



HPCAIA Update

Bi-weekly News for Hospice Professionals in Iowa

September 11, 2009

HPCAIA Fall Conference Just Around the Corner

HPCAIA Board Meets

QAPI Snapshot Webinar Examining the Annual Report Data Set for Sept. 28

Two OIG Reports on Hospice Released this Week – Attention to Compliance Issues is Needed

Grassley Staff Meets with HPCAIA Board

President Outlines Health Care Reform Plan to Congress

Harkin to Chair HELP Committee

Cahaba Hospice Advisory Group Meets

Iowa Hospice Leaders Urged to Join NHPCO Committees – Deadline is October 16

Cahaba News

National Palliative Care Research Center Announces Grant Opportunity

HPCAIA Calendar

HPCAIA Fall Conference Just Around the Corner

Mark your calendars now for October 27 – 29, 2009 and plan to attend the HPCAIA Fall Conference at the Scheman Building in Ames. The 2009 Fall Conference offers three general sessions, 24 breakout sessions and a pre-conference workshop, along with the trade show and many excellent networking opportunities.

Fall Conference brochures will hit your mailboxes very soon, and a preview is attached to this issue of the *Update*. [Register online here](#).

Honored Volunteer Recognition

Due to the success of last year's event, the Honored Volunteer Recognition Ceremony will again be held at Hilton Coliseum. This very special recognition will feature Mike Pace as the emcee and a special thank you message for our volunteers from motivational speaker Steve Siemens. The ceremony is Thursday, October 29 from 11:15 am to 12:30 pm.

Honored volunteer nomination information and forms went out in the mail in August, and are attached to this issue of the *Update*.

Keynote Speakers and Education Sessions

The 2009 Fall Conference will feature three keynote speakers. Kicking things off on Wednesday, October 28 will be Dr. Moses Altsech, professor of marketing at Edgewood College in Madison, WI. Dr. Altsech has worked extensively with hospices in Wisconsin and Minnesota and has created a Strategic Marketing Toolkit. His keynote and education session will help you focus your efforts on

marketing and branding your hospice.

Other education sessions on Wednesday will include RAC Readiness, a session by NHPCO President Don Schumacher on health care reform and how it will impact hospice and palliative care, fundraising strategies for hospice and palliative care organizations, and alternative pain management options.

Thursday's opening keynote will focus on partnering with long-term care facilities. Dr. Daniel Maison, chief medical officer of Treasure Coast Hospice in Stuart, FL will discuss strategies to help foster the essential partnerships between hospice and palliative care organizations and long-term care facilities to provide the best possible care for patients. Other education sessions on Thursday include pet therapy, advocacy 101, palliative care decision-making and critical conversations.

The closing keynote will be presented by Steve Siemens. He will focus on "Staying UP in an Upside Down World" and send everyone back to their communities to face life with excellence, passion and enthusiasm.

This is definitely a Fall Conference you don't want to miss! If you have any questions regarding the 2009 HPCAI Fall Conference, please contact [Stacey Nay](#) at 515-243-1046.

[Top](#)

HPCAI Board Meets

The HPCAI Board met Sept. 2 at the HPCAI office. Discussion and action of the Board included:

- Welcomed HPCAI district chairs and representatives in attendance: Mary Keen – Dist. 5, Dixie Kavars – Dist. 2, Lana Teeples – Dist. 1, and Faye Petersen – Dist. 7.
- Received a briefing from Shannon Strickler on the state budget, RACs and a Medicaid work group. Ms. Strickler also provided an overview of federal health reform activities and legislation proposed by the House as well as the Senate Finance Committee's framework.
- Received a briefing by Mike Park, Health Policy Counsel for Medicare Part A for Senator Grassley, regarding hospice and health care reform. Discussed concerns of Iowa hospices as well as information about specific efforts across Iowa to improve EOL care. (see article in this *Update*)
- Received a report from Board President Chris Oleson regarding a hospice data work group meeting. Discussed critical need for meaningful hospice data for advocacy. Reviewed a draft survey and discussed distribution. Ms. Oleson will represent HPCAI at an upcoming hospice-veterans partnership meeting in Iowa City.
- Received a report from Executive Director Becky Anthony reviewing feedback from the membership survey and update on Cahaba hospice advisory group conference call. (see article in this *Update*)
- Education committee chair Joel Fry reviewed fall conference planning and discussed ideas for 2010.
- Received updates from Board members leading activities of the Hospice Residence Networking Group and Palliative Care Networking Group.
- Received the July financial report from Cindy Schultz showing performance ahead of budget to date. Received an update on the performance of the Association's investment portfolio and confirmed the current investment policy.
- Received written reports from HPCAI District 1.
- Learned that due to a recent policy change adopted by NHPCO, Joel Fry's nomination as a candidate for the Central Plains Geographic Area representative to the NHPCO Board was not approved by the NHPCO Governance Committee.

