It is apparent from the multitude of questions that come through the various listserves that much trepidation and confusion still surrounds billing for physician services. This article covers some of the ‘nuts and bolts’ of billing Medicare for these services, along with steps your organization should take to help mitigate mishaps.

Part B is Pretty Clear—But Part A is Another Matter

In Chapter 11 of the Medicare Claims Processing Manual, CMS is quite clear about Part B billing for physician services: “When hospice coverage is elected, the beneficiary waives all rights to Medicare Part B payments for professional services that are related to the treatment and management of his/her terminal illness during any period his/her hospice benefit election is in force, except for professional services of an ‘independent

continued on next page
attending physician,’ who is not an employee of the designated hospice nor receives compensation from the hospice for those services.” It is Medicare Part A billing that seems to garner confusion.

Before getting into a discussion of Part A billing, it is important to understand the two types of services that are rendered by physicians to hospice patients.

1. Administrative Activities
These activities are covered by the Medicare Part A per diem rate. They consist of “participating in the establishment, review and updating of plans of care, supervising care and services, and establishing governing policies.” They are also “generally performed by the physician serving as the medical director and the physician member of the interdisciplinary group.” In its current form, it appears as if a visit performed solely to comply with Medicare’s upcoming “face-to-face encounter” at 180 days and at every subsequent 60-day recertification would fall under this category.

2. Patient Care Services
The hospice can bill Medicare for these services separately. They consist of medical services that relate to the treatment and management of the patient’s terminal illness and are rendered by a physician who is either employed by or has contracted with the hospice to provide the services.

You may be thinking, ‘Fine, but what about services provided by consulting physicians?’ When a consulting physician sees a hospice patient about his/her terminal diagnosis or illness, the hospice must bill Medicare, not the physician. However, as we discuss in more detail on page 5, the consulting physician must have an arrangement with the hospice “in place” before the hospice can bill for the services.

CMS states that payment for services rendered by physicians or nurse practitioners who (1) provide direct patient care services and (2) are hospice employees or under arrangement with the hospice, is made in the following manner:

- Hospices establish a charge and bill the Fiscal Intermediary (FI) for these services.
- The FI pays the hospice at the lesser of the actual charge or 100 percent of the Medicare physician fee schedule for physician services, or 85 percent of the fee schedule amount for nurse practitioner services. This payment is in addition to the daily hospice rates.
- Payment for physician and nurse practitioner services is counted with the payments made at the daily payment rates to determine whether the overall hospice cap amount has been exceeded.
- No payment is made for physician or nurse practitioner services furnished voluntarily. However, some physicians and nurse practitioners may seek payment for certain services while furnishing other services on a volunteer basis. Payment may be made for services not furnished voluntarily if the hospice is obligated to pay the physician or nurse practitioner for the services. A physician or nurse practitioner must treat Medicare patients on the same basis as other patients in the hospice; a physician or nurse practitioner may not designate all services rendered to non-Medicare patients as volunteer and at the same time bill the hospice for services rendered to Medicare patients.

And perhaps most importantly:

- No payment is made for nurse practitioner services that can be performed by a registered nurse, nor is payment made for nurse practitioner services that are performed outside of the attending physician role. Nurse practitioner services are generally encompassed in the per diem payment rate. The only payment that can be made for services of a nurse practitioner is made for services furnished in the role of an attending physician.

I will reiterate the last sentence so that no one can walk away from this article with the wrong message: In order to bill for the services of a nurse practitioner,
October 9 is World Hospice and Palliative Care Day, a time when countries around the globe host activities to recognize hospice and palliative care as a much-needed component of the health care continuum. As we celebrate 2010 World Day, let me thank each of you for the events you have planned in your communities—and extend special thanks to the 87 hospices which support our African colleagues through their participation in the FHSSA Partnership Program.

This year’s World Day theme, “Sharing the Care,” focuses attention on the role of partnerships in supporting people with life-limiting illnesses, a message that I personally feel is so important given the enormous need across the globe. I also think it’s an important one to heed right here at home—especially now.

We have known for some time that palliative care, like hospice, is good for patients and families—and the rest of the country is thankfully catching on. Health care reform, with its emphasis on quality cost-effective care, has helped. So has recent research that builds on some of NHPCO’s past work.

- In a study just published in the New England Journal of Medicine, researchers found that patients with non-small-cell lung cancer who received palliative care lived, on average, almost two months longer than those who received standard care. The patients also reported a higher quality of life through the final course of their illness. The researchers also found that the patients who received palliative care were more likely to elect hospice services too.

- This research was cited in a recent essay on CNN.com (“Quality of Life Must Start Right Away”). The author, a physician herself, shared moving examples of her own experience with terminal patients and concluded that “Palliative care is meant to make living with a serious disease more comfortable…. Palliative care belongs in the beginning of…treatment, not just the end.”

- In The New Yorker article, “Letting Go,” the author cited data from one of the concurrent care projects which Aetna conducted a few years ago. He noted that hospice enrollment jumped to 70 percent when terminally ill patients received phone calls from palliative-care nurses who offered to check in regularly and help them find services they needed, from pain control to living wills.

Palliative care is clearly in the media spotlight, and I suspect will continue to be for some time. This may prompt more patients to seek palliative care sooner and, hopefully, also result in earlier referral to hospice. My goal is to have every NHPCO member expand or partner to provide palliative care as well as hospice services.

J. Donald Schumacher
President/CEO
that specific nurse practitioner must have been elected by the patient to serve as his/her attending of record.

Although there is no prohibition on providing both an administrative visit and a patient care visit during the same encounter, from a compliance perspective I would compartmentalize the functions and document accordingly. For example, if a physician was rendering a symptom management visit for progressive weakness or loss of function and was also rendering a visit to recertify the patient for hospice eligibility, I would encourage you to include the clinical documentation for the symptom visit in one area of the chart and the administrative documentation in either a separate portion of the clinical note or, preferably, as an altogether separate “tab” of the chart to avoid unwarranted scrutiny from a reviewer.

**Physician Roles**

It is also important to understand the roles of the various physicians who see hospice patients—as well as whose services your organization can (and should) be billing for (versus those that should be billed by the community physician).

There are actually only two roles that hospice providers should be clear about—that of the Attending of Record and the Consulting Physician. Currently, there is no requirement that the physician filling these roles be board certified in hospice and palliative medicine. It is important to note, however, that these roles may be filled by numerous physicians and this is where the process can get muddy.

**Attending of Record**

The Attending of Record (AOR) is specific to hospice and should never be confused with a facility attending. For example, a hospice patient may have Dr. Jones, a community doctor independent of the hospice, listed as his/her AOR and, upon admission to a community hospital, have a hospitalist managing the in-patient stay. The hospitalist does not become the patient’s AOR; the hospitalist is merely the facility attending. Remember, the AOR must be a doctor of medicine or osteopathy or an advanced registered nurse practitioner (ARNP), and should be identified by the patient at the time of the hospice benefit election as “having the most significant role in the determination and delivery of [his/her] medical care.”

