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National Hospice-POE Advisory Group Meeting
Meeting Minutes

Portland, Oregon **Tuesday, May 20 2008** **10:00 AM PST, 12:00 noon CST, 1:00 PM EST**

Attendees: Margaret Clausen, Michele Fedderly, Ann Jackson, Marne Jones, Ann Koepsell, Jonathan Krutz, Melanie Ramey, Dee Thorp, Margaret Wolters, Nicole Curran, Barbara Hansen, Cindy Cameron, Sarah Myers, Lori Kent, MaryAnn Rayrat, Betty Stacer, Rebecca Hall, Terri Peterson, Don Pendley, Susan Philips, Katy McMahon, Jeff Towns, Sandra Torres
CC: AJ Hanna, Dr James Cope, Sally Rosiello, Corrine Ball, John Stoll, Robert Franco

Facilitator/Recorder: Juliette Chenian/Nona Cleveland

Type (IS/IP/C)	Description	Date Due	Date Completed	Responsible Person(s)
IS/IP	Meeting was called to order at 10:00 AM PST, 12:00 Noon CST, 1:00 PM EST.			Juliette Chenian
IS/IP	Juliette Chenian reviewed the agenda and the attendance sheet. She noted those individuals who were present and asked if there were any changes to the agenda. No additional changes.			Juliette Chenian
IS/IP	*Anthony (AJ) Hanna gave update of the changes in National Government Services.* **Medicare Administration Contractor** Our bid for J1, which we partnered with NHIC, was not successful. The states that were involved were California, Nevada and Hawaii for Part A, and Part B, Hospital, Skilled Nursing and ESRD. Home Health and Hospice were not included. We did acquire J2 for the states Washington, Oregon, Idaho and Alaska for Part A and Part B that will be for Hospital, Skilled Nursing and ESRD. Home Health and Hospice were not included as they are a part of J6. During the meeting, the map for the RHHI was reviewed to			AJ Hanna

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	identify the award dates. (Map will be attached to the email) He also announced management reorganization at the Vice President level. Our VP, Rod King, will continue to be responsible for Provider Outreach and Education, Provider Enrollment and acquired the Call Center, Appeals, and Internal Adjustment Unit. AJ invited the members to attend the Indiana education seminar in August 2008. We are hosting a convention that will bring together four Medicare contracts (Part A, Part B, Durable Medical Equipment [DME], and regional home health & hospice intermediary [RHHI]). The National Government Services 2008 Medicare Convention will be held from August 25 through August 28 at the Indiana Convention Center in Indianapolis, Indiana. The cost is $175 and Continuing Education.			
IS/IP	*Juliette Chenian gave an update on the education sessions.* FY 2008 – FY2009 Events **FY2008 Events Completed** Home Health - 3 Teleconferences, 3 Face to Face Sessions (HI, CA & WI) Hospice - 3 Teleconferences, 1 Teleconference (HI), 2 Face to Face Sessions (CA & WI) Hospice Brown Bag - 4 Sessions Ask the Contractor - 2 Teleconferences Advisory - 6 Sessions Association - 2 Meetings **FY2008 Events Remaining** Home Health - 1 Teleconference Hospice - 1 Teleconference Hospice Brown Bag - 4 Sessions Ask the Contractor - 2 Teleconferences Advisory - 4 Sessions **FY2009 Recommended Sessions**			Juliette Chenian

Type (IS/IP/C)	Description	Date Due	Date Completed	Responsible Person(s)
	Teleconferences 1/8/09 Home Health Billing 5/7/09 Home Health Billing 5/14/09 Hospice Billing 9/3/09 Home Health Billing 9/10/09 Hospice Billing **Face to Face** 3/11/09 California, Minnesota June Michigan Early May New York 7/15/09 New Jersey 9/30/09 Wisconsin Last week in June Oregon and Washington Juliette recommended that all the POE Advisory meetings will be held face to face in FY 2009. The concern was expressed about the POE advisory meeting via teleconference, most of the meetings are done within 1 ½ hours. Why does it take the face to face longer? There is more dialogue with providers and more gets accomplished, the group agreed and it was determined that the meetings will be face to face with a telephone option. Hospice 1/13/09 CA 5/11/09 WI or IL 9/15/09 NY Ask the Contractor Hospice 12/4/08 9/3/09			

