

Home Health and Hospice Weekly Recap

April 9th, 2021



- 1. Proposed Hospice FY 2022 Wage Index Rule Released; includes a Home Health Quality Reporting Program Update** The FY 2022 Proposed Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements was released this afternoon. The proposed increase to the hospice payment rate is 2.3% (\$530 million dollars in increased payment to hospice providers) and there are proposed changes to the hospice program that include permanency of certain 1135 waivers, changes to the proposed labor shares of the hospice payment rates, clarifications and clarifying regulation text changes related to the hospice election statement addendum, and asks for comments on hospice utilization and spending patterns.

Additionally, the rule proposes to update the Hospice Quality Reporting Program by adding the claims-based Hospice Care Index and the Hospice Visits in the Last Seven Days of Life Measure for public reporting, removal of seven HIS measures because CMS sees them as duplicative of other measures being reported, and contains more information on the development of the Hospice Outcome and Patient Evaluation (HOPE) assessment instrument. The rule also has a proposal related to the home health quality reporting program so that timely comments can be received prior to implementation. The proposed rule can be found [here](#). Our summary of the rule can be found [here](#). Comments are due by June 7 and LeadingAge will organize opportunities for members to provide feedback.

- 2. Home Health, Hospice and DME Open Door Forum.** CMS announced an Open Door Forum to discuss FY 2022 Hospice Proposed Rule Updates, issues related to claims processing, public reporting and Hospice Compare, and Hospice Quality Reporting Program updates. This call is scheduled for Tuesday, April 13 at 2:00 PM Eastern time. Dial 1-888-455-1397 & Conference Passcode: 8604468.
- 3. Reminder: Changes in the Hospice Quality Reporting Program Webinar.** The Centers for Medicare & Medicaid Services (CMS) will be hosting a webinar on Thursday, April 15, 2021 from 2:00 to 3:30 p.m. ET. The purpose of this training is to provide a general overview of the changes included in the Hospice Item Set (HIS) Manual V3.00. Specific topics include:
 - The Hospice Quality Reporting Program (HQRP) Requirements.
 - Changes in Hospice Item Set (HIS) Manual V3.00.
 - The data sources that will comprise the HQRP.
 - The new quality measure (QM) created from administrative data (Medicare claims).
 - HQRP resources.

Please register only if you know you will be able to attend the webinar, as space is limited. If you would like your name placed on a list to receive an email notification when the recorded version of the webinar is available, please [CLICK HERE to be placed on an email notification list](#).

[CLICK HERE to register for the Changes in the Hospice Item Set \(HIS\) Manual V3.00 Webinar.](#)

4. **LeadingAge Letter Congratulating New CMMI Director and Requesting Meeting:** The LeadingAge LTSS Center, CAST and Center for Managed Care Solutions & Innovations are all working on efforts to further demonstrations (including those for post-acute and serious illness care) and pilot programs that test and further housing plus services models, the integration of technology tools and the creation of alternative payment models that LTSS and PAC providers can lead and participate in a financially-meaningful way. Today, Katie sent a [letter](#) to the new CMMI Director, Liz Fowler, highlighting the work of our centers that aligns with CMMI's and the Administrations roles, and requesting a meeting to discuss these issues further with Director Fowler.
5. **CMMI not currently accepting new applicants for Direct Contracting Model for 2022.** CMMI announced that while those who applied for a 2022 start date already can go forward if they comply with model requirements, they are not currently going to be accepting applications for new cohorts. See the announcement and the participating DCEs at <https://innovation.cms.gov/innovation-models/direct-contracting-model-options>
6. **White House Budget Request:** On April 9, the White House issued its Fiscal Year (FY) 2022 Budget Request to Congress. This is a standard part of the appropriations process and covers discretionary spending (funding for Medicare/Medicaid services are mandatory spending). Of note is increased funding for Older Americans Act services and increased investment across Health and Human Services. You can see the budget request here: <https://www.whitehouse.gov/wpcontent/uploads/2021/04/FY2022-Discretionary-Request.pdf>. Congress will consider this request as part of its appropriations work but this request, like any White House budget request, is far from set in stone.
7. **Biden Nominee Updates:** Next Thursday, the Senate Finance Committee will hold a nominations hearing for Chiquita Brooks-LaSure (nominee for CMS administrator) and Andrea Palm (nominee for Deputy HHS Secretary). You'll be able to watch the hearing at the link that follows. We will provide an update next week on the hearing and any discussion that takes place of relevance to hospice, home health, or aging services. Hearing web page: <https://www.finance.senate.gov/hearings/hearing-to-consider-the-nominations-of-andrea-joan-palm-to-be-deputy-secretary-of-health-and-human-services-and-chiquita-brooks-lasure-to-be-administrator-of-the-centers-for-medicare-and-medicaid-services>
8. **Vaccines, vaccines. Update calls next week on Monday and Thursday.** How can we reach homebound patients/clients and their caregivers with vaccines? Can other aging services providers help? What about improving the percent of home care and home health workers who are vaccinated (currently only 25%)? Join us on **Monday, April 12 at 3:30 PM ET** along with from Dr. Thomas Cornwell, Executive Chair of the Home Centered Care Institute as we tackle these questions. **On Thursday, April 14 at 3:30 ET** Ashley Kirzinger from the Kaiser Family Foundation will be here to talk about the findings from the [Washington Post – KFF survey of frontline healthcare workers](#). According to the survey half of LTC frontline workers have had at least one dose and another 15% either have an appointment or are planning to be vaccinated. If you haven't registered for Update Calls and wish to, you can do so [here](#).

