Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
June 18, 2014
7:30 a.m.

BOARD BRIEFING BOOK

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Center for Hospice Care
choices to make the most of life

CHAPTER ONE

AGENDA

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
June 18, 2014
7:30 a.m.

A G E N D A

1. Approval of April 16, 2014 Minutes *(action)* – Corey Cressy (2 minutes)

2. President's Report *(information)* - Mark Murray (10 minutes)

3. Finance Committee *(action)* – Wendell Walsh (8 minutes)
   (a) April and May Financial Statements

4. Personnel Committee *(action)* – Corey Cressy (4 minutes)
   (a) Human Resources Policies Manual 2014-2016

5. QI Committee Meeting *(information)* – Julie Englert (4 minutes)

6. Foundation Update *(information)* – Terry Rodino (10 minutes)

7. Board Education – TED Video, Dan Pallotta, "The Way We Think About Charity is Dead Wrong" (19 Minutes)

Dan Pallotta is a builder of movements. He invented the multi-day charitable event industry. He created the Breast Cancer 3-Day walks and the multi-day AIDS Rides, which raised in excess of half a billion dollars in nine years. The model and methods he created are now employed by dozens of charities and raise in excess of $100 million annually for important causes from pediatric leukemia to AIDS to suicide prevention and many others. He is the founder and Chief Humanity Officer of Advertising for Humanity, an agency dedicated to the expansion and transformation of high-impact humanitarian organizations. He is the founder and President of the Charity Defense Council, a national leadership movement dedicated to transforming the way the donating public thinks about charity and change.

8. Chairman's Report *(information)* – Corey Cressy (3 minutes)

Next meeting August 20, 2014 at 7:30 a.m.

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Center for Hospice Care
choices to make the most of life

CHAPTER TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
April 16, 2014

Members Present:	Amy Kuhar Mauro, Carol Walker, Corey Cressy, Francis Ellert, Mary Newbold, Michael Method, Sue Morgan, Terry Rodino Tim Portolese, Tim Yoder, Wendell Walsh
Absent:	Anna Milligan, Becky Asleson, Carmi Murphy, Julie Englert
CHC Staff:	Mark Murray, Amy Tribbett, Dave Haley, Karl Holderman, Mike Wargo, Becky Kizer

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:30 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 02/19/14 meeting as presented. The motion was accepted unanimously.	T. Rodino motioned M. Newbold seconded
3. President's Report	• Welcome to Rose Kiwanuka, National Director of PCAU. She will do the Board Education section of today's meeting. • April census – so far ADC is at 359, and yesterday's ADC was 369. We budgeted for an ADC of 333 under the current payor case mix. Elkhart Hospice House census is up. One of our medical directors was hired by EGH through a contractual relationship with us to be their director of palliative care for about ten hours a week and believe this is helping. When looking at the Elkhart and South Bend Hospice House YTD census comparisons from, remember that the Elkhart unit was closed for a month in January/ February 2013 to redo the floors and those patients went to South Bend. • The first Mayo Clinic Fellow completed her rotation this month. In her exit interviews she rated her experience excellent. • Our three medical directors continue to be very busy, especially with the additional CMS requirements for face-to-face visits and physician narratives. Now that Dr. Burger is at EGH ten hours a week, we are looking for an additional medical director. We are also advertising for a nurse practitioner which is easier to recruit for and an NP can do some of these things our physicians are doing and meet the regulations and free up some time. We expect requests for more palliative care consults will only increase. The palliative care center is about 80% done and we expect programming to begin there later in the year. • The Helping Hands Award Dinner honoring Bob Deputy is May 7th. • We have been meeting with several nursing home organizations regarding a	

Topic	Discussion	Action
	collaborative program where they would choose CHC to be their preferred provider for hospice care. We will do volunteer training at their facility, provide a designated team, and other benefits. Also co-branding their marketing of the collaboration. So far we have met with Miller's Health System and Hamilton Grove. • Meeting tomorrow with the Franciscan Select Health Network ACO (Accountable Care Organization). The positive thing about this is organizations are already thinking about end of life as part of their ACO and have asked CHC to meet with them. • Our marketing department is putting together a Facility Protocol Project to better know our customers and their preferences. The community liaisons are meeting with the DONs of facilities and getting more information things our staff needs such as codes to enter the building, nearest pharmacy, names of staff contacts, etc. It has been very well received by the ECFs. We have contract with over 80 ECFs. • Volunteers – We are doing a better job tracking volunteers and discovered we have over 500. We are required by Medicare to track volunteer hours and mileage. In 2013, our volunteers provided 17,310 hours of service, drove 42,599 miles, and saved us $402,412. Over 200 people attended Volunteer Recognition on 04/02 at the Century Center. Pauline Pierson was the 2014 recipient of the John Krueger MD Hospice Caring Award. Connie Nyerges was acknowledged for volunteering for 30 years. The guest speaker was author Joyce Sheldon. • CHC was the recipient of the Chamber of Commerce of St. Joseph County's 2014 Economic Impact Award. • The NHERT (National Hospice Executive Roundtable) met with The Advisory Company during the NHPCO Management Leadership Conference in Washington DC for a one day program with ten of their research, data gatherers, and advisors. It was very valuable. NHERT meets three times a year. At the May meeting the CFOs will also attend. • Today is National Healthcare Decisions Day. Mark wrote an op ed piece which was in the South Bend Tribune on Saturday on advance directives. We are working with True North on a beta project where people can go on the Internet and choose a health care proxy and store it in the cloud. We will pilot the program with our staff. • Current industry challenges are detailed in the President's Report. We are working through the Medicare D process that begins 05/01.	
4. Finance	• The finance committee met with the auditors yesterday to review the 2013 audit. It	

Topic	Discussion	Action
Committee	was a highly complementary audit thanks to our CFO and his staff. It was a clean audit. There were no material weaknesses, significant deficiencies, deficiencies or best practice recommendations. There is a small glitch within the Cerner system in accounts receivable, which staff was aware of and is tracking manually, until Cerner repairs it, but it did not meet the threshold of materiality. • Finance committee approved and recommends the board approve the audit for 2013. A motion was made to accept the 2013 audit as presented. The motion was accepted unanimously. • Financial Statements – The first quarter 2014 financial statements were reviewed. March 2014 operating revenue was $1.5 million, interest & other income $10,000, beneficial interest in the Foundation was down $80,000, total revenue $1.5 million, total expenses $1.4 million, net gain $30,000, net without beneficial interest $111,000. YTD operating income $4.5 million, interest & other revenue $21,000, beneficial interest in Foundation loss of $14,000, total revenue $4.5 million, total expenses $4.2 million, net gain $308,000, net without beneficial interest $322,000, compared to $291,000 at this time in 2013. • A motion was made to approve the December 2013 and First Quarter 2014 financial statements as presented. The motion was accepted unanimously.	M. Method motioned F. Ellert seconded M. Method motioned T. Portolese seconded
5. Policies	• Four revised policies were reviewed. The changes reflect current practices. The policies were "Bereavement Plan of Care," "Bereavement Risk Assessment," "Bereavement Services," and "Clinical Record." A motion was made to accept the revised policies as presented. The motion was accepted unanimously.	C. Walker motioned T. Yoder seconded
6. Foundation Update	• Fundraising expenses and total fundraising so far are down from 2013, because we got a late start on the Helping Hands Award Dinner. However, as of yesterday we have received $135,000 in revenue for the Dinner. • A Circle of Caring luncheon was held on 03/10 at the Mishawaka Campus. About 30 people attended. • Working on 29th Annual Walk for Hospice and the 6th Annual Bike Michiana for Hospice. We have developed some PSAs that will run on TV and also be posted to	

Topic	Discussion	Action
	our website. • Roberta Spencer, retired CHC employee, was in Uganda for six weeks earlier this year. This is her fourth year going there as a volunteer to work on a variety of initiatives. Rose Kiwanuka attended the NHPCO Management & Leadership Conference in Washington DC in March. She has been visiting us for four weeks. There is a farewell reception for her tonight from 5:00-7:00 p.m. at the Mishawaka Campus. • The Road to Hope Program currently has 17 children enrolled. A new teaser for the documentary is now available on our website • Mishawaka Campus – 80% of the palliative care center is complete. Working on developing the grounds between the building, river and park to create a more welcoming environment that connects up to the river walk. • We had been approached by the executor of the estate of Richard Everett who owned the house on the corner of Madison and Pine across from the Mishawaka campus. We purchased the property. No immediate plan for it, but gives us a critical spot adjacent to the campus and control the look and feel of that area. • Annual Appeal has raised $82,000 of its $100,000 goal. The event runs through the end of May, and then the Friends of Hospice campaign will begin. • Working on a capital campaign which will be launched in the near future. Already getting some commitments. It will be entitled "Cornerstone for Living: The Crossroads Campaign." Next issue of Crossroads should be out shortly. • Continuing to talk with various people about the Road to Hope Fund. We don't want to cannibalize our own donor base; we are looking at the rest of the world to provide that funding. People are beginning to get excited about what we are doing in Uganda, especially with Road to Hope.	
7. Board Education	• Rose Kiwanuka provided an update on our partnership with PCAU. She thanked the board for helping them to meet their objectives and mission. They started in 62 districts and are now in 82. Remember if anyone asks, the only money we send to PCAU is money donors have specifically designated to go to this project.	
8. Chairman's Report	• The Family Evaluation of Hospice Care (FEHC) survey is sent to families a few months after the death of patient. Two questions we track closely are: (1) Generally speaking, would you say that you had a positive experience with CHC; and, (2) Based on the care the patient received, would you recommend CHC to others. Of 1,025 responses, 1,015 responded yes, or 99%. Compliments to Mark and his entire	

Topic	Discussion	Action
	team.	
Adjournment	• The meeting adjourned at 8:30 a.m.	Next meeting 06/18

Prepared by Becky Kizer for approval by the Board of Directors on 06/18/14.

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Julie Englert, Secretary Becky Kizer, Recording Secretary

Center for Hospice Care
choices to make the most of life

CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
Hospice Foundation
President / CEO Report
June 18, 2014
(*Report posted to Board Website June 12, 2014)*

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from April 17 – June 18, 2014.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

The last two months have been record breaking patient care months at CHC. At 512, CHC served more patients in a single month during May than any single month in history (during calendar *year* 1995 we saw just 466 patients). The agency broke all-time high one day census records 11 times during April. The new one day high census record of 384 occurred on 04/19 and again on 04/30. The average daily census (ADC) year to date is running 9.42% higher than at the same time last year. Original admissions are running about 2% higher than at the same time in 2013 and we are on target to serve 2,194 patients in calendar year 2014. Both Hospice Houses combined had an ADC of 11 patients during May and four days of the month both were at capacity with seven patients each.

