



HPCAIA Update

Bi-weekly News for Hospice Professionals in Iowa

June 4, 2010

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Nursing Facility Medicaid Assessment & Hospice

HPCAIA has received many inquiries regarding the upcoming implementation of the nursing facility provider assessment which does not incorporate hospice beds, thus creating a lower reimbursement from Medicaid for hospice patients.

HPCAIA has sent Iowa Medicaid correspondence raising concerns about this potential disincentive for nursing facilities to care for hospice patients and will evaluate next steps once Medicaid responds. HPCAIA will keep members updated on any additional developments; please direct questions on this issue to [Shannon Strickler](#) at HPCAIA.

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Hospice Payment Reform Data Needed Now

Is your hospice concerned about dwindling reimbursement and rising expenses? Then make a commitment today to submit your agency's data in what's being called the Moran Project.

In response to impending work on hospice reimbursement reform that is now required as a part of the new health care reform law requiring CMS to initiate hospice payment reform no earlier than 2013, NHPCO has retained The Moran Company (a health care research and consulting firm specializing in payment reform) to conduct a data collection and assessment project on behalf of the hospice and palliative care field.

The data collected in this effort will allow the hospice industry to develop and present CMS and MedPAC with alternative payment reform models that fairly reimburse hospices as well as evaluate and model CMS proposals.

Although the data collection began four months ago few hospice providers have submitted data. NHPCO needs hospices of all sizes, types, and from all areas of the country to submit data to have a complete data set to be utilized to make payment methodology recommendations for the entire hospice industry.

To date, very few Iowa hospices have submitted data. Iowa hospices are all encouraged to submit

data as soon as possible so that the Iowa experience is clearly represented in the data. With the most substantial hospice payment changes pending since the implementation of the Medicare hospice benefit, it is imperative that hospices provide comprehensive, patient level data for analysis.

The project is currently working with the following vendors to simplify the data pull:

- Allscripts;
- Cerner BeyondNow Homecare
- Consolo Services
- Delta Health Technologies, LLC
- Homecare Homebase
- HPMS
- McKesson
- mumms®
- Suncoast Solutions

Submission steps for clients of these vendors are pasted below. Also attached to this week's Update is the [hospice survey](#) that can be used by small hospices that are not yet using a software vendor. Note, hospices that choose to just submit their hospice-level data must also submit a Data Use Agreement. Please don't bypass this important opportunity to provide data. Without it, the revised hospice payment system may be skewed and not adequately represent the Iowa and rural experience.

Steps for clients of vendors participating with NHPCO Moran Project

Complete a Data Use Agreement and return it to The Moran Company

Print and complete a copy of The Moran Company Data Use Agreement. This document provides hospices with information about The Moran Company's data policies, and also allows hospices to determine if they want their name to remain anonymous throughout this process. You can return your document via email or fax to Amanda Forys at The Moran Company (aaforys@themorancompany.com or FAX: 703.465.9969).

Complete a hospice-level survey (Excel tool)

Once you have sent in your Data Use Agreement, please complete an Excel-based hospice survey, which asks for operational and financial information about your company by Medicare Provider Number. Please return your completed survey to Amanda Forys (aaforys@themorancompany.com).

Provide patient-level data to The Moran Company

Once The Moran Company has received your information, they will notify your software vendor about your participation. If you are a client of Consolo Services or mumms® and you have given your approval to the vendor, your data will be sent directly from your vendor to The Moran Company as these companies have data warehouses for their clients. If you are a customer of Allscripts, Cerner BeyondNow, or Suncoast Solutions, you will receive instructions from your vendor on how to download a standardized report and send it to The Moran Company.

A Note About Confidentiality

NHPCO will never see your hospice-specific data nor will the data be released to any government agency—only aggregated results will be included in the reports produced by The Moran Company. The Moran Company has an agreement with CMS for the highest level of security for data and is completely HIPAA compliant. If, despite these security measures, you prefer to submit your data anonymously, you may do so. *The key is to submit!*

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Still Time to Register for Special Topics Conference

The current regulatory environment and health care reform have everyone concerned about the future. The best use of data available to you can help ease those concerns. The 2010 Special Topics Conference – Hospice Data: Trends and Opportunities – is just the answer you are looking for.

Two morning speakers will focus on data presentations. Cordt Kassner with Hospice Analytics, Inc. will provide an in-depth look at Medicare hospice data and how you can use this data to increase access to hospice. Roger Herr with OCS Homecare will review the statewide Iowa QAPI Snapshot data and identify benchmarks and trends in QAPI data.

The afternoon will feature two HPCAI favorites. Judi Lund Person, vice president of Compliance and Regulatory Leadership at the National Hospice and Palliative Care Organization will cover regulatory changes and what is ahead for hospice in light of the health care reform bill. Annette Lee with Cahaba GBA will review various aspects of the Medicare hospice benefit, including a discussion of how medical review works, the most common reasons for Medicare denial of benefits and ways to avoid denials.