AORs need not be employed or under contract with the hospice, but when they are, the hospice should be billing for their services. We must also remember that since the AOR is elected by the patient, it would be improper to arbitrarily change the AOR to an employed/contracted physician upon admission to your inpatient unit. Instead, your physicians (but, again, NOT your nurse practitioners) can simply provide coverage for the independent AOR since the patient care services performed by your physicians are billable and expressly permitted under the Hospice CoPs: “If the attending physician is unable to fulfill his or her duties, then the hospice physicians are responsible for fulfilling the attending physician’s duties in his or her absence.”
Consulting Physician

When it comes to consulting physicians (CP), they must have an arrangement with your organization “in place” prior to rendering services in order for you to bill for those services. It is also imperative that you ask your compliance officer a few questions:

- Do we receive any documentation to back up charges from consulting physicians?
- Do these physicians understand physician coding and documentation any better than our own physicians?
- Is another physician practicing with the contract physician actually the one seeing our patients?
- Are the patients being seen by a non-physician practitioner? (I hope not!)
- Are they being paid according to the contract?

Let me give you an example of why asking these questions can be so important:

On a recent trip to a hospice (that will remain nameless), Jean in our office was reviewing the documentation of a physician who had been contracted to provide attending services for patients residing in three nursing facilities. As the review started—and aside from the almost ever-present legibility issues (even your ‘docs’ should be chuckling)—she noted what could be clearly deciphered as “ARNP” after the signature. Well, if you have been truly reading this article (and not just skimming it), you will recall that only the services of a nurse practitioner who has been elected as the AOR are billable. When this was brought to the attention of the hospice CFO, he was understandably distraught, given his contract was clearly with the physician and not with the ARNP. After discussion with the contracted physician, it was clear that the physician had no idea this restriction existed. Luckily the contract was in its infancy and the physician was amenable to the requirement that only he could see the hospice patients in the nursing facility.

In order to bill for nurse-practitioner services, the patient must have elected the nurse practitioner as his/her attending physician.
Avoiding Future Mishaps

In light of the OIG Work Plan for 2010 (and the OIG’s plans to review billing for physician services), it is crucial that your physicians understand and clearly define their role in delivering care to your patients.

As your organization continues to expand the number of physician services it offers, ensuring that your physician-care services are not viewed by payers as duplicative care will be imperative to your program’s success. The Medicare Policy Manual clearly warns Medicare contractors to “assure that the services of one physician do not duplicate those provided by another.” Thorough, concise documentation is your best ally in substantiating the services you are rendering as medically necessary and non-duplicative in nature. It also helps to coordinate the care with your physician colleagues, so that they have a clear understanding of your role.

Medicare specifically addresses concurrent care, stating that: “Reasonable and necessary services of each physician rendering concurrent care could be covered where each is required to play an active role in the patient’s treatment, for example, because of the existence of more than one medical condition requiring diverse specialized medical services.” Note that this requires each physician rendering concurrent care to play an active role in the patient’s treatment.

CMS has instructed its contractors to apply the following criteria in determining the worthiness of concurrent care:

- Does the patient’s condition “warrant the services of more than one physician on an attending (rather than consultative) basis”?
- Are the services provided by each physician “reasonable and necessary”?

It is imperative that your documentation support your services as a necessary, concurrent, but not duplicative component of the patient’s care.

Once you have established the general necessity for your services, the focus turns to substantiating the necessity for “today’s” visit. This is another area that takes coordination and communication between the physicians, since contractors have been instructed to “assure that the services of one physician do not duplicate those provided by another.”

In a hospital setting or inpatient unit, it is fairly easy to substantiate your physician’s role; for patients seen in a nursing facility or at home, however, you must be sure to paint a clear picture of the services you are providing. Remember, these patients are more than likely still receiving care from the community AOR.

It is also important that the physician-directed follow-up be documented. Most of your physicians came from the private practice world, so what did their assessment and plan end with? Probably “follow up or return to clinic in X number of days”? For some reason, this doesn’t seem to happen with consistency in the hospice and palliative care world. To make matters worse, at times planned follow-up will be documented for 60 days, but a visit will be provided to the patient in 14 days with no documented explanation as to why this visit is required. I am by no means saying that these visits are not necessary; however, the documentation must support the accelerated visit—just as it would if the patient came to the physician’s private practice.

We must also remember that the majority of third-party insurers (e.g., Medicare, United Healthcare.) are only providing reimbursement for a “physician” service delivered to the patient, since the hospice per diem provides the payment for interdisciplinary care.

As with any service line, you must be sure to incorporate physician billing into your compliance program to help ensure you avoid under/overpayments—and someone should truly own the responsibility for these services. You need to be able to turn to an individual and ask the following questions:
Are we assessing physician documentation?
Are we assessing contract physician documentation?
Since WE are billing for these services, are they being documented appropriately?
Are we up to date on annual code changes and changes to coding rules?
Are we in compliance today?

You should identify any internal experts you may have as well as try and identify physician champions of compliance as they will be your best allies when addressing concerns with the physician team. Education is the key! Not just for the providers though; you should include the appropriate billing staff and leadership as they need to know what the risks are. As always, thorough and concise documentation is paramount, and, if possible, you should provide your physicians with cheat sheets as the documentation requirements are not always easy to digest (even for your best clinical team members)! It is important to incorporate quality reviews and, possibly, mock payer reviews/audits.

Without doubt, the current environment makes billing for physician services more challenging than ever before. On the one hand, we are facing shrinking reimbursement and increased regulatory requirements, while on the other, we are seeing the volume of physician services continue to expand, thereby increasing our risk and exposure. It is imperative that your leadership and staff have a clear understanding of both the risks and rewards.

Christopher Acevedo is a partner of Acevedo Consulting Incorporated. The firm specializes in guiding hospices, physicians, and executive staff through Medicare coverage and reimbursement issues through in-house education and consultative services. He can be reached by phone (561-278-9328) or email (cacevedo@acevedoconsulting.com).

References
Between January 2009 and June 2010, 34 end-of-life organizations helped local employers to better understand and support employees who are facing serious illness, grief and loss, and caregiving responsibilities.

In this article, you’ll learn what the participating organizations discovered over the course of 18 months—plus suggestions and resources to use in your work.

Taking Hospice Expertise into the Business Community

By Melanie P. Merriman, PhD, MBA
More than 200 community-based businesses across the country are singing the praises of their local hospice providers. Why? Because these hospices are helping them develop workplace practices that support employees who are dealing with caregiving, serious illness, and/or grief—issues that affect employee productivity and, in turn, can significantly impact an employer’s bottom line.¹

The LIVE – At Work Project
With funding from The Jacob and Valeria Langeloth Foundation of New York, NHPCO’s Caring Connections partnered with 30 hospices, one state hospice organization, and three end-of-life coalitions to conduct outreach to community-based businesses between January 2009 and June 2010.

The project benefited from several resources that Caring Connections had already developed as part of the “It’s About How You LIVE – At Work” outreach campaign. Staff had perfected a LIVE – At Work Outreach Guide to provide hospices and end-of-life coalitions with a roadmap for employer outreach. The team had also produced an Employer’s Guide with background information and tools for organizational assessment, management training and employee education, along with a series of brochures about caregiving, end-of-life and grief that are tailored to address work-life concerns.

