



Home Health and Hospice Weekly: Recap of LeadingAge Updates

July 29, 2022

COVID Calls Next Week. What's the White House doing at this stage of the pandemic? What's coming in the Fall? Join us on **Monday, August 1 at 3:30 PM ET**, when Dr. Cyrus Shahpar of the White House COVID-19 Task Force tells us what to expect this week and through the coming weeks and months. On **Wednesday, August 3 at 3:30 PM ET** Dr. Ashley Ritter from [Dear Pandemic](#), "a website where bona fide nerdy girls post real info on COVID-19" will be with us to talk all things COVID. (Needless to say, the "nerdy girls" part is not serious; the information is for all.) Posts from experts, some well-known, cover new questions and bring facts to the discussion. If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other "members only" content.

LeadingAge Home Health Member Network Call with CMS Payment Policy Staff. Join us on Tuesday, August 2, at 2 PM ET, for the Home Health Member Network call. Brian Slater, Director and Kelly Vontran, Deputy Director of the Division of Home Health and Hospice at CMS will be joining the Home Health Member Network for a listening session opportunity for LeadingAge members to share their feedback on the home health proposed rule. While CMS staff are joining the call, they are unable to share anything other than information published in the proposed rule but are prepared to listen to provider feedback. Any LeadingAge member can join the Home Health Member Network or submit advance questions by emailing Katy (kbarnett@leadingage.org).

House Bipartisan Legislation Introduced to Delay Home Health Cuts. Representatives Terri Sewell (D-AL) and Vern Buchanan (R-FL) introduced the bipartisan *Preserving Access to Home Health Act of 2022*. This legislation would freeze the 7.69% payment cuts proposed by CMS this year until 2026. Senators Debbie Stabenow (D-MI) and Susan Collins (R-ME) introduced a Senate version on Monday. LeadingAge supports this bill and [issued](#) a statement on the legislation highlighted in McKnight's LTC News.

Senators Introduce Bipartisan Legislation to Delay Home Health Cuts. Senators Debbie Stabenow (D-MI) and Susan Collins (R-ME) introduced the bipartisan [S.4605 A bill to amend title XVIII of the Social Security Act to ensure stability in payments to home health agencies under the Medicare program](#). This legislation would freeze the 7.69% payment cuts proposed by CMS this year until 2026. The legislation would also make the following changes:

- Prevent CMS from implementing any permanent or temporary adjustment to home health prospective payment rates prior to 2026. This would delay cuts currently proposed by CMS for 2023 and beyond, allowing more time for CMS to refine its proposed approach to determining budget neutrality in home health.
- Ensure that any adjustments CMS determines to be necessary to offset increases or decreases in estimated aggregate expenditures are made by 2032, such that no cuts would be delayed beyond the end of the budget window.

- The legislation is intended to be self-implementing. It would become effective as of the date of enactment and includes instructions allowing for implementation by program instruction or other means.

A House companion bill is expected in the next several weeks. LeadingAge supports this bill and [issued](#) a statement on the legislation highlighted in McKnight's LTC News.

CMS Releases FY2023 Hospice Wage Index Final Rule with Rate Increase. The final FY2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements was released on the Federal Register public inspection site on July 27th and finalize the market basket update at 3.8% instead of the originally proposed 2.7%. Read more about what was in the final rule [here](#).

CAHPS Hospice Survey Data Submission Deadline in Two Weeks. The data submission deadline for hospice patients that passed away in January, February, and March 2022 (Quarter 1 2022) is August 10, 2022. Survey vendors are responsible for successfully submitting files by 11:59 PM Eastern Time on August 10, 2022. It is the responsibility of hospice agencies to ensure that their contracted survey vendor has appropriately submitted this information. Once a series of edit checks are complete, survey vendors and hospices will receive an email indicating CAHPS Hospice Survey Data Submission Reports are available for viewing in their respective folders in the CAHPS Hospice Survey Data Warehouse. Reports will be posted by 5:00 PM Eastern Time on the next business day after submission by the survey vendor. If you have questions regarding submission, you can contact the CAHPS Hospice Survey Data Coordination Team at cahpshospicetechsupport@rand.org.