Agenda Purpose: IS=Information Sharing IP=Information Processing C=Consensus Decision

Type (IS/IP/C)	Description	Date Due	Date Completed	Responsible Person(s)
	Website The goal of our company is "company one team," which means we wanted to have one website. April 30, 2008 we have implemented the new website, however we have had some issues. The problems we have seen are missing pages, or sometimes it works for one person, but not another person. We would like your feedback on the website. **Q:** Does our system accept weekly billing based on the new Hospice changes? **A:** According to the CMS instructions, the system should be able to accept weekly billing and the level of care revenue codes do not have to be itemized. However system will check to determine if claims are accepted or Return to Providers (RTP) **Q:** Should a provider submit test claims? **A:** Yes, to determine if the claims are accepted, providers can check FISS to verify if the claim has processed or pass the edits. **Q:** When is the Hospice Brown Bag Session? **A:** June 11, 2008 at 2:00 PM ET; June 11, 2008 at 4:00 PM ET; June 11, 2008 at 5:00 PM ET; June 12, 2008 at 2:00 PM ET; June 12, 2008 at 4:00 PM ET; June 12, 2008 at 5:00 PM ET **Q:** Providers are having problems with Customer Care; Customer Care is not being able to help them, also providers are having problems navigating through IVR. Taking an hour to get thru to Customer Care. **A:** Tracking our data on telephone calls that come through Customer Care shows that the highest call is status of claim and checking eligibility. If we could get providers to use IVR, it will allow the Customer Care staff to handle complicated problems. IVR eligibility has the same information that Customer Care would give you. Juliette will develop an article for the Association to put in their newsletter to explain how to use IVR, Direct Data Entry and FISS. **Comment:** Provider really like the search engine.			Juliette Chenian
IS/IP	Q&A were reviewed, no additional comments			Juliette Chenian
IS/IP	**Clinical Provider Outreach and Education** The material that will be presented at the Indiana convention was reviewed.			Corrine Ball

Type (IS/IP/C)	Description	Date Due	Date Completed	Responsible Person(s)
	Review of the Hospice Training Material Hospice Services Agenda ▪ Targeted Medical Review (TMR) ▪ Medical Review findings ▪ Hospice levels of service ▪ Scenarios ▪ Questions and answers Targeted Medical Review (TMR) ▪ Data driven ▪ Education focused ▪ Local contractor specific Progressive Corrective Action ▪ Data analysis ▪ Validation ▪ Calculation ▪ Corrective actions ▪ Re-evaluation Records Requests ▪ 30 days ▪ Support all services/dates requested Guideline for Hospice Request ▪ The physician Certification of terminal illness ▪ Beneficiary notice of election ▪ Care Plan of services ▪ Visit notes to support the level of services billed			

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	Documentation Tips ▪ Do not bind records together ▪ Copy both sides of the document ▪ Legible copies ▪ Make sure additional development request (ADR) matches records sent ▪ Signatures and dates Medical Review results ▪ Pie to show top 5 Medical review denials ▪ Targeted Medical Review ▪ Questions Levels of Care ▪ Routine home care ▪ Continuous home care ▪ Inpatient respite care ▪ General inpatient care ▪ Routine Home Care ▪ Revenue code 0651 ▪ Routine care not under one of the other categories ▪ No volume or intensity of services Routine Home Care Documentation Expect to see ▪ Clinical findings describing vital signs, weight loss or gain, fevers, wound status, etc. ▪ Interventions provided and the response of the beneficiary and family ▪ The course of the terminal illness ▪ Services that are consistent with the plan of care Continuous Home Care ▪ Revenue code 0652 ▪ Provided during a period of crisis			