As part of the project, the participating hospices and end-of-life coalitions received the LIVE – At Work Outreach Guide, two online training sessions, and three copies of the Employer’s Guide to distribute to local businesses, along with samples of the workplace brochures. They also took part in monthly calls with Caring Connection staff and other workplace partners to share ideas and success stories.

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LIVE – At Work Project Participants
Avera St. Luke’s Hospice • Beloit Regional Hospice • Cedar Valley Hospice • Center for Hospice & Palliative Care, Inc. • Chinese American Coalition for Compassionate Care • Crater Community Hospice • Delaware Hospice • Haven Hospice • Horizon Hospice • Hospice of Anchorage • Hospice & Community Care • Hospice & Palliative CareCenter • Hospice Care Network • Hospice Care of South Carolina • Hospice Care of Southwest Michigan • Hospice Care of the Southwest • Hospice of Baton Rouge • Hospice of Lake Cumberland • Hospice of South Georgia • Hospice of the North Shore • Hospice of the Panhandle • Hospice with Heart • Idaho End Of Life Coalition • Legacy Hospice Services • Odyssey HealthCare • Ohio Hospice & Palliative Care Organization • Peachtree Hospice • Pikes Peak Hospice & Palliative Care • Rainbow Hospice & Palliative Care • Samaritan Hospice • The Elizabeth Hospice • Suncoast Hospice • The National Black Church Family Council, Inc. • XL Hospice, Inc.
Over 700 Connections Were Made

From the perspective of both the Caring Connections staff and the participating organizations, the LIVE – At Work project was enormously successful.

The participating organizations found that a variety of venues were helpful in making ‘initial connections’ with employers—from meetings where business people gathered (such as the Chamber of Commerce or the local chapter of the Society for Human Resource Management) to community forums and health fairs.

As a result of these efforts—and a lot of one-on-one outreach with individual managers at local businesses—they managed to raise awareness about workplace issues related to caregiving, serious illness and grief among 700 employers. And once they got their foot in the door, they effectively reached thousands of employees by:

- Helping employers understand how to focus their efforts to best support employees, drawing from specific tools available in the Employer’s Guide;
- Providing in-service and lunch-and-learn presentations to managers and employees on caregiving and grief, and offering video teleconferences for remote employees;
- Writing articles for the employers’ staff and retiree newsletters; and
- Providing specific, “just-in-time” support to the employees who had experienced sudden, unexpected deaths.

Even more impressive was the participants’ success in getting 200 employers to change their work-life policies and procedures and/or provide direct employee support in other ways.

Stories that Inspire

Here are three of the stories shared by participating organizations:

“Prior to this project, a staff member of the local zoo died suddenly, with nothing set in place for the family. The zoo’s management brought in our hospice to do onsite training to help
employees with grief and with advance care planning. This was the start of a relationship. When this workplace outreach project began, we targeted the zoo and I met with its HR director to discuss ways to expand on our initial relationship. As a result, the zoo is now using the project’s tools as part of its quality initiative—and took the information from the binder and put it on the zoo’s intranet.”

“An administrator at one of our participating companies was killed during the course of the project. In response, I repeatedly made myself available at the company, building a relationship with employees and showing the ongoing support that hospice can offer. During this time, a woman on staff suffered a loss… she ultimately sought me out, based on trust that was developed by my ongoing presence. She even came to a grief support group that our hospice held in her community. I also visited the husband of the deceased administrator. During one visit the husband expressed fear of becoming disconnected from the social network he had experienced with his wife’s coworkers…[and] I was able to alert the company’s leadership....”

“I met with a company’s HR representative and got an enthusiastic response. In the course of the project, this person’s level of participation went from ‘Yes, I’ve made referrals to hospice for grief’ to saying ‘I’ve been talking to my boss and we want you to train our managers in the fall.’ This was a significant evolution!”

Everybody Wins

The LIVE – At Work project has benefited both the participating organizations and the businesses they engaged.

The hospices and end-of-life coalitions had the opportunity to redefine their broad community focus beyond “end-of-life care.” The hospices also benefited from increased name recognition, and some acquired new volunteers. Several were also written up in local newspapers and one received a $1,000 grant to purchase brochures for distribution to local businesses.

They also came to understand that the impact of caregiving, serious illness and grieving had been underestimated by their own

continued on next page
organizations—and some were surprised to see the extent of these issues among their coworkers and peers.

The businesses liked the way the project addressed both their bottom line and their desire to show compassion toward staff. One HR manager who used the employee assessment questionnaire in the Employer’s Guide said she was “blown away” by what she learned, despite the fact that she thought she knew a lot about her employees.

In addition, managers were grateful that the outreach efforts helped increase their management skills, and gave them something to offer to the employees of their organization. One said, “This was the most uplifting three months of my job, thanks to being involved with this project.” Another was able to reinstate grief sessions that had been previously offered to staff.

Several employers had a sense that conversations that would not have happened in the past are now taking place, and offered these examples of how the project has fostered such dialog:

“One lady in our school district has a husband in the last stages of Alzheimer’s and was under tremendous stress. Her coworkers didn’t understand her needs. The presentation by hospice on caregiving helped and she was very appreciative.”

While Not Easy, Well Worth It

None of this success came easily. It required persistence to find the right contact person at each business, and then to keep the issue in front of that person until he/she found time to sit down with the participating hospice or coalition representative.

As a result, the hospice and coalition participants learned to balance perseverance and assertiveness against being annoying or overbearing. As one participant said, “You have to go beyond the initial ‘sell’ and maintain an active relationship.”

In addition, they learned to be good listeners so that they could understand exactly what the businesses were facing and then tailor their outreach services and resources to meet the specific employer’s needs. Although it was time consuming to establish the relationships, doing so laid the foundation for ongoing dialog and getting the employer to take action.

The most successful participants used a targeted strategy to approach their local businesses. They spent the time to figure out which businesses might be most receptive and/or might offer the biggest impact, such as those with several locations. One particularly successful strategy was to start by reaching out to companies that were vendors to the hospice and were already familiar with the staff and the services.
Outreach Tips to Inform Your Work

Here are several suggestions from the participants to help you engage businesses in your community:

- **Designate a Specific Staff Member to the Project**
  Bringing businesses to the point where they are ready to take action requires multiple contacts. Outreach staff needs to have time to approach businesses in different ways over time, slowly moving the employers to the point of action.

- **Consider a “Kingpin” Strategy of Diffusion**
  Target businesses that are organizationally tied to other companies, such as membership organizations or parent companies. Outreach efforts are multiplied when the “kingpin” disseminates the message and resources to the other organizations with which they are tied.

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  **The “Kingpin” Strategy**

  “One of our community outreach coordinators got connected with the director of [our] state human resource management association... with an invitation to do a three-minute presentation at a meeting of 40-45 HR managers.... We had the idea early on to try to go to this meeting, but it took a while.... If you get to the HR managers, you can spread your message to a lot of employees.”