Advancing Telehealth Beyond COVID-19 Act of 2022 passes the House. Late on July 27, by a voice vote of 416-12, the House passed the Advancing Telehealth Beyond COVID-19 Act of 2022. This legislation would ensure that Medicare beneficiaries continue to have access to telehealth by extending key Medicare telehealth flexibilities, enacted during the public health emergency, until at least December 31, 2024. LeadingAge advocated for this 2-year extension. This legislation is very similar to the 151-day telehealth extension legislation from the Consolidated Appropriations Act (CAA) 2022 that was passed earlier this year – it generally just extends deadlines on existing provisions. However, the bill does not include a provision from the Consolidated Appropriations Act that would extend pre-deductible coverage of telehealth services for individuals with High Deductible Health Plans – Health Savings Accounts (HDHP-HSA) plans. While this bill passed the House, we do not anticipate it moving in the Senate in the near future given its packed legislative calendar.

CMS Releases RFI on Medicare Advantage. CMS announced July 28 that it is seeking input from a broad group of stakeholders including providers on “how care innovations are changing outcomes and costs and how Medicare Advantage is working for enrollees,” according to CMS Deputy Administrator and Director of the Center for Medicare Dr. Meena Seshamani. LeadingAge has developed numerous suggestions to date based upon members’ experiences and state staff input. We have been sharing these ideas with Congress and are currently scheduling a meeting on this exact topic with Dr. Seshamani. We will review and summarize the [Request for Information](#) in the coming days for members and state staff. Comments will be due around August 30.

HHS Announces Proposed Rule to Strengthen Non-Discrimination in Health Care: The proposed rule, announced on July 25, implements Section 1557 of the Affordable Care Act (ACA)(Section 1557) that

prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in certain health programs and activities. This proposed rule restores and strengthens civil rights protections for patients and consumers in certain federally funded health programs and HHS programs after the 2020 version of the rule limited its scope and power to cover fewer programs and services. “Strengthening Section 1557 supports our ongoing efforts to provide high-quality, affordable health care and to drive health equity for all people served by our programs,” said Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure. A [fact sheet](#) on the Notice of Proposed Rule Making (NPRM) is available in English and 16 languages.

Senate Appropriations Committee Releases Spending Bills. On July 28, the Senate Appropriations Committee released their 12 spending bills. These were not done in coordination with the House so there is a lot more work to be done to fund the government for FY 2023 and we anticipate that there will be a continuing resolution at the end of September in order to facilitate continued work on FY2023 appropriations.

-Transportation/HUD: The FY2023 Senate THUD bill funds the overall Section 202 account at the same level as FY 2022 with a greater emphasis on expanding the number of Service coordinators and increasing contract rents to ensure successful Rental Assistance Demonstration conversions. An article with more details will be coming tomorrow.

-Labor HHS: An article analyzing the package will be available in the coming days. Some highlights include:

- Hospice Report Language: LeadingAge also worked to include two provisions in the draft report language on hospice bereavement and grief care. One item asks for the Agency for Healthcare Research and Quality to develop consensus standards on what constitutes high quality bereavement and grief care. The other asks a number of agencies within HHS, led by the Assistant Secretary for Planning and Evaluation, to work to scope the level of grief and bereavement services that are needed for both youth and adults given a variety of pandemic related factors.
- The Committee provides \$47,245,000 for the Geriatric Workforce Enhancement Program, an increase of \$2,000,000. This program supports training to integrate geriatrics into primary care delivery and develops academic primary care community-based partnerships to address gaps in healthcare for older adults. Mental and Behavioral Health Programs.
- Workforce funding: \$2.959 billion for Workforce Innovation and Opportunity Act State Grants, an increase of \$80 million over fiscal year 2022; \$303 million for Registered Apprenticeships, an increase of \$65 million; and \$1.774 billion for Job Corps, an increase of \$25 million.
- The Committee also made a recommendation around supporting the Direct Support Workforce as a career which includes \$10,000,000 for competitive grants, to be awarded in coordination with the Administration for Community Living, for the delivery of innovative strategies to significantly expand, stabilize, and retain direct support workers who provide home and community based services to people with disabilities and older adults. Grants should be awarded to partnerships of non-governmental entities and State or local governments to develop and implement strategies to recruit, educate, train, retain, and promote career advancement of direct support workers.