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	▪ Primarily nursing care (registered nurse [RN] or licensed vocational nurse [LVN]) to achieve palliative or management of acute medical symptoms ▪ Must provide a minimum of eight hours of care over a 24-hour period. Continuous Home Care Documentation Expect to see ▪ Appropriate documentation to support a crisis situation ▪ The breakdown of hours provided by the RN versus the home health agencies (HHA), overlapping of any hours ▪ The care provided, interventions, responses, and any changed in the POC Inpatient Respite Care ▪ Revenue code 0655 ▪ To relieve the caregiver ▪ Care maybe provided in a SNF, nursing facility (NF) or a hospice inpatient facility ▪ May only be provided on an occasional basis ▪ Not reimbursed for more than five consecutive days ▪ The day of admission is included; discharge is not except if it is the date of death Inpatient Respite Care Documentation Expect to see ▪ The reason for respite care NOTE: Date of admission is paid at respite level day of discharge is paid at routine level, except if the patient dies, paid at the respite level General Inpatient Care ▪ Revenue code 0656 ▪ To provide for pain control and symptom management that cannot be provided in any other setting ▪ It is not equal to a hospital level of care			

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Type (IS/IP/C)	Description	Date Due	Date Completed	Responsible Person(s)
	General Inpatient Care Documentation Expect to see ▪ The medication adjustments or other stabilization treatments ▪ Supporting documentation that the family can no longer provide care–psycho-social monitoring Plan of Care ▪ Must be established before services are provided ▪ Be reasonable and necessary for the palliation or management of the terminal illness ▪ Developed by the hospice team Documentation - Scenarios Case Study #1 ▪ 87 year male with Dx of Prostate CA with mets to the bone and lung and a secondary diagnosis of dementia. Patient is not bed bound but fatigues quickly and requires supervision for transfer and ambulation to assure safety. He is sometimes incontinent of bowel and bladder and requires periodic personal care throughout the day. ▪ His medication regimen includes MS contin BID with SL Morphine for break-though pain q 2hr prn. Over the past week the pt has required breakthrough medication an average of 2 to 3 times per day. ▪ His caregiver at home is his wife who is 83 years old and had been a nurse prior to her retirement. ▪ Pt's wife suddenly experiences an episode of right-sided weaknesses and confusion and is taken by ambulance to the hospital. The patient is upset, confused and audibly agitated when the couple's out of state daughter speaks with him over the phone. The daughter calls hospice to explain the situation and the hospice on-call nurse goes to the home. ▪ Scenario 1 would this patient qualify for inpatient level of care?			

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	Case Study #1 ▪ Principle ▪ If the patient requires skilled care that had been provided by the caregiver in order to get or keep symptoms under control the patient qualifies for short-term GIP or CHC. Case Study #2 ▪ 74-year-old woman residing in a nursing home admitted to routine level of hospice care with a diagnosis of general debility and the following history: Dementia, chronic renal failure, Lupus, COPD, DM, obesity and sleep apnea. ▪ Recently hospitalized for pneumonia for the 2nd time in the past 4 months and currently experiencing dyspnea with limited exertion and a recent change in mental status characterized by periods of near unresponsiveness with lengthy episodes of crying out. O2 sats are usually in the low 90s but go into the lows 80s when patient pulls off her O2 tubing during these episodes. ▪ Patient's verbalizations when crying out are unintelligible. Staff of the SNF and hospice staff having difficulty assessing the extent to which pain is involved in these episodes of what **appears** to be delirium. There are differences of opinion among the care team regarding how best to treat the pt. ▪ Would this patient qualify for a general inpatient level of care? Case Study #3 ▪ 84 year-old female with end-stage dementia. Long history of dementia Pt also carries the following diagnoses -- HTN, COPD, Osteoarthritis, anemia and GERD. ▪ Recent history of pneumonia following aspiration. Pt' ability to swallow is diminishing and aspiration is occurring more frequently. Pt is also exhibiting increased agitation, increased lethargy and decreased appetite with a weight loss of 5% over the past 3 months. ▪ Upon assessment pt is lethargic, aphasic and disoriented x 3. Her weight is 104.4lbs with VS as follows: P=76, RR = 20, T = 98.0, BP = 150/90 ▪ Non-verbal pain assessment reveals no pain at this time.			