May 2014	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	512	1,092	1,085	7
Original Admissions	160	787	774	13
ADC Hospice	361.45	334.71	301.00	33.71
ADC Home Health	14.39	16.20	19.70	(3.50)
ADC CHC Total	375.84	350.91	320.70	30.21

April 2014	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	502	932	938	(6)
Original Admissions	169	627	627	0
ADC Hospice	352.97	327.80	297.61	30.19
ADC Home Health	15.43	16.67	21.22	(4.55)
ADC CHC Total	368.40	344.47	318.83	25.64

Monthly Average Daily Census by Office and Hospice Houses

	2014 Jan	**2014** Feb	**2014** Mar	**2014** Apr	**2014** May	**2014** June	**2013** July	**2013** Aug	**2013** Sept	**2013** Oct	**2013** Nov	**2013** Dec
S.B.:	196	202	212	211	214		174	189	195	198	194	201
Ply:	62	72	71	79	76		60	57	65	61	62	59
Elk:	53	51	60	68	75		70	68	66	67	66	58
SBH:	5	6	5	6	6		5	4	5	4	4	4
EKH:	4	4	6	4	5		4	3	4	3	3	2
Total:	321	335	353	368	376		313	321	334	333	329	324

HOSPICE HOUSES

May 2014	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	35	141	169	(28)
SB House ALOS	5.26	6.09	5.20	089
SB House Occupancy	84.79%	81.27%	83.07%	-1.80%
Elk House Pts Served	35	129	106	23
Elk House ALOS	4.20	5.33	5.42	(0.09)
Elk House Occupancy	67.74%	65.09%	54.40%	10.69%

April 2014	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	39	116	141	(25)
SB House ALOS	4.28	5.82	4.89	0.93
SB House Occupancy	79.52%	80.36%	82.02%	-1.66%
Elk House Pts Served	28	101	81	20
Elk House ALOS	4.61	5.36	4.96	0.40
Elk House Occupancy	61.43%	64.40%	47.86%	16.54%

PATIENTS IN FACILITIES

Of the record number 512 patients served in May, 162 resided in facilities. Of the 502 patients served in April, 168 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during May was 129; April was 127 and YTD through May 2014 was 122.

FINANCES

Karl Holderman, CFO, reports the April and May Financials will be posted to the Board website on Friday morning, May 13th following Finance Committee approval. For information purposes, the non-approved April 2014 financials are below.

April 2014 Financial Information

Center for Hospice Care

(Numbers include CHC's beneficial interest in the Hospice Foundation including its loss / gain)

April Overall Revenue	$	1,702,059	Year to Date Overall Revenue	$	3,036,989
April Total Expense	$	1,493,086	Year to Date Total Expense	$	2,759,758
April Net Gain	$	208,973	Year to Date Net Gain	$	277,231

Hospice Foundation

April Development Income	$	188,155	Year to Date Development Income	$	364,770
April Investment Gains (Loss)	$	51,868	Year to Date Investment Income	$	337,633
April Overall revenue	$	240,103	Year to Date Overall Revenue	$	708,139
Total April Expenses	$	259,545	Total Year to Date Expenses	$	742,369
April Overall Net	$	(19,442)	Year to Date Overall Net	$	(34,230)

Combined

April Overall Revenue	$	1,961,605	Year to Date Overall Revenue	$	6,991,096
April Overall Net Gain	$	208,973	Year to Date Overall Net Gain	$	516,929

At the end of April 2014, the overall combined net gain for CHC / HF was $516,929. CHC's Year to Date Net without the beneficial interest in the HF was $551,160.

At the end of April 2014, the Foundation's Intermediate Investments totaled $4,369,469. Long Term Investments totaled $15,698,978.

CHC's assets on April 30, 2014, *including* its beneficial interest in the Hospice Foundation, totaled nearly $34.2MM. At April 30, 2014 HF's assets alone totaled just over $34.1MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled nearly $5.9MM.

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports on June 4 the kitchen at the South Bend Hospice House was inspected by a representative for the Indiana State Department of Health. We were found to be in full compliance with all applicable standards during the Indiana Retail Food Establishment Sanitation Requirements during the inspection of the kitchen.

Dave, Karl Holderman, and I have been engaged in meetings with several national pharmacy providers to explore whether there are savings which can be obtained with this very large expense item in the CHC budget. We not unhappy with our current provider, Enclara, but feel the need to shop around every few years and also let our current vendor know that we are doing this. We have met with two potential new pharmacy vendors already and have a third meeting scheduled next week.

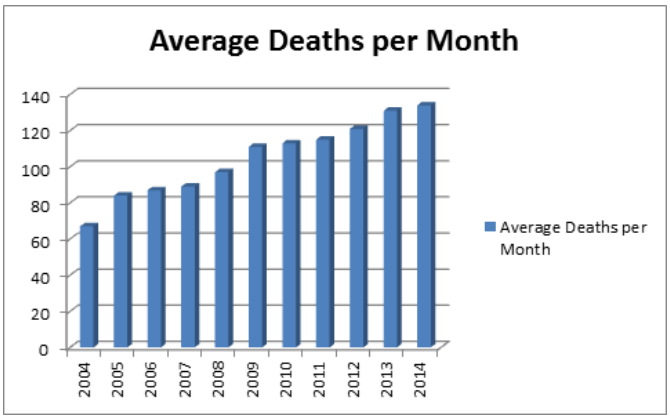
Dave and I have continued to meet with nursing facility leadership to discuss our formal "Collaborative Partnership" arrangements which include CHC as the Preferred Provider of Hospice Services in exchange for CHC providing to the facility a customized end-of-life care program for their residents, co-branding and marketing this specialized program to the community, implementing a nationally recognized end-of-life training program for their staff, providing pain/symptom management consultation to their residents as a potential precursor to hospice, incorporating an "assigned team" for that facility to provide continuity of care and familiarity for their staff, and creating an on-site CHC volunteer program to recruit and train specific CHC volunteers that would be assigned specifically to that facility. Dave and I have met with leadership from Miller's Merry Manor who operate seven facilities in the CHC service area, Hamilton Grove in New Carlisle, and Southfield Village in South Bend.

Dave and I have been attending meetings of the newly formed Franciscan Select Health Accountable Care Organization (ACO). An ACO is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated health care providers forms an ACO, which then provides care to a group of patients. The ACO may use a range of payment models (capitation, fee-for-service with asymmetric or symmetric shared savings, etc.). This is an organization which will eventually contract to provide healthcare services to a certain defined Medicare population. We are pleased that end-of-life care was on their agenda so early in the development of this ACO and also pleased that CHC is the only hospice provider at the table.

Amber Burger, MD has performed a total of 102 Palliative Care consultations with patients at Elkhart General Hospital from March 18, 2014 through June 9. She is EGH's lead palliative care physician and EGH is contracting with CHC for these services.

Joel Cohen, MD has started doing patient face-to-face visits for us on May 31. Dr. Cohen is a radiation oncologist who will be assisting us in this activity on a part-time basis. He will be determining and certifying that there is a continued decline in a patient's condition. This will greatly assist our three full-time physicians with management of their time. There were a total of 91 such visits scheduled to be completed during the month of May alone.

Dave reports that along with our recent record breaking average daily census, we have experienced a new record in the number of deaths per month. As of the end of May, we have a year-to-date average of 134 deaths per month. This is an average of a death slightly more than one every 5 ½ hours. The following graph illustrates this change over time. This does not include DBAs (those who were referred to us but did not live long enough to be admitted). This affects the number of emergency visits made as well as the workload for the CHC Bereavement Department. Dave has supplied the graph below to visually display the increase over the last 11 years.



Dave Haley's Census Charts are contained as an attachment to this report.

DIRECTOR OF NURSING UPDATE

Donna Tieman, RN, BA, CHPN reports the Quality Assurance department is working to develop a new audit process that will focus on keeping CHC survey ready, from a state and federal perspective, every day. The ultimate goal will be to transition from a retrospective audit process to a proactive audit format. The initial audit redesign will address the national top 5 hospice survey deficiencies identified in 2013.

Four CHC hospice nurses are scheduled to take the Certification in Hospice and Palliative Nursing exam in June.

Donna Tieman participated in a survey for the National Council of State Boards of Nursing that will impact the board exam nurses take in the future. The survey contained questions related to end-of-life care. The survey is intended to help state boards of nursing to identify focus areas for education in nursing schools.

The nursing department completed the final module for the Pediatric version of the End-of-Life Nursing Education Consortium (ELNEC). The completion of Module 10 of the Pediatric ELNEC course represents one full year of education our nurses received to assist them in the delivery of best practice, compassionate end of life care for children and their families. Going forward, the Pediatric ELNEC curriculum will be incorporated into our nursing orientation program to support the CHC mission of providing a well-developed Pediatric Hospice program.

Representatives from the nursing department attended the St. Joseph and Elkhart County Emergency Preparedness meeting held at Notre Dame. The meeting group is comprised of area hospitals, EMS personnel, and key healthcare entities. The focus is on pandemic infectious outbreaks, as well as natural disaster response. The Mishawaka campus was identified as a host site for the next meeting. Date to be determined.

HOSPICE FOUNDATION VP / COO UPDATE

Mike Wargo, VP/COO, Hospice Foundation (HF), reports…

Fund Raising Comparative Summary

Through May 2014, the Development Department recorded the following calendar year gift totals as compared with the same period during the prior four years:

Year to Date Total Revenue (Cumulative)

	2010	2011	2012	2013	2014
January	64,964.45	32,655.69	36,775.87	83,619.96	51,685.37
February	108,025.76	64,530.43	88,893.51	166,563.17	109,724.36
March	231,949.73	165,468.92	194,345.35	264,625.29	176,641,04
April	354,644.69	269,676.53	319,818.81	395,299.97	356,772.11
May	389,785.41	332,141.44	416,792.85	446,125.49	427,057.81
June	477,029.89	427,098.62	513,432.22	534,757.61	
July	532,913.52	487,325.01	579,801.36	604,696.88	
August	585,168.77	626,466.72	643,819.01	783,993.15	
September	671,103.04	724,782.28	736,557.59	864,352.82	
October	992,743.37	1,026,728.58	846,979.95	922,261.84	
November	1,043,750.46	1,091,575.65	895,164.28	969,395.17	
December	1,178,938.91	1,275,402.38	1,027,116.05	1,185,322.83	

Year to Date Monthly Revenue

(less Elkhart Hospice House capital campaign, bequests and one-time major gifts)

	2010	2011	2012	2013	2014
January	52,442.49	32,110.69	32,309.58	83,380.18	51,685.37
February	41,364.37	30,644.74	43,783.64	82,943.21	43,038.99
March	65,886.51	99,796.42	102,351.84	98,212.12	66,916.68
April	104,544.96	97,332.61	123,998.46	130,674.68	180,156.07
May	33,768.72	51,753.98	90,909.04	40,825.52	100,285.70
June	74,084.48	90,718.18	92,036.89	65,815.51	
July	55,278.63	53,536.39	62,069.43	69,939.27	
August	51,240.25	83,202.86	64,017.65	92,732.69	
September	85,629.27	94,000.56	92,808.58	80,335.67	
October	66,061.97	47,779.09	65,904.80	56,439.02	
November	49,247.09	48,284.08	46,674.33	47,133.33	
December	115,188.45	133,617.73	111,236.77	130,277.99	
Total	**794,737.19**	**862,777.33**	**928,101.01**	**978,709.19**	**442,083.81**

Major Gifts

Work in April and May on our comprehensive capital campaign, *Cornerstones for Living: The Crossroads Campaign,* included screening and classification of the highest levels of major gift donor prospects. Work continued toward submitting a grant request for a large gift from a local foundation. We received a verbal commitment of a $50,000 pledge and are presently working with the donor on a pledge schedule. Major gift cultivation work is ongoing and includes contacting donors, prospective donors and foundations capable of making significant campaign gifts. They are being contacted to schedule meetings and tours of the new facility as we begin moving into the quiet phase of the campaign. Research about prospective campaign donors, foundations and corporations is ongoing and targeted gift ranges are being assigned to donors as a byproduct of research. This information provides a pathway for us to define our approach to various donors during the silent phase of the campaign. Several additional interviews to be included in the campaign video took place in April.

