NEWS
POLST -IL and IL-HPCO

Julie Goldstein, MD-POLST Taskforce Chair  and  Sarah Bealles, IL HPCO Chair

At the September Board of Directors Meeting a letter of agreement was signed between Illinois Hospice and Palliative Care organization and Illinois Practitioner Orders for Life Sustaining Treatment Taskforce. This collaborative effort has been organized to guide the development, acceptance, implementation and evaluation of Practitioner Orders for Life-Sustaining Treatment as a vital component of advance care planning for Illinoisans, in accordance with Illinois statutes.

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Legislative Update

by Betsy D. Mitchell, IL-HPCO Legislative Consultant

We want all legislators know about IL-HPCO. Think about how effective IL-HPCO would be if every legislator knew about hospice and palliative care. I serve to assist you with this task. Below are some tips on contacting your legislators. Never hesitate to contact me for advocacy training, introductions to legislators, or just help you find out who are your legislators. Contact me at Betsy@cook-witter.com

Fall is a great time to meet with your legislators. Here are some tips on contacting them:

**Be Prepared** - Know what you message you want to convey

**Find the Right Telephone Number** - There are numerous ways to find phone numbers. Use the State of Illinois Switchboard: 217-782-2000

**Find Your Legislator** - IL HPCO Website, [www.il-hpco.org](http://www.il-hpco.org), has a link where you can easily locate your legislative representative [http://www.elections.il.gov/districtlocator/addressfinder.aspx](http://www.elections.il.gov/districtlocator/addressfinder.aspx)

**Talk to Right Person** - Remember that telephone calls may be taken by a staff member, not the legislator. When asking a legislator to vote yes or no, you can share that with the person answering the phone. If you need to say more, ask to speak with the aide who handles the issue

**Identify Yourself** - State you name, address, and indicate that you are a constituent

**Be Brief and Concise** - Tell your story in a very concise and effective manner

**Always Say Thank You** - Thank the person answering the phone for his/her time. After a vote, call again or send a note to thank your legislator for their time.
HHS Final Rule on Non-Discrimination....

Implementation due October 16, 2016!

HHS issued the final rule on Non-Discrimination in Health Programs and Activities on May 13, 2016 with an implementation due date of October 16, 2016. The rule can be found on the federal register https://www.federalregister.gov/documents/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities

The goal of the rule is to protect patients and families from discrimination in health care based on race, color, national origin, age, disability sex, gender identity, pregnancy and sex stereotyping. What does this mean for hospice?

- Covered entities are required to file a form confirming their compliance with Section 1557
- Hospice must take reasonable steps to promote meaningful access to services for patients with limited English proficiency including translation and interpretative services if necessary. For example, develop a language access plan and contract with at least one interpreter services.
- Post non-discrimination information in conspicuous physical locations where you serve the public. Translations of a sample notice and taglines are available on the HHS website.
- If more than 15 employees, the hospice must designate an employee who is responsible for compliance with non-discrimination rules and setting up a grievance procedure.
- Significant publications and communications provided must also have taglines in the top non-English languages in your state. Small sized publications (postcards and trifolds) must have an abbreviated nondiscrimination statement and taglines in the top two non-English languages in the state.
- The rule has some flexibility based on size of the organization. You can find the top 15 languages are spoken in your service area through the US Census Bureau. http://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html

Mary Sheehan, RN, MSN, MBA, CEO   Joliet Area Community Hospice
HOSPICE TIPS from Palmetto

Hospice Tip: Election Information
A hospice provider needs to be sure the Hospice election information is submitted in the record for review by the CERT contractor. When submitting hospice election information, identify the particular hospice that will provide care to the individual.

Applies to:
JM Home Health and Hospice//Hospice

Hospices Reporting of Certain 'J' Code Drugs Returned to Provider (RTP)
Beginning after the July 2016 release, certain claims 'J' HCPCs drugs were being Returned to Provider (RTP) incorrectly with reason code 32402. These are drugs listed on the 2016 Table of Drugs on CMS website that could be administered as infused or injected. However, when billed as infused with revenue code 0294, some of the drugs caused the claim to RTP. Palmetto GBA has updated the HCPC files to allow these drugs to process as listed in the CMS 2016 Table of Drugs. Hospices can now PF9 any claims that were incorrectly returned.