NO UPDATE CALL ON WEDNESDAY, APRIL 14. Instead, please join us for Lobby Day Training.

9. **Provider Relief Fund:** Nicole wrote an [article](#) on the recent updates to the PRF FAQs. She discussed these items along with what we know currently on PRF and answered questions on the Member Coronavirus Call on April 8.
10. **Vaccine Effectiveness:** We're getting more and more data on just how effective the vaccines are. Dr. Fauci recently cited two studies from the New England Journal of Medicine that found fully vaccinated care workers — healthcare workers on the frontlines had an extremely low infections rate, less than two-tenths of one percent, compared to unvaccinated healthcare workers who had considerably higher infection rates.
11. **SARS-CoV-2 May Infect Mouth Cells:** In an NIH study, researchers find that SARS-CoV-2, the virus that causes COVID-19, [can infect cells in the mouth](#). The findings suggest that the mouth, via infected oral cells, may play a bigger role in SARS-CoV-2 infection than previously thought. Saliva infected by these cells might help infect the lungs when it is breathed in and the gut when it is swallowed. A better understanding of the mouth's role in SARS-CoV-2 infection could help to develop interventions and treat oral symptoms of COVID-19.
12. **Johnson & Johnson, AstraZeneca:** It's important to mention that all the Johnson & Johnson vaccine that's available in the U.S. has been authorized by the FDA. None of it came out of this plant in question, and Johnson & Johnson will have the 100 million doses by the end of May as they promised. With assistance from the Health and Human Services Department, Johnson & Johnson has taken complete control of the plant in question, in order to eliminate the potential for any cross-contamination. AstraZeneca is still scheduled to go through the FDA's authorization process as soon as an application is submitted.
13. **FDA Approved Moderna's Plan to Increase Doses:** On Friday, the FDA [announced two revisions](#) regarding the number of doses per vial available for the Moderna COVID-19 Vaccine. The first revision clarifies the number of doses per vial for the vials that are currently available, in that the maximum number of extractable doses is 11, with a range of 10-11 doses. The second revision authorizes the availability of an additional multi-dose vial in which each vial contains a maximum of 15 doses, with a range of 13-15 doses that can potentially be extracted. [The Fact Sheet](#) for Healthcare Providers Administering Vaccine (Vaccination Providers) and Prescribing Information have been revised to reflect the new information and are intended to help frontline workers administering COVID-19 vaccines understand the number of doses that can potentially be extracted per vial.
14. **Guidance for Older Adults:** CDC [updated their information for older adults](#). Risk for severe illness with COVID-19 increases with age, with older adults at highest risk. Certain medical conditions can also increase risk for severe illness. People at increased risk, and those who live or visit with them, need to take precautions to protect themselves from getting COVID-19.
15. **CDC Travel Guidance:**
 - Fully vaccinated individuals: Those who are at least 2 weeks past the final dose in their vaccine series are considered fully vaccinated and can safely travel within the US while continuing to practice mitigation measures including masking, social distancing, avoiding crowds, and practicing hand hygiene. Fully vaccinated healthcare personnel do not need to be restricted from work. Fully vaccinated residents do not need to quarantine upon return to the nursing home.

- Unvaccinated individuals: **Those who received the final dose in their vaccine series less than 2 weeks ago, who have received only one shot in a 2-shot series, or have received no vaccination at all must all follow the guidance for unvaccinated individuals.** This means getting a viral test 1-3 days prior to traveling, another viral test 3-5 days after returning from travel, and self-quarantining for 7 days after returning from travel. CDC recommends that unvaccinated individuals avoid being around people who are at increased risk for serious illness for 14 days after travel. This would mean that healthcare personnel in our settings would be restricted from work for 14 days, even if they are only quarantining in the community for 7 days. (E.g. you can go to the grocery store after Day 7 but cannot return to work until after Day 14).
- Everyone must follow state guidelines. So if your state requires quarantine after travel regardless of vaccination status, you must quarantine after travel regardless of vaccination status. The CDC has created [this search tool](#), also linked in the travel guidance, to help identify specific state guidance.

16. Fraud Alert: Annual Meeting & EXPO Offers. Please beware of any companies reaching out with hotel or other offers claiming to be related to the 2021 LeadingAge Annual Meeting & EXPO. These companies are not associated with LeadingAge. Hotel reservations and registration will be available only through the annual meeting website beginning in July. Questions? Email meetings@leadingage.org