Planned Giving

Work on an estate gift of $30,000 took place in May, but it will not be recorded until the funds are distributed to the Foundation. In addition, Wells Fargo Advisors contacted us about being named as a benefactor of an IRA that is part of an estate, and we are working with them to process the gift. No estate gift distributions were received in April or May. Chris Taelman attended a symposium on planned giving, which was coordinated by the Community Foundation of Marshall County that included a very useful toolbox information packet.

Annual Giving

This year's Friends of Hospice direct mail campaign was turned over to the mailing house at the end of May. The campaign explores the theme of friendship: that friendships sustain us, that memories we share with and about friends is particularly important this time of year and that we all count on our friends which leads to our ask that we rely on donations from our annual Friends of Hospice appeal to help keep our promise that no one eligible for hospice care will be turned away, regardless of their ability to pay.

The goal for this year's appeal is to better last year's numbers of 377 donors and $46,070.34. Our internal target numbers are 400 donors and $50,000.

Special Events & Projects

The 2014 dedication of memorial items for the Elkhart campus Gardens of Remembrance and Renewal was held on June 3 with 63 people in attendance. Items dedicated included 28 bricks, two flowering trees and a bench. Also dedicated at the event was a six-foot heart, which was originally auctioned at Elkhart General Hospital Foundation's "Have a Heart" fundraiser. "Healing Light" was painted by Ryan Singleton and donated to CHC by Holly and Scott Troeger.

April and May were filled with events, the biggest being the 30th Annual Helping Hands Award Dinner, which was held on May7th at the Hilton Garden Inn and honored Bob Deputy of Elkhart. The event was chaired by Becky and Corey Cressy, with Art Decio serving as honorary chair; 490

people attended. Gross revenue from the event was $224,245, making it the 4th highest grossing HHAD in our history. Since its inception in 1985, the event has raised $3,295,091.

In April we hosted a Bon Voyage party for Rose Kiwanuka, Country Director, Palliative Care Association of Uganda (PCAU) in the Mishawaka Campus conference area. It allowed all those who had met with Rose – or who were unable to make it to the many Okuyamba screenings and events she attended – a chance to say best wishes and farewell. More than 75 people came to give their regards. PCAU is our partner program through the Global Partners in Care, formerly FHSSA, formerly Foundation for Hospices of Sub-Saharan Africa.

The St. Joseph County Chamber of Commerce held its May Business After Hours event at our Mishawaka Campus on May 21st. More than 120 people came to enjoy hors d'oeuvres, a cash bar and networking opportunities. CHC/HF staff gave tours to a number of visitors as well. We will also be hosting a Greater Elkhart Chamber of Commerce Business After Hours event here on August 19th.

Upcoming events include the 29th Annual Walk for Hospice, which will start from the Mishawaka Campus for the first time, scheduled for August 10th. The ceremony will take place halfway through the Walk, at the Battell Park band shell, where we will also have music and ice cream available. Other plans include encouraging more businesses and organizations to field teams and refreshing the layout and architecture of the web site to encourage pre-registration and fundraising.

We currently have nearly 200 riders registered for the 6th Annual Bike Michiana for Hospice, scheduled for September 14 at St. Patrick's County Park. The event is already being promoted via RacePlayMichiana locally, Bike Indiana statewide and the Mike Bentley bike site regionally. We have produced two promotional television spots (:60 and :30), which will be used as PSAs with our media sponsor and other local television stations over the summer.

Third-Party Fundraising

Center for Hospice Care was chosen as a runner up in the Gurley-Leep "Driven to Give Event," which resulted in $250 being donated to our organization.

Communications

The spring issue of Crossroads was sent to more than 34,000 households in early May. To commemorate the 40th Anniversary of Hospice in America, it featured the first in a 4-part series of stories about the history of the hospice movement. It also included stories on CHC receiving the St. Joseph County Chamber of Commerce's Economic Impact Award, upcoming events and a story by Brandi Milloy of PopSugar (an online media network of websites oriented toward a female audience which attracts 20 million unique visitors worldwide each month) about her volunteer experience at PCAU.

Initial designs for *Cornerstones for Living: The Crossroads Campaign* has been completed and the first brochure is currently being designed. For the "quiet" phase of the campaign the following print materials will be produced: a campaign positioning brochure, a capital giving brochure, an endowment giving brochure and a planned giving brochure. Ancillary materials will include

smaller pieces on special giving opportunities, a pledge card and folder. The print materials will be supplemented by a campaign video, electronic presentations and a private campaign web site.

Global Partners in Care/PCAU

Rose Kiwanuka spent four weeks in the US, attending a number of events. She attended NHPCO's Management and Leadership Conference during her first week, where spoke at the annual FHSSA breakfast. At the conference FHSSA announced their name change to Global Partners in Care. Other presentations and meetings included visits with the Kellogg Institute for International Studies and the Eck Institute for Global Health, both of which sponsor internships with PCAU; ND partners and potential partners; a presentation to Holy Cross College students and faculty; a presentation to the Compassionate Care in Medicine Club at Notre Dame; a lunch presentation to nursing and social work students, faculty, and alumni at IU South Bend; and a number of meetings with CHC/HF staff.

Rose, Denis Kidde, HF International Programming Representative, and Mike Wargo represented CHC/HF at a Hollywood celebrity event to raise money for the Road to Hope Fund on April 14th. Gross revenue for this inaugural event was $28,705, the proceeds of which will be earmarked for the Road to Hope Fund. The event committee included celebrities Torrey DeVitto (who headed up the committee), Brant Daugherty, Chris Evans, Ian Harding, Arielle Kebbel, Bethany Joy Lenz, Lindsey McKeon, Brittany Snow, and Daphne Zuniga. In addition, PCAU volunteer and television host Brandi Milloy was on hand to conduct Red Carpet interviews during celebrity arrivals, the footage from which will be used to create a promotional video for next year's event. Nearly 200 people attended the event held at Bootsy Bellows Nightclub in West Hollywood.

Road to Hope Program/Documentary

The Road to Hope program now has 16 children enrolled, 14 of whom were treated to a Camp Evergreen experience, Uganda style, in May. The aim of bringing them together is to get to know each other and to share their experiences, bond with staff and allow staff to feel part of the program, and to create a strong PCAU family. The children journeyed to Kampala where they shared experiences and met with PCAU staff that provided emotional and practical support during the "camp" experience. During their stay, the children were treated to fun activities, which included visiting the wildlife center/zoo and international airport. Those with sponsors also wrote thank you letters to their sponsor(s).

George Bazaire, the inspiration for the program, is an illustration of how PCAU, and by extension, CHC/HF through the Road to Hope Fund, work diligently to assure the children continue to be cared for in the best manner possible. After camp, George expressed how unhappy he was in his current boarding school situation. As he has no appropriate family guardianship, the decision was made by PCAU to find a school in Kampala so the staff there can continue to oversee his care.

Additional footage to round out the various stories in the Road to Hope film has been shot during the past couple of months. Editing is in full swing and is expected to continue through summer, with a scheduled release in late 2014.

Mishawaka Campus

Build-out of the new Center for Palliative Care at the former Edgewater Florist building is very near completion. Exterior improvements, including landscaping and resurfacing the parking lot, will continue through summer. It is hoped that programming at this location will get underway by the end of the year once we have the staff available. Even if programming doesn't begin for some time, it was less expensive to perform this construction build out now rather than wait until 2015 or later. Work will begin very soon on the campus grounds completion project. Once completed, the campus will have a much more finished look and feel. Significant visual improvements, including signage, are planned at both main campus entry points on Cedar Street. The areas surrounding all of the campus buildings, which were not completed during Phase I construction, will get fresh landscaping. The green space between the main buildings and the River Walk will be completed, and will include seating nodes, a veteran's memorial, walkways and perimeter fencing.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports...

Marketing & Access Update – April & May

Outreach and Liaison Visits:

Number of Pre-Assessments	32
Number of Hospital Visits	57
Number of Extended Care Facility Visits	107
Number of Assisted Living or Continuing Care Retirement Community Visits	24
Number of Physician Practices	55

Lunches and Speaking Engagements:

- Holy Cross House Nursing Staff; Documentation of Decline In-service.
- General Inpatient Level of Care inservice four times at SJRMC Plymouth Campus.
- IUSB Death and Dying Class (19) – Presentation using Consider the Conversation to the Death and Dying class. This has been a great program to be a part of presenting at each semester right toward the end of the semester.
- Veterans Club at Hubbard Hill Retirement Community.
- Memorial Hospital Department of Social Services coffee.
- Southfield Village: Documenting Patient Decline day shift inservice.
- Southfield Village: Documenting Patient Decline afternoon shift in-service.
- Aging Gracefully Series in Middlebury sponsored by CHC, Council on Aging, and Middlebury Ministerial Association, among others. CHC is one of the major sponsors for the event and the first one in the series to highlight Hospice. We presented the documentary "Consider the Conversation" and had a panel discussion after the showing. CHC Medical Director, Amber Burger, MD, was one of the panel experts. Well received by all and 66 in attendance.
- Attended the Elkhart General Home Care Resource Fair for their staff. There were only 20 booths and five were different hospice providers.

Miscellaneous Referral Source Meetings:

- Heritage Point Alzheimer's Special Care Center with their Executive Director: CHC Overview
- Wellbrooke of South Bend with General Manager: CHC service overview
- Michiana AARP; Hospice Panel Presentation: CHC's Shirley Stevens, RN Admissions Coordinator was a presenter
- SJRMC Health Coach: CHC service overview
- Wellbrook of South Bend; Brian Cooper, GM: AL and SNF Contracts
- Memorial Hospital of South Bend, Palliative Care meeting: Monthly GIP review
- Southfield Village with DON; Documentation of Decline inservice scheduling
- Alzheimer's & Dementia of Northern Indiana: Collaborative programming
- Sanctuary at Holy Cross; DON: Discharge Pharmaceutical supply issue
- Senior Helpers: Discussion of collaborative educational programming for their staff and possible use of CHC conference room for 10/10/14 dementia program.
- Memorial Hospital with Social Services Manager: Discussion of PPS score at time of referral. Discussion of request to tour Mishawaka campus and meet CHC leaders.
- EGH with Patient Navigator, EGH Oncology Unit: meeting to see how Palliative Care Program was going.

Facility Protocol (see 4/16/14 President's Report) Meetings:

- Holy Cross Village with DON: Facility Protocol final approval
- Signature with DON; Emergency Drug Kit inventory for Facility Protocol Project
- Sprenger Healthcare with DON: Facility Protocol final approval & Documentation of Decline inservice scheduling
- Sterling House with DON: Facility Protocol final approval
- Healthwin with Social Work: Facility Protocol Project
- Ironwood Health & Rehabilitation with Social Worker: Facility Protocol Project
- The Milton Home with DON and Social Work. Service provision discussion, Facility Protocol Project, Documenting Patient Decline inservice introduction.