Strategies for improving the direct support workforce must include a goal to significantly reduce turnover and improve retention of such workers, and to reduce barriers to entry for a diverse and high-quality direct support workforce, including strategies for improving wages and benefits, professional development and other worker supportive services, and advancement opportunities.

- Nursing Home Report Language: Among the key factors to controlling the spread of COVID–19 in the post-acute and long-term care setting is the engagement of facility medical directors. The Committee expressed concern that this position remains underutilized and invisible to most patients, families, and others in health care. It, therefore, suggested a clinician list may improve the ability of public health agencies to address this is and requested that CMS and the HHS Secretary identify better ways for public health agencies to contact nursing facility medical directors.
- The Committee recommended \$40,000,000, \$15,342,000 above the fiscal year 2022 level, for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program.
- Long-Term Care Facility Metrics: In 2021, the HHS OIG found that the current CMS measures related to the use of antipsychotics are insufficient. The Committee directed CMS to review and consider retiring or improving the validity of the ten-year-old measures, and it encouraged CMS to design new measures to reflect inappropriate use of antipsychotics in skilled nursing facilities.

Improving Medicaid Determinations During and Beyond the PHE Unwinding. Challenges Medicaid beneficiaries face with redeterminations have been an issue long before the pandemic and are heightened with the eventual end of the Public Health Emergency. Advocates are again raising practical solutions for states to implement in removing administrative barriers so that beneficiaries, including older adults, do not experience gaps in their Medicaid coverage. Read the LeadingAge article on these issues [here](#).

Bipartisan Bill to improve MA plan Prior Authorizations Unanimously Passes House W&M. The House Ways & Means Committee marked up HR 8487, the Timely Access to Care Act, in unusually rapid fashion (roughly 45 minutes), on Wednesday, July 27 with no committee member speaking against the legislation. Chairman Neal offered a substitute amendment and chief author Congresswoman Suzan Delbene (D-WA) made a motion to move the bill to the House floor. This motion passed unanimously on a voice vote following considerable praise from both sides of the aisle. LeadingAge has publicly supported this bipartisan legislation which seeks to make improvements to the prior authorization processes used by Medicare Advantage and Special Needs Plans. We've heard many stories from members about the challenges, amount of time and administrative burden it takes to obtain MA/SNP plan approvals for post-acute care services. If enacted, the bill will require plans to utilize an electronic prior authorization system and conduct real-time decision making on prior authorizations with limited exceptions. It sets specific timeframes by which these determinations must be made – 24 hours for urgently needed services and up to 7 days for all other services. It also will require data to be collected to ensure more transparency from plans regarding the types of services and items for which they require prior authorization, how many prior authorization requests they receive annually as well as how many are approved vs. denied, and the number of denials that were appealed. HHS, MedPAC and

GAO are all instructed to conduct related evaluations following the implementation of the bill and report back to Congress.

Provider Relief - Late Reporting Request Deadline, Friday, July 29 for Certain Providers. HRSA has offered a late reporting opportunity for a small group of providers who failed to report in Reporting Period 1 and who returned the related funds. Eligible providers have until Friday, July 29 to submit a late reporting request to HRSA. If all steps are followed, HRSA will reissue the PRF payments that were returned for this period. Eligible providers should have been notified by HRSA of their eligibility. Here is a LeadingAge [article](#) with more details.

