



THE CORRIDOR GROUP, INC.

CHEX e-Letter

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QUARTER IV 2007

A Word From Debbie Scholl...

What a fast and busy summer! Thank you all for your patience and understanding as we transitioned into the new CHEX. All administrators had the opportunity to attend training on the new features and we have received great feedback on the changes and updates. We hope all administrators will participate on October 25 or Nov. 7 in a teleconference to review CHEX administrative reports. We plan to offer ongoing quarterly training on a variety of topics in 2008. Check the announcements on the *CHEX Home Page* and on the *My To Do List* to see dates and training topics.

We are constantly striving to improve CHEX and offer opportunities to our clients. In 2008, we will be facilitating a quarterly CHEX User Group to provide education and opportunities for you to network and learn from other CHEX users. The webinars will be from 1:00 to 2:30 PM CT on January 24, April 24, July 17 and October 30. Get the dates on your calendar and join us for the CHEX User Group!

I hope all of you have responded to the CHEX quarterly satisfaction survey emailed last week. You will receive surveys every quarter and we appreciate you taking the time to provide us feedback. We do listen and make changes and improvements and add new courses based on your suggestions!

Plans are to have the OASIS Competency course and tests updated with the new PPS Refinement changes in early December. You will receive an email notification when the updates have been made and the course has been posted. Look for updates to the Hospice course in the spring including OAPI information and COP changes.

2008 promises to be another exciting year for CHEX! We will add courses on quality improvement, coding, documentation and several other home care and hospice specific topics. We value your ideas, opinions and suggestions. We are available to you 8:00 AM to 5:00 PM CT Monday through Friday. Call Laurel Stith, CHEX Coordinator, or Debbie Scholl, Managing Director of CHEX, at 913-362-0600 or email lstith@corridorgroup.com or dscholl@corridorgroup.com.

Deborah Z Scholl, RNC

Additional Reports Training

In July 2007, TCG performed a major upgrade on the CHEX eLearning System, and clients were urged to participate in administrator training. Covered topics were how to add learners, delete learners, update learners' accounts, create curriculums and run administrator reports. As new features are explored, additional training has been requested. Plans are to schedule quarterly training beginning in October.

Please join us for **ONE** of the sessions below as we explore the new reports available to administrators:

- October 25, 2007 from 1:00 to

2:00 PM CT

- November 7, 2007 from 1:00 to 2:00 PM CT

During the reports training, the following topics will be addressed:

- How to save and schedule a recurring report
- How to access completed reports
- Different report templates available
- Contents of standard reports.

Contact Laurel Stith at 913-362-0600 or lstith@corridorgroup.com to enroll.

Welcome New Clients!!!

- *Estes Park Home Care and Hospice of the Estes Valley*
- *Lutheran Home Care Services, Inc.*
- *Neighborhood Health Agencies, Inc.*
- *Sharon S. Richardson Community Hospice*
- *Solara Hospice & Palliative Care*

Scheduled CHEX Black-Out Dates

We perform maintenance on the site one Sunday a month from 8AM to 6PM ET. The site will be unavailable during this time.

- October 7
- November 4
- December 2

CMS Announces Payment Changes

Late on Wednesday, August 22, The Centers for Medicare & Medicaid Services (CMS) issued a final rule to refine and update the Home Health Prospective Payment System (HH PPS) for Calendar Year (CY) 2008. This final rule adopted much of the structural and operational elements of the April 26 proposal. Refinements to the Medicare HH PPS as well as the annual update to the Medicare payment rates for home health services will disburse an estimated additional \$20 million in payments to home health agencies in CY 2008.

Home health payment rates have been updated annually by either the full home health market basket, or by the home health market basket as adjusted by Congress. The home health market basket increase for CY 2008 is 3.0 percent, which results in \$430 million in additional payments to home health agencies in CY 2008.

The final rule will continue to provide for an adjustment to the payment rates for the non-reporting of OASIS assessment quality data. HHAs that submit the quality data as required under current regulations will receive payments based on the full home health market basket update of 3.0 percent for CY 2008. If a HHA does not submit quality data, the home health market basket percentage increase will be reduced by 2.0 percentage points and the HHA will only receive a 1.0 percent update for CY 2008.

