Home Health and Hospice Weekly: Recap of LeadingAge Updates

November 18, 2022

LeadingAge Coronavirus Calls. "I love when Dr. Monica Gandhi appears on your LeadingAge calls!" We hear this whenever Monica joins us, which she will be doing on Monday, November 21 at 3:30 PM ET. Monica Gandhi MD, MPH, Professor of Medicine and Associate Division Chief of the HIV, Infectious Diseases, and Global Medicine at UCSF/ San Francisco General Hospital will talk about what to expect in the fall and will unpack the idea of the "Tripledemic" of Flu, COVID and RSV. She'll talk about her sense that we were "lucky" with the Omicron variants and give us a sightline to endemicity…and of course, answer your questions. **No Call on Wednesday November 23. On Monday November 28, Dr. Ali H. Mokdad,** Professor of Health Metrics Sciences at the Institute for Health Metrics and Evaluation (IHME) and Chief Strategy Officer for Population Health at the University of Washington will join us to share new projections for COVID cases going into the fall and winter. 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.

Action Alert: Urge Your Senators and Representatives to Enact Key Aging Services Priorities Before Congress Adjourns. On November 15, LeadingAge issued an action alert urging Congress not to adjourn its session without enacting key services and supports for older adults. "In the remaining weeks of 2022, Congress must not leave key supports and services for older adults unfinished. Severe shortages in the aging services workforce and affordable senior housing, coupled with inefficient and burdensome Medicare Advantage (MA) prior authorization processes that often result in inappropriate care denials, mean that older adults do not have access to needed services and supports. Congress can and must take action to address these crises before it adjourns," the alert says. Read and take action on this alert here

LeadingAge Continues Discussion of Medicare Advantage Concerns with CMS-Medicare: LeadingAge continued its discussion of its MA Comments with CMS-Medicare on November 17 with staff in CMS Medicare Director Meena Seshamani's office. The focus of much of their questions was around current hot topics such as prior authorization denials of care and related processes, care transitions and impacts on beneficiaries. We also discussed the importance of providers being able to have value-based contracts with MA plans that reward them for outcomes they help achieve. Staff are interested in learning more about how these limited arrangements work today for post-acute care providers and might serve as a template for expanding those opportunities. It was noted that two proposed rules are expected out on MA issues including the guidelines for CY2024 MA plan policy and rates, as well as a second proposed rule that is titled, "Interoperability and Prior Authorization for MA organizations, Medicaid and CHIP Managed Care… Our next steps are setting up a mid-December meeting between a representative group of LeadingAge members and the Medicare division of CMS to discuss our holistic view of trends in post-acute care -- SNF and Home Health -- as it relates to both MA and Medicare FFS.

Research Institute for Home Care Accepting Research Proposals. The Research Institute for Home Care is sponsoring up to $75,000 in research to help advance the full spectrum of home care. Multiple projects may be funded if they do not exceed the total funding allocated for all projects of $75,000. Accepted project(s) will further research of home care as it pertains to both the current challenges facing healthcare delivery and critical areas of need in the future. Topics given priority for funding may include in no particular order, and inclusive of any and all payer types:

- Rural Health
- Virtual Visits
    - Care Delivery
    - Standardization
    - Patient Identification
- Patient Access to Home Care
- Workforce
    - Precautions and Shortages
    - Recruitment, Retention, and Engagement
- Diversity, Equity, and Inclusion

The full RFP is available here, and also via PDF. Submissions will be accepted through Thursday, December 22, 2022.

LeadingAge Comments on CMS Proposal to Streamline Medicaid Enrollment and Renewal Processes. LeadingAge submitted comments on November 7 in response to a proposed rule from CMS that aims to streamline the processes through which eligible individuals enroll and retain eligibility in Medicaid. While these regulations apply specifically to States, the ways in which enrollment and eligibility processes work affects both beneficiaries and providers who offer services and supports to those individuals. An article about the CMS proposal, with a link to our comment letter, is posted here.