Updated Medicare Advantage and SNP 101 PowerPoint: The LeadingAge Center for Managed Care Solutions and Innovations had an updated version of its MA and SNP 101 Powerpoint. It includes some information on the latest trends and developments regarding Medicare managed care and also explains what MA and SNPs are from the provider perspective, the plan view and the advantages for consumers. This can be a useful tool for members in educating themselves, their staff and their Board of Directors regarding the significance of this payer in the current market. Members can download this updated information and use only the slides they need. The slide deck can be found on the Center for Managed Care Solutions and Innovations website under Managed Care and Payment Model Basics or by going to this [link](#). Stay tuned for more updates to the Center for Managed Care materials.

ADA Day 2022 Round-up- Organizations across federal government and the disability community shared many resources, blogs, and fact sheets on July 26 to celebrate the 32nd anniversary of the signing of the Americans with Disabilities Act, all compiled on the [2022 ADA anniversary page](#).

“The COVID-19 pandemic isn’t over and it’s still dangerous, especially for older people.” Dr. Michael Wasserman, a geriatrician who has appeared on LeadingAge COVID calls published an [editorial](#) today in the San Diego suggesting that the White House “use the president’s COVID-19 infection as an opportunity to honestly evaluate where we stand today, rather than get caught up in politics.” He argues that this is a great opportunity to make the point that older people (like the president) are at higher risk because of their age. Further, he points out that the pandemic is not over, but the risk of severe illness is much lower (at present) for people who are vaccinated and fully boosted.

BA.5 Booster: Anthony Fauci said on July 25 that a COVID-19 vaccine booster specific to the BA.5 omicron subvariant is the “best guess” for dealing with the virus this fall amid the ever-evolving coronavirus pandemic. Both Pfizer and Moderna have said they are working on BA.5 specific boosters that should be ready by the fall. Read more [here](#).

True Cost of Aging Index. This [KHN article](#) shares that the [Elder Index](#), developed by researchers at the Gerontology Institute at the University of Massachusetts-Boston, shows that more than half of older women living alone, 54%, are either poor according to federal poverty standards or with incomes too low to pay for essential expenses. For single men, the share is lower but still surprising — 45%.

Aging Services Workforce Now Campaign. The workforce crisis in our sector requires immediate action. LeadingAge’s ongoing federal government advocacy is culminating in this new coordinated advocacy

campaign— [join us to take action](#) for the aging services workforce—now! [Check out this week's Aging Services Workforce Now Campaign Update](#).

Register Today for the 2022 LeadingAge Annual Meeting + EXPO! Ready to explore new strategies for building momentum in Denver? Join your peers and experts across aging services for conversations that fuel progress at the LeadingAge Annual Meeting + EXPO. Registration and hotel blocks are now open so reserve your seat and [join us in Denver, October 16-19](#).

Hospice Member Network Recap Available. LeadingAge's Hospice Member Network met on July 12, 2022, to hear from staff from the Hospice CAHPS team to discuss the implementation of the hospice Five Star Rating. Members were also joined by Andrea Price-Carter Director, Workforce and Technology Policy to discuss a new LeadingAge policy initiative on workforce launched in July. Read the full recap [here](#). For more information, please contact Katy (KBarnett@LeadingAge.org).

CMS Looking for More Hospices to Test HOPE Tool! CMS and their contractor, Abt Associates, are recruiting additional Medicare-certified hospice providers to participate in a beta test of the draft hospice patient assessment instrument called Hospice Outcomes & Patient Evaluation (HOPE). Recruitment is ongoing and training will occur on a rolling basis. Data collection begins when training is completed and is expected to continue through fall 2022. While any Medicare-certified hospice can participate, the tested does require certain staffing expectations which hospice members will need to consider before committing to testing.