Applies to:
JM Home Health and Hospice//Hospice
JM Home Health and Hospice//General

Hospice Tip: Certification of Terminal Illness
Hospice providers need to have a written certification of terminal illness from the Hospice Medical Director (and Attending physician if applicable). This includes the beginning and end dates of the benefit period. Please share with appropriate staff.

Applies to:
JM Home Health and Hospice//Hospice

Hospice Tip: CERT Medical Record Review
As a hospice provider, remember it is the billing provider's responsibility to obtain any necessary information required for the CERT medical record review, regardless of the location of the documentation. Please share with appropriate staff.

Applies to:
JM Home Health and Hospice//Hospice

Hospice Tip: Correctly Code Claims
For hospice services, ensure the proper principle diagnosis is coded correctly.

Hospice Tip: Benefit Period
For hospice patients, the effective date of the election and the signature of the individual or representative must be in the medical record. Please share with appropriate staff.
Applies to:
JM Home Health and Hospice//Hospice
JM Home Health and Hospice//General

Hospice Tip: Date(s) of Service
What are some issues that lead to incorrect coding for hospice patients?
One issue is incorrect date(s) of service. Please make sure the date(s) of service are documented.
CMS Releases 2017 Hospice Payment and Policy Changes

CMS has released “Final Fiscal Year 2017 Payment and Policy Changes for the Medicare Hospice Benefit (CMS-1652-F).” The proposed rule was issued in April 2016 and open for comments. The final rule, says CMS, provides “a summary of each proposed provision, a summary of the public comments received and our responses to them, and the policies we are finalizing for the FY 2017 Hospice Payment Rate Update.”

According to CMS, “This final rule updates the hospice wage index, payment rates, and cap amount for FY 2017. In addition, this rule finalizes changes to the hospice quality reporting program, including the addition of two new quality measures. The final rule also describes a potential future enhanced data collection instrument, as well as plans to publicly display quality measures and other hospice data beginning in calendar year (CY) 2017.”

A key component of the final rule is a 2.1% increase of the hospital market basket payment rate. CMS also announced a change in the cap year, saying that the new cap year will be from October 1, 2016, through September 30, 2017. The cap amount will change to $28,404.99.

One new quality measures focuses on “Hospice Visits When Death is Imminent.” This measure will quantify visits that “hospice staff make to patients and caregivers during the last three and seven days of life.” The second measure, “Hospice and Palliative Care Composite Process Measure, will assess the percentage of hospice patients who received care processes consistent with guidelines. This measure will be based on the seven that are currently being submitted under the Hospice QRP (Pain Screening, Pain Assessment, Dyspnea Screening, Dyspnea Treatment, Patients Treated with an Opioid who are given a Bowel Regimen, Treatment Preferences, and Beliefs/Values Addressed (if desired by patient).”

“The final rule also describes a potential future enhanced data collection instrument as well as plans to publicly display quality measures and other hospice data beginning in the middle of 2017, and includes information regarding the Medicare Care Choices Model (MCCM).” The current Hospice Item Set (HIS) will be enhanced to become a “comprehensive patient assessment instrument, rather than the current chart abstraction tool.” CMS also said that they expect a “2.1 percent ($350 million” increase in Medicare payments for FY2017.” And, says the final rule, “The overall economic impact of this final rule is estimated to be $350 million in increased payments to hospices during FY 2017.”

IL HPCO CONFERENCE 2016

Keynote Address with Laurie Guest

Jennnifer Kennedy, NHPCO  (see link below)

IL HPCO Reception, Krista Voltalina, Ronda Dudley and Pam Tabler

Sara Dado speaking on Bereavement
News & Events

July 2016 – monthly newsletter – volume 3

www.il-hpco.org

Michael McHale-FUTURE Forum

Martha Twaddle, KEYNOTE Speaker- Dinner

links to Jennifer Kennedy's (NHPCO) talks Regulatory Update and Compliance

Hospice Regulatory Update

Jennifer Kennedy, MA, BSN, RN, CHC
National Hospice and Palliative Care Organization

September 2016

Developing You Compliance Watch List and Dashboard

Jennifer Kennedy, MA, BSN, RN, CHC
National Hospice and Palliative Care Organization

September 2016
GIPPCC Event - - *Concentric Circles of Care*