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	▪ Primary problems upon referral: nutritional deficit, mobility, weakness/fatigue, poor skin turgor, nonambulatory and incontinent of bowel and bladder. Pt has difficulty swallowing and aspirates easily. Recent history of pneumonia but lungs are currently clear. POA requesting comfort measures only. FAST score – 7F ▪ Does the documentation reflect a patient that would qualify for the Hospice Benefit? ▪ 6-Months after admit ▪ Plan of Care includes nursing visits 1 to 2 times per week, HHA visits 3 times per week to assist with feeding and hygiene, Social work and spiritual care visits 2 to 4 times per month to pt and family. ▪ Variable nutritional intake with increasing lethargy with fewer periods of alertness. Little change in condition other than an 11.lb weight loss in past 6 months (11%) and 2.4lb weight loss in past month. ▪ 8 Months after admit ▪ Plan of Care includes nursing visits 1 to 2 times per week, HHA visits 3 times per week to assist with feeding and hygiene, Social work and spiritual care visits 2 to 4 times per month to pt and family. ▪ Assessment: Little change in condition. FAST score still at 7f ▪ Appetite improved slightly, weight stabilized with no weight loss in past 2 months, no pneumonias in past 8 months. ▪ Does the documentation reflect a person that still would qualify for the benefit? Case Study #4 ▪ 87-year-old male. Recent hx of sepsis with IV antibiotics until two days ago. Severe PVD with gangrenous ulcerations infected with MRSA. Vascular consult reports minimal circulation to lower extremities. Recommended bilateral AKA. ▪ Assessment: G-tube in place running at 90cc/hr. Pt lethargic, bed-bound and mostly non-verbal – his native language is Italian. Patient's breathing is congested and			

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	sometimes labored. Pt seems to be experiencing pain only at dressing changes. ▪ Pt/Family refusing amputations but wanting to continue tube feedings. ▪ Attending physician certifies 6-month prognosis. ▪ Three months after admit ▪ Pt continues with multiple ulcerations to lower extremities and coccyx. Pain meds have been changed so pt is comfortable during dressing changes. Respirations have improved and lungs are clear. Patient having slightly increased periods of alertness. Lower extremity wounds are stable but wound on coccyx is getting larger. ▪ Plan of Care: Nursing visits 2 to 3 times per week, HHA visits 3 to 4 times/ wk, MSW visits to patient and family 1 to 3 times per month, Spiritual Care visits 1 to 3 times per month, Italian speaking volunteer visiting once a week. ▪ Does the documentation show a patient that would qualify for the Hospice Benefit?			
IS/IP	**Provider Outreach and Clinical Education Contact Information** Phone numbers: ▪ East: 1-888-823-4112 ▪ West: 1-800-921-1919 ▪ Midwest: 1-800-338-6101 E-mail: ▪ Clinical.education@wellpoint.com ▪ eastclinicaleducation@wellpoint.com **Comment:** There were several comments on the slides, such as 'not enough information in scenarios'. However, it was noted that there is only one hour for the presentation. It was suggested that the Clinical have a 100 session with the basic coverage and 200 session for the scenarios.			
IS/IP	**Audit & Reimbursement Update** PS&R Report Update Provider Statistical & Reimbursement Reports			John Stoll

Type (IS/IP/C)	Description	Date Due	Date Completed	Responsible Person(s)
	▪ CMS total redesign of the PS&R system underway o Web-based system with online request capability ▪ Various report formats (PDF and CSV) ▪ Online retrieval ▪ Enhanced security ▪ Faster turnaround times ▪ Cost report vendors have been notified of the PS&R redesign and the new CSV extract files ▪ Vendors will need to update software programs to allow providers to load PS&R data directly into the cost report ▪ Anticipated roll out in 2008 ▪ Web Based training for providers ▪ Providers/FI's/MAC's will be directed to a CMS web site to sign up for access to the system ▪ The redesigned PS&R will be rolled out by provider fiscal years ▪ First impacted cost reports expected to be 4/30/08 with the system up around August, 2008. ▪ Providers at this time should consider who is going to be the Security Official, back up Security Official and User Administrator ▪ IACS-Individuals Authorized Access to CMS Computer Services ▪ IACS will be used to gain access to the new PS&R. ▪ Providers must sign up for IACS to obtain the PS&R ▪ IACS will also be used for PECOS Web (CMS 855A). ▪ CMS has issued Med Learn Matters articles SE 0753 revised and 0754 on IACS ▪ IACS Registration Process - Providers can begin to make decisions on who is going to be the Security Official, User Group Administrator & End Users. ▪ For further details see MLN SE 0747			