  “...We were able to make a presentation to [our] local Chamber of Commerce’s HR subcommittee. That was good... but it’s the ripple that’s important. A long term care insurer which was there has called asking about ways to partner. Another company is convening a Corporate Roundtable and has invited us to present.”
• Set Realistic Expectations
It may take several months—or even up to a year—to find the right person to connect with at each business. If you expect it to be easy to set up and maintain relationships with multiple employers, you may just get discouraged. So be sure to set realistic goals.

• Start in Your Own Backyard
At the onset of your workplace outreach, survey your own organization (using the employee survey tool in the Employer’s Guide). It will provide you with firsthand experience that will lend credibility to your eventual meetings with employers while also offering you insight into issues your own employees are facing.

• Develop a System for Peer Support
Hospices and end-of-life coalitions that participated in this project had the benefit of monthly calls with each other facilitated by NHPCO’s Caring Connections staff. But any hospice or coalition embarking on workplace outreach can and should seek out peers who are doing the same. Set up times for conference calls and make sure you focus on what is working and where you are having success, rather than just sharing frustrations. People should leave the calls feeling energized. You can also use eGroups on NHPCO’s professional networking site, My.NHPCO, to connect and share ideas with other programs engaged in community outreach. (To learn about My.NHPCO, read the one-page overview in the summer edition of NHPCO’s Insights.)

• Utilize the LIVE – At Work Materials
The LIVE - At Work Outreach Guide for Hospices can serve as an excellent roadmap, providing background information that helps you to ‘talk the language’ of the business (plus it’s free and available online). The Employer’s Guide, on the other hand, can help those you contact. It’s important, however, to familiarize each employer with the resource ‘in steps’ to avoid overwhelming them with too much information all at once. (See the opposite page for links to LIVE – At Work resources.)

Onward and Upward
Most of the local partners in the LIVE – At Work project are continuing their workplace outreach activities. Their efforts pay off in the form of cultivating their current relationships with local businesses, developing new ones, and increasing awareness about all of the ways that hospices can serve their communities. If you want local businesses to be singing your praises, check out Caring Connections’ outreach tools and use them to help develop or enhance your community outreach.

Dr. Melanie Merriman is founder of Touchstone Consulting in North Bay Village, FL. She specializes in quality management consulting, program evaluation and strategic planning. She can be reached at 305-762-7966 or by email (touchst@ix.netcom.com).

References
1 U.S. businesses lose $17.1 to $33.6 billion each year because of employees with full-time caregiving responsibilities. The MetLife Caregiving Cost Study: Productivity Losses to U.S. Businesses, MetLife Mature Market Institute, National Alliance for Caregiving Study (July 2006) Westport, CT.
It’s About How You LIVE
At Work

Resources in NHPCO’s Marketplace

**Employer’s Guide to Work-Life Programs and Policies**
Manual and CD-ROM (Item 821078; Member: $150)

**Educational Brochures:**
- A Guide for Working Caregivers (Item 820191; Member: $1.15)
- Supporting Someone Who is Grieving (Item 821009; Member: $1.15)
- When an Employee is Seriously Ill (Item 821192; Member: $1.15)
- When an Employee Suffers a Loss (Item 821193; Member: $1.15)
- Helping Employees Cope After a Critical Incident (Item 820190; Member: $1.15)
- Grief in the Workplace: When a Co-Worker Dies (Item 821007; Member: $1.15)
- Grief in the Workplace: When an Employee Dies (Item 821008; Member: $1.15)

For details or to place an order, visit [www.nhpco.org/marketplace](http://www.nhpco.org/marketplace).

For the free Outreach Guide for Hospices, visit the Caring Connections website.
National Hospice/Palliative Care Month
Marketplace is pleased to offer you an outstanding selection of products!

National Hospice/Palliative Care Month Poster
This must-have poster depicting the 4 seasons highlights the fine detail of the traditional Hospice/Palliative Care quilt with the tagline—“Seasons of Caring.” This unique poster is ideal for your office or home. National Hospice/Palliative Care Month November 2010 is printed at the top of the poster. The poster is 22” x 28”.

Dated:
Item #: 821623
Member: $7.95
Non-member: $9.95
Not Dated:
Item #: 821624
Member: $7.95
Non-member: $9.95

Mug
This 15-ounce white stoneware mug has an extra-warm feeling enhanced by the quilt and tagline. The mug is 4 5/8” high x 3 1/4” diameter with a large handle making it easy to grip. It makes a nice gift for family, co-workers, or yourself.

Item #: 821648
Member: $8.95
Non-member: $10.95

Pen on a Rope
This medium-point pen on a rope has black ink with an attached 16” white breakaway safety clasp. Always have a pen handy when you need it. The quilt “Seasons of Caring” imprint lets others know you care all year in every season.

Item #: 821706
Member: $2.95
Non-member: $3.95

Bookmark
This 2” x 8” bookmark features the “Seasons of Caring” theme on both sides, and is adorned with a white tassel. Share the caring message in any season with friends and family who love to read.

Item #: 821631
Member:
1-500: $1.00 each
501+: $0.80 each
Non-member:
1-500: $1.50 each
501+: $0.95 each

FOR ADDITIONAL GIFT IDEAS, GO TO WWW.NHPCO.ORG/MARKETPLACE
### Key Holder

This handy key tag (1 ½” x 1 ½”) features the “Seasons of Caring” theme on both sides, and is enclosed in acrylic with a nickel-plated steel ring attached.

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### Lapel Pin

Let everyone know you are celebrating National Hospice/Palliative Care Month all year round. Proudly wear this exclusive pin designed directly from this year's quilt.

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### Pocket-Sized Memo Pad

Use this colorful memo pad to jot down thoughts, ideas and dates. It is 2 11/16” x 4 ¾” and has a 10pt. coated stock cover. There are 10 sheets and 40 pages of ruled perforated paper. The quilt imprint combines beauty and function for everyday use. Only $1.50!

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### Order Form

**Name** ________________________________ **Phone** ________________________________

**Organization** ________________________________ **Fax** ________________________________

**Mailing Address** ________________________________ **E-mail** ________________________________

**City** ________________________________ **State** ________________________________ **Zip** ________________________________

**Are you a member?** □ Yes □ No **Member #** ________________________________

**Sorry, we do not deliver to PO boxes.**

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**Shipping & Handling**

- Orders under $100: Enter $8.00
- Orders over $100: Inside continental US: Multiply "Order Subtotal" x .10
- Outside continental US: Multiply "Order Subtotal" x .15

**Order Subtotal**

**Shipping & Handling**

**Sales Tax 5% (VA residents)**

**TOTAL DUE**

**Four Easy Ways to Order:**

- **call** 800/646-6460 Mon-Fri 9 to 5 ET (toll free)
- **fax** 877/779-6472 (toll free)
- **online** nhpc.org/marketplace 24 hrs, 7 days a week
- **mail** NHPCO Marketplace P.O. Box 34929 Alexandria, VA 22334-0929
NHPCO recently conducted a review of browsers used by members who subscribe to its weekly e-newsletter, NewsBriefs. Surprisingly, about 53 percent of subscribers still use Netscape 4.0 and 7.0. While once the preferred choice among Internet users (in the early years of this decade, that is!), NHPCO’s IT Department recommends that members move to a more up-to-date, secure browser.