The change in the case mix creep adjustment is explained by CMS as due to its ongoing review of data through 2005. The original CMS proposal limited its focus to 2003. For the final rule, more detailed analysis was conducted on the 12.78 percent increase in case mix to see if any portion of that increase was associated with a real change in the actual clinical condition of home health patients. As a result of this analysis, CMS recognizes that an 11.75 percent increase in case mix is due to changes in coding practices and documentation rather than to treatment of more resource-sensitive patients.

To account for the changes in case mix that are not related to home health patients' actual clinical conditions, this final rule implemented a reduction in the national standardized 60-day episode payment rate for 4 years. That reduction will be taken at 2.75 percent per year for three years beginning in CY 2008 and at 2.71 percent for the fourth year in CY 2011. CMS is requesting comment on one aspect of the final rule concerning the fourth year's 2.71 percent reduction to the payment rates, and will continue to monitor for further increase in case mix that is not related to a change in patient status.

Currently HHAs are paid prospectively for 60-day episodes of care. The revised case mix system replaces the current therapy threshold of 10 visits per episode with three new therapy thresholds at 6, 14 and 20 therapy visits, with graduated payment levels between the thresholds, to reduce the impact of financial incentives on the delivery of therapy visits.

CMS implemented a modification to the low utilization payment adjustment (LUPA) and eliminated the significant change in condition (SCIC) payment adjustment. The rule implemented an increased payment for LUPA episodes that occur as the only episode or the first episode during a period of home health care to account for front-loading of costs in an episode.

CMS is changing the way non-routine medical supplies (NRS) are accounted for in the standardized 60-day episode payment rate. This rule implements a payment model for NRS based on 6 severity groups, similar to the clinical case mix model, to more accurately reflect home health agency costs. CMS added a sixth severity level, to the 5 levels described in the proposed rule, to address episodes with extremely high NRS costs.

<http://www.cms.hhs.gov/homehealthPPS/downloads/CMS-1541-FCdisplay.pdf>

CHEX Q&A

Q. One of my learners completed a CEU assessment and did not print the certificate. Could you go into the system and pull the certificate so my learner does not have to complete the assessment a second time?

A. To ensure learners are unable to print multiple CEU certificates without completing courses, the CEU regulatory body requires that a learner is given only one opportunity to print the CEU certificate. If the learner does not print the certificate at that time, he or she will need to retake the last module of the test.

Q. I had problems logging in—can you tell me why?

A. First, check the URL and make sure it says: <http://tcg.knowledgeplanet.com>. The URL changed when the system was upgraded. Second, make sure that you have entered your case sensitive login and password exactly as they were assigned to you. If you are still unable to access the system, contact Laurel Stith at 913-362-0600.

If you have CHEX questions, email them to chexinfo@corridorgroup.com or call 913-362-0600.



Controlling Nausea and Vomiting at the End of Life

"Management of Intractable Nausea and Vomiting in Patients at the End of Life," in the current *JAMA*, says that most nausea and vomiting near the end of life can be managed by a three-pronged approach:

- determining "the etiology of the presenting symptoms" through a careful physical examination;
- "using pathophysiology to determine the mechanism, and subsequently, receptors underlying the patient's nausea and vomiting," and
- selecting an antiemetic which works on the receptors causing the problem.

One study found three causes of nausea and vomiting accounted for the problem in about 75% of hospice patients:

- chemical abnormalities, such as drugs, infections, metabolic problems,
- "impaired gastric emptying," and
- "visceral and serosal" problems, such as bowel obstructions, bleeds, constipation and enteritis.

In taking the history and physical, the authors say that the nausea and vomiting and its associated symptoms should be carefully characterized, since they may give clues to the causes. In a table included in the article, "Clues to Specific Etiologies of Nausea and Vomiting," infrequent vomiting of large amounts of vomitus suggests partial or total bowel obstruction, while vomiting of only small volumes may indicate gastric stasis. Nausea and vertigo associated with movement may mean vestibular dysfunction, stiffness of the neck can imply meningeal disease and feeling full after eating only a small amount could mean autonomic insufficiency or gastric stasis.

The authors recommend nonpharmacological therapy as a first step in controlling nausea, such as avoiding strong smells and known nausea triggers and eating only small, frequent meals. Other tactics include relaxation techniques and acupuncture or acupressure.