<u>Opportunities</u>

- CHC is the "Gold" sponsor of the Michiana Gerontology Institute's fall educational program. Holly Farmer, CHC Bereavement Coordinator, is presenting one of the sessions. CHC will host the pre-conference educational opportunity at the Mishawaka Campus and a meet and greet with the Keynote speaker.
- Potential new contract with Wellbrooke of South Bend, located on US 933 where the old Buyer's Marketplace shopping center had stood since the early 1980s.
- Potential new contract with Heritage Point.
- North Woods Village at Edison Lakes has communicated a desire to contract to provide hospice service via CHC.
- The National Association Directors of Nursing Administration in Long Term Care (NADONA) has a northwestern Indiana chapter in early stages of formation. They need assistance with free meeting locations and sponsorship for mailings and speakers. Will

begin discussions regarding possible collaboration with this enterprise, throughout our eight county area.

Volunteer Department

- On Wednesday, June 11, 150 Center for Hospice Care volunteers gathered at the Century Center for their annual in service event. This year's music-themed event featured an opening session by Deb Raybold from BrainWorks who presented *Your Brain, Three Things You Need to Keep it Rockin' and Rolling.* BrainWorks, a part of Memorial Hospital of South Bend, is focused on the imperative of cultivating a healthy brain throughout the lifespan as a strategy for immediate life performance success and long-term body and mind disease resilience. Home Instead Senior Care presented a session on Dementia and three CHC staff presented the required annual inservcies on Bloodborne Pathogens, HIPAA and Bereavement.

Marketing/Access Department

- The Admissions Department promoted an internal candidate to serve as the department's Intake Coordinator. This new position was created to oversee the three referral specialists, manage the schedule, and triage the pending referrals on an ongoing basis. For the past three years the new Intake Coordinator worked as an Admissions Representative, is very knowledgeable of the needs in the field and CHC processes.

Media Campaign

Creative has begun on the new campaign for CHC. We have been meeting with our agency, Transcend Hospice Marketing regarding the creation of two new television spots to be produced. One will be animated and the other will feature a speaker, on a simple set, supported by graphics as they discuss about the key message points about CHC as evidenced by Year Four of the 300 research interviews with general public from throughout our service area which were weighted to census population. A tentative August debut is set for new creative, which will also include new print ads, radio copy, and an online ad.

MHIN ELECTRONIC REFFERAL SYSTEM NOW FUNCTIONAL FOR CHC

The Michiana Health Information Network, MHIN, is a health information exchange and healthcare IT company serving medical providers and institutions across the Midwest. The Michiana community is one of the most connected healthcare regions in the United States. Organizations across the healthcare spectrum from hospitals to specialty groups to medical labs and diagnostic centers-find solutions are in MHIN's diverse service platform. We have been working with MHIN for a number of years to increase the convenience of all the various MHIN users and providers to make referrals directly to CHC and attach the much needed medical records and other information. Earlier this year, CHC signed up for the MHIN Direct Messaging Community Referral Initiative. Today, CHC is now receiving referrals from local hospitals through MHIN. As far as we know, CHC is the only hospice provider with the MHIN referral connectivity for convenience and timeliness.

CAMP EVERGREEN 2014

The 21st Annual Camp Evergreen was held the last weekend in May with 50 campers attending. Camp Evergreen is a grief camp for youth and teens that have experienced the death of a significant person in their life. It is provided free of charge as a community service of CHC. Camp Evergreen assists the campers in realizing that many other youth and teens have experienced death. It also educates them on the grief process and positive ways to cope. Along with opportunities for healing and for sharing about their significant person, the teens and youth have a fun filled experience. This year's Youth Camp took place on Saturday, May 31 from 8:00 AM until 7:30 PM and the Teen Camp began on Friday, May 30 at 4:30 PM and concluded on Sunday, June 1 at Noon. The Teen Camp had 19 teen campers, 11 adult buddies, eight Volunteers and five CHC Staff / Interns for a total of 43 persons involved. The Youth Camp had 31 Youth Campers, 31 adult buddies, 16 volunteers and four CHC Staff for a total 82 persons involved. Total persons involved for both camps in 2014 totaled 125. Camp Evergreen is held at Bair Lake Bible Camp in Jones, Michigan. Free transportation to and from camp is provided for both weekend and day campers from local, designated pickup sites.

CHC EMERGENCY / DISASTER PLAN UPDATE

As part of the previous Strategic Plan (2007 - 2010) there was an objective to "Prepare for the management of unpredictable disorder" by creating a Disaster / Emergency Plan and a Crises Communication Plan. For information purposes, both were originally introduced to the board in December 2010. The Emergency Disaster Plan is continually evolving and has been updated effective 5/31/14 by the CHC / HF Safety Committee. The most recent CHC/HF Emergency / Disaster Plan is posted to the Board website. Changes include elimination of all references to phone trees because we now use an automated Universal Alert system that automatically calls every staff phone number (land and cell; business and personal) on record until it's answered and also sends an email message to every centerforhospice.org email domain name. We have also added an "Active Shooter" section which follows the advisement from the Department of Homeland Security.

NHERT MEETS IN JACKSONVILLE, FL; CFO'S MEET AS WELL

The 11 member National Hospice Executive Roundtable (NHERT) CEO group met at member program Haven Hospice in Jacksonville, FL May 14-16. NHERT CFOs joined the CEOs for part of this meeting and also had an opportunity to meet on their own for a half day, sharing information, designing new benchmarking materials and working on definitions like "charity care." Each NHERT CFO also made a presentation the larger group as part of first day of meetings. Also included was a presentation by Andrew Reed, CPA, owner of Multi-View Incorporated (MVI), a North Carolina based accounting firm specializing in hospice. Through data extraction systems and network of clients MVI has compiled more hospice operational data, implemented more hospice financial systems as well as prepared more hospice Medicare cost reports than perhaps any other entity in the world. CHC is an MVI benchmarking client. The CEOs had a presentation / update from our dedicated advisor, Emily Kelly, of Washington, DC's The Advisory Board Company. All attendees toured the newest hospice inpatient unit at Haven Hospice.

NEW ADDITIONAL DATA REPORTING REQUIREMENTS PRODUCE CHALLENGES FOR CHC MEDICARE BILLING

On April 1, 2014 CMS began requiring additional data reporting requirements (on top of the ones already in place which have been added frequently since 2009) on each beneficiary claim form with is sent electronically to our fiscal intermediary, Palmetto GBA, in Columbia, SC. Palmetto GBA pays Part A Medicare claims for Indiana and 15 other states. The new additional data reporting concerns general inpatient level of care visits by hospice staff (RN, social work, aide, etc.) in a contracted facility along with inclusion of the facility's national provider identifiers on the claim form. We have been reporting visits and length of visits (rounded to the nearest 15 minute increment), for nurses, aides, social workers, and therapists who are employed by the hospice in all other settings for some time. New reporting requirements are now in place for post-mortem visits with specific directives for how to report if a hospice staff visit begins and ends during a period of time that spans midnight.

The most difficult piece of the new requirements is that hospices must now report on each beneficiary's claim form all prescription drugs by fill along with all charges per drug. Hospice must report injectable and non-injectable prescription drugs for the palliation and management of the terminal illness and related conditions on their claims. These drugs must be reported on claims on a line-item basis per fill, based on the amount dispensed by the pharmacy. In addition, for compound medications, the hospice must provide the National Drug Code (NDC) for each ingredient in the compound; the NDC qualifier represents the quantity of the drug filled (meaning the amount dispensed) and must be reported as the unit measure. When reporting prescription drugs in a comfort kit/pack (we use these routinely) the hospice must report the NDC of each prescription drug within the package, in accordance with the procedures for non-injectable prescriptions given within the new instruction set.

It should be noted that none of this additional line item reporting on each hospice patient's Medicare claim changes what CHC gets paid. We continue to get paid a set per diem amount regardless of how many times we visit, which discipline (RN, social work, aide) visits, how long the visit lasts, how many medications a patient is taking, what they are taking, or what the medications cost CHC.

To meet these new pharmacy reporting requirements has taken coordination between CHC, Enclara, our national pharmacy provider, Cerner, our electronic medical records (EMR) and billing software vendor, and a new company Wolters Kluwer Health, which owns a software product called MediSpan. MediSpan has been a leading provider of prescription drug information and drug interactions database solutions for thousands of healthcare professionals worldwide for more than 35 years. CHC's internal pharmacy database did not include some of the data elements required by the new data reporting requirements, including the NDC numbers of each medication. CHC purchased a subscription to the MediSpan application which contains the needed data elements and is updated frequently as medications come and go, change names, become generic, etc. The MediSpan data was successfully integrated into the Cerner EMR. However, the Cerner EMR with the addition of MediSpan does not have the required charge information to put onto the claim. Since CHC pays a per diem amount to Enclara, individual drug cost information has never been relevant for CHC. Enclara now provides that information for CHC based upon the always changing rate structure for pharmacy known as Average Wholesale Price. For the first time, patient medications in the Enclara profiled medication list for each CHC patient must match exactly with

all medications in the Cerner EMR with MediSpan to allow each CHC hospice patient's claim to be accepted and paid by Palmetto GBA. Enclara was able to take their monthly invoice to us with all of the medications CHC covers by patient name along with the necessary charge information not available in MediSpan and create an electronic flat file which is sent to CHC. Cerner was able to have us import and integrate the Enclara flat file and transfer the needed new data into the billing portion of Cerner that generates the electronic Medicare claims by patient. Not only are we now required to report data elements we have never collected previously, we are now required to report them for each medication our Medicare patients are taking and for which CHC is paying the cost. Most CHC hospice patients are on 16 -32 different medications. In a single month, we estimate an additional 10,000 new data elements that we must report on Medicare hospice patient claim forms. This was the case for April, and on top of that, clinical staff had to learn a new software system, MediSpan, to make this happen. Even though CHC pays for numerous over the counter (OTC) medication related to the terminal illness and is responsible for tracking those on the patient's plan of care, CMS does not want OTC medications reported on the claim form, so those must be backed out before we send the claim. If there are any errors anywhere within the claim, the entire claim for that patient for the entire month will be rejected. The first time we imported the Enclara file for April (during early May) and loaded it into the Cerner with the new addition of MediSpan, a 1,200 page report of errors was generated. This was primarily due to the Enclara database not matching exactly the Cerner database on a patient-by-patient, drug-by-drug basis. The most common reasons for errors were that the patient did not have the exact MediSpan medication as the order (failed to match the NDC); and the medication's start date was after the fill date (which happened frequently since CHC nurses had to discontinue medication orders and reenter all of them for our entire census using the correct, corresponding MediSpan listed medications. All exceptions needed to be corrected manually by CHC staff before billing would be accepted by Palmetto GBA.

Additionally, the new April 1 reporting requirements in others areas will cause claims to be rejected. Due to the visit reporting requirements rounded to the closest 15 minutes by all RNs, social workers, aides, etc., all CHC staff must accurately enter their start and stop times for each visit into the Cerner EMR. If an RN forgets to enter a stop time for an emergency home visit on April 6th, the entire claim for that patient for the entire month of April will reject and the information must be manually entered before it will be accepted by Palmetto GBA. If a Hospice House RN has her eight hour shift entered and tied to a particular patient in Cerner and the patient is discharged from Hospice House to their home before her shift ends and a social worker visits that patient at home during the Hospice House's RN shift time, the entire month of claims for that patient will be rejected because the patient cannot be in Hospice House and at home during the same 15 minute period. Staff has been advised on the necessity and accuracy of reporting their time within the Cerner EMR. Five digit rather than zip+4 codes will also reject claims for a patient.