Following the meeting, the HPCAI Board conducted its annual planning session. The proposed updates and changes to the strategic plan will be reviewed in an upcoming Executive Committee

meeting and formally approved at the December Board meeting.

[Top](#)

QAPI Snapshot Webinar Examining the Annual Report Data Set for Sept. 28

A webinar interpreting the annual report and highlighting key outcomes and opportunities as revealed by the QAPI Snapshot program is set for 1:00 pm on Sept. 28. Currently two dozen HPCAI member hospices participate in the OCS/HPCAI program.

QAPI Snapshot is a statewide quality assurance, data collection, reporting and analysis program available exclusively to HPCAI members. For more than three years, QAPI Snapshot has been the only comprehensive quality reporting and QAPI compliance program in the nation. Having partnered with OCS, Inc., HPCAI is now able to offer this program to member agencies at a reduced price and with state specific quality measures.

Program presenters are Roger Herr, PT, MPA, COS-C, Hospice Product Manager OCS, with more than 20 years in home health and hospice, as a provider, manager, special program developer, site visitor, and consultant. Roger has worked with freestanding, hospital-based and corporate organizations across the country. In addition to his work at OCS representing hospice benchmarking reports, Roger is active in several National Quality Forum and Centers for Medicaid and Medicare (CMS) technical expert panels.

To register, click on this [online registration link](#).

If you have any questions or would like additional information, please contact Becky Anthony at anthonyb@ihaonline.org.

[Top](#)

Two OIG Reports on Hospice Released this Week – Attention to Compliance Issues is Needed

The Department of Health and Human Services Office of the Inspector General (OIG) issued this week the final two reports in a series of four, which reviewed the hospice benefit for residents of nursing facilities. The study used a sample of 470 claim forms from 2006.

The first report is linked here: [Medicare Hospice Care for Beneficiaries in Nursing Facilities: Compliance with Medicare Coverage Requirements](#)

Findings Highlighted in the Report

- Eighty-two percent of hospice claims for beneficiaries in nursing facilities did not meet at least one Medicare coverage requirement.
- Thirty-three percent of claims did not meet election requirements.
- Sixty-three percent of claims did not meet plan of care requirements.
- For 31 percent of claims, hospices provided fewer services than outlined in beneficiaries' plans of care.
- Four percent of claims did not meet certification of terminal illness requirements.

Recommendations

Educate hospices about the coverage requirements and their importance in ensuring quality of care. CMS should educate hospices about the coverage requirements, particularly for election statements, plans of care and their review, and certifications of terminal illness. It should pay particular attention to not-for-profit hospices, given the higher rate at which their claims did not meet requirements.

Provide tools and guidance to hospices to help them meet the coverage requirements. These tools should include clear and specific instructions, such as model text for election statements, a checklist of items that must be in the plans of care, and guidance on complying with the certification of terminal illness regulations.

Strengthen its monitoring practices regarding hospice claims. CMS should effectively use targeted medical reviews and other oversight mechanisms to improve hospice performance and compliance with Medicare requirements, especially with respect to establishing plans of care and providing services that are consistent with these plans of care. Additionally, as we recommended in a previous report, CMS should conduct more frequent certification surveys of hospices as a way to enforce the requirements.

The second report is linked here: [Medicare Hospice Care: Services Provided to Beneficiaries Residing in Nursing Facilities](#)

Please Note: NHPCO has added to its Web site a number of resources at www.nhpc.org/nursinghomes or within the Hospice Operations section of the NHPCO Regulatory Web site. There are some resources that are not password protected and are accessible for those agencies that are not NHPCO members.