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	▪ Providers need to be signed up in IACS in time to get the PS&R for cost report filing <u>Hospice Cap Update</u> ▪ Hospice Cap reviews for 2007 are underway. ▪ Hospices that were serviced out of the California office will have the cap calculated by the Milwaukee office. ▪ Those hospices can expect a letter requesting 2007 data shortly. <u>Cost Report Acceptance Tips</u> ▪ New P.O. Box for mailing reports-See next slide ▪ Go to the Audit & Reimbursement section of the website for current information ▪ Cost Report Acceptance Tips National Government Services, Inc Medicare Audit & Reimbursement P.O. Box 7149 Indianapolis, IN 46207-7149 ▪ For hand deliveries, Federal Express or Courier, use this address: (No longer acceptable) National Government Services, Inc Medicare Audit & Reimbursement 6775 West Washington Street Milwaukee, WI 53214 <u>Web Sites</u> Manuals and cost report instructions: http://www.cms.hhs.gov/manuals/pbm/itemdetail.asp Regulations: http://www.cms.hhs.gov			

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	http://www.cms.hhs.gov/quarterlyproviderupdates/ FI training materials and other information: http://www.ugsmedicare.com/provider_education/training.asp ○ California HHA's and Hospice ▪ The California workload HHA's and Hospices are included in MAC J6 ▪ Provider based and freestanding HHA's and Hospices will remain with NGS until MAC J6 is determined. ▪ For Audit & Reimbursement the California workload HHA's and Hospice will be serviced out of the Milwaukee office. ▪ Cost reports with fiscal year ends 1/31/08 and later will file the cost report to the appropriate PO Box in Indianapolis. ▪ Cost report reminder letters for fiscal year ends 1/31/08 and after will come out of the Milwaukee office. ▪ These cost reports will accepted and finalized in the Milwaukee office. ▪ Any audit or reimbursement questions will be directed to the Milwaukee office starting 8/1/08 and after. ▪ PS&R reports starting with the July 2008 month end will be distributed out of the Milwaukee office. ▪ The Milwaukee office will be trying to obtain e-mail addresses for the California workload HHA and Hospice providers so that PS&R summary reports can be e-mailed. ▪ Any request for PS&R detailed reports would be made to the Milwaukee office effective August 1, 2008. ▪ NGS will develop a PS&R data exchange so that the MAC will have access to the PS&R for the provider based HHA's and hospices. ▪ Hospice Cap calculation have been completed through the 2006 cap period for			

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	freestanding hospice providers. ▪ The Milwaukee office will be mailing out the 2007 cap questionnaire for freestanding hospices in the California workload. ▪ The Milwaukee office will calculate the 2007 cap for all freestanding Hospice providers in the California workload. **Cost Report Acceptance and Reimbursement Hub Contacts in Milwaukee, WI** Cost Report Acceptance: Dean Ziemendorf Manager, Medicare Audit & Reimbursement Phone: (414) 459 -6956 Email: Dean.Ziemendorf@ugswlp.com Beverly Rader-Eggert Medicare Provider Reimbursement Lead Phone: (414) 459-6986 Email: Beverly.Rader-Eggert@ugswlp.com Reimbursement: John Stoll Manager, Medicare Audit Reimbursement Phone: (414) 459 6953 Email: John.Stoll@ugswlp.com Polly Liebl Medicare Provider Reimbursement Lead Phone: (414) 459 6938 Email: Polly.Williams@ugswlp.com John Stoll discussed and distributed the Medicare A PS&R Electronic Request Form.			

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	Dr. Cope discussed the Hospice Analysis dates for Paid Claims Period: July 2007 – December 2007, the statistics discussed during the meeting will be posted on the new NGS website.			Dr. Cope
IS/IP	**Meeting Adjourned at 3:00 PM PST, 5:00 PM CST, 7:00 PM EST**			
IS/IP	The next Hospice Meeting is on August 11, 2008 (teleconference).			Juliette Chenian

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Prepared By: Nona Cleveland
Date: 5/20/08