Much of the month of May was spent correcting the April claims for submission to Palmetto. This did not get completed by the end of May. This is why the Accounts Receivable on the May financials appears inflated. It is; but it is temporary. I am happy to report that the April claims have now all been submitted to Palmetto and accepted for payment. Further, CHC has created new processes, educated staff, and is now much better prepared going forward. Exception reports are being run on a regular basis and errors corrected as we go. The number of errors continues to decrease. We have gone from a 1,200 page error report to a current 20 page report. We expect with experience, practice and ongoing staff education, the errors needing to be manually corrected before billing is sent to Palmetto will continue to be reduced. As an aside, Medicare hospice claims are paid on a sequential basis. Meaning, April claims must be paid before May and so on. Claims must

be submitted and accepted in chronological order. For example, even if May claims were perfect when submitted, they would not be paid until April claims were accepted and paid. The sequential billing requirement for Medicare hospice has been in place since the mid-1980s.

On this topic, the main points I hope to communicate are: This was not a Cerner issue. This was not a computer glitch. This was not a problem to be resolved, as much as it was a new situation to be dealt with. Our staff has performed in a remarkable manner creating new processes for us to move forward. We are also appreciative to Enclara and Cerner for assisting us through the development of how to meet these new additional data reporting requirements. Have other hospice programs had to deal with the same issues? Yes. However, it's important to keep in mind that no other hospice program in Indiana cared for 502 patients in April and 512 patients in May. In fact, 96% of the 5,500 hospice programs in America are dealing with fewer patients than CHC. The average hospice program in the U.S. has an average daily census of 60 patients compared to CHC's 376. CHC has more than six times more patients on any given day than the average American hospice program.

Speaking of Cerner, it may be worth noting that with more than $2.67 billion in revenue in 2013, CHC's EMR vendor is also the largest independent health IT company in the world. Cerner's revenue for 2014 is expected to reach $3.3 billion. Cerner EHR systems are used within some of the largest health systems in the country, including Pittsburgh-based UPMC, Indiana University Health, Phoenix-based Banner Health, Memorial Hermann Health System in Houston and Adventist Health System in Altamonte Springs, FL, just to name a few of the larger ones.

NEW HOSPICE AND MEDICARE PART D PRIOR AUTHORIZATION BEGAN MAY 1

Many of the same staff dealing with the item above during May for the April billing, also began dealing with another new requirement on May1. A new CMS medication prior authorization process involving Medicare hospice and Medicare Part D became effective May 1, 2014. Beginning on this date, all prescription drugs billed to Part D for all patients who are enrolled or will elect Medicare hospice are automatically and immediately rejected for payment by the Part D insurance plan. Hospices must decide from a hospice acquired list of all medications a patient is taking which drugs are related to the terminal illness and covered by the hospice benefit, something we have always done. Hospices have always been required to pay for those medications related to the palliation and symptom control of the terminal illness and related conditions. Under Medicare, hospices have been doing this for nearly 30 years. Since Part D was initiated in 2006, unrelated medications continued to be covered by the Part D insurance plan for those patients with Part D coverage. Until now, hospices have never had to go through a prior authorization process or had to explain one-by-one why some medications are unrelated to the terminal diagnosis and should continue to be paid for and covered by Part D. We do now. For example, a hospice physician must now "explain" (usually in writing to the Part D insurance carrier who, for now, has been instructed by CMS to "take the hospice's word" for all reasons of un-relatedness) why glaucoma eye drops are unrelated to the terminal diagnosis of lung cancer. This marks the first time in history CMS has placed a beneficiary level prior authorization process on medications. CMS pushed this onto all hospice programs and Part D insurance carriers in the United States with little guidance, direction or instructions and did so with only six weeks prior notice of their final expectations, admitting that their initial announcements of what was coming were "nebulous." The Center for Medicare Advocacy, a national nonprofit, nonpartisan organization, called this new CMS process "burden

shifting to the dying patient" and described it as "illogical" and "immoral." To further complicate the process, the online electronic mechanism that would allow hospices to determine and verify which, if any, Part D plan a Medicare beneficiary may have does not function and its implementation has been delayed. This new requirement was not just for patients who would be admitted on May 1 or after, but affected all hospice Medicare patients on census on May 1, 2014 with Part D coverage. We hired temp staff to help us with the massive undertaking of getting prior authorizations on all medications for our entire existing patient census to be ready for the May 1 deadline. Because we are caring for hundreds of these patients, we triaged this process beginning with the most clinically stable patients first and worked back to the ones most likely not to survive by May 1. With the assistance of our pharmacy vendor, Enclara, we have been able to use a web-based prior authorization mechanism to accomplish part of this task. We also had to identify all existing patients with Part D coverage and alert them in writing that on May 1 if they went to CVS, for example, to pick up a non-hospice covered prescription, that it might not be covered by Part D until we had successfully submitted a prior authorization to their particular Part D insurance plan. For patients that stabilize and are discharged by hospice, patients who revoke the Medicare hospice benefit to seek curative treatment, or who move out of the service area, we must now contact the correct Part D insurance carrier for that specific patient and request that all of their regular Part D coverage be turned back on so they may have access to all of their medications and inform them that this prior authorization process is no longer needed. New processes are now in place for all new admissions and responsibilities for the various steps to accomplish this have been assigned. What we feared would become a nightmare has turned into an annoyingly bad dream. Again, our staff has been extremely helpful and cooperative with all this as well.

I have attached a complaint letter on all of this to CMS Administrator, Marilyn Tavenner, signed by the 27 organizations listed below, all voicing a united message around this issue.

AARP
AFT Retirees
Alliance for Aging Research
Alliance for Retired Americans (ARA)
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Hospice and Palliative Medicine (AAHPM)
American Federation of State, County and Municipal Employees (AFSCME)
American Geriatrics Society
American Health Care Association (AHCA)
American Society of Consultant Pharmacists (ASCP)
B'nai B'rith
Center for Medicare Advocacy, Inc.
Hematology/Oncology Pharmacy Association (HOPA)
Hospice and Palliative Nurses Association (HPNA)
International Association for Indigenous Aging – IA2
Medicare Rights Center
National Association for Home Care & Hospice (NAHC)
National Association of Professional Geriatric Care Managers
National Association of State Long-Term Care Ombudsman Programs
National Association of States United for Aging and Disabilities (NASUAD)
National Committee to Preserve Social Security and Medicare (NCPSSM)
National Consumer Voice for Quality Long-Term Care

National Council on Aging (NCOA)
National Hospice and Palliative Care Association (NHPCO)
National Senior Citizens Law Center (NSCLC)
OWL – The Voice of Women 40+
Visiting Nurse Associations of America

CHC NOT APPLYING FOR CMS'S MEDICARE CARE CHOICES MODEL

CMS's Medicare Care Choices Model (MCCM) demonstration project was discussed in the February President's Report. It is not the promised adult concurrent care demonstration project promised within the Affordable Care Act. CHC somewhat reluctantly agreed to apply for the demo and if selected decide later whether or not to fully participate. As discussed in detail in February, the model is very flawed in its design and some of my colleagues decided to apply only from a defensive posture. Meaning, if they were to be chosen, chances are the competition wouldn't be. Some programs were attempting to win the demo for the prestige and then not make any attempt to sign up patients. CMS has never indicated they would choose just one program per market area. They are hoping for at least 30 hospices nationwide to sign up 30,000 patients over three years.

Briefly, the model patient populations include only patients with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure and HIV/AIDs who must meet many other eligibility requirements. They must meet all hospice eligibility requirements but cannot sign up for hospice but may continue receiving curative care. The hospice is not the primary case manager for these patients, the curative care provider is. Still, the hospice must supply all of the following services while meeting <u>all</u> of the Medicare Hospice Conditions of Participation (CoPs):

- Counseling services to the beneficiary and family that includes:
  - Bereavement
  - Spiritual
  - Dietary
- Family support
- Psycho-social assessment
- Nursing services
- Medical social services
- Hospice aide and homemaker services
- Volunteer services
- Comprehensive assessment
- Plan of care
- Interdisciplinary Group (IDG)
- Care coordination/case management services
- In-home respite care

CMS will pay the hospice program just $400 per month (actually $200 every 15 days) for supplying these services under the MCCM.

A challenge for CHC has been there is nobody on staff with an extra 50 hours to complete the daunting application (the instructions are 55 pages long) particularly with the competing priorities outlined in the previous two sections of this President's Report. Originally, CHC contracted with a

Purdue University PhD candidate oncology nurse practitioner who is experienced at writing similar materials to complete the application on a fee for service basis. After originally agreeing to write the application, she removed herself at the next to the last minute. CHC has considered attempting to complete the application on its own, but at this point, that seems impossible since the deadline for delivery of the required ten copies and flash drive to Baltimore, MD is the end of the business day on June 19. After careful consideration, in the past two weeks, CHC has also asked itself, "Why would a program like ours who has been caring for the Model population for over 30 years (particularly the cancer patients who are still receiving chemo and radiation) under home health Medicare for about $1,000 a month, purposefully trade the same population for the MCCM for just $400 a month and tag on extra work, reporting, and having to meet the Medicare hospice CoPs?" This doesn't seem wise under the current and ongoing rate cut scenarios with Medicare. Under the MCCM, CMS has said they do not expect to see any home health Medicare claims for Model patients. Therefore, we could likely not bill home health Medicare for these patients.

OUT AND ABOUT

Donna Tieman, Dave Haley, and Admissions Coordinator Shirley Stevens, RN, attended the Indiana Hospice and Palliative Care Organization's annual Regulatory and Reimbursement Day meeting in Indianapolis on April 22.

Karl Holderman and I attended the NHERT meeting in Jacksonville, FL May 14-16.

ATTACHMENTS TO THIS PRESIDENT'S REPORT IMMEIDATELY FOLLOWING THIS SECTION OF THE .PDF

Dave Haley's Census Reports.

Press Release "Center for Hospice Care Serves as Teaching Site for Mayo Clinic"

Press Release "Bob Deputy Receives Center for Hospice Care 'Helping Hands Award'"

Copy of full page photo spread and story "Center for Hospice Care's Helping Hands Award Dinner" from the inside back page of the June 2014 issue of Sassy magazine.

June 11 letter to CMS Administrator signed by 27 national healthcare organizations regarding "concerns" over the Hospice and Medicare Part D debacle.

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

April and May 2014 Financial Information.

Copy of the 2013 public version of the CHC / HF Annual Report

Copy of the Hospice Action Network publication, "2009-2015 Hospice Compliance/Regulatory Requirements, with Medicare Reimbursement Changes"

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, August 20, 2013 at 7:30 AM** in Conference Room A, first floor at the Mishawaka Campus, 501 Comfort Place, Mishawaka, IN 46545. In the meantime, if you have any questions, concerns, suggestions or comments, please contact me directly at 574-243-3117 or email mmurray@centerforhospice.org .