CMMI Hosts Webinar for Hospice Providers on VBID December 1 at 3:00 PM ET. The Center for Medicare & Medicaid Innovation (CMMI) Value-Based Insurance Design (VBID) Model Team will host a Hospice Provider Webinar on Thursday, December 1, 2022 at 3:00 PM ET. During this webinar, presenters will provide key information and policies for the upcoming Calendar Year (CY) 2023 of the Hospice Benefit Component of the VBID Model, including the recently released 2023 VBID Hospice Minimum Number of Providers Public Data Book. This document provides the calculated minimum number of hospice providers (MNP) at the Medicare Advantage Organization (MAO)-level for each participating MAO with a mature-year plan benefit package. Presenters will also provide an overview of the recently released Evaluation of Phase II (2020–2021) of the Medicare Advantage Value-Based Insurance Design Model. To register for the webinar, please click here.

Creative Recruitment Ideas to Reel in Hospice Volunteers. Hospice providers face concerns about reinstatement of the 5% volunteer hours requirement once the COVID public health emergency ends. Read an article here about how one LeadingAge member in Ohio is tackling the issue by recruiting college and university students from health focused programs and adjusting their training to provide flexibility to students.

10 Senators Request Action On Deceptive Medicare Advantage(MA) Marketing Practices from CMS. On November 11, 10 U.S. senators sent a letter to HHS Secretary Xavier Becerra and CMS Administrator Chiquita Brooks-LaSure asking the agency to take further action to curb deceptive marketing practices

by MA plans, their brokers and their agents. This letter follows the recent release of a report completed by the Senate Finance Committee on the same topic. Both outline the dramatic uptick in MA plan complaints in the past year and the specific misdeeds of some of the MA plans. In return, they ask CMS to take further steps to curtail such bad behaviors. Some of these steps include: reinstating some consumer protections that were in place prior to the last Administration, monitoring disenrollment patterns and using its enforcement authority to hold these bad actors accountable, providing clear guidelines and trainings to brokers and agents on best practices including review beneficiaries' prescription drugs and preferred providers to ensure coverage, and eliminating loopholes that allow cold calling and repeated calls to beneficiaries each day. The bad practices outlined in the report mirror much of what we have heard from members about how beneficiaries were misled about the plans they have enrolled in. We have heard that one of the letter's co-signers may introduce a bill on this topic in the coming session and we also note that these same co-signers may be friendly to addressing other needed changes to the MA program. LeadingAge has already met with some of them to share members' concerns about current MA plan practices and will continue to reach out. Members who reside in these senators' districts might also share their experiences with MA and the impacts it is having on those they care for.

Hospice Preview Reports for the February 2023 Refresh Now Available in CASPER. Hospices can now access the latest Provider Preview Reports via the CASPER application. Once released in CASPER, providers will have 30 days during which to review their quality measure results. Although the actual "preview period" is 30 days, the reports will continue to be available for another 30 days, or a total of 60 days - from November 9, 2022 to December 9, 2022. CMS encourages providers to download and save their Hospice Provider Preview Reports for future reference, as they will no longer be available in CASPER after this 60-day period. Please note that there will not be an updated to the new hospice claims-based measures, Hospice Visits in the Last Days of Life or the Hospice Care Index. These two measures will be updated on an annual basis with the next refresh in November of 2023.

"Tripledemic" Toolkit. Five major medical societies have teamed up to create a toolkit for clinicians addressing public health concerns related to the "tripledemic" of COVID-19, flu, and RSV anticipated this winter. The toolkit from the Society for Post-Acute and Long-term Care Medicine (AMDA), American Society of Consultant Pharmacists, American Association of Nurse Practitioners, American Society of Physician Associates, and Gerontological Advanced Practice Nurses Association will help increase awareness of the importance, effectiveness, and accessibility of therapeutics and vaccination in post-acute and long-term care settings. The toolkit includes information on a range of COVID, flu, and MSV myths and facts, sample handouts for residents, family members, staff and others, and many more checklists, fact sheets, and handouts. There is a one hour recording available from AMDA's Grand Rounds webinar. In December, LeadingAge will feature an interview about the Toolkit on a Coronavirus Update Call. Check out the toolkit here.