Here is a list of recommended browsers, along with several reasons why it may be wise to make the move.

**Recommended Browsers**

For PC Users:
- Google Chrome
- Internet Explorer 8

For PC and Mac Users:
- Apple Safari 5
- Mozilla Firefox 3.6

**Reasons to Upgrade**

- **It’s FREE**
  All of the browsers listed above are completely free to download and use—with absolutely no strings attached.

- **It’s More Secure**
  Using the Internet leaves your computer exposed to all kinds of threats and attacks. Outdated browsers, such as Netscape, have little or no built-in security to protect against hacked websites, account theft, or malicious viruses. Updated browsers, on the other hand, include features to help protect your computer while you’re on the Internet (e.g., anti-phishing and anti-malware protection, pop-up blockers, password managers, instant website ID).

- **It Provides a Better Online Experience**
  Many newer websites use scripting languages that are not fully supported by older browsers and, thus, limit what you can see and experience onscreen. Additionally, some sites are not compatible with certain browsers and can’t be accessed at all.

- **It’s Faster**
  Newer browsers have updated JavaScript engines, making them three to five times faster at loading websites than previous versions. Newer browsers will also increase the speed of web applications like email, social networking sites, and online word processors.

- **It Lets You Set Preferences and Works Better with Other Software**
  Many browsers now let you customize how they look and interact with other software systems. Add-ons, extensions, and plug-ins can also allow programs, like Microsoft Office, to interact with your browser, making it possible to copy and paste an entire website into an email or text document with just one click.

- **Plus You’ll Get Better Support**
  Netscape, along with AOL and Lotus-Notes, are now obsolete, which means there is very little or no technical support to help troubleshoot issues.
One of the very positive changes in the new health care reform law concerns Medicaid provisions for children. By 2013, states will be required to amend their Medicaid laws so that children with life-limiting illnesses will be covered for palliative care provided by hospices without foregoing curative treatment. Some states are revising their laws now—in fact, this past July, Illinois just signed the Pediatric Palliative Care Act into law, joining Colorado, Florida, California and New York.

This is wonderful news for families whose children are living with chronic, life-threatening conditions and qualify for Medicaid. It’s also good news for many hospice providers which are willing to expand services to meet the needs of pediatric patients. The key, of course, is getting staff properly trained in this highly specialized area.

A Good Place to Start
NHPCO’s End-of-Life Online (E-OL) and the Children’s Project on Palliative/Hospice Services (ChiPPS) have just launched the first module in a 10-module series on pediatric palliative care.

This first module was developed by Susan Huff, RN, MSN, director of Pediatrics at Home at Johns Hopkins University, and offers a solid foundation for hospice staff:

**Module 1: Principles and Standards**
- Defines “pediatric palliative care” and explains the unique differences in caring for children;
- Discusses the common conditions among children for which palliative care is most beneficial;
- Examines NHPCO’s “Standards of Practice for Pediatric Palliative Care” and how they apply to real-world care through practice examples—Cassie, Age 10 and David, Age 17.

Continuing-education credit for physicians and nurses as well as counselors and social workers can be earned through completion of this module—and series.
About the E-OL Format
E-OL courses feature interactive content, such as quizzes, to make online learning more engaging and effective. Staff can access the course, stopping and resuming as needed, at any time, which is ideal for clinical staff members who are managing a busy caseload. E-OL courses can be viewed from any computer with Internet access—no special software is required.

Learn more about Module 1 today. For general information about E-OL, visit www.nhpco.org/edge.

Upcoming Modules
In the coming months, the following nine modules will also be released:

- **Delivery Models** (developed by Claire Vesely, RN, BSN, and Christy Torkildson, RN, MSN, PHN)
- **Ethics, Decision Making and Advance Care Planning** (developed by Suzanne S. Toce, MD)
- **Childhood Development in Health and Illness** (developed by Paul Thayer, DMin)
- **The Spectrum of Complex, Chronic and Fatal Conditions** (developed by Cassandra D. Hirsh, DO, and Sarah Friebert, MD)
- **Assessment and Management of Pain** (developed by John Saroyan, MD, FAAP, and Kate Faulkner, MD, FAAHPM)
- **Symptom Management** (developed by Julie Hauer, MD)
- **Psychosocial Support of the Family and Community** (developed by Stacy Remke, MSW, LICSW)
- **Bereavement Care** (developed by Elizabeth Keene, MA, FT)
- **Structure and Support of the Interdisciplinary Team** (developed by Mary Kay Tyler, MSN, CNP).
Want To Grow Admissions 17% Without Increasing Costs? COME TO OUR BOOT CAMPS SO WE CAN SHOW YOU HOW!

Chapel Hill, NC • October 19 - 21, 2010

Square One Boot Camp instills strong home care and hospice sales skills in your team members - regardless of sales experience, tenure in the position, or industry knowledge. Those who participate leave with new skills, set action plans, and a Coach to hold them accountable.

The Advanced Sales Training Boot Camp begins with each participant submitting a presentation in advance of the training, along with other assignments designed to help customize all coaching to each salesperson’s territory and accounts. This program was created specifically for home care and hospice sales professionals ready to advance their sales skills to the next level!

Sign up today, space is limited!

iSELL Hospice Video Orientation & Mobile Learning Libraries

Provide your hospice sales professionals consistent, proven sales training for their orientation.

iSELL Hospice Video Orientation Library – a 5 DVD hospice specific video sales training orientation for the low price of $1297 which includes the the 10 CD iSell Hospice Mobile Learning Library (an additional $299 Value).

iSell Mobile Learning Library - a 10 CD set that covers every single aspect to increasing Referrals, and growing your ADC for just $299 per set.

FOR MORE INFORMATION PLEASE CONTACT:

(888) 818-6887

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Ads generate candidates looking for a job
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Hospice Concepts, Inc.
The Standard in Healthcare Staffing and Recruitment

Job Seekers & Employers Visit Us At: www.hospiceconcepts.com
Pathways Hospice Foundation Awarded Sobrato Family Foundation Grant

The Sobrato Family Foundation has awarded a second-year $105,000 grant to Pathways Hospice Foundation, which provides needed support to Pathways Home Health and Hospice (Sunnyvale, CA).

Sobrato issued a $100,000 grant in 2009, with an incentive to receive a second year of funding if Pathways could raise matching funds from corporate and individual donors. Pathways was successful in attracting support from 17 corporations, 193 new donors, 121 continuing donors, and 131 returning donors to meet the Sobrato Family Foundation challenge. The grant is unrestricted and will be used by Pathway Hospice to provide family bereavement counseling, caregiver support, integrative therapies, a 24-hour on-call nursing service, and gap funding for uninsured or under-insured patients.

Hospice of the Valley Launches New Program for the Latino Community

Hospice of the Valley (based in San Jose, CA) has received a $35,000 grant from the Leo M. Shortino Family Foundation to help launch Una Familia Más (One More Family). The first program of its kind in Santa Clara County, Una Familia Más is a three-phase outreach and education initiative to expand access to culturally appropriate end-of-life care among members of the Latino community.

