



*"People
helping people
help
themselves"*

Mitchell E. Daniels, Jr., Governor
State of Indiana

Division of Aging MS-21

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E. Mitchell Roob, Jr. Secretary

**April 26, 2007 IHCP Hospice Work Group
(Reschedule date from Cancelled February 14, 2007 Meeting)
Meeting Location: Health Care Excel, Inc.
Meeting Time: 1:30 to 3:15 p.m.**

I. Introductions

Individuals present at the meeting were as follows:

- Harriet O'Connor
Indiana Hospice and Palliative Care Organization, Inc. (IHPCO)

- Sue Ann Reynolds
Family Hospice of NE Indiana, IHPCO

- Jim Leich
Indiana Association for Home & Services for the Aging (IAHSA)

- Kim Lashbrook
HCE Prior Authorization Unit

- Daryl Davidson
EDS Client Services

- Michelle Stein-Ordonez
Family and Social Services Administration, Division of Aging

II. September 26, 2006 Meeting Minutes

These meeting minutes were sent electronically to members on February 5, 2007.

III. FSSA, Division of Aging Outstanding Action Items

A. HEA 1873 Demonstration Waiver

The document has been submitted to Jeff Wells, State Medicaid Director, on April 25, 2007 for his signature so that Michelle can mail to CMS and also send electronically to the CMS contact .



Equal Opportunity/Affirmative Action Employer

B. Change Request 110-Dual Eligible Members

This system change as been implemented and has resulted in a reduction of workflow for hospice providers and HCE PA Unit. Some providers are not checking eligibility and are failing to use the one page form. Michelle noted that this creates unnecessary work for hospice providers and HCE and results in a delay in the authorization of hospice service dates for dual-eligibles in nursing homes.

Kim Lashbrook noted that HCE is processing the majority of prior Authorizations within 5 working days of receipt as a result of the Streamlining of this change order and another system change.

C. Pharmacy Hard Edit

Michelle is working to fine tune some aspects of this project. Once all is completed, Michelle and Mike Sharp will schedule a meeting with representatives of IHPCO, IAHHC and the pharmacy industry.

D. Hospice Length of Stays

Hospice length of stays continue to be monitored by the administration. Providers are encouraged to look at the FSSA Division of Aging website For copies of the monthly fiscal reviews. This Quarterly Fiscal Review will reflect a new length of stay chart that reflects LOS for 2004 to 2007. The website is www.LTCOPTIONS.in.gov

E. Special Batch Claims

Michelle will be submitting a request to the OET to determine if there can be a mechanism whereby providers can bill directly once LOC is entered. since the current process is cumbersome for providers, herself , EDS and HCE staff.

F. Potential Hospice Revenue Code 658

There is a problem in the system paying appropriately when there is Commercial insurance that pays for hospice care but does not pay for room and board. It results in an overpayment to the hospice provider. The goal is to correct this problem by requesting hospice revenue code 658 for Medicaid only members. This would be a system change.



G. CMS Clarification regarding nutritional supplements and corresponding room and board issues

CMS provided clarification that if the nutritional supplements are to treat the terminal illness it must be provided by the hospice if the patient resides in nursing facility or in a hospice inpatient unit.

H. Draft Hospice Provider Manual

The draft manual was released to IHPCO, IAHHHC, IHCA, IAHTSA and HOPE for review and comment by close of business May 11, 2007.

Michelle indicated that she is not opposed to convening the 5 associations to ensure that all concerns regarding room and board are addressed.

IV. Provider Association Agenda Items/Concerns

- Harriet asked how FSSA would handle notifying providers about the new Conditions of Participation for Hospice?
- Michelle noted that she would prepare a provider bulletin similar to the provider bulletin that was prepared for the Medicare Hospice Rule effective January 2006.
- Harriet noted that the new COPs will address hospice care in the nursing facility and asked Jim if he was aware of how the new long term care rules would address this issue. It would be problematic if one set of rules (hospice COPs) addresses the issue but the other set (nursing homes) does not.
- Jim indicated that he would look into that.
- Michelle noted that it is her goal to have the chapter regarding hospice care in nursing facilities to be added as a chapter in the long term care section of the Programs Manual. This can be one mechanism to ensure that both provider groups have the same information.

V. Standing Reports

A. HCE Hospice Authorization Report

- The HCE Top 5 Suspension Report is attached as Attachment A.
- Kim explained each suspension reason to the group. Then she asked if the group had any questions or concerns regarding hospice authorization.
- Harriet noted that she has members still commenting that they feel that HCE is performing focused medical review.
- Michelle noted that there are two issues at play here. Hospice providers do not always “paint the clinical” picture when submitting a request for hospice authorization. First of all, Medicare requests documentation for backend focused medical review whereas Medicaid authorizes services each hospice benefit period. It should be noted that when hospice providers do appeal thru administrative review and ALJ that an initial



denial is overturned once adequate documentation has been resubmitted to support a terminal rather than a chronic condition. Part of the problem is that the provider knows that patient very well and as a result sometimes does not transfer that case-specific information on the hospice authorization. Michelle noted that it was helpful for IHPCO members at IHPCO Regulatory Day to see the “good”, “mediocre” and “bad” example of documentation that were provided from actual PA requests in which PHI and provider specific information was blacked out. Michelle felt validated when members concurred that the “bad” example was not adequate. Michelle has also noted that she has seen poor documentation by hospice providers over the 10 years the program. The second issue that Michelle noted is that it is problematic when a hospice patient enters a seventh or higher benefit period and the reviewers see no change in condition for the prior benefit periods to explain why the person is still appropriate for hospice. If you expect Medicaid to authorize those services, the hospice needs to specify why the person is still appropriate. The hospice manual provides some very good guidelines from Palmetto on how to address this.

- Kim asked Harriet if she had reviewed the documentation samples that she and Michelle submitted for IHPCO Regulatory Day or if the providers who had expressed concerns regarding focused medical review had provided Harriet with examples of their documentation.
- Harriet noted that they had not and that she would take the look at the documentation provided for IHPCO Regulatory Day.
- Sue Ann asked if there was any mechanism whereby the hospice medical director’s physician certification on hospice agency form could be submitted. Her hospice had a request suspended because the hospice medical director put one line on the Medicaid hospice physician certification form but the agency physician certification provided a much better explanation. Can this also be included.
- Michelle and Kim noted that it is fine so long as the hospice continues to complete and sign the Medicaid hospice physician certification form and notes in the physician statement, please see attached physician certification.
- Michelle at this time wanted to bring to the attention that Kim and her staff were seeing white out and altered documentation. Altering Medicaid forms is a violation of medical records standards. Michelle will be calling the individual hospice administrators to discuss the case-specifics. It should be noted that sometimes non-medical staff complete these forms by copying from the hospices medical records; however, it is the responsibility of the hospice to ensure that legal documents are completed according to medical records standards. Education will be provided one time and if there is a recurrence, appropriate referrals will be made.



B. EDS Hospice Claims Statistics Reports

The top 10 hospice claims denial is attached at Attachment B. Daryl went through the report and asked if there were any questions.

Question: SueAnn Reynolds questioned the payment methodology when third party payer networks are involved.

Response: Daryl indicated that he would research and reply to Sue Ann and Harriet. He also will prepare a banner page for all hospice providers.

C. ISDH Updates

ISDH staff could not be present. No reports were submitted.

VI. New Issues By Group Members

There were no other questions from the group.