New Employee Retention Credit Explainer. LeadingAge has put together a one-pager explaining the Employee Retention Credit in consultation, with Attorney Chris Moran from the Venable law firm. This complements the FAQs and ERC webinar recording that were previously available. The one-page explainer can help members assess whether the tax credit may be an option for their organization. While the tax credit expired after 2021, eligible members can still take advantage of the credit by filing an amended payroll tax return by April 15, 2024 for the 2020 tax year and April 18, 2025 for the 2021 tax year.

White House Requests $9.25 Billion COVID Funding. In a November 15 briefing with the media, the White House shared it has asked Congress to approve $9.25 billion in emergency COVID funding during the lame duck session to help prepare for a possible winter surge in cases. Of the $9.25 billion, $2.5 billion would go to vaccine access and replenishing the Strategic National Stockpile, $5 billion would go to further vaccine development, $750 million for long COVID research, and $1 billion to international aid combatting COVID.

PHE Will Continue Past January. HHS has promised that they will give states 60 days notice before ending the COVID-19 Public Health Emergency (PHE). That 60 day marker to end the PHE in January passed over the weekend; so the PHE will continue past January. It is currently slated to end on January 11. The lack of action this weekend means it will be extended beyond that point but we do not know for how long. HHS has previously done 90 day extensions which would bring us to April. HHS is not required to do 90 days extensions but given their promise regarding 60 day notice to states, the January extension will be for at least 60 days.

Expanded Home Health Value Based Purchasing Pre-Implementation Performance Reports Available in iQIES. CMS issued November 2022 pre implementation performance reports (PIPR) to all active home health agencies. The PIPRs will provide HHAs with data on their quality measurement performance used in the expanded HHVBP model with comparison to HHAs within peer cohorts. The CY2023 final home health rule amended the Model baseline year from CY2019 to CY2022 starting in the CY2023 HHVBP performance year to enable CMS to measure competing HHAs performance on benchmarks and achievement thresholds that are more current. The PIPRs provide ap review of where your agency's performance falls in regard to this new baseline year., in advance of the release of the first Interim Performance Reports which won't be out until July 2023. Instructions on how to access the PIPRs are on the expanded HHVBP model page under Model reports. There are also videos on understanding the purpose, content, and use of the PIPRs in that same place.

More Updates to Care Compare. CMS announced updates to Care Compare today that includes facility and clinician affiliation. The new information is displayed on clinicians' provider page on Care Compare and lists hospitals, nursing homes, home health, and hospices with which the clinician is affiliated. With this information, consumers would have the opportunity to select healthcare, such as newly contracting with a home health provider, while maintaining the care relationship with their existing clinician. From what we can see, the affiliations are not available on the provider setting pages at this time.

UPDATES FROM HHS:

1. **Using Machine Learning to Identify People With Long COVID:** NIH published a news story on how machine learning could lead to identify people with Long COVID . Researchers supported by the National Center for Advancing Translational Sciences (NCATS) and the National Heart, Lung, and Blood Institute are developing models that can potentially find people who have Long COVID based on their medical records. Researchers started by examining the records of patients at three of the 59 sites that N3C gathered data from — about 100,000 people who had COVID-19. Nearly 600 of those patients had visited a Long COVID clinic. By comparing these patients with patients who had COVID-19 but did not go to a Long COVID clinic, the researchers built machine learning models that could identify the differences between the groups of patients, such as differences in the medications they were

taking, how often they saw other doctors, and other conditions the patients had been diagnosed with. The researchers then tested the models on health records from a fourth N3C site. In total, the researchers created three models — one for identifying potential Long COVID patients across the whole dataset and two that focused more specifically on people who had or had not been hospitalized for COVID-19. After testing, the researchers found that each model was highly effective at identifying people who likely had Long COVID. With more refinement, models like these could help researchers determine whether a person with a positive COVID-19 test may be likely to develop Long COVID. Once they can identify those people, researchers can determine what they have in common and what differentiates them from those who do not have Long COVID, paving the way for better and faster treatment of patients with Long COVID.