“Many Latinos often lack access to hospice or are reluctant to seek services due to socioeconomic, linguistic and cultural barriers,” said Héctor Sánchez-Flores, the chair-elect of the hospice’s board of directors. “Una Familia Más will help build trust, dispel misconceptions and increase awareness....”

Willson Hospice House Earns Audubon Certification

Willson Hospice House, an inpatient facility operated by Albany Community Hospice and Palliative Care (based in Albany, GA) has become the first Audubon-certified healthcare facility in the world—earning the distinction as an Audubon Silver Certified Sanctuary.

The hospice house was part of the Audubon Signature Program, a program for new developments that helps create an environmentally sound project by successfully integrating an ecosystem-approach to design, construction, and management of the development.

The 39,000-square-foot building, developed on only 12 of the nearly 210 acres, gives much access to the outdoors, promoting the hospice’s emphasis on providing a calm and peaceful setting for patients and families. It features an indoor and outdoor chapel, walking trail, and bird sanctuary, and can accommodate up to 18 patients.
Hope Hospice and Palliative Care Celebrates 25 Years—on Stage

Hope Hospice and Palliative Care (Medford, WI) celebrated its 25-year anniversary in a unique way—by hosting a musical adaption of the book, *The End of Life Advisor*, for members of the small, rural Medford community (population: 5,000).

The book was written by hospice advocates, Susan Dolan and Audrey Vizzard, while the play (entitled *From the Start Consider the Finish*) was written and directed by Rogers Keene, who also co-stars in the production. The play uses the stories Dolan has shared about hospice experiences to relate the benefits of end-of-life care in an engaging way.

Illinois Governor Signs Pediatric Palliative Care Bill into Law

Illinois Governor Pat Quinn signed into law the budget-neutral “Pediatric Palliative Care Act” on July 18, 2010. Under the new law, low-income children with life-limiting illnesses will be able to receive specialist-level pain and symptom management and psychosocial support while also pursuing curative treatment. The Illinois Department of Healthcare and Family Services will implement the new law over the next 18 to 24 months. Illinois now joins the states of Colorado, Florida, California and New York in making Medicaid provisions for pediatric palliative care.
VITAS Innovative Hospice Care® Launches Website en Español

VITAS Innovative Hospice Care® (based in Miami, FL) has launched the bilingual website, espanol.VITAS.com. “We care for over 70,000 patients near the end of life annually, and 15 percent of those patients are Hispanic,” said VITAS CEO Tim O’Toole. “We anticipate that espanol.VITAS.com will become a valuable resource to the Hispanic community.”

NHPCA Recognized as “Most Inclusive Agency”

The Nebraska Hospice and Palliative Care Association (NHPCA) was recognized as the “Most Inclusive Agency” by Community Health Charities of Nebraska (CHC-NE) during its annual meeting in August. The award is one of two new awards that CHC-NE has established this year to honor the statewide efforts of its member health charities.

National Hospice Foundation

Run to Remember is NHF’s athletic fundraising program. RTR provides individuals with an incredibly powerful way to honor their loved ones’ memories while raising money to support hospice.

This program is growing every year, with more walkers and runners participating and raising more money.

By utilizing its resources, local hospice programs can gain unrestricted dollars as well as community support.

Five key things to know about RTR

1. There is no one single “Run to Remember.” Participants are free to select any race they want (hometown marathon, big race in another city, or maybe even just a 5K or 10K to get started). That becomes their “Run to Remember.”

2. Athletes can designate a local hospice of their choice to receive 50% of the net proceeds of the funds they raise. NHF receives the other 50% for support of national initiatives that improve hospice care for everyone.

3. All participants receive a RTR running shirt customized with the name of their loved one(s) on it. Past RTR participants have said this makes their race day extremely special.

4. It’s any race, AT ANY PACE. Walkers are welcome. New runners and experienced athletes can all participate. What draws everyone together is a passion for hospice and a commitment to embark on a physical challenge while raising crucial funds.

5. Each year, RTR has “spotlight” races which means we recruit teams of runners, have a presence at the race Expo and in some cases (Bank of America Chicago Marathon and Marine Corps Marathon) get “charity bibs” reserved for those hard-to-get-into marathons.

For more information, visit www.runtoremember.org
E-mail Stuart Lazarus, Run to Remember National Program Director at stuart@runtoremember.org
The best way to keep informed of the changes occurring in the hospice and palliative care field is to take advantage of NHPCO’s diverse range of educational offerings.

Our goal is to ensure that you and your colleagues are well-informed and better able to deliver quality end-of-life care to all members of your community.

To learn more about our upcoming national conference, our series of timely Webinars, and our E-OL distance-learning courses, just click on the tabs above.

For full details, please visit the NHPCO website: www.nhpco.org/education.
This Year’s Hospice Month Quilt is Here!

Every year, NHPCO creates a new “quilt” graphic to help celebrate National Hospice/Palliative Care Month in November. This year’s design uses colors and visuals to carry out the theme, “Seasons of Caring.”

See page 16 for the range of promotional materials that feature this new quilt and tagline.

Be sure to also visit www.nhpco.org/outreach for a display ad mirroring this theme—plus many other templates and resources that are part of the new 2010-11 outreach collection.
NHF Celebrates Our Loyal Friends in Columbus

On June 29, 2010, NHF supporters from Ohio joined NHF board and staff members for a reception held at The Columbus Foundation. It had been more than 10 years since NHF had convened a board meeting in Columbus. It was our pleasure to return. The reception was graciously hosted by Sara Jo Kobacker, Stuart Lazarus, Ann Pizzuti, and Libby Ross. We are deeply grateful for their help and support.

We are also grateful to the staff of The Columbus Foundation for their gracious hospitality. In particular, we want to recognize Event Coordinator Sue Hazelton. She went out of her way to make our experience special. Read below for why.

You never know where you are going to find a friend of hospice.

My Personal Connection to Hospice by Sue Hazelton

The NHF Board came to The Columbus Foundation where I work as an event coordinator. It was my honor to do everything I could to “pay a little forward” and take good care of them. The day of their reception was one of those perfect early summer days. I like to think my sister Cathy had something to do with that!

In 1995, Cathy, who was 31 years old and a single mom to three little boys, was diagnosed with a rare cancer. When Cathy was ready for hospice, in 1998, things quickly changed for the best. A knock on the door brought a hospital bed, toilet help, and a wheelchair. Another knock and in came a charge nurse, a counselor for the boys, and even someone to help with shopping and household chores. I felt like a weight was lifted off my shoulders. Better pain management brought her spirits up; she was more talkative, like her old self, and could visit more with everyone for a couple of weeks.

The day Cathy died, I woke up early and she wasn’t responding to me. I called the hospice nurse. She came right over and told me to call everyone. She gently told me Cathy probably wouldn’t make it through the day. I was honored along with my brother to hold each of Cathy’s frail hands as she passed, whispering our goodbyes and I love you. My sister died at 11:45 am on May 14, 1998. Seventeen days before her 34th birthday.

