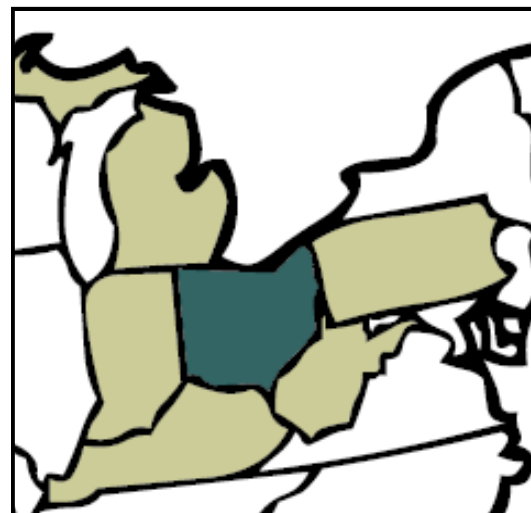


HOSPICE PRIORITY: PROVIDING CARE ACROSS STATE LINES

- ◆ Currently, Centers for Medicare and Medicaid Services (CMS) contracts with state agencies to perform survey and certification functions for healthcare providers located within those states. For the State of Ohio, this agency is the Ohio Department of Health (ODH).
- ◆ Because states agencies only have jurisdiction within their own borders, survey and certification of hospice providers serving patients across state borders can be complicated, requiring interstate cooperation and collaboration. CMS has provided guidance on this topic allowing states to make reciprocal agreements with one another, but these agreements are not required, nor is the guidance binding. Very few states have entered into reciprocal agreements with border states. Ohio has none.
- ◆ Furthermore, the survey and certification division of ODH has on multiple occasions actively discouraged the provision of care across state lines by hospice providers and has declined solicitations to enter into reciprocal agreements with neighboring states.
- ◆ The lack of cooperation between states disenfranchises vulnerable patients living in already underserved areas. For example,

◇ A patient residing in Bridgeport, Ohio who needs general inpatient care to control pain is not allowed to be cared for in the hospice inpatient unit located just across the border, in Wheeling, West Virginia. Instead, that patient— as well as any family and friends who want to visit him, must travel 20 miles to an inpatient center in Steubenville, Ohio.

◇ A patient residing in Proctorville, Ohio who needs general inpatient care to manage uncontrolled nausea may not go to the hospice inpatient unit she can literally see across the Ohio River, but rather has to travel 1 hour to the nearest hospice inpatient facility. Her family, too will make this trek, and spend the final days with her far away from home.



- ◆ The impact on hospice is substantial. For example,
 - ◇ Providers are forced to maintain parallel operations, including separate office locations, employee records, patient records, and for all purposes, function as a separate hospice for each state it serves.
 - ◇ This forces providers into an inefficient care model, since much of the administration and overhead is duplicated.

◆ **OHPCAN Asks You**

- ◇ To urge ODH to facilitate, rather than impede, the provision of care across state lines by initiating reciprocal agreements with bordering states.
- ◇ To ask CMS to examine its policy restricting care provision across state lines in light of the fact that so few reciprocal agreements exist.