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TODAY**

June 5th, 2024

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Headlines

StateServ Rebrands to Dragonfly Health

PR Newswire; 6/3/24

StateServ, a leading provider of benefit management solutions for durable medical equipment ("DME") and pharmaceuticals for the post-acute care market, announced today it has rebranded to Dragonfly Health. The new identity marks an inflection point for the Company, as it combines DME and pharmacy offerings, enabling a scalable, holistic care-at-home service platform driven by advanced technology and robust analytics. Through its comprehensive offering of equipment and medication solutions, Dragonfly Health seeks to improve quality of life and transform the care-at-home experience for caregivers, patients, and their families.

Hawai'i is the first state to provide palliative care coverage

EIN Presswire; by Governor Josh Green, MD; 6/4/24

Governor Josh Green, M.D., and the Department of Human Services (DHS) Med-QUEST Division are pleased to announce that the Centers for Medicare and Medicaid Services (CMS) approved a new State Plan Amendment (SPA) to cover community palliative care services through Medicaid, making Hawai'i the first state in the nation to do so. ... "After several years of hard work and collaboration with many community members and experts in the field, I am proud to announce that Med-QUEST is the first Medicaid program in the country to get this benefit approved," said Governor Green. "This will greatly improve the quality of life and health outcomes for thousands of people who face serious medical conditions in our state. Hawai'i continues to lead the nation in innovations in health and health care."

Hospice Provider News

What health system CEOs need to tackle conflict, change

Becker's Hospital Review; by Laura Dyrda; 5/31/24

Health system CEOs are leaving behind ego-driven, top down leadership in favor of a trusting and a supportive culture to guide their organizations and transform healthcare delivery. Change is hard, but necessary, to grow. "One of my greatest realizations is the importance of fostering a culture where every individual genuinely feels valued and supported," K. Craig Kent, MD, CEO of Charlottesville, VA.-based UVA Health and executive vice president of health affairs at the University of Virginia told *Becker's*. ... Change is happening on many fronts. More care is exiting the hospital to be delivered at outpatient sites, in the home and through virtual connections. Patients are more actively participating in decision-making about their care, and digital technology makes it possible to personalize care more than ever before. ...



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Community Hospice & Palliative Care setting sights on Florida, Georgia expansion

Hospice News; by Holly Vossel; 6/3/24

Florida-based Community Hospice & Palliative Care recently opened a new location in its home state that will serve as an office for interdisciplinary staff and a community center. The new center is a key part of the hospice and palliative care provider's overall strategic growth plans to improve access among underserved populations, according to Community CEO Phillip Ward. ... One aim of launching the center is to improve care collaboration and access among African Americans in the community, according to Ward.

Hospice of Santa Barbara celebrates 50 years with its Legacy of Compassion Campaign and a strong commitment to the future

Santa Barbara Independent; by Hospice of Santa Barbara; 6/3/24

When Hospice of Santa Barbara (HSB) officially opened its doors in 1974, it was at the forefront of a visionary movement. Only one other hospice existed in the

United States at the time and a local group of Santa Barbara leaders committed to meeting the needs of people and families struggling with life-threatening illness or grieving the death of a loved one. Over the past 50 years, HSB has served tens of thousands of people. ... During this time, HSB has repeatedly adapted and grown to meet the changing needs of our community including the many community crises and disasters our community has faced. ... [As] HSB looks to their next 50 years, they see a changing landscape that greatly impacts their mission.

Editor's Note: Congratulations Hospice of Santa Barbara! Thank you for pioneering our hospice movement 50 years ago and for continuing to grow and evolve your services through ongoing changes. The "one other hospice" that existed in the U.S. is Connecticut Hospice, which also continues to lead the way. Congratulations and thanks to you, too!

