



HPCAI

LEGISLATIVE UPDATE

April 9, 2010

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Legislature Adjourns

The Iowa General Assembly adjourned on Tuesday, March 30 finishing their work in 79 days, one day ahead of their self-imposed accelerated time schedule of 80 days. Prior to adjourning, the legislature approved a \$6 billion state budget, a government reorganization bill, and numerous other policy bills.

HPCAI had a very successful year achieving all things on the 2010 legislative agenda.

- **Medicaid:** The legislature made no cuts to eligibility, benefits or services within the Iowa Medicaid program preserving access for Medicaid members to a hospice benefit for another year.
- **End-of-Life Care Decisions:** The legislature approved a 2-year extension and modest expansion of the physician order for scope of treatment (IPOST) pilot program in Linn County as supported by HPCAI. An IPOST allows a patient to discuss their wishes with their physician and have them executed with a medical order that travels with the patient. This order insures that the patient's wishes have been clearly communicated in medical terms so that medical providers in a nursing facility to a hospital emergency department understand and follow the patient's desires. These forms allow patients to select extraordinary and invasive measures or comfort care, or any combination thereof. Hospice members in Linn County have been very involved in the creation of this pilot program. Consistent with HPCAI's vision to have Iowans seek end-of-life care appropriate for their needs and have access to quality hospice and palliative care consistent with their individual desires and values, HPCAI supports the IPOST movement in Iowa.
- **Pain Management:** HPCAI resisted efforts to restrict access to pain management services through scope of practice changes.

HPCAI will provide members with a *Legislative Summary* providing a detailed analysis of the 2010 legislative session activity. For those members interested in keeping in contact with legislators over

the interim, HPCAI has posted a new [legislative directory](#) in the Advocacy section of the HPCAI web site.

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HPCAI Seeks Presentations for Fall Conference

Have you heard a great hospice or palliative care related speaker recently? Do you have a question you've always wanted answered? Does your hospice have a successful initiative or program you would like to share? This is your opportunity to ensure topics you are interested in are covered at the HPCAI Fall Conference.

The 2010 Fall Conference Call for Presentations was sent out early in March, it also is attached to this issue of the *Update*. Please review the Call for Presentations and either complete the application form or pass it on to someone you think would make a great presenter. The form is available in an electronic version as well as a downloadable PDF on the opening page of the [HPCAI Web site](#).

Deadline: The deadline to submit an application is **Friday, May 7, 2010**.

Questions: Contact [Stacey Nay](#), HPCAI Director of Education, 515.243.1046.

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Virtual D.C. Hill Day

Not going to D.C. this April? Then take advantage of an opportunity to storm the hill virtually this year with NHPCO's Virtual Hill Day April 21.

Participants will see the same pep rally at 10:00 a.m. as those who traveled to D.C., featuring remarks from Congressional hospice champions. After the pep rally, advocates will be encouraged to call their Congressional delegation using the same talking points as those in D.C.

[Click here](#) for more information on NHPCO's Virtual Hill Day. Participants will need to be registered with the NHPCO Legislative Action Center to receive all necessary information.

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CMS Announces Upcoming Calls

Open Door Forum Call

The next CMS Home Health, Hospice & DME Open Door Forum is scheduled for **Wednesday, April 14** beginning at 4:00 pm Central Time. Participants are asked to dial-in at least 15 minutes prior to call start time. The phone conference leaders will be Lori Anderson, Nancy O'Connor and Natalie Highsmith.

To participate by phone: **Dial 1-800-837-1935 & Reference Conference ID: 61772075**. Those participating by phone are not required to RSVP. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

If you are not able to participate in the live call, an audio recording of this call will be available. The recording can be accessed by dialing 1-800-642-1687 and entering the Conference ID# 61772075, beginning 2 hours after the call ends and will expire after 3 business days.

Nationwide RAC Calls

Earlier this week, the Centers for Medicare and Medicaid Services (CMS) announced it will hold a series of nationwide teleconferences on the Recovery Audit Contractor (RAC) program. The calls

will provide an opportunity for participants to ask CMS questions about the RAC program. **The teleconference for Home Health and Hospice Providers is scheduled for May 4, 2010 from Noon-1:30 p.m. CST**, and participants can dial **1.877.251.0301** to participate.

Calls for other providers are scheduled as follows:

April 28, 2010 Noon - 1:30 p.m. CST: Nationwide RAC 101 Call, 1.877.251.0301

May 5, 2010 Noon - 1:30 p.m. CST: Nationwide RAC 101 Call for DMEPOS, 1.877.251.0301

May 12, 2010 Noon - 1:30 p.m. CST: Nationwide RAC 101 Call for Physicians, 1.877.251.0301

For more information, please visit <http://www.cms.gov/RAC/>.

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First Steps in Implementing Health Care Reform

Now that health reform legislation has passed both the House and the Senate and the president has signed the bills into law, the Centers for Medicare and Medicaid Services (CMS) has been given a lot of authority to interpret and implement the new law. CMS is working to expeditiously implement the legislation beginning with provisions that have the earliest effective dates, and has recently released instructions to its contractors to begin implementation of some provisions in the new law that involve providers. Many hospice provisions, however, are not effective immediately and therefore, many details remain unknown at this time but HPCAI will alert members as soon as additional implementation information becomes available.

