



## Chair Message

Mary Sheehan, IL-HPCO Chair, CEO  
Joliet Area Community Hospice

The IL-HPCO Board of Directors had a facilitated Strategic Planning session in late February and decided that the focus next year for IL-HPCO will be on Advocacy and Education for our hospice providers. The following is a partial list of our activities. Please let us know if there are other ways we can help you.

### Advocacy:

- Springfield Advocacy Day
- NHPCO Hospice Advocacy Network Lobby Day
- MCO Meeting, March and June
- Audioconferences on Reimbursement
- Regulatory and Compliance Update at Regional meetings
- Monitoring over 10+ bills affecting hospice
- Developing Training for "Visit Your Legislator at Home"

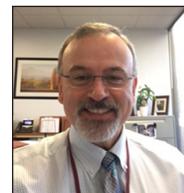
### Education:

- Annual October Conference, including Pre-Conference on Palliative Care
- 2-3 Webinars monthly from Hospice Homecare Network
- Regional Meetings – Peoria and Marion
- Weatherbee Boot Camp in Chicago in September

## Attend

August 22 Audio Conference on Reimbursement  
August 29 Regional Meeting – Marion  
Sept 17-18 Weatherbee-IL-HPCO Hospice Boot Camp-Chicago  
October 10-11 IL-HPCO Annual Educational Conference-Naperville

## Meet New Board Member – Paul Crockett



IL-HPCO welcomes Paul Crockett, MS, BSN, RN as a new Director. He has thirty years in the healthcare space and is currently a

Senior Executive Director at Trinity Health at Home d/b/a Loyola Medicine Homecare & Hospice. He was hired by Trinity Health to convert the four Trinity Health Illinois homecare and hospice programs into two programs (one homecare and one hospice). Paul has a wealth of experience having been with Sanctuary Hospice; Seasons Hospice & Palliative Care; Odyssey Healthcare; and Tender Loving Care Homecare--to name a few.

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## *Legislative Update* — Betsy D. Mitchell, IL-HPCO Legislative Consultant



### Legislative Session to End Soon

Less than two weeks remain in this scheduled spring session in Springfield. As of this writing, there are positive vibes swirling in the Capitol to indicate that we may end this session with a budget; however, as all know, this can always change. Two bills emerged late in this session that will impact hospice and palliative care:

House Bill 1338 was brought to the attention of legislators by Presence Healthcare. When the The Safe Pharmaceutical Disposal Act was created, it defined “unused medication as “any unopened, expired, or excess (including medication unused as a result of the death of the patient) medication that has been dispensed for patient or resident care and that is in a solid form.” It did not include liquid form. HB1338 makes this change so that the Act now provides for unused medications in both liquid and solid form. The bill also includes that the term “unused medication” also “is not limited to suspensions.” This legislation is expected to pass both chambers soon and be sent to the Governor.

House Bill 1447 makes a change to the Hospice License law to allow hospice residences to care for up to 20 patients instead of 16. This proposed change came from a request by the Joliet Area Community Hospice. Back in the late 90s, 16 beds per hospice residence was negotiated. Clearly, hospice residences are experiencing a need to increase their services for their communities.

IL-HPCO supports this legislation, which passed both chambers May 22, 2018.

The bill was sponsored by Rep. Manley (D, Joliet) in the House and Senator Bertino-Tarrant (D, Plainfield) in the Senate.

During the next 30 days, this bill will be sent to the Governor for his consideration. Final action on this bill will take place in August or September, at which time the bill will become law and hospice residences will be allowed to begin serving four additional persons. Watch for additional information on this new change.

### *IL-HPCO Encouraging Legislative Home Visits over Summer*



Kristin James-GIPPCC and Pam Cramer-IL-HPCO  
visiting IL Representative Candidate  
Candace Chow in Evanston.

## *Payment Update—IL-HPCO Holds First Payment Meeting with MCOs*

IL-HPCO's Legislative Committee and Reimbursement Task Force, led by Sara Dado, Kellie Newman, Carrie Bill and Legislative Consultant Betsy Mitchell, initiated and held a meeting the last week in March with Illinois' Managed Care Organizations (MCOs) and Department of Health and Family Services (DHFS) leaders. Illinois Association of Medicaid Health Plans (IAMHP) also was in attendance. The objective of this meeting was to discuss hospice payment issues and build relationships that can be sustained with MCOs.

The following MCOs were represented: Humana; Aetna Better Health; County Care; Meridian IlliniCare; Blue Cross Blue Shield-HCSC; Next Level; Molina; and Harmony. Below are the outcomes of this meeting:

1. Illinois hospices must use this Complaint Portal to document issues. MCO's encourage this: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx>.
2. IAMHP will develop and post a "Hospice Page" by the end of May.
3. Authorization Guidelines.
4. Billing Guidelines.
5. Provider representation contact information.
6. Escalation Contact.
7. Link to known issues.
8. The above outcomes will be added to each MCO's website.
9. IAMHP will discuss by end of April: hospice billing, R&B and regulations; patient credit file lag and options; and proposal to present at next meeting.
10. Hospice Webinar on billing for each MCO (by May).

