Payment Recommendations

The Medicare Payment Advisory Commission (MedPAC) met January 8-9 and made recommendations for next year’s payment adjustments and took action on the following items:

For Medicare hospice payments, commissioners voted to recommend sweeping changes to the hospice benefit. These recommendations ask Congress to adopt payment system reforms, actions that can be taken to improve accountability in the hospice benefit and additional data needs. Specifically:

MedPAC recommended changes to the Medicare payment system to:

- Relatively higher payments per day at the beginning of the episode and relatively lower payments per day as the length of stay increases.
- Include a relatively higher payment for the costs associated with patient death at the end of the episode.
- Implement the payment system changes in 2013, with a brief transition period.

These payment system changes should be implemented in a budget-neutral manner in the first year.

MedPAC recommended Congress to direct the secretary to:

- Require that a hospice physician or advanced practice nurse visit the patient to determine continued eligibility at 180 days and at each subsequent recertification, and attest that such visit took place.
- Require that certifications and recertifications include a brief narrative describing the clinical basis for the patient’s prognosis.
- Require that all stays in excess of 180 days be reviewed by the applicable medical director of the Medicare claims processing contractor for hospices for which stays exceeding 180 days make up 40 percent or more of their total cases.

MedPAC recommended the Office of Inspector General investigate:

- The prevalence of financial relations between hospices and long-term care facilities, such as nursing facilities and assisted living facilities, that may represent a conflict of interest and influence admissions to hospice.
- Differences in patterns of nursing home referrals to hospice.
- The appropriateness of enrollment practices for hospices with unusual utilization patterns (e.g., high frequency of very long stays, very short stays or enrolment of patients discharged from other hospices).
- The appropriateness of hospice marketing materials and other admissions practices.

To access the meeting transcripts, visit the [MedPAC Web site](#).

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Iowa Ranks 10th in Hospital Palliative Care Study

The Center to Advance Palliative Care (CAPC) has issued a report card that gives the nation an overall grade of C for access to hospital palliative care. Although half of the 50 states received a grade of A or B, almost 40 percent get a grade of C, and more than 20 percent receive grades of D and F. Only three states earned a grade of A. Iowa was among the “B” states and ranked 10th overall in the study.

CAPC found that hospital-based palliative care programs were most lacking in southern states and among small, public and for-profit hospitals. According to the study, 70 percent of Iowa’s mid-size and larger hospitals (at least 50 beds) have palliative care programs, but only 30 percent of the state’s small hospitals have programs. Nationally, about 20 percent of small hospitals offer palliative care.

The study suggests that in states with more palliative care programs, patients are less likely to die in the hospital; don’t have to go to the intensive care unit as much in the last six months of life; and spend fewer days in intensive care or the coronary unit in the last six months of their lives.

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DHS Releases Correction to Annual Update of Hospice Rates

On January 21 the Department of Human Services released an Informational Letter correcting technical errors which appeared in the Annual Update of Hospice Rates released on November 26, 2008. This correction is effective October 1, 2008, and adjustments will be made for all hospice claims paid, retroactively back to October 1, 2008.

The complete letter is included as an attachment.

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Cahaba News

Changes to Duplicate Remittance Requests Policy

According to the Medicare Claims Processing Manual (Pub. 100-04, Ch. 22, §10) the Centers for Medicare & Medicaid Services (CMS) allows contractors to charge for generating and mailing duplicate remittance advice (both electronic and paper) to recoup costs when generated at the request of a provider or any entity working on behalf of the provider.

Effective February 1, 2009, when a provider requests a copy of a remittance advice (electronic or paper), Cahaba will charge \$5.00 for each copy. Requests will be completed within 45 business days of receipt. Requests must be submitted using the “Request for Duplicate Remittance Advice” form, which is available at https://www.cahabagba.com/rhhi/forms/remit_dup.pdf on our Web site. Return this form and your check payable to “Cahaba GBA” to the address provided on the form.