Clinical News

Palliative care significantly improves discussion and documentation of end-of-life care preferences among patients with AML and MDS

Oncology Learning Network; transcribed interview featuring Areej El-Jawahri, MD; 6/1/24

Areej El-Jawahri, MD, Massachusetts General Hospital, Boston, Massachusetts, discusses results from a clinical trial comparing a collaborative palliative and oncology care model vs usual care for adult patients with acute myeloid leukemia (AML) and high-risk myelodysplastic syndrome (MDS). The study showed that palliative care significantly improved the rates of discussion and documentation of end-of-life (EOL) care preferences, reduced hospitalization at the EOL, and improved the quality of life in patients.



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Regulatory News

Hospice Certifying Physician edit in effect

AAPC - American Academy of Professional Coders; by Rebecca Johnson; 6/3/24

The Centers for Medicare & Medicaid Services (CMS) and its Home Health and Hospice (HHH) Medicare Administrative Contractors (MACs) are all systems go for the new — and potentially troublesome — claims system edit. The edit went into effect June 3. ... In the 2024 Hospice Payment Rate Update final rule, CMS adopted a requirement that two categories of physicians must be enrolled in or validly opted out of Medicare for hospice services to be paid: the hospice medical director or the physician member of the hospice interdisciplinary group; and the attending physician that certifies the patient for hospice. CMS did at least grant hospices' requests for an implementation delay at that time, moving the deadline from the proposed Oct. 1, 2023, to May 1, 2024. Then, on the eve of that start date, CMS bumped the edit for one more month. ...

National aging framework outlines governmentwide initiatives promoting home-based care

McKnight's Home Care; by Adam Healy; 6/3/24

The Department of Health and Human Services released a new framework for its [National Plan on Aging](#) on Thursday. The framework aims to guide a multifaceted, governmentwide approach to help caregivers and home- and community-based service providers enable older adults to age comfortably in place.

LeadingAge: CMS on right track with high-acuity hospice RFI


Hospice News; by Jim Parker; 5/31/24

The senior care advocacy group LeadingAge has praised the U.S. Centers for Medicare & Medicaid Services (CMS) inquiries into high-acuity palliative care, but expressed concern over reimbursement and staffing issues. The agency's 2025 proposed hospice rule featured a series of requests for information (RFI) on issues like health equity, social determinants of health and future quality measures. The RFIs contain further questions about the utilization of higher-cost palliative treatments under the Medicare Hospice Benefit. The agency posed similar queries in its proposed rule for 2024. The new proposal seeks greater clarity on the financial risks and costs that providers say represent barriers to providing those services, such as palliative chemotherapy, radiation blood transfusions or dialysis, among others.



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Joel Mekler - Medicare Moments: Watch out for these latest scams

New Castle News; by Joel Mekler; 6/3/24

... Across the country, many unscrupulous hospice providers are recruiting and enrolling nonterminally ill patients for end-of-life care they do not need and then billing Medicare for services and items they may never receive. They trick beneficiaries into signing up for hospice by offering freebies, such as additional groceries, nurse visits, durable medical equipment, bus coupons, and more once they enroll. They also make false claims, such as saying “Medicare now covers cooking and cleaning services”. Or they tell beneficiaries they qualify due to age, saying “You’re now old enough to qualify for hospice!” Another tactic is giving money, with some recruiters telling beneficiaries, “You can earn \$400/month if you agree to enroll in our program.” ... Tips [to consumers] to avoid hospice fraud:

- Beware of hospice companies enrolling patients who do not have a terminal illness with 6 months or less to live. Medicare’s hospice benefit is only for those who are terminally ill.
- Don’t get tricked by hospice companies offering free services such as housekeeping and cooking. Medicare does not pay for this!

- Watch out for “freebies”, such as bus coupons, medical equipment, food supplements, or even payment for enrolling into hospice. These are all scams.

Reap what you sow

Fraud of the Day; by Larry Benson; 6/4/24

Newly released Federal Trade Commission data show that consumers reported losing more than \$10 billion to fraud in 2023, marking the first time that fraud losses have reached that benchmark. This marks a 14% increase over reported losses in 2022. The short of this report is that there is more opportunity in fraud than ever before. And fraudsters don't care who they are scheming from.