Sue’s sister Cathy and her family were grand marshals in a Disney parade.

I truly love my career at The Columbus Foundation. I love taking good care of guests and when I think about it, my two best teachers were hospice and Disney. When asked, I was happy to write a story for the NHF website about how both Disney and hospice both took extraordinary care of Cathy.

(You can read Sue’s story at www.nationalhospicefoundation.org/Hazelton).
If your family is gathering this holiday season, it might be a perfect opportunity…

Talking to Nana about Her End-of-Life Wishes

NHPCO’s Medical Director Provides Guidance on Important Conversations

Special to the NHF Quarterly, by David Casarett, MD

Last November, my mother gave me a single task to accomplish during our family holiday gathering: “Talk to Nana about her living will.” This request was not a surprise. At the time, my grandmother was 95, after all. And as the only physician in our family, and a palliative care physician to boot, it made sense.

But then I wondered: Is this what the holidays are about? Talking with your grandmother about treatments she would and wouldn’t want at the end of her life?

Holidays are the Perfect Time

The more I thought about it, though, the more I became convinced that the holidays are the perfect time to have these sorts of conversations. What better time to make sure that everyone knows what a person’s preferences are? And, too, the holidays are a fine time to take stock. Many of us see relatives for the first time in what we’re usually ashamed to admit has been far too long. So we’re more attuned than we might otherwise be to changes in a family member’s health.

But how was I supposed to broach this topic with Nana? That was the real question.

What Would I Do if She Were My Patient?

Well, first I’d simply ask her if she’d thought about making a living will. Then I’d say that I recommend one for all my patients. I’d tell her that it’s the best way to make sure that you get the treatment you want if you can’t make decisions. It’s not that I expect that anything will happen soon, I’d say. But you never know, and it’s best to be prepared.

I might also say that a living will isn’t just for her. It’s also for her family. It would let us know what treatments she wants, and who she wants to make decisions for her, so we don’t argue among ourselves. One of those suggestions would work. I was sure of that.

But Nana Surprised Me

But when I called my mother to share my plan, I got another surprise. “I don’t think you have to worry about Nana,” she said. “This was her idea. She’s even printed a form and she’ll have it waiting for you when you get there.”

It’s strange what a relief that was. Even though I have these conversations often, they’re much easier when I don’t have to take the first step. So if you’ve been thinking you need to fill out a living will, don’t be afraid to begin the conversation. That will make it much easier for your family.

And if your parent or grandparent suggests a living will, tell them it’s a great idea. Print out a form and talk about it now, because it’s one of the most important discussions you’ll have over the holidays.

To find resources to help with these important discussions, visit Caring Connections at www.caringInfo.org or call 1-800-658-8898. The website has printable forms—called advance directive—for all 50 states.

You can make a big difference in educating consumers

This is the Season to Sign Up for Workplace Giving

Through our support of NHPCO’s Caring Connections program, NHF funds the development of information to empower individuals to create living wills and access hospice services, among other things.

The Caring Connections website has more than half a million unique visitors each month!

You can help support this work—as well as everything else we do—by designating NHF, NHPCO, or FHSSA to receive your workplace contributions, if:

• your company participates in United Way campaign; or
• your company conducts its own giving campaign.

Does your employer offer matching gifts?

Many employers have matching gift programs that can double or even triple your contribution. Make the most of your donation by requesting a matching gift form from your employer. If you send a completed and signed form with your gift, we will take care of the rest! Not sure? Want to learn more? Contact Sarah Meltzer at smeltzer@nationalhospicefoundation.org or 703-837-3149.

Combined Federal Campaign

If you are a federal employee, you can participate in the annual Combined Federal Campaign (CFC), which runs from September 1 through December 15.

The two CFC numbers to use are: NHPCO #11241 or FHSSA #11018.

Dr. Casarett is the author of, Last Acts: Discovering Possibilities and Opportunities at the End of Life. He is an associate professor of medicine at the University of Pennsylvania and a consulting medical director with NHPCO. He has raised $46,000 for NHF through his 2010 book tour. We are extremely grateful.
Did you ever wonder how hospices negotiate the labyrinth of Federal regulations?

“Our Job is to Make Life Easier for Providers So They Can Take Care of Patients”

With the passage of health care reform, NHPCO is busier than ever helping hospices cope with the implementation of the new law

For many of you, reading, understanding, or applying complicated Medicare hospice regulations is just about the last thing you want to do.

Fortunately, NHPCO has two team members who truly love this specialized world. Judi Lund Person and Jennifer Kennedy live and breathe Federal regulations. Why?

As Lund Person, vice president for compliance and regulatory leadership, says, “Our job is to make sure NHPCO hospice members stay in compliance with the law. We offer unlimited access for assistance. Our job is to make life easier for providers so they can take care of patients.”

Kennedy, regulatory and compliance director, observes, “For a hospice provider to survive now, they have to know the rules of how to function in accordance with Federal and state regulations. The average provider doesn’t have the time to track all of those changes on a daily basis, so we do it for them.”

Providers Need Information

With health care reform legislation passed in March of this year, regulations are now being written and released by the Centers for Medicare & Medicaid Services (CMS). These regulations must be followed by hospices in order to receive Medicare reimbursement for patient care.

The regulatory team answers an average of 450 phone calls or emails each month, or, about 25 a day. While some of them are very simple to answer—if you are an expert—about 40% of the questions require additional research. “Some of the more complex calls arise when a hospice calls about a specific patient scenario and which regulations may apply,” says Kennedy. She adds, “Hospices want to do the right thing by patients and also comply with the law.”

Consumers Also Call with Questions

Although the bulk of calls or emails come from hospice providers, every month consumers call as well. Kennedy explains, “Consumers are savvier now. The calls start with, ‘I know there’s a regulation that a hospice has to do such-and-such’. They are calling to confirm, to verify that what a hospice has said is true.”

Kennedy uses the regulations as a starting point to help the consumers advocate for themselves. She starts with the citation to the regulations, which explains what hospices have to do, and then walks the consumer through who to talk to and what to say. She often refers them to the Patient’s Rights which are enumerated in the legislation.

Some Key Patient’s Rights Points

(Sec. 418.52 Condition of Participation)

Patients have the right to:
- Be treated with respect
- Voice grievances
- Be protected from discrimination or reprisal for exercising their rights
- Pain management and symptom control
- Be involved in developing the plan of care
- Refuse care or treatment
- Choose attending physician
- Confidential clinical record
- Be free of abuse
- Receive information about the Medicare Hospice Benefit
- Receive information about scope and limitations of hospice services.

Note: this is a partial list for illustration. For the full list, go to http://www.caring-info.org/userfiles/File/PDFs/hospice_patient_rights.pdf
Would you like to share information about hospice with friends or family?

Online Videos about Hospice Care Basics Now Available

What’s the most likely place Americans will go when looking for information about something unfamiliar? Without question, the Internet would be at the top of the list. In fact, every evening, more Americans log onto YouTube.com than tune into all the network television channels combined.