To recap, below are highlights of the end-of-life care provisions that are now the law of the land:

Market Basket Cuts & Productivity - Incorporates a productivity adjustment reduction into the market basket update beginning in fiscal year 2013, as well as a market basket reduction of .3 percent for hospice providers from fiscal years 2013-2019. These cuts will not take effect until FY 2013.

Hospice Payment Reforms – (1) This provision would require the Secretary to collect data and update Medicare hospice claims forms and cost reports by 2011. (2) Based on this information, the Secretary would be required to “implement revisions to the methodology for determining the payment rates for routine home care and other services included in hospice care” no earlier than FY 2013. (3) After January 1, 2011, a hospice physician or nurse practitioner must have a face-to-face encounter with each hospice patient to determine continued eligibility for hospice care prior to the 180th-day recertification and each subsequent recertification, and attest that such visit took place. In addition, the Secretary will medically review certain patients in hospices with high percentages of long-stay patients.

Medicare Hospice Concurrent Care Demonstration Program - Directs the HHS Secretary to establish a three-year demonstration program that would allow patients who are eligible for hospice care to also receive all other Medicare covered services while receiving hospice care. The demonstration would be conducted in up to 15 hospice programs in both rural and urban areas and would undergo an independent evaluation of its impact on patient care, quality of life and spending in the Medicare program.

Curative and Palliative Care for Children in Medicaid and CHIP - Effective in 2013, this provision allows children who are enrolled in either Medicaid or CHIP to receive hospice services without foregoing curative treatment related to a terminal illness.

Independent Payment Advisory Board - Creates an Independent Payment Advisory Board (IPAB) tasked with presenting Congress with comprehensive proposals to reduce excess cost growth and improve quality of care for Medicare beneficiaries as well as the private health system. When Medicare costs are projected to be unsustainable, the Board’s proposals will take effect unless Congress passes an alternative measure that achieves the same level of savings. Congress would be

allowed to consider an alternative provision on a fast-track basis. Requires the Board to make non-binding Medicare recommendations to Congress in years in which Medicare growth is below the targeted growth rate. Beginning in 2020, requires the Board to make binding biennial recommendations to Congress if the growth in overall health spending exceeds growth in Medicare spending. **Hospice is exempt from IPAB's recommendations through 2019.**

Hospice Value Based Purchasing/Promoting High Value Health Care - Provides the Secretary of HHS the authority to test value-based purchasing programs for long-term care providers, including hospice providers, no later than January 1, 2016.

Quality Reporting - Requires hospice to report on quality measures determined by the Secretary (endorsed by the new quality measure consensus-based entity) or face a 2 percent reduction in their market basket update. Measures published in 2012 for reporting to begin in 2014.

Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-Term Care Facilities and Providers - Establishes a national program for long-term care facilities and providers to conduct screening, criminal and other background checks on prospective direct access patient employees.

Advancing Research and Treatment for Pain Care Management - Authorizes an Institute of Medicine Conference on Pain Care to evaluate the adequacy of pain assessment, treatment, and management; identify and address barriers to appropriate pain care; increase awareness; and report to Congress on findings and recommendations. Also authorizes the Pain Consortium at the National Institutes of Health to enhance and coordinate clinical research on pain causes and treatments. Establishes a grant program to improve health professionals' ability to assess and appropriately treat pain.

Education and training programs in pain care - Secretary may make grants available to hospices and others to develop and implement pain care education and training programs for health care professionals.

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Obama to Nominate Dr. Donald Berwick to Head CMS

The Obama Administration has made known its intent to nominate Dr. Donald Berwick as Administrator of the Centers for Medicare & Medicaid Services (CMS). The top post has been filled by an interim administrator for more than a year.

Berwick is a clinical professor of pediatrics and health policy management at Harvard and he practices at both Boston's Children's Hospital and Massachusetts General Hospital. In 1991, he launched the Institute for Healthcare Improvement, a Boston-based nonprofit helping lead the improvement of health care quality.

Iowa Senator Charles Grassley, ranking member of the Senate Finance committee, which holds jurisdiction over CMS, has already pledged that Berwick will be closely vetted.

"This is always a big job, but the administration of health care reform, which includes implementing the hundreds of billions of dollars in Medicare cuts and the biggest expansion of Medicaid in its history, will make it more challenging than ever," Grassley said in a press statement. "The Finance Committee vetting will need to explore the nominee's preparedness for the enormous challenges that face the agency."

With the recent passage of health care reform legislation, the job at CMS is certainly not business-as-usual. The legislation contains hundreds of provisions that will move through the agency's regulatory process during the implementation phase of the reform bill over the next several years.

Once the White House files its formal nomination with Congress, the confirmation process will begin. Presidential nominations to federal agencies must be confirmed by the Senate, and will require 60 votes to approve.

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HPCAI Calendar

- **April 13, 1:00 – 3:00 p.m.**
District 4 Meeting
Atlantic Home Care and Hospice office
- **November 2 – 3**
HPCAI Fall Conference
Scheman Building, Iowa State Center, Ames

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

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