# # #

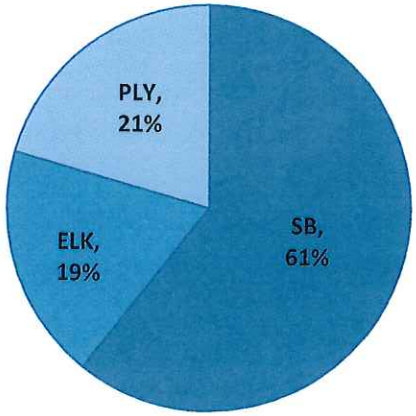
Center for Hospice Care

2014 YTD Average Daily Census (ADC)

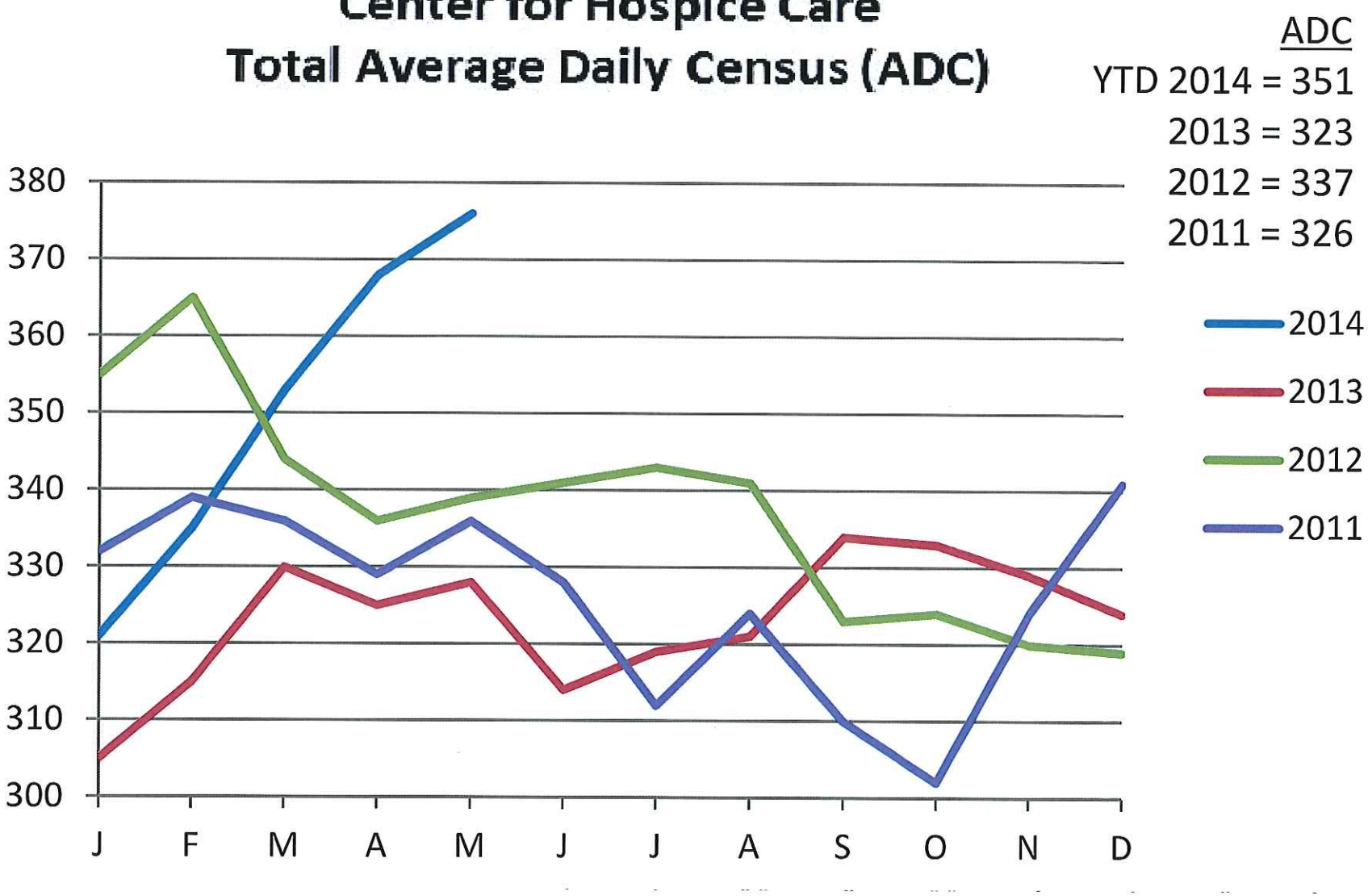
(includes Hospice House and Home Health)

	All	South Bend	Elkhart	Plymouth
J	321	202	57	62
F	335	209	55	72
M	353	217	65	71
A	368	216	73	79
M	376	220	80	76
J				
J				
A				
S				
O				
N				
D				
2014 YTD Totals	1753	1064	330	360
2014 YTD ADC	**351**	**213**	**66**	**72**
2013 YTD ADC	321	195	68	58
YTD Change 2013 to 2014	30	18	-2	14
YTD % Change 2013 to 2014	**9.2%**	**9.1%**	**-2.9%**	**24.1%**

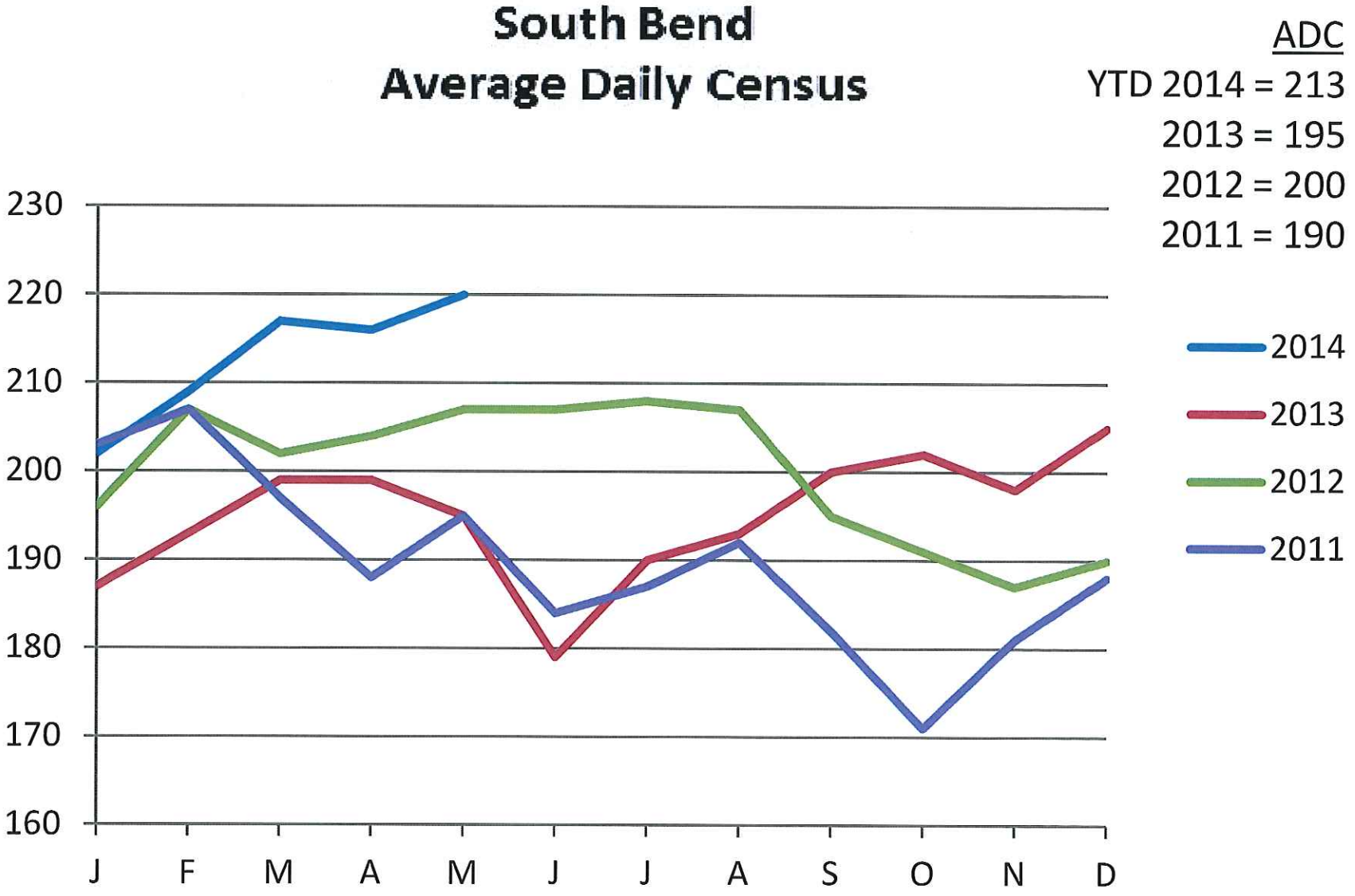
2014 YTD ADC by Branch



Center for Hospice Care
Total Average Daily Census (ADC)