This group will meet again in Springfield and in Chicago on June 6th. IL-HPCO will invite two representatives from member organizations to attend. These meeting will be scheduled quarterly to discuss HFS and Medicaid issues.

## *U.S. Markets Less Saturated with Home Health Providers* Home Health Care News 04.15.2018

The average number of Medicare home health providers per U.S. county has decreased, while the average number of hospice providers has increased. That's according to the latest quarterly update from the Centers for Medicare & Medicaid Services (CMS). CMS updated it's market saturation and utilization tool, which shows metrics for a variety of health services, including home health and hospice. Market saturation is defined as the density of health care providers relative to the number of beneficiaries receiving that service in a defined geographic area.

The average number of Medicare-certified home health providers per county was at 61.50 during the reference period between January 2016 and December 2016 but stood at 60.57 for the latest reference period between April 2016 and the end of March 2017, CMS trend analysis shows. The average number of hospice providers per county increased from 18.08 to 18.45. The average number of users per provider increased for both home health and hospice.

## IL-HPCO Goes to The Hill

NHPCO's Advocacy Intensive held in April had over 250 Hospice and Palliative Care advocates from 45 states. These Advocates scheduled more than 300 meetings with Members of Congress and their Staff. Illinois had 12 Advocates from the following organizations: Seasons Hospice & Palliative Care; Joliet Area Community Hospice; JourneyCare; Northern Illinois Hospice; and IL-HPCO. This group of 12 visited the offices of Senators Tammy Duckworth and Dick Durbin. The following Representatives also were visited: Janice Schakowsky, Luis Guterrez, Mike Quigley, Peter Roskam, Danny Davis, Brad Schneider, Bill Foster, Adam Kinzinger and Cheri Bustos. We met with Senators and Representatives and discussed (1) Safe Disposal of Unused Medication Act; (2) Rural Access to Hospice Act; (3) Patient Choice and Quality Care Act of 2017; and (4) Palliative Care and Hospice Education and Training Act.



IL-HPCO President, Mary K. Sheehan, spoke to a packed room "Don't Worry about the Census," at the recent NHPCO National Conference.



Jonathon Banister-Northern IL Hospice, Michael Murray-JourneyCare; Sara Dado-Transitions Hospice



Jonathon Banister- Northern IL Hospice, Representative Peter Roskam, Sara Dado-Transitions Hospice, and Pam Cramer-IL-HPCO

## WHAT'S NEW?

- Hospice rates will increase by 1.8% for FY2019. The cap amount has also increased by the same percentage to \$29,205.44.
- Physician assistants will be able to serve as a hospice patient's attending physician, effective January 1, 2019.
- CMS has reduced regulatory burden for hospice providers by allowing drugs and durable medical equipment to be reported in the aggregate on the claim form, rather than the extremely burdensome per drug or per equipment reporting that currently exists.
- There will be no new hospice quality measures in FY2019. Data points from the hospice public information, currently available in the Provider Use File and posted by CMS, will be added to an "information" section in Hospice Compare.

## GOOD NEWS! *This Will Save you Some Time!*

CMS Has Released the New CR 10573 --  
Changes Effective October 1, 2018  
Hospices shall:

- Report a monthly charge total for all drugs (i.e., report a total charge amount for the period covered by the claim) using revenue code 0250
- Report a monthly charge total for DME (i.e., report a total charge amount for the period covered by the claim), including DME infusion drugs, using revenue center 029X for the item of DME and 0294 for DME infusion drugs. (Presumably this DME reference is to PUMPS – awaiting clarification on this).
- CMS will no longer require hospices to report a charge total and amount dispensed per drug
- CMS will no longer require hospices to report injectable drugs using revenue code 0636
- CMS will no longer require hospices to report HCPCS codes for DME infusion pumps or DME drugs

Additionally, CMS intends to supply information related to the number of HIGH RHC and LOW RHC days in the MAC's online claims history.

Here's a link to the transmittal:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4035CP.pdf>

### **AUDIO CONFERENCES on REIMBURSEMENT**

Please remember to sign up for IL-HPCO Audio Conference at 8:30 AM (Breakfast time!)  
August 22, 8:30-9:30.

Who should attend: Billing staff; Accounts Receivable Managers; Reimbursement Supervisors; Authorization Staff; MCO Specialists; Payer Relations Staff.  
Faculty: Carrie Bill-Seasons;  
Kellie Newman-Vitas; and Betsy Mitchell-IL-HPCO  
Lobbyist.RSVP to  
[pcramer@il-hpco.org](mailto:pcramer@il-hpco.org) for information.