- Testing requires 1-2 joint visits per week between different disciplines
- CMS anticipates hospices will need 6-8 registered nurses, 3-4 social workers, and 3-4 chaplains
- For joint visits, two registered nurses visit one patient at the same time to complete the HOPE nurse assessment
- Two social workers visit the patient at the same time to complete the HOPE social work assessment
- Two chaplains visit the patient at the same time to complete the HOPE chaplain assessment
- One of the two registered nurses, social workers and chaplains may attend their joint visit via video call, such as Zoom
- HOPE assessments are completed at hospice admission, for symptom reassessment and at live discharge

Those interested in participating should email HOPETesting@abtassoc.com. The detailed recruitment announcement is available on CMS's [Hospice QRP Provider and Stakeholder Engagement webpage](#).

NGS Finds U537F Assigning in Error On Some NOA. National Government Services (NGS), the Medicare Administrative Contractor for home health Jurisdictions 6 and K identified an issue where U537F is assigning incorrectly on some notices of admission (NOAs), due to the Common Working File (CWF) not correctly recognizing discharges (patient status other than 30 on the last HH period). NGS is advising providers to routinely verify billing before submitting a new NOA for a beneficiary admission. Effective 4/25/2022, providers can resubmit any HH NOAs (32A) that have returned to provider incorrectly and are advised to bill the KX modifier on the final HH period of care claim(s) affected by the late NOA. The

claim(s) should also include Remarks to request an exception to the late-filing penalty. These remarks can be similar to 'Late NOA due to System Issue with Reason Code U537F.'

Congressional Briefing on LTC Financing. LeadingAge featured in a Hill briefing for the second consecutive day! Representative Tom Suozzi (D-NY) hosted a Congressional staff briefing today on long-term care financing, focusing on his proposal, the WISH Act. Marc Cohen, Co-Director of the LeadingAge LTSS Research Center @ UMASS Boston was on the panel of presenters that also included Wendell Primus, Senior health Advisor to Nancy Pelosi (D-CA) and Diane Rowland, former Executive VP of the Kaiser Family Foundation. Dr. Joanne Lynn, a geriatrician who has worked with Mr. Suozzi on the WISH Act also spoke. [Here](#) is an article about the briefing.

Ask Your Representative to Join the House 21st Century Long-Term Care Caucus. On June 9, 2022, Representatives Bryan Steil (R-WI) and Ann Kuster (D-NH) announced the establishment of the new bipartisan House 21st Century Long-Term Care Caucus. The Co-Chairs of this newly formed caucus are [inviting](#) their fellow Members of Congress to join the Caucus.

LeadingAge looks forward to working with the new Caucus, which will provide an opportunity for Members of the House and their staff to focus on implementing solutions confronting the long-term care sector. The bipartisan 21st Century Long-Term Care Caucus could also address meaningful solutions that support the newly launched [LeadingAge Aging Services Workforce Now! Advocacy Campaign](#). The Caucus could elevate the campaign's workforce policy priorities and proactively address the chronic underinvestment in and longstanding disregard for the aging service sector and the valuable workers who are its core. *Ask your Representative to show their support for the aging services sector by joining the bipartisan 21st Century Long-Term Care Caucus!*

Congressional offices can contact Lizzy Burke in Representative Kuster's office at lizzy.burke@gmail.house.gov, or Charlotte Davis in Representative Steil's office at Charlotte.davis@mail.house.gov, if they have any questions or would like to join the 21st Century Long-term Care Caucus. You can also click [here](#) to read the co-chairs' Dear Colleague letter inviting Members of the House of Representatives to join the newly launched Caucus.

What to Know about Paxlovid: President Biden has begun taking a course of Paxlovid, after testing positive for COVID-19. The antiviral medicine is recommended for early treatment by CDC. Information about how it works, possible side effects and Paxlovid rebound are shared in this [NPR Story](#).