[Top](#)

Grassley Staff Meets with HPCAI Board

Michael Park, Health Policy Counsel for Medicare Part A for Senator Grassley, met with the HPCAI board at the September 2 meeting. Park enunciated the need for better hospice data in order to facilitate payment changes, as has been a recommendation of the Medicare Payment Advisory Committee (MedPAC). He also stated that there is growing concern in D.C. based on Office of Inspector General (OIG) reports on hospice relationships with nursing facilities.

Park stated that the Senate Finance Committee and Congress has aimed to gear payment for quality rather than quantity. This has been implemented in other provider types and is the vision for hospice also. This transition will begin with the reporting of quality measures.

The Hospice Board enunciated the importance of advance care planning and highlighted the role that palliative care could play in the Medicare program. Furthermore, the board emphasized the fact that hospice providers should not be subject to any type of “productivity” cuts as proposed in the House health reform legislation due to the strong percentage of bedside care required by hospice care that cannot be made more efficient due to technology and due to the fact that Iowa hospices cannot afford additional payment cuts after implementation of the budget neutrality adjustment factor (BNAF) by CMS.

Mr. Park’s predictions are consistent with information released this week by Senator Max Baucus (D-Montana) who chairs the Senate Finance Committee with primary jurisdiction over health reform due to its responsibility for Medicare and Medicaid as well as taxation. Senator Baucus released a framework for the Senate Finance Committee’s health reform legislation which based on MedPAC recommendations requires CMS to update Medicare hospice claims forms and cost reports by 2011. Based on this information, CMS would be required to implement changes to the hospice payment system to improve payment accuracy and impose certain requirements on hospice providers designed to increase accountability in the Medicare hospice program.

In addition, the framework also states that it intends to place hospices on a similar path to hospitals for value-based purchasing by requiring CMS to implement quality measure reporting programs in 2011. Providers who do not participate in the quality reporting would be subject to a reduction in their annual market basket update. The Senate Finance Committee will begin to mark up the legislation with or without a bipartisan agreement.

[Top](#)

President Outlines Health Care Reform Plan to Congress

President Barack Obama sought to build consensus around three goals for health care reform during an address to a joint session of Congress this week. The president reiterated three goals: providing security and stability to those who have insurance; providing coverage to those who don't; and slowing the growth of health care costs. Obama emphasized that these goals are shared by both sides of the aisle and that they would benefit not only all Americans but also the economy as a whole.

The president outlined his plan to address each of these goals. To promote stability and security for Americans with health insurance, Obama proposed prohibiting insurance companies from excluding pre-existing conditions and setting arbitrary standards on the maximum amount of benefits an insured can receive under the health plan. The president's plan would also limit the amount of out-of-pocket expenditures for policies to protect Americans from bankruptcy.

The president proposed an insurance exchange beginning in four years to provide affordable coverage for the uninsured and emphasized the need for competition to drive down costs. The president also stated that individuals would be required to purchase coverage and those who cannot afford it would have assistance through sliding-scale tax credits. Furthermore, businesses would be required to either offer coverage for their employees or pay a penalty to cover the cost of the uninsured, but the president's plan would exempt 95 percent of small businesses.

Stressing that his guiding principle is that consumers do better when there is competition and that there is not enough competition in a majority of the states, the president addressed concerns related to proposals for a public option health plan within the exchange. He clarified that he supports a self-sufficient public option but is willing to consider other ideas to achieve the same goal, such as only implementing a public plan in areas without sufficient competition or implementing insurance co-ops or non-profit entities to fulfill the role of a public plan.

When addressing the \$900 billion cost of the plan, the president promised not to add to the deficit and stated most of the costs could be recovered from savings through efficiencies within the current system. Additional costs under the president's plan would be paid for by fees paid by the insurance companies for their most expensive plans.

In closing, the President emphasized the need for action now with a reference to a letter he received from the late Senator Ted Kennedy (D-MA), where Kennedy described health care reform as "above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country."

The Republican response by Congressman Charles Boustany, Jr., a surgeon from Louisiana, continued to strongly disagree with his support for a public option and called for Congress to start over with a bipartisan plan.

Only time will tell if President Obama's address will inspire support from the American public and action on health care reform yet this year. It is also unclear whether a bipartisan bill will be achieved.

[Top](#)

Harkin to Chair HELP Committee

Iowa Senator [Tom Harkin](#) will succeed Senator Edward Kennedy (D-Massachusetts) as chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee. Harkin, with 25 years of service in the Senate, was second in line for the committee chairmanship, but Senator Chris Dodd (D-Connecticut) declined the chairmanship in order to maintain his current chairmanship on the Senate Banking, Housing and Urban Affairs Committee.