The conference, to be held June 24 at the Kelley Conference Room at Iowa Methodist Medical Center in Des Moines, will offer 0.75 hours of Nursing CEUs. [Click here to register online](#). To review a detailed brochure, [click here](#).

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Member News

Hospice of Dubuque has moved. Their new address is: 1670 John F. Kennedy Rd., Dubuque, IA 52002. The phone number is still 563.582.1220 and fax number is still 563.582.8089.

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Gentiva to buy Odyssey HealthCare for approximately \$1 billion

Home health company Gentiva Health Services said it has entered a definitive agreement to acquire hospice provider Odyssey HealthCare, Dallas, for approximately \$1 billion in an all-cash transaction.

The deal, which Gentiva's board of directors approved unanimously, is subject to closing conditions and expected to close in the third quarter. Atlanta-based Gentiva said it expects to raise about \$1.1 billion in new debt financing to fund the purchase price and to refinance existing debt.

“We are delighted to welcome the Odyssey employees to the Gentiva family,” Gentiva CEO and President Tony Strange said in a news release about the deal. “The combination of the two companies clearly positions us as a leader in both home health and hospice care in the United States. The two companies share similar geography between Gentiva's home health operations and Odyssey's hospice operations, with very little overlap between the two companies' hospice programs,” he added. “We believe that Odyssey is the nation's premiere hospice provider and we are excited to partner with an organization that shares our commitment to quality patient care.”

Based on the two companies' continuing operations in 2009, Gentiva said it expects more than \$1.8 billion in annual revenue, with 60% of that from home health and the remaining 40% from hospice revenue. ([Modern Healthcare.com](#), Posted: May 24, 2010)

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Hospice News Network

Guideline for Withdrawal of Life-Sustaining Therapies Discussed

Staff from the Institute of Palliative Medicine at the San Diego Hospice have written a letter to the editor of the *Journal of Palliative Medicine* detailing a guideline for the withdrawal of life-sustaining

treatment for patients in home under hospice care. The guideline is based on the authors' experience in their inpatient center, homes and local hospitals.

Major challenges of such an action include: 1) Clarifying the goals of care before a patient is moved home and life-support therapy withdrawal (LSTW) occurs; 2) Establishing communication between the Institute and the referring facility and the Institute and the family decision-makers; 3) Addressing cultural and spiritual needs; and 4) Ensuring that a palliative medicine physician is present during LSTW.

The guideline includes samples of documentation, language for communication, and supply checklists (which can be provided upon request from the authors). The guideline includes four main steps.

- 1) Assessment, information-sharing, and goal-setting process. This includes collecting medical information, assessing the patient's ability to make decisions, a family meeting, goal setting, explaining hospice, planning for religious rituals, and scheduling the LSTW.
- 2) The second step is care planning, which includes check lists that help standardize the procedures. Members of the interdisciplinary group are maintained for each patient, providing continuity of care and consistent communication. The patient is admitted to hospice, and the admission nurse and the palliative care physician prepare a list of needed medications and equipment. There is discussion of withholding nutrition and hydration (prior to LSTW) to prevent excess secretions. A final planning meeting is held the day before the procedure.
- 3) The third step is determining the activities of the care planner on the day of the procedure. This includes coordinating transportation, reconfirming roles that each person will play, introducing the team to the family, and preparing for documentation of the process. The palliative care physician also reconfirms prior discussions and decisions by the patient, family, and/or proxy. At the time of the procedure, a limited time is provided for last goodbyes and any desired rituals before the LSTW is conducted.
- 4) The final step is follow-up, which includes a secondary team which will care for the patient if he or she survives removal of the life support. Debriefing for the interdisciplinary team is "essential for process evaluation and emotional support for the team members."

According to the authors, the development of this guideline has greatly enhanced coordination and trust among the IDT, and family and staff satisfaction has been high. ([Journal of Palliative Medicine, 2010,13\(5\):491-492](#))

CMS Issues Guide

CMS has issued the [Innovator's Guide to Navigating Medicare](#). The booklet is designed to assist stakeholders in understanding the processes used to determine coverage, coding, and payment for new technologies under the Medicare fee-for-service program. The guide is only a general summary, and readers should review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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

- **June 8, 10 a.m.**

HPCAI Board Meeting

HPCAI Board Room, Des Moines

- **June 8, Noon**

- HPCAI Hospice Residence Networking Group**

- HPCAI Education Center, Des Moines

- **June 18, 10:00 a.m. – 1:00 p.m.**

- HPCAI Advocacy Committee**

- HPCAI Board Room, Des Moines

- **June 24**

- [Special Topics Conference – Hospice Data: Trends and Opportunities](#)**

- Kelley Conference Room, Iowa Methodist Medical Center, Des Moines

- **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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