2. **Inflammation Pattern in the Brain May Cause Many Long COVID Symptoms:** NIH published a news story on how inflammation pattern in the brain may cause many Long COVID symptoms . In a study supported by the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute on Deafness and Other Communication Disorders, researchers looked at the effects of SARS-CoV-2 infection in animal models to understand potential causes of Long COVID. Their findings suggest that in addition to causing long-lasting organ damage, SARS-CoV-2 can set off a pattern of brain inflammation that may be linked to Long COVID symptoms. Researchers at New York University Grossman School of Medicine and the Icahn School of Medicine at Mount Sinai used hamsters as models for SARS-CoV-2 infection, since their infection duration and symptoms are similar to those of humans. The researchers compared these models to hamster models of influenza infection, which produces a similar antiviral response. On average, the animal models recovered from their SARS-CoV-2 infections in two weeks — the same as humans — and developed similar symptoms. This told the researchers that the models were an appropriate comparison to the human immune response. When compared to the influenza models, models that recovered from SARS-CoV-2 infection had greater levels of lung and kidney damage, and the damage healed more slowly. This study provides more evidence for the theory that some Long COVID symptoms, such as mood changes, dizziness, and brain fog, may be caused by brain inflammation triggered by — but not directly fighting — SARS-CoV-2. Future research can use the same kind of model to look at potential treatments for that inflammation, as well as treatments for the longer-lasting damage done to other organs.

3. **Poor Immune Response After Treatment Likely Not Responsible for "COVID Rebound":** NIH published a news story on how poor immune response after treatment is not likely responsible for "COVID Rebound." People who get COVID-19 can be treated with a five-day course of an antiviral drug called Paxlovid (nirmatrelvir and ritonavir), which drastically reduces a person's chance of being hospitalized or dying from COVID-19. But about 5% of people who take the medicine get symptoms or test positive a week or so later in what some call "COVID rebound." There is concern that the five-day treatment course is not long enough to wipe out the virus and that people experiencing a rebound may have an inadequate immune response to SARS-CoV-2, the virus that causes COVID-19. In a small study supported by the National Institute for Allergy and Infectious Diseases, researchers found that Paxlovid did not hinder the immune response. In fact, people who experienced COVID rebound seemed to have more active immunity, suggesting the symptoms could be partly due to an overactive immune system sweeping up the last bits of the virus. Whether

they took Paxlovid or not, the people who experienced COVID rebound made antibodies against COVID-19 equally fast. This suggests that Paxlovid was not stifling the immune response of those who took it, allowing researchers to rule out a poor immune response allowing the virus to linger and cause COVID rebound. This research suggests that Paxlovid is working as expected, even though symptoms may come back or people may test positive for the virus afterward. Additionally, small studies like this help researchers figure out what's going on in the body or in the cells, providing leads for other studies.

4. **HHS Toolkits on Updated COVID-19 Vaccines.** In this toolkit created by the Department of Health and Human Services, you can find answers to frequently asked questions, talking points, tips, and other science-based information about COVID-19. The toolkit also includes information on COVID-19 vaccines to use in conversations and to share in-person and through direct mailings, newsletters, emails, and social media accounts. You can read the toolkit in full, and navigate to the rest of the website, which details the COVID-19 Public Education Campaign here.

Save the Date: Strengthen Aging Services Leadership on Giving Tuesday. Giving Tuesday provides us an opportunity to contribute to causes that matter. One LeadingAge cause that is near and dear to us is developing strong and passionate leaders in our field. Donate to the Larry Minnix Leadership Development Fund on Giving Tuesday–November 29, 2022.