With broad jurisdiction over the operation of health care, schools, employment and retirement

systems, the Senate HELP committee is the only committee besides the Senate Finance Committee, which has Iowa Senator [Chuck Grassley](#) as its ranking member, with jurisdiction over health care reform in the Senate.

In order to take charge of the Senate HELP committee, Senator Harkin had to give up his chairmanship of the Senate Agriculture, Nutrition and Forestry Committee. News reports suggest that Senator [Blanche Lincoln](#) (D-Arkansas) will succeed Harkin as chair of that committee.

[Top](#)

Cahaba Hospice Advisory Group Meets

The Hospice Advisory Group (HAG) met recently via conference call. Discussion and actions from the call included:

- An update on the status of the MAC transition. Cahaba will continue to perform all business functions as usual as the GAO evaluates a protest of the award of the contract for the region.
- The [new physician certification requirement](#) was discussed. Cahaba has now updated the current [sample "Certification" form on its Web site](#) to include the new physician statement.
- Data was distributed for RHHI telephone inquiries, claim submission errors (CSEs), and medical review denials and appeals. There was further discussion about a system issue generating reason code W7072. The group was informed that provider education was done via the [FISS Claims Processing Issues Web page](#), and should be resolved in September. Providers who experience this error can remove the physician charges so the claim can process, and then bill an add-on bill once the issue is resolved. Also, the state associations agreed to assist with the dissemination of the [Top Claim Submission Errors and How to Resolve Web page](#). This resource will assist with provider education with the objective of preventing and reducing CSEs.
- A provider education webinar on CR 6440 is set for September 22 and an article for the October Newslines is planned. To register for the webinar, [use this link](#).
- The CERT reports for November 2008 and May 2009 have been delayed. Hospices are encouraged to review the [Summary of Common Errors Identified by CERT Web page](#).
- Cahaba is using the ListServ to inform hospices regarding EDI changes that take effect September 30, 2009, which will prevent providers from submitting claims unless action is taken.
- Finally, based on feedback from the meeting a link has been added to the Medical Review page for the hospice probe edits and results. A link has been added to the "Prepayment Review" page, titled "[Widespread Probe Results](#)".

[Top](#)

Iowa Hospice Leaders Urged to Join NHPCO Committees – Deadline is October 16

NHPCO is now accepting applications for the *Ethics, Professional Education, Public Policy, Quality & Standards, Regulatory, and Research Committees*.

Committee membership is an excellent opportunity to provide insight and input from a Midwest or Iowa perspective. Any employee or volunteer of a provider member of NHPCO is eligible for committee service. In addition, individual members of the National Council of Hospice and Palliative Care Professionals may serve on a NHPCO committee.

Committee members will be appointed in December, with their three-year term beginning January 2010 and ending December of 2012.

Questions about committee service should be directed to NHPCO's Member Service team at 800-646-

6460 or committeeapplications@nhpco.org

To learn more about how you can contribute as a committee member visit the [Committees section of the NHPCO Web site](#), where you will find further information about NHPCO committees and the expectations of committee service.

Deadline: The call for committee service will be open through close of business Friday, October 16, 2009.

[Top](#)

Cahaba News

Upcoming educational events for hospice providers. For more information and to register to participate, please visit the [Web site](#).

9/22/2009, Noon – 1:30 p.m. – “Expanding Hospice Data Collection: Change Request 6440”

This Webinar will review the hospice billing changes mandated by Change Request (CR) 6440. This CR implements new hospice billing requirements including line item billing, and billing of therapy visits and social worker phone calls.

The registration deadline for this event is Thursday, September 17, 2009. For more details and to register, [click here](#).

Changes to HIPAA File Transfer Protocol (FTP) Script Affecting Electronic Data Interchange Functions

In an effort to comply with security requirements, Cahaba is upgrading the FTP server used for sending claim files and receiving electronic remittances and reports. As a result, the Cahaba HIPAA Scripts used to send and receive files will not work with the new server. This upgrade will be implemented September 30, 2009; therefore, providers need to take immediate action.

Home Health and Hospice PC-ACE Pro32™ (Medicare’s Free Software) Users – The current version of PC-Ace Pro 32, which uses HIPAA FTP scripts, will not work after September 30, 2009.