In choosing a pharmacologic therapy, the authors prefer a mechanism-based scheme, saying, "It facilitates a systematic approach to caring for the patient, identifies all potential symptomatic contributors, directs therapy, and minimizes the risk of overmedicating a vulnerable population." In practice, however, they acknowledge that "multiple etiologies are often at play and patients are acutely symptomatic on presentation," thus requiring empirical treatment. In such cases they "favor initiating medications that target the D2 receptor, such as metoclopramide, prochlorperazine, or haloperidol."

The authors include three detailed tables as suggestions for treatment:

- "Common Clinical Scenarios Associated with Nausea and Vomiting at the End of Life," with scenarios, references, nausea and vomiting mechanism, and first-line antiemetics;
- "Antiemetics," with brand and trade name, primary receptor site, dosage and route, major adverse effects, and cost; and
- "Selected Studies Supporting Use of Common Antiemetics," with source, intervention, number of participants, outcomes, length of followup, results and adverse events.

If the nausea and vomiting are intractable after aggressive attempts to control it, patients with a limited life expectancy may be candidates for palliative sedation.

The Hospice e-News from Florida Hospices and Palliative Care

Changes to *Introduction to Ethics* and New CEU Courses

The *Introduction to Ethics* course has been updated, and now contains content discussing *Patient and Family Rights* and *Responsibilities in Home Care*. The lists provided in the course are examples, and learners should ask their supervisors for a copy of their agency's *Patient/Family Rights and Responsibility Policy* to ensure all agency specifics are discussed. The test has also been updated with additional questions.

You asked and we listened! The following home care courses are now available both with and without CEU credits.

- CNE CHEX—Common Challenges for Home Care Providers—1.2 CEU
- CNE CHEX—Hospice 101—1.2 CEU
- CNE CHEX—Home Care Regulations—1.1 CEU
- CNE CHEX—Introduction to Home Care—1.1 CEU
- CNE CHEX—Outcome and Assessment (OASIS) in Home Health Care—1.2 CEU



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“Do the right thing...right”



Joint Commission and CHAP Home Health and Hospice Manuals

Keep your organization running at its optimal level with TCG's Operational Policies & Procedures and Human Resources Administration manuals based on Joint Commission and CHAP standards.

Developed and updated quarterly by industry experts, manuals are Medicare, Joint Commission or CHAP and HIPAA compliant, comprehensive and exactly what your organization needs to maintain regulatory compliance, meet accreditation standards and effectively manage operations.

All CHEX subscribers receive 15% off the regular price through December 31, 2007.

CHEX User Group

What exactly is a user group? The broad definition of a user group is “a group of people meeting to share a common bond or education objective.” User groups act as educational forces that explore and disseminate information about products, services, applications and opportunities.

We want to assist CHEX clients by creating a community to centralize knowledge where members can explore, use, process and exchange ideas. The user group generates a no-cost resource and a support network for the end user. This is an opportunity to provide ongoing CHEX education, incorporate members' ideas into product improvement, and share with others what works/does not work with their CHEX Program.

The key to creating an effective user group is member involvement. In an ideal user group, members are involved and manage the group. New members are welcomed and recruited by current members. Meetings are held regularly to assist in maintaining a steady stream of communication.

Take this moment to encourage the growth and development of the CHEX User Group by volunteering to lead a session. The next CHEX User Group is scheduled for January 24 from 1:00 to 2:30 PM CT. If you have not previously attended a session and would like to attend, contact Laurel Stith at lsthith@corridorgroup.com to add your name to the CHEX User Group roster.

Quotes

Happiness is a form of courage.
~Holbrook Jackson

Nurses are the heartbeat of health care.
~Author Unknown

Courage is being afraid but going on anyhow.
~Dan Rather

What lies behind us and what lies before us are tiny matters compared to what lies within us.
~Ralph Waldo Emerson

The best way to gain self-confidence is to do what you are afraid to do.
~Author Unknown

The human spirit needs places where nature has not been rearranged by the hand of man.
~Author Unknown

Nature does not hurry, yet everything is accomplished.
~Lao Tzu

The sky is the daily bread of the eyes.
~Ralph Waldo Emerson

Courage is the ladder on which all the other virtues mount.
~Clare Booth Luce



The Corridor Group is a visionary leader for consulting and education for the home care and hospice industries. We are problem solvers and innovators who, through collaboration with our clients and one another, deliver results!