Including the dying. Shiva Akula owned and oversaw the day-to-day operations of Canon Healthcare, LLC, a hospice facility with offices in Louisiana and Mississippi. ... Between January 2013 and December 2019, Akula billed Medicare approximately \$84 million in fraudulent claims. He was paid approximately \$42 million relating to these fraudulent claims. And leaving the dying to just do that. Die without the extra care he profited from. ... [Akula was sentenced to serve 20 years in prison and to repay \$42 million in fraudulent Medicare billing claims.]

Editor's Note: Additional information about Akula was reported in our May 21, 2024 newsletter, [Hospice owner sentenced to 240 months imprisonment and ordered to repay \\$42,000,000 for defrauding Medicare.](#)

Research News

Lessons learned establishing the Palliative Care Research Cooperative's Qualitative Data Repository

Journal of Pain and Symptom Management; Salimah H Meghani, Kim Mooney-Doyle, Amber Barnato, Kathryn Colborn, Riley Gillette, Krista L Harrison, Pamela S Hinds, Dessi Kirilova, Kathleen Knafl, Dena Schulman-Green, Kathryn I Pollak, Christine S Ritchie, Jean S Kutner, Sebastian Karcher; 5/31/24

... The [Palliative Care Research Cooperative Group] PCRC Data Informatics and Statistics Core leadership partnered with the Qualitative Data Repository (QDR) to establish the first serious illness and palliative care qualitative data repository in the U.S. ... Specifically, we discuss how we co-designed the PCRC-QDR and created tailored guidelines for depositing and sharing qualitative data depending on the original research context, establishing uniform expectations

for key components of relevant documentation, and the use of suitable access controls for sensitive data. ... This work advances the establishment of best practices in qualitative data sharing.



Technology / Innovations News

Empathetic AI: How Genai virtual agents will be leveraged

Informa; by Josh Streets; 6/3/24

Imagine you're shopping online or in a store and have a question about a product. But you don't want to find a store employee or call into their contact center to speak with a salesperson while you wait for answers. With a simple snapshot of a QR/UPC code on the product or a tap on your mobile device within an application, you're instantly connected to a virtual agent via video chat. This AI assistant not only understands your questions but can also pick up on your facial expressions and body language via your video discussion, to respond with empathy and some level of emotional intelligence. "I can see you're a bit frustrated," the virtual agent says with a warm, reassuring tone. "Let me walk you through the product details and address any concerns you might have."

Editor's Note: This AI solution might be great for shopping, but is it ethical for hospice care, especially when the person calling might be elderly and assumes they are talking with a person? How would you feel, especially if you're calling when your loved is actively dying, or has just died moments before?

Ethics

Should all healthcare workers take the Hippocratic Oath?

Becker's Hospital Review; Madeline Ashley; 5/29/24

As private equity expands across the healthcare industry and proper patient care

is brought into question, Don Berwick, MD, a Harvard Medical School health policy lecturer in Boston and former CMS administrator during the Obama administration, called for an extended Hippocratic Oath for all who work in healthcare. During an April 3 senate hearing in Boston, titled, "When Health Care Becomes Wealth Care: How Corporate Greed Puts Patient Care and Health Workers at Risk," Dr. Berwick spoke passionately about how patient needs have been put on the backburner, but should be the No. 1 priority in healthcare. "That principle, the needs of the patient come first, should apply to and be enforced by law in every single agent in the world of care," Dr. Berwick said during the hearing. "Not just clinicians but also organizations, payers, entrepreneurs and investors. At the moment we are dropping that ball."

Publisher's Note: At first blush, this article makes a lot of sense - the needs of the patient come first. However, it quickly becomes complicated. There's tension between "patient first" and "no money no mission". There's tension between "patient first" and "public health" (thinking about COVID here). And there's tension between which version of the Hippocratic Oath you subscribe to, if any. There is a [NIH Greek translation](#) that some may find objectionable; there is a [Modern Version](#) by Louis Lasagna that many medical schools use; and there are other versions. As always, we appreciate [your feedback](#).

Today's Encouragement

There is a crack in everything, that's how the light gets in. – Leonard Cohen



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