NHF and NHPCO are pleased to announce the availability of six short videos that look at the basics of hospice care. Featuring President & CEO Don Schumacher, each video runs between two and four minutes. They were developed in collaboration with the Internet educator known as Monkey See. The video series can be found on NHPCO’s YouTube Channel, www.youtube.com/user/NationalHospice, and cover the following six topic areas:

1) What is Hospice Care – an introduction
2) When to Begin Hospice
3) Choosing a Hospice
4) Understanding Hospice Care
5) Paying for Hospice Care
6) Types of Hospice Care Services

Are you looking for interesting holiday gift ideas?

Check out the TisBest Charity Gift Card Program that Benefits NHF

Looking for a fantastic gift idea that offers an alternative to another gift card from a big box store? Give your family and friends the opportunity to make the world a better place with TisBest Charity Gift Cards. The cards work like other gift cards, with one meaningful exception: the recipient directs the funds to one or more of the 250 national charities on the TisBest website. (And NHF is on the list!).

If you use this link http://tiny.cc/nhf, TisBest will donate an extra $2 to NHF for each card purchased and will let your recipients know that you recommend the mission and work of NHF. Even if your aunt selects a pet-focused charity, or your son chooses an environmental group, hospice still benefits from your gift!

And if you are an employer in need of a unique gift for your staff, customers, or clients this holiday season, why not consider adding a TisBest Charity Gift Card to the mix? You can work directly with TisBest to personalize cards with your logo and messaging. Contact Chad Edwards at TisBest at 206-501-3005 x4 or chad@tisbest.org for more information.
25 Hospice Supporters Ran the Rock ‘n’ Roll Chicago Half Marathon
On August 1, 2010 Teams from Several Hospices Enjoyed a Terrific Race Experience

Valerie Magee, Dr. Diane Jackson, and Randi Jackson raised funds and awareness in support of A Touch of Grace Hospice’s mission to reach racially and ethnically diverse communities in Chicago.

The father-daughter team of Bill Pepple and Kristy Pepple share pre-race excitement before tackling the 13.1 mile race.

NHF is committed to providing extra-special touches at our Spotlight Races. Here, Coach Meg Herman offers the massage sign-up sheet to Michalen Maternowski and Roberta Spencer, who ran on behalf of The Center for Hospice in South Bend, IN.

A big part of the fun of doing a team event is the camaraderie that builds among members. This group ran in support of the Hospice of Northeastern Illinois. (Back: Hal Stinespring, Tony Merkel, Richard Passavant. Front: RTR Coach Meg Herman, Megan Bollman, Karla Kemblowski)

To see more photos visit http://www.run2remember.org/RocknRollHalfMarathon

Does This Look Like Fun to You?
If you would like to form a team to run on behalf of a local hospice, contact Stuart Lazarus at stuart@run2remember.org or (614) 271-7465. For more details about Run to Remember, visit www.run2remember.org.

Are you on Facebook?

8 Reassuring Things about Hospice—from NHF’s Facebook Fans

More than 1,500 Facebook users have clicked “like” on the NHF page. Each day brings new information—and new conversation.

Here are some of the responses to the question, “If you could tell a worried family one thing about hospice, what would you say?”

1 They are angels! You need them—and will feel blessed during the entire process.

2 The hospice we used in treated my dad like he was one of their own family. They were always upbeat, patient, and there for the whole family. My dad had the dignity, respect, and kindness we wanted for him.

3 Hospice workers are caring people who will help you through the most difficult time of your life. We provide personal care, medical care, spiritual care, support for grieving—and social services to help you untangle the red tape.

4 The hospice team will allow you to spend quality time with your loved ones before they pass.

5 Don’t wait. Because most people wait too long to allow hospice to help. Sign on sooner rather than later; give your loved one (and yourself as caregiver) support and comfort.

6 Hospice is not about the dying process. It’s about LIVING every single day to the fullest!

7 The hospice team will ease suffering and support the whole family. In the words of an eight year old “They make you feel better”.

8 Hospice care of your loved one is a level of caring and comfort that will stay in your heart and memories forever.

Social Networking with NHF

Join in the dialogue on Facebook! You can find us at www.facebook.com/NatHospFdn. This is where we discuss a range of topics. If you want to raise money for NHF through Facebook, we invite you to join our “cause” at www.causes.com/hospice.

We also have a Twitter account, so you can follow our occasional tweets at Nhf_news.
NHF’s Website Offers Online Tool for You to Find Your Best Charitable Gift Planning Options

It can be hard to know what form of charitable giving will work best for someone. There are many variables to consider. Some, but not all, include:

• Would you like to make your gift in the near future or upon your death?
• Do you want immediate tax benefits or are you more interested in reducing estate taxes?
• Are you most interested in passing on assets to your children or your grandchildren?

We are pleased to offer an online tool that allows potential donors to click through these and other questions, ending up with a recommended gift vehicle. This interactive tool can be extremely helpful in sorting through the wide range of options for charitable gifts and determining the best for each individual.

The tool is found on NHF’s planned giving page, which can be found at www.nationalhospicefoundation.org/planning. Donors wishing to explore making gifts to NHF’s FHSSA Impact Fund should use the tool found on www.fhssa.org/planning.

“Information on NHF’s website is not intended as legal, tax, or investment advice. All gift options should be discussed with your legal, tax, and financial planning advisers.

For more information about how to support NHF’s mission or the FHSSA Impact Fund through charitable gift planning contact: Maureen Lilly, director of planned giving and stewardship at 877-470-6472 or 703-647-5173 or planning@nationalhospicefoundation.org

“We know that many people are interested in supporting high-quality hospice care in this country. And many of them are interested in ways to give that protect their income, offer deferred tax benefits, or provide a way to leave a lasting legacy,” says John Mastrojohn III, NHF’s executive director. “Our charitable gift planning program provides many ways for donors to achieve their goals. This tool is a great start in planning.”

Thank You! Thank You!

We send an extra-special thank you to:

• Sara Jo Kobacker, Stuart Lazarus, Ann Pizzuti, and Libby Ross for hosting a delightful NHF reception at The Columbus Foundation in June.
• The staff of The Columbus Foundation, particularly Sue Hazelton, for their gracious hospitality in hosting the reception as well as the board meeting.
• A donor who wishes to remain anonymous. He is showing his support of hospice with a monthly donation to NHF. If you would like to do the same, set it up at www.nationalhospicefoundation.org/MonthlyGiving.
• The Smith Family and Gilchrist Hospice Care for their extraordinary assistance with the filming of the daily activities of a hospice patient and her family for use in the video series about hospice (see page 4).

• Dave and Evan Fuller, a father-son team from Spokane, Washington. This summer they rode their bicycles 3,500 miles across the U.S. Their herculean effort was in support of FHSSA (which began as the Foundation for Hospices in Sub-Saharan Africa). NHF raises funds for FHSSA through our FHSSA Impact Fund and so we are deeply appreciative of all donors to FHSSA.

“ ”Our family had recently seen the compassionate benefits of hospice and palliative care with the loss of my brother, Larry,” shared Dave Fuller (right). “We have much respect for hospice as an organization for their work locally, but also wanted to help be a part of the larger picture... that led us to FHSSA and its work overseas.”