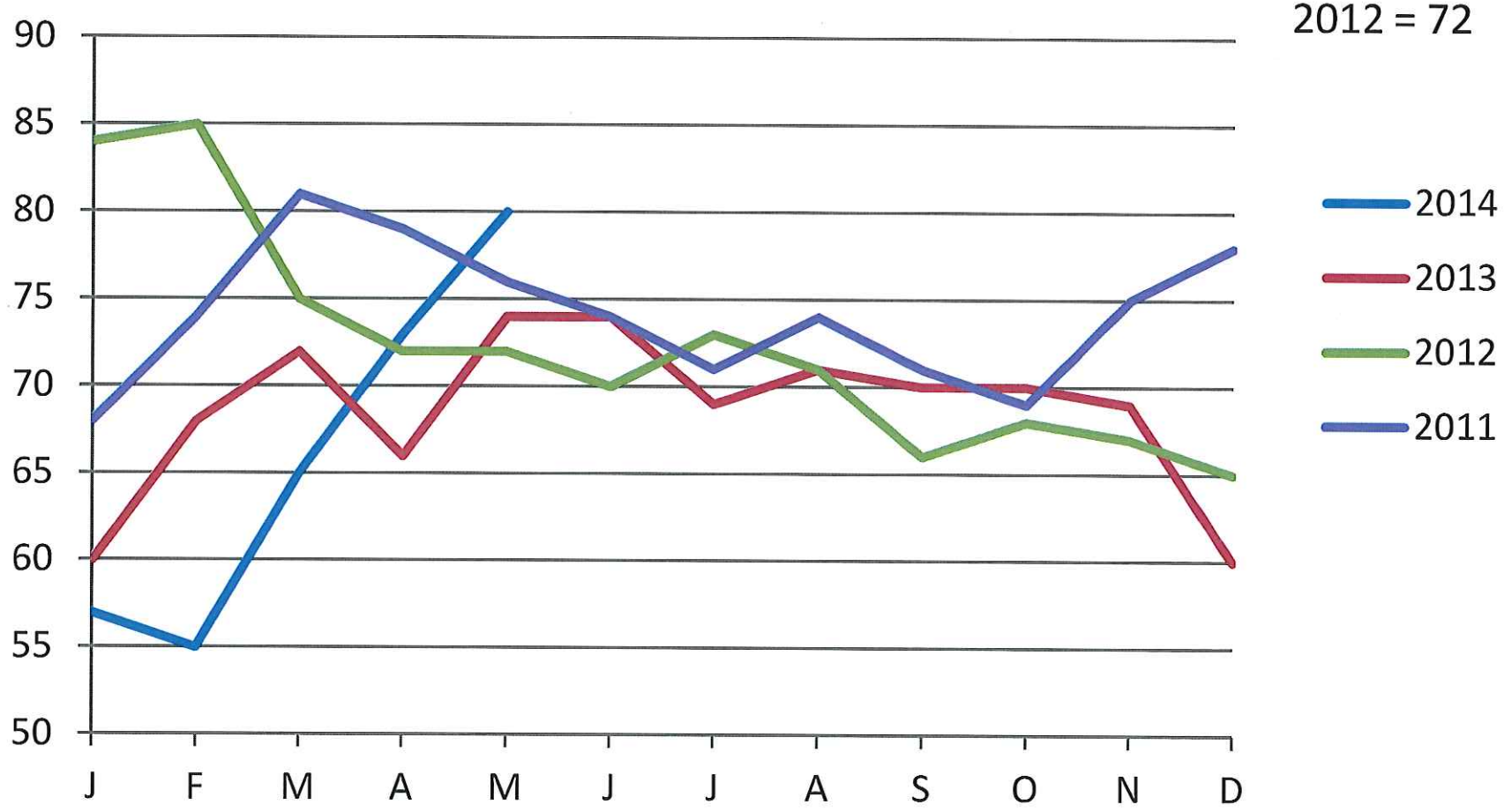


South Bend
Average Daily Census

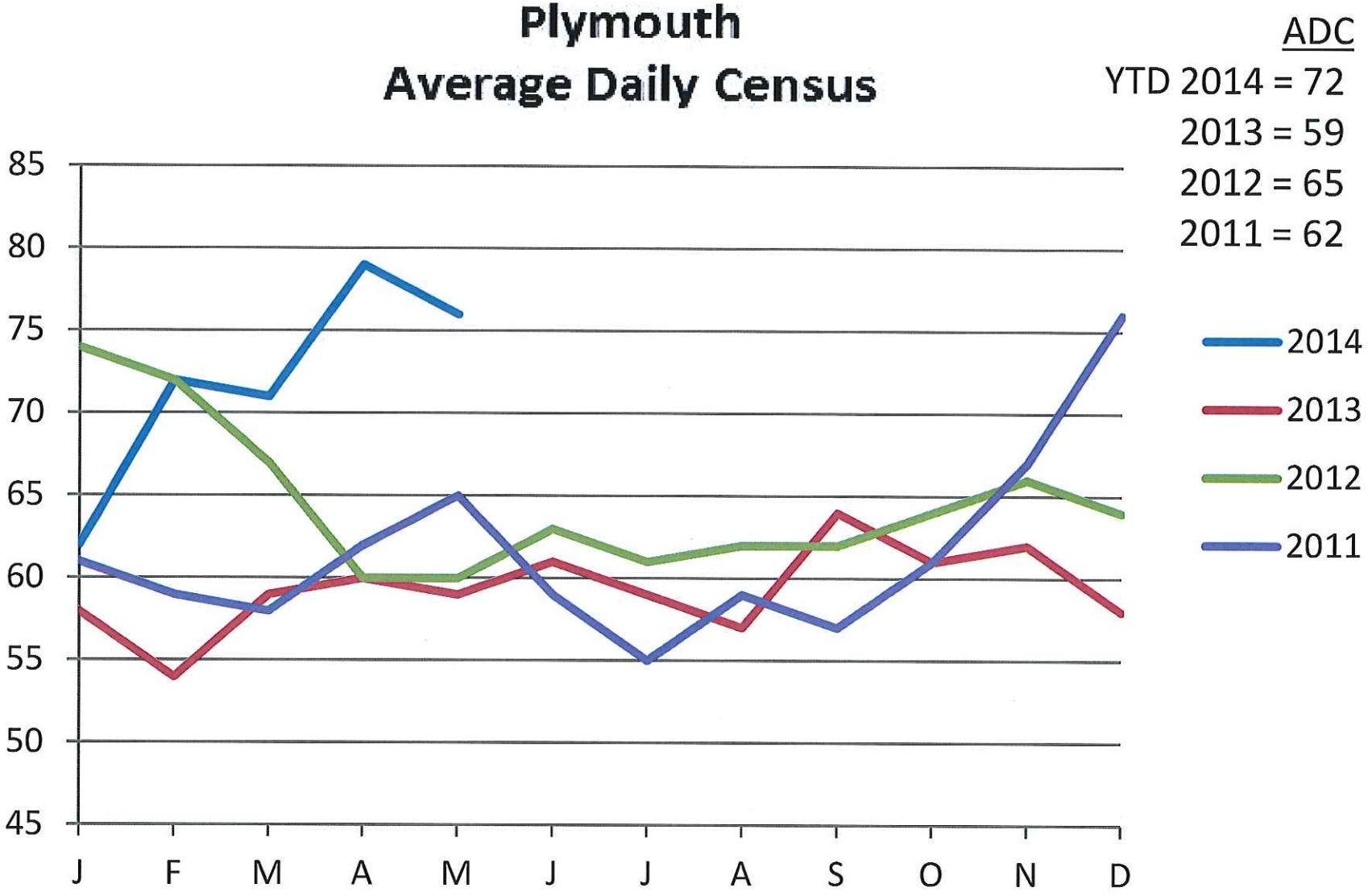


Elkhart
Average Daily Census

ADC
YTD 2014 = 66
2013 = 69
2012 = 72



Plymouth
Average Daily Census



Bob Deputy Receives Center for Hospice Care "Helping Hands" Award

At its 30th Annual Helping Hands Award Dinner Center for Hospice Care honored Bob Deputy, retired CEO of Godfrey Marine, for his service and civic leadership. More than 475 people attended the event at South Bend's Hilton Garden Inn on May 7, 2014.

Mishawaka, IN (PRWEB) May 20, 2014

Bob Deputy's community spirit is legendary. He has been part of numerous initiatives to make Northern Indiana – particularly Elkhart County – a better place to live and work.

During his 40-year tenure at Godfrey Marine, a business owned by his family, Bob served as CEO and brought hundreds of jobs to Elkhart County. He continued to apply his expertise in business and fundraising to benefit good causes throughout the community after his retirement.

In recognition of his civic leadership, Center for Hospice Care presented Bob with its Helping Hands Award at its 30th annual dinner event on May 7, 2014. Community leaders from Elkhart and St. Joseph Counties joined together to honor Bob. More than 475 attended the event, which raised $223,845 to support the work of Center for Hospice Care. Since its inception in 1985, the Helping Hands Award Dinner has raised more than $3.29 million for Center for Hospice Care.

A non-profit, community-based organization, Center for Hospice Care has cared for more 27,000 patients since opening its doors in 1980. The Helping Hands Award Dinner and other fundraising events help assure a promise the agency made when it opened that no patient eligible for hospice care would ever be turned away, regardless of their ability to pay.

Center for Hospice Care is a premier not-for-profit, community-based agency improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Mishawaka, Plymouth and Elkhart, Center for Hospice Care serves St. Joseph, Marshall, Elkhart, Fulton, Kosciusko, LaGrange, La Porte and Starke Counties. To learn more about Center for Hospice Care, visit centerforhospice.org.

"I am truly humbled by this award and thank Center for Hospice Care for all they are doing to make dignified, world-class end-of-life services available to everyone in our communities." - Bob Deputy

Contact

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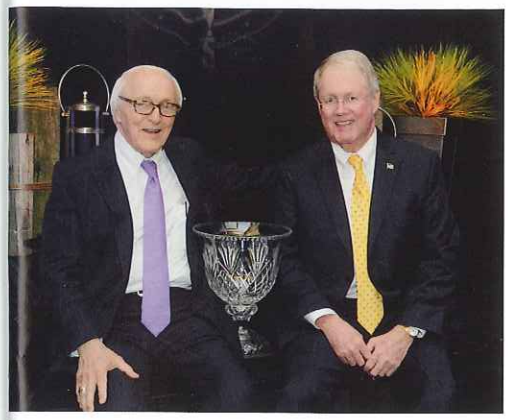
Attachments

Center for Hospice Care's Helping Hands Award recipient, Bob Deputy (right), and Honorary Chair Art Decio

Bob Deputy and Art Decio after the 30th Annual Helping Hands Award Dinner May 7th



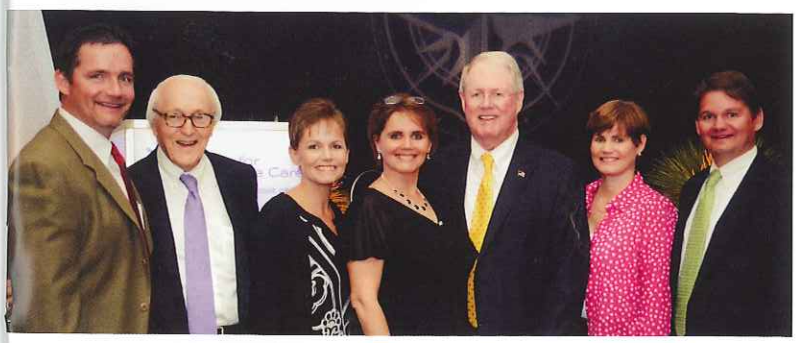
Honorary Chair Art Decio and Helping Hands Award recipient Bob Deputy following this year's event.

Center For Hospice Care's
Helping Hands Award Dinner

Elkhart civic leader Bob Deputy was honored at Center for Hospice Care's 30th Annual Helping Hands Award Dinner on May 7th. The dinner, held at Hilton Garden Inn, was attended by 470 people and raised $223,845. Since its inception in 1985, the annual event has raised more than $3.2 million. The proceeds from this year's event will be used to help CHC keep its 34-year-old promise that no one eligible for hospice care will ever be turned away, regardless of their ability to pay.

Bob Deputy's community spirit is legendary. He has been part of numerous initiatives to make Northern Indiana, particularly Elkhart County, a better place to live and work. During 40-year tenure at Godfrey Marine, a business owned by his family, Bob served as CEO. He continued to apply his expertise in business and fundraising to benefit good causes throughout the community after his retirement.

Art Decio, who generously supported the event at the Dinner Champion level, also served as honorary dinner chair. The dinner chairs were Becky and Corey Cressy. Corey, in his role as chairman of the Center for Hospice Care board of directors, was joined by Hospice Foundation board chair Terry Rodino to present the award to Deputy.



The Helping Hands Award honors an individual, couple or family who demonstrates civic and charitable stewardship to improve the quality of living in the communities served by Center for Hospice Care. The award recognizes the recipients for exhibiting exceptional generosity, outstanding community achievements, direct financial support, or by motivating others to give.

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Photos Courtesy to LollyMarie Photography

The Helping Hands Award honors those who demonstrate civic and charitable stewardship to improve the quality of living in the communities served by Center for Hospice Care.

Center for Hospice Care Serves As Teaching Site for Mayo Clinic

Mayo School of Graduate Medical Education of Mayo Clinic, Rochester, MN, has approved an inpatient hospice rotation with Center for Hospice Care (CHC), South Bend, IN.