Note: Remember that an electronic remittance advice (ERA) file is available to download for 45 days. If necessary, you may request the ERA to be made available in your mailbox for another 45 days; however, after the second 45 days, the ERA file is no longer available.

Register Now for the Upcoming Ask-the-Contractor Event

Are you overwhelmed by Medicare questions? Before you pick up the phone and call Cahaba, register for the "*Minimize Your Time in the Medicare Question Check-Out Aisle Ask-the-Contractor Teleconference (ACT)*", which will:

- Identify the Medicare questions most asked by home health and hospice providers;
- Provide access to resources to assist in resolving these issues, thereby reducing your need to call Cahaba for assistance;
- Give "live links" to the resources discussed, so that these can be bookmarked for future reference;
- Present an overview of the Centers for Medicare & Medicaid Services (CMS) requirements for handling provider-submitted questions.

The ACT will be held on Wednesday, February 11, 2009 from 1:00 to 2:00 pm (Central Time). For more information or to register online, [click here](#).

Medicare Administrative Contractor (MAC) Announcement

Below are portions of a statement released by Cahaba, GBA regarding the transfer of MAC functions from Cahaba to Highmark Medicare Services. If you have questions, please contact the Cahaba Provider Contact Center at 866-539-5592.

The Centers for Medicare & Medicaid Services (CMS) announced contract awards for all remaining Cycle Two Part A and Part B (A/B) Medicare Administrative Contractor (MAC) jurisdictions on January 7, 2009. One of those jurisdictions, Jurisdiction 15 (J15), includes states in which Cahaba currently serves as the primary Regional Home Health Intermediary (RHHI). Jurisdiction 15 was awarded to Highmark Medicare Services (Highmark). Jurisdiction 15 includes home health and hospice workload for the states of Colorado, Delaware, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming, as well as the District of Columbia.

Cahaba will work closely with the incoming contractors throughout the transition process to ensure a smooth transfer of business functions for our current home health and hospice providers. Until the transition to MAC is complete, Cahaba will continue to serve as your Intermediary, maintaining the same level of service to our provider community.

For more information about this announcement, refer to the January 7, 2009, CMS Press Release, [available here](#). More information about Medicare Contracting Reform is [available here](#).

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Alabama Hospice Company Agrees to Settlement

By JAY REEVES – January 16, 2009

BIRMINGHAM, Ala. (AP) — An Alabama hospice company that cares for terminally ill patients in 15 states said it will pay \$24.7 million to settle allegations that it submitted false reimbursement claims to the federal government.

The privately owned SouthernCare Inc. said Thursday it reached the agreement with the Justice Department in lawsuits filed in 2005 after two employees exposed the practice. The workers will receive nearly \$5 million under a federal law that lets whistleblowers share in the settlement.

Federal investigators said the company, which has nearly 100 locations that treat about 5,000 people daily, charged Medicare and ultimately taxpayers for patients who didn't qualify for the coverage.

"Our investigation showed a pattern and practice to falsely admit patients to hospice care who did not qualify and to bill Medicare for that care," U.S. Attorney Alice Martin said in a statement.

Patients who have six months or less to live can receive Medicare-funded hospice care under

government rules. But the government accused SouthernCare of submitting claims for patients who did not meet those requirements.

A company statement said SouthernCare did not admit wrongdoing and remains eligible for government reimbursements. Besides the payment, the company said it agreed to enhanced government oversight for five years.

"We are pleased to put this matter to rest so we can focus on what we do best — serving patients and families with compassion and dignity — rather than remain tangled in protracted legal issues," CEO Michael J. Pardy said in a statement.

Besides Alabama, SouthernCare has locations in mostly rural areas of Georgia, Indiana, Iowa, Kansas, Louisiana, Michigan, Mississippi, Missouri, Ohio, Pennsylvania, South Carolina, Texas, Virginia and Wisconsin.

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