### *Hawai'i Becomes 7th Jurisdiction to Enact Death With Dignity Law Big Island Now 04.05.2018*

Death with Dignity National Center on Thursday, April 5, 2018, applauded Hawai'i Gov. David Ige for signing the Our Care, Our Choice Act into law. Modeled on the groundbreaking Oregon Death with Dignity Act, the law allows qualified terminally ill adult residents of Hawai'i who are mentally competent and within six months of death to legally obtain a prescription medication to end their life in a humane and dignified manner. Hawai'i is the seventh U.S. jurisdiction to enact an assisted dying statute.

Death with Dignity National Center Executive Director Peg Sandeen said, "The time was right for Hawai'i to adopt this law. For nearly two decades, Death with Dignity National Center has worked with citizens, legislators, and leaders in Hawaii to bring the right to die with dignity to the people of Hawai'i. Today marks a new beginning in Hawai'i's treatment of the terminally ill."

## *New Medicare Cards-Get Ready!*

CMS has started mailing newly-designed Medicare cards with the new Medicare Beneficiary Identifier (MBI), or Medicare Number. People enrolling in Medicare for the first time will be among the first to get the new cards, no matter where they live. Current Medicare beneficiaries will get their new cards on a rolling basis over the coming months. We'll continue to accept the Health Insurance Claim Number (HICN) through the transition period.

During CMS (Center for Medicare and Medicaid Service) planning, the center has continuously adjusted and improved its mailing strategy to make sure it is:

- Mailing the new cards to accurate addresses.
  - Protecting current Medicare beneficiaries and their personal information in every way possible.
- CMS is working on making the processes even better so it's using the highest levels of fraud protection when it mails new cards to current Medicare beneficiaries. Over the next few weeks, CMS will be done with this additional work so it can mail new cards to current Medicare beneficiaries. CMS is committed to mailing new cards to all Medicare beneficiaries over the next year. Your systems need to be able to accept the new MBIs now because people enrolling in Medicare for the first time are getting their cards with the new numbers. Check [cms.gov/newcard](https://cms.gov/newcard) often for the most up-to-date information. Feedback and questions on the New Medicare Card Project can be sent to: [Partnership@cms.hhs.gov](mailto:Partnership@cms.hhs.gov).



**CREATING CONNECTIONS**  
*building for the future*  
IL-HPCO ANNUAL CONFERENCE  
OCTOBER 10-11  
NORTHERN ILLINOIS UNIVERSITY, NAPERVILLE

**2018 FEATURED SPEAKERS**

- Tom Cornwell, MD**  
CEO-Home Centered Care Institute, Founder, HomeCare Physicians, Northwestern Medicine
- Dale Righter**  
Illinois State Senator-55th District
- Edo Banach**  
CEO-NHPCO
- Jennifer Kennedy**  
Sr. Director Regulatory and Quality-NHPCO



By purchasing the Illinois Hospice License Plate, you contribute to the Illinois Hospice Fund administered by the Illinois Department of Public Health for the distribution of grants for hospice services. To order visit <https://il-hpco.org>.

## *Experts: Barbara Bush may change discussion about end-of-life*

CtPost 04.18.2018



When former First Lady Barbara Bush died last month, people spoke of the 92-year-old's legacy and her impact on the culture, both positive and negative. For the most

part, it was the sort of talk that circulates any time a well-known person is lost. But there was something different about this conversation. Much of the talk about Bush wasn't about the way she lived — it was about the way she died. On Sunday, the Bush family announced its matriarch was in failing health and no longer pursuing medical treatments intended to cure her illness. Her family's decision to make that information public was hailed by many in the medical community as a potential game changer when it comes to how Americans talk about death and dying.

"The fact that it was Barbara Bush doing it was particularly relevant," said Dr. Terri Fried, a professor of medicine at the Yale

University School of Medicine. "She was well-known for being outspoken about things that were important to her. I think the intention (of announcing her decision on medical care) was to put this into the public conversation." The Bush family released Barbara's decision the day before National Healthcare Decisions Day, which was Monday. The day is intended as an occasion to educate people about the importance of discussions on advanced care planning. Patients' wishes can't be respected if they aren't expressed to family members or others authorized to make health care decisions. For instance, roughly 70 percent of people say they want to die at home and 70 percent end up dying in health facilities, according to The Conversation Project, a Boston-based program dedicated to helping people talk about their wishes for end-of-life care.

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Editor: Mary Sheehan, CEO-Joliet Community Hospice, [msheehan@joliethospice.org](mailto:msheehan@joliethospice.org)

Executive Copy Editor: Lisa Novak, CEO-Northern Illinois Hospice, [lnovak@niha.org](mailto:lnovak@niha.org)

Executive Director: Pamela Cramer, CAE, [pcramer@il-hpco.org](mailto:pcramer@il-hpco.org)

Production Editor: Laureen Crotteau, [lcrotteau@joliethospice.org](mailto:lcrotteau@joliethospice.org)

Offices: 902 Ash Street, Suite 200, Winnetka, IL 60093-2436 (847-441-7200) [www.il-hpco.org](http://www.il-hpco.org).