Contact

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Email

Center for Hospice Care
Like

South Bend, IN (PRWEB) May 15, 2014

Mayo School of Graduate Medical Education of Mayo Clinic, Rochester, MN, has approved an inpatient hospice rotation with Center for Hospice Care (CHC). The Program Letter of Agreement between Mayo Clinic and CHC allows for Hospice and Palliative Medicine Fellows to rotate for training through the agency.

According to David Haley, Center for Hospice Care's COO, the program is designed to further physician education in hospice and palliative medicine through practical training and experience in different clinical and residential settings with a variety of patients and their families. "Fellows from Mayo Clinic will also gain knowledge through lectures, discussions and mentoring," Haley said. "We are honored that Mayo Clinic has chosen Center for Hospice Care as its first teaching site outside of Minnesota for their Hospice and Palliative Medicine Fellows."

The first Fellow, Jennifer M. Kuyava, M.D., completed her rotation in April 2014. "I appreciated the level of independence I was given along with the support and education I was given when discussing plans with other physicians," noted Kuyava. "I enjoyed the opportunity to work at both hospice houses and manage a variety of end-of-life symptoms."

Jennifer M. Kuyava, M.D.

> "I enjoyed the opportunity to work at both hospice houses and manage a variety of end-of-life symptoms."

When asked what sparked her interest in hospice and palliative care Kuyava said, "I chose to pursue a career in Hospice and Palliative Medicine because I wanted to work to relieve suffering and care for the whole person. I feel so grateful and honored to be in this field. It is incredibly rewarding."

Center for Hospice Care is a premier not-for-profit, community-based agency improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Plymouth and Elkhart, Center for Hospice Care serves St. Joseph, Marshall, Elkhart, Fulton, Kosciusko, LaGrange, La Porte and Starke Counties.

June 11, 2014

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Administrator Tavenner:

The undersigned organizations are writing to express our concern regarding the Center for Medicare & Medicaid Services' (CMS) recent guidance for Medicare-certified hospices and Part D plan sponsors entitled, "Part D Payment for Drugs for Beneficiaries Enrolled in Hospice – Final 2014 Guidance" (Guidance).[1] The Guidance establishes a procedure to limit instances in which a Part D plan inappropriately covers prescription medications related to a hospice beneficiary's terminal condition.

While we appreciate that CMS seeks to ensure that the appropriate entity pays for medications, we believe this policy places an undue burden on hospice patients. Most importantly, we are concerned that the Guidance places the beneficiary at the center of potential disagreements between hospice providers and Part D plans—essentially requiring dying patients to navigate payer disputes. As such, we urge CMS to replace the Guidance with a more suitable solution. In particular, we strongly urge CMS to suspend the current policy directing Part D plans to place prior authorization requirements on *all* prescriptions for hospice beneficiaries. We request that CMS bring together all relevant stakeholders, including beneficiary advocates, hospice providers, Part D plans and pharmacists, to collectively work through these issues.

When a beneficiary elects hospice care under Medicare, the hospice is required to pay for drugs associated with the terminal illness or related conditions. Part D processes the medications for conditions unrelated to the terminal illness. As evidenced by a recent analysis from the Office of the Inspector General (OIG), medications that should be covered by the Medicare hospice benefit have sometimes been paid for by Part D plans.[2] In an attempt to prevent this outcome, the Guidance requires all prescribed medications for hospice patients that are billed to Medicare Part D to be rejected for payment, by being subject to a prior authorization requirement.

In order to work as intended, the process outlined in the Guidance relies on the goodwill and timely assistance of multiple parties—including the pharmacy, hospice, Part D plan and prescriber, who may or may not be affiliated with the hospice. Whenever a beneficiary or family caregiver attempts to fill a prescription at a pharmacy, the Guidance directs the pharmacy to contact the prescriber to determine whether the medication is related to the terminal illness. If the medication is related to the terminal illness, the pharmacy is directed to bill the hospice for the cost of the medication.

If the medication is *not* related to the terminal illness or the determination of relatedness is unclear, the pharmacy cannot fill the prescription. Instead, the pharmacy is expected to provide the standardized pharmacy notice that outlines beneficiary appeal rights. In these instances, beneficiaries, who in this case are terminally ill, must subsequently request a formal coverage determination from their Part D plan to access their prescribed

[1] CMS, Center for Medicare, Memorandum to All Part D Sponsors and Medicare Hospice Providers, "Part D Payment Policy for Drugs for Beneficiaries Enrolled in Hospice – Final 2014 Guidance" (March 10, 2014).
[2] Department of Health and Human Services, Office of the Inspector General (OIG), "Medicare Could Be Paying Twice for Prescription Drugs for Beneficiaries in Hospice" (A-06-10-00059) (June 2012).

medication. From there, CMS directs Part D plans to engage in a chain of communication with multiple parties to determine the medication's relatedness to the beneficiary's terminal condition.

In addition to its reliance on the goodwill of all involved parties, the Guidance assumes that beneficiaries will be appropriately educated at the pharmacy counter about how to secure a coverage determination from their Part D plan when prior authorization is required. In our experience, Medicare beneficiaries denied a medication at the pharmacy counter are often confused by how to move forward and are unaware of their appeal rights. Additionally, as acknowledged by CMS, the existing standardized pharmacy notice is not tailored to situations involving hospice, meaning that hospice patients, with a limited life expectancy, will lack clear, concise and targeted information about how to secure a medication when refused at the pharmacy counter.

CMS acknowledges that clarity is needed surrounding the intersection of hospice and Part D. To this end, CMS recently issued proposed rulemaking that solicits input on this subject.[3] In the absence of clear definitions and rulemaking directed to hospice providers and Part D plans, we expect disagreements between payers. When these disputes occur, hospice beneficiaries must rely on inadequate information at the pharmacy counter and a burdensome and ineffective Part D appeals system to access needed medications.

Given the concerns outlined above, we believe the Guidance is premature, subject to differing interpretation, and already creating barriers for dying patients who are trying to access necessary medications. According to initial reports, some hospice patients are already paying out-of-pocket for their drugs, going without needed medication, or revoking their hospice benefit altogether in order to access their medicine through Part D.

In sum, we urge CMS to halt this Guidance until a workable alternative is developed that does not place the burden of resolving payment disputes squarely on the shoulders of terminally ill Medicare beneficiaries.

Sincerely,

AARP
AFT Retirees
Alliance for Aging Research
Alliance for Retired Americans (ARA)
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Hospice and Palliative Medicine (AAHPM)
American Federation of State, County and Municipal Employees (AFSCME)
American Geriatrics Society
American Health Care Association (AHCA)
American Society of Consultant Pharmacists (ASCP)
B'nai B'rith
Center for Medicare Advocacy, Inc.
Hematology/Oncology Pharmacy Association (HOPA)
Hospice and Palliative Nurses Association (HPNA)
International Association for Indigenous Aging – IA2
Medicare Rights Center
National Association for Home Care & Hospice (NAHC)

[3] 79 Federal Register 26538 (May 8, 2014).

National Association of Professional Geriatric Care Managers
National Association of State Long-Term Care Ombudsman Programs
National Association of States United for Aging and Disabilities (NASUAD)
National Committee to Preserve Social Security and Medicare (NCPSSM)
National Consumer Voice for Quality Long-Term Care
National Council on Aging (NCOA)
National Hospice and Palliative Care Association (NHPCO)
National Senior Citizens Law Center (NSCLC)
OWL – The Voice of Women 40+
Visiting Nurse Associations of America

Center for Hospice Care
choices to make the most of life

CHAPTER FOUR

HUMAN RESOURCES POLICIES MANUAL

Page	Policy	Revision
7	Termination and Change of Status	Benefit days are not included as part of the notice period and any unscheduled absence during that time will be unpaid time off.
13	Building and Grounds	General Interior Rules – Tacking, taping, gluing, or using a sticky material on surfaces that are painted/stained or covered with wall fabric, or publically visible glass or windows, is not permitted.
17	PRN Employees	PRN employees are required to work a minimum of 48 ~~32~~ hours every three months as long as hours are available and offered.
21	Time Sheets	Clinical n~~N~~on-management staff and all hourly employees are ~~is~~ required to submit timesheets each week showing actual hours worked and any benefit days used.
22	Dress Code	Projecting a professional appearance, projects professional care.
23	Progressive Discipline	Employees who are under a progressive disciplinary action may not be eligible for internal transfer depending upon the recency and nature of the ~~disciplinary action.~~performance issue, or have received a less than satisfactory rating on their most recent performance review.
27	Funeral Leave	• **Immediate Family** Member – Added "in-laws" to definition of Immediate Family Member. • **Non-Immediate Family Member** - Employees may take up to one day off with pay to attend the funeral of a close friend or~~,~~ non-immediate family member. This time off will be considered by the employee's supervisor on a case-by-case basis. CHC may require verification of the need for the leave time.
27	Holidays	• Half-time and power weekend employees are paid ~~4~~four hours and part-time employees are paid for two hours.
28	Vacation Exchange	**Vacation Exchange** – employees have the option of receiving the cash value for a portion of this benefit instead of taking paid time off. Employees electing to use this option must submit an email request ~~Vacation Request form~~ to Human Resources.
29	Compensation for Worked Holidays	**Power Weekend staff that ~~does not~~ work** a holiday that does not fall~~s~~ on Saturday or Sunday will ~~receive 12 hours of holiday pay at their base rate.~~be paid at time-and-one-half their base rate for actual hours worked. Additionally, they will receive four hours of holiday pay at their base rate.
30 – 32	Education Travel Procedure and General Expense Reimbursement	• *Changed title, and moved sections related to travel together.* • It also defines procedures for authorized business travel and guidelines for general expense reimbursement. • The following ~~travel expenses~~ are not reimbursed as business expenses~~able~~ by CHC: • Any portion of any expenses that are a direct result of any person traveling or attending a meeting or event with you. • In ~~c~~all cases, for all expense reimbursement to be considered, employees must provide bona fide receipts, attached to the prescribed ~~Employee~~ ~~E~~expenses ~~R~~report form, to their supervisor for approval of payment by CHC. • CHC generally does not reimburse dues unless there are subscriptions or other educational materials and/or educational benefits (for example, reduced fees [not to exceed the cost of the dues] for conference attendance) that accompany dues structure, with supervisor approval. This occurs on a case-by-case basis.

		• CHC generally does not reimburse individual CME or CEU expenses which are required to maintain certification or licensures.
33	Family and Medical Leave	CHC observed holidays which may fall during an employee's FMLA, ~~would~~ will not be paid out. Employees may use earned benefit days in lieu of taking the day without pay.
35	Smoking	All CHC facilities are considered smoke-free environments. Smoking, including the use of e-cigarettes, is strictly prohibited on any of its properties.
38	Care of Staff and Volunteers (*new*)	Clinical staff is prohibited from providing clinical care, counseling, or presenting clinical opinions or advisement to fellow staff and volunteers.
45	Private Employment of CHC Staff	All staff employed directly by CHC providing services on behalf of CHC for any active patient on agency census at any time, may not be employed privately by those patients or their families/caregivers, or by third-party or other business entities providing the same or similar private pay services.
Page	**Policy**	**Revision**