Therefore, providers who currently use PC-Ace Pro 32 to transmit claims and receive electronic remittances and reports, must download and install the upgraded PC-Ace Pro 32 version 2.14 no later than September 30, 2009, from the [Cahaba Web site](#).

Step-by-step instructions on performing the upgrade are available in the article, “Important Information for PC‐ACE Pro32™ Home Health & Hospice Users” which is available on the [Cahaba Web site](#).

All other Cahaba GBA Submitters

Providers who do not use PC-ACE Pro 32 to send claim files and receive electronic remittances and reports, must migrate to the new Secure FTP server no later than September 30, 2009. Providers are encouraged to transition to the new server prior to this date.

In addition to offering connectivity directly to the Enterprise Data Centers (EDC), both IVANS, Inc. and VisionShare can also provide access to Cahaba’s Secure FTP server for batch transactions.

IVANS, Inc. – Provides a direct connection to the Enterprise Data Center (EDC) for FISS (Part A) access and Cahaba’s FTP server for Part A and Part B EDI batch claims submission through AT&T Frame Relay, the Internet, or dial-up connection via modem. Multiple flat rate and hourly usage fee options are available.

Inside Sales Service: 1-800-548-2690

Technical Support: 1-800-548-2675

www.ivans.com/cahabaupgrade

VisionShare – Provides connectivity to the Enterprise Data Center (EDC) for FISS (Part A) access through your existing Internet connection and charges a flat fee for usage. Connectivity to the Cahaba FTP server for Part A and Part B EDI batch claims submission is also available via the Internet. Workstation, Internet Portal and Enterprise solutions available.

Sales/Customer Service: 1-888-895-2649

Technical Support: 1-612-460-4310

www.visionshareinc.com

Other clients have also been verified to work with Cahaba's new Secure FTP server and are listed under the "Required Protocol for Data Transmission" section of the "EDI Secure FTP Server Instructions" at the [Cahaba Web site](#) (pages 3 and 4).

Important Reminders

- Please share this information with your electronic data interchange (EDI) software vendor, billing service, clearinghouse or connectivity vendor. Your vendor will need to make changes to allow you to connect to the new server. The specifications for the new server are available on the [Cahaba Web site](#).
- If you are a current FTP user, you must change your password on the Secure FTP server the first time you connect. Refer to the instructions at the above link for details on how to change your password. This new password is for the new Secure FTP server and is not to be used with the Cahaba's HIPAA FTP Scripts.
- There is only one FTP Security assigned to a facility/submitter. If you have more than one person who sends files or downloads remits under your facility's submitter ID (i.e. IA00xxxx), you must share the new FTP password that is created by your office with all employees who need it.

If you have any questions or encounter any problems, please call EDI Services at (866) 839-2441 or send an email to iaediservices@cahabagba.com.

[Top](#)

National Palliative Care Research Center Announces Grant Opportunity

The [National Palliative Care Research Center](#) (NPCRC), is accepting Letters of Intent online for its pilot and exploratory project support grants and junior faculty career development awards in palliative care.

This call for applications is limited to applications that focus on palliative care research in one or more of three specific areas:

- Pain and symptom management
- Improving communication among health care providers, patients and their families
- Evaluating delivery models and systems of care for patients living with advanced illness and their families

The NPCRC has a 2-step application process. Qualifying applicants are required to first submit a Letter of Intent. Individuals selected for further consideration will receive an invitation from the NPCRC to submit a full proposal.

Letters of Intent are due November 1, 2009. To learn more and apply, visit www.npcrc.org

[Top](#)

HPCAI Calendar

- **September 17 & 18**
ELNEC Training, *King's Pointe Resort, Storm Lake (For more information contact Iowa Hospice at 515-276-6696.)*
- **September 23**
Parkin Memorial Lecture on Aging, Dr. Diane E. Meier, *University of Iowa, Iowa City*
- **October 14**
District 1, *Buena Vista Regional Medical Center, Kallmer Education Center, Rooms A & B, Storm Lake*
- **October 27**
HPCAI Fall Pre-Conference, *Gateway Hotel and Conference Center, Ames*
- **October 28 – 29**
HPCAI Fall Conference, *Scheman Building, Ames*
- **November 5**
District 3 Meeting, *Cedar Valley Hospice, Independence*

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

[Top](#)