

Eli's Hospice Insider

Industry news

- **Starting Oct. 1, your Medicare payments will get a little better** -- but just a little. Hospices' Medicare payment rates will increase 1.8 percent. The 2.6 percent market basket inflation update was offset by two reductions, the **Centers for Medicare & Medicaid Services** says in a notice published in the July 22 Federal Register. A 0.8 percent reduction mandated in the health reform law and year two of the hospice benefit's phase-out of the wage index budget neutrality adjustment factor (BNAF) both cut hospices' payment increase.

- **If you want to get a jump on Recovery Audit Contractors** who may soon be editing your hospice claims, you should assemble a RAC response team, recommends CMS in a new MLN Matters article about the Medicare bounty hunters.

Insufficient or total lack of response to RAC additional development requests (ADRs) is a top reason for claims denials, CMS says. The agency recommends that providers assemble "a RAC team to coordinate all RAC activities that may include tracking audit and appeal findings, identifying patterns of error, implementing corrective actions, etc.," the article says. "Providers should consider assigning a point of contact and, if necessary, an alternate, who will be responsible for tracking and responding to RAC ADR letters."

Tip: "Providers should tell the RAC the precise address and contact person to use when sending ADR letters," CMS advises. More advice on interacting with RACs and information about the contractors is in the article at <http://www.cms.gov/MLNMattersArticles/downloads/SE1024.pdf>.

- **Choosing the right Q code for your hospice patient** can be tricky. Follow this rule of thumb from Medicare contractor **NHIC** for determining whether your patient's residence counts as her "home/residence" (Q5001) or under another Q code.

"A patient is considered in their home or private residence when they are in a house, townhouse or apartment," NHIC explains in a question and answer set from its June 22 Ask the Contractor Teleconference (ACT). "But when there is staff to assist with a person's needs, it is no longer considered a private residence, but a group home or domiciliary facility." NHIC plans to issue future guidance on how to figure out which code a group home fits into, the contractor says.

- You've got an ally in your efforts to protect your patients from falls -- The **Joint Commission**. The Oakbrook Terrace, Ill.-based accrediting organization formerly known as JCAHO has launched a falls prevention education campaign. "Statistics from the Centers for Disease Control and Prevention show that falls are the second leading cause of injury-related deaths for people ages 65 and older, and are the most common cause of injuries and hospital admissions among the elderly," the Commission says in a release.

The program offers patients simple tips to prevent falls in the home or in facilities. They include turning on lights when entering a room, removing throw rugs, and applying non-slip decals in bathrooms and on stairs.

Brochures for your patients in English and Spanish are at http://www.jointcommission.org/PatientSafety/SpeakUp/speak_up_reduce_falls.htm.

- **Publicly-traded home care and hospice provider Gentiva Health Services Inc.** has posted positive earnings for the quarter ended July 4. The Atlanta-based national chain reports net income of \$18.9 million on revenues of \$297.1 million for the quarter. That's up from a \$17.1 million profit on \$284.8 million in revenues for the same period in 2009.

Gentiva had strong hospice growth in the quarter and expects to close its acquisition of hospice chain **Odyssey Inc.** in the third quarter it says.

Dallas-based Odyssey reported its own earnings. The company saw net income of \$14.2 million on revenues of \$176.2 million for the quarter ended June 30. That was an increase from the \$8.6 million profit on \$170.3 million in revenues for the same period last year.

- **The United Kingdom ranked number one in a new study** gauging the quality of end-of-life care. The U.S. ranked ninth in the study conducted by the **Economist Intelligence Unit**, a research arm of The Economist magazine.

"A well-established network of hospices as well as strong government support for end-of-life care helped to place Britain at the top of the list of 40 countries, despite not having the best health care system," says the report. The U.S. was penalized for requiring patients to give up curative treatment to enter hospice.

A link to the study is at <http://www.eiu.com>.

- **President Obama's July 7 appointment of Dr. Donald Berwick** as CMS Administrator continues to cause controversy. The president made the recess appointment to avoid opposition in a Senate hearing. Berwick's appointment likely signals big program changes coming to Medicare, predicts the **National Association for Home Care & Hospice**.

"As providers of low-cost, high-quality health care services, home care agencies and hospices should remain on the lookout for opportunities to play their part in delivery system changes the health reform law is meant to accomplish," NAHC counsels.

- **If you haven't conducted a four-factor assessment** when determining what language access services to offer, you may be out of step with your health care provider peers.

Sixty-nine percent of 140 Medicare providers surveyed conducted the assessment recommended by the HHS Office for Civil Rights, notes a new HHS Office of Inspector General report on language services. But only 33 percent of providers actually offered services fully compliant with Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards, the OIG notes in the report.

The HHS Office of Minority Health should educate providers about the CLAS standards and provide translated materials for them, the OIG recommends in the report at <http://www.oig.hhs.gov/oei/reports/oei-05-10-00050.pdf>.