

Eli's Hospice Insider

News: NY Providers Must Educate Patients On End-of-Life Care

New state law puts onus on docs and nurses -- not patients -- to discuss hospice options.

Terminally ill patients in New York can soon expect their physicians and nurses to become their first line of contact for learning more about palliative care and hospice options.

That's thanks to the New York Palliative Care Information Act, a law that takes effect on February 9 and mandates that a "patient's attending health care practitioner shall offer to provide the patient with information and counseling regarding palliative care and end-of-life options appropriate to the patient" either verbally or in writing.

Why it's necessary: Many patients diagnosed with a terminal illness are often too overwhelmed and underprepared to seek out and understand all the options for end-of-life care, the Associated Press reports. The new regulation pushes those with the best understanding of those options to take the lead.

However, not every physician must have the discussion, the law states. A practitioner who feels undereducated about or uncomfortable with discussing hospice or other palliative options can either arrange for another provider to have the talk or can transfer the patient to a provider who's better able to guide the patient.

Note: Patients who aren't interested in having an end-of-life discussion can opt out of it, the regulation stipulates.

Advocates for the regulation insist it will help patients with advanced medical illness to make more informed decisions and have a choice in the quality of their lives. Through the rule, providers and patients will discuss "how that patient wants to die [and] how that patient wants to live before they die," **Dr. Lauren Shaiova**, chief of Metropolitan Hospital Center's Department of Pain Medicine and Palliative Care in New York City, told the AP.

Takeaway: Despite the high-emotions surrounding "death panels" and other euphemisms about end-of-life discussions, you can expect other states to follow in New York's footsteps by taking it upon themselves to ensure terminal patients are given the information they need to make informed decisions.

- You have about a 50/50 chance of receiving information on hospice billing patterns from the feds. Under its fourth national provider Comparative Billing Report (CBR) cycle, CMS will issue reports to about 5,000 hospices nationwide, regional home health intermediary **Palmetto GBA** says on its website. "This report is centered on a peer comparison of the revenue codes used in hospice settings," **National Government Services** said on Dec. 28.

The reports generated by **SafeGuard Services** "provide comparative data on how an individual healthcare provider compares to other providers by looking at utilization patterns for services, beneficiaries, and diagnoses billed," NGS explains.

The report is about four pages in length, SGS says on its website at www.safeguard-servicesllc.com/cbr.

Timeline: The first group of reports went out in December to hospices in CMS Region 10 states including Alaska, Idaho, Washington, and Oregon, SGS says. The rest of the chosen hospices should get their reports by mid-January, says the **National Association for Home Care & Hospice**.

The reports will include final claims data with claims from dates of service between Jan. 1, 2009 to Dec. 31, 2009 that were processed by July 2010, SGS says. The reports will compare your data to peers in your region and nationwide.

More explanation of the data, including HCPCS and revenue codes examined, is in SGS's frequently asked questions at

www.safeguard-servicesllc.com/cbr/faqs.asp -- click on "Hospice."

- Hospices have two less things to worry about, thanks to **Palmetto GBA's** question and answer set from the Nov. 17 Hospice Coalition meeting, which was released this month.

Item #1: Hospices don't have to have a new certificate of terminal illness signed by the patient's new attending physician of record if the patient makes a switch during a certification period, Palmetto says.

Item #2: And hospices don't have to complete another initial assessment if the patient unexpectedly changes residences. Medicare survey guidelines "require that the INITIAL assessment be conducted in the location where hospice services will be provided," Palmetto explains.

"The plan of care is developed from that initial assessment and from the comprehensive assessment. If the patient's condition improves [and she moves home from the hospital, for example], another initial assessment would not be necessary. The plan of care and the patient's medical record should be updated to reflect this change in the patient's condition."

- Need help understanding your duties with hospice notices of election and revocation? Home health MAC NHIC has issued two new job aids on the topics.

"The NOE must be submitted and processed prior to submitting the first hospice claim to Medicare," NHIC stresses in the election aid. Links to the aids are at www.medicarenhic.com/RHHI/rhhi_updates.shtml under the Jan. 6 post.

- Hold onto your wallets if your mileage reimbursement rates are tied to current gas prices.

Fuel prices have exceeded the \$3 mark again, with a \$3.07 per gallon national average at press time, compared to \$2.67 one year ago, according to the **U.S. Department of Energy's** Energy Information Administration. And observers expect the gas prices to keep climbing, according to news reports. Whether they will hit the \$4-plus per gallon prices last seen in 2008 remains to be seen.

If you don't reimburse mileage based on gas prices, you can expect a hit to employee morale due to the extra costs, experts warn.