



Home Health and Hospice Weekly: Recap of LeadingAge Updates

December 9, 2022

Upcoming LeadingAge Coronavirus Calls. All calls are at 3:30 pm ET. On **Monday, December 12**, Alex Goldstein will join us to talk about @FacesofCOVID, an online initiative that has been cataloging the faces and names of those who died from coronavirus. Goldstein started this forum "...as a way to affirm that these people were are more than a statistic and their lives mattered and they had dignity, and that it meant something." On **Wednesday, December 12**, Erin Vigne, Director, of Clinical Affairs at AMDA - The Society for Post-Acute and Long-Term Care Medicine will join us to talk about their new "Tripledemic Toolkit". 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.

Final OASIS-E Instrument and Manual Released. The final OASIS-E instrument, effective January 1, 2023, is available in the Downloads section on the [OASIS Data Sets](#) page. A log of changes from the draft to final instrument and Manual is also available in the Downloads section on the [OASIS Users Manuals](#). Notable changes include:

- Removed GG0170 (self-care) G, K, O and S from Follow-up time point
- Decision to remove GG0130 (Mobility) E, F, G and H from Follow-up time point
- Updated skip pattern on A2121 (Medication list to subsequent provider at discharge) to "skip to B1300, Health Literacy"

LeadingAge Receives Clarification on OASIS-E Implementation Dates. Following some confusion on a recent Home Health and Hospice Open Door Forum, LeadingAge requested clarification from CMS on when OASIS-E will be required for patients already on service with an agency. CMS responded with the following:

- The effective date for OASIS-E is January 1, 2023. The version of OASIS that should be collected will be based on the M0090 – Date Assessment Completed. The M0090 date is the last date that information used to complete the comprehensive assessment and determine OASIS coding was gathered by the assessing clinician and documentation of the specific responses was completed. CMS wants to make clear that with this transition to OASIS-E, there is no need for the use of artificial M0090 dates.
- All assessments with a M0090 - Date Assessment Completed on or before December 31, 2022, including the last 5 days of 2022 must be completed with OASIS-D1. This is true even when the first day of the new certification period is on or after January 1, 2023.
- All assessments with a M0090 - Date Assessment Completed on or after January 1, 2023, must be completed with OASIS-E. This is true even when the assessment was initiated in 2022.

New OASIS-E PHQ- 2 to 9 Cue Card. CMS posted a cue card to assist providers in coding the Patient Health Questionnaire (PHQ-2 to 9) as referenced in the coding guidance for OSAIS item D0150. This resource is intended to be utilized during the Patient Mood Interview as a supplemental communication tool that provides a visual reference to assist patient selection of symptom frequency for those patients who may be hard of hearing. The cards are available in two sizes [here](#).

LeadingAge Comments on 2022 SNF and HH Measures Under Consideration. The National Quality Forum (NQF) annually publishes a list of quality Measures Under Consideration(MUC) for future rule making and seeks public feedback on these measures. This information is then shared with relevant work groups of stakeholders who evaluate, discuss and make recommendations on the MUC measures. LeadingAge participates in the Post-Acute Care and Long-Term Care Work Group of the Measures Application Partnership, which convenes Dec. 12 to discuss the two proposed SNF and Home Health Quality Reporting Program (QRP) measures and the 5 proposed SNF Value-Based Purchasing (VBP) program measures. The [2022 MUC list](#) was published on Dec. 1 and LeadingAge submitted its [written comments](#) to NQF electronically on Dec. 7. These comments were based upon direct feedback from members through our Quality & Risk Management and Home Health networks.

Walgreens, DoorDash, and Uber partner to provide free delivery of Paxlovid. On December 8, Walgreens launched a new partnership with Doordash and Uber to provide free delivery of the COVID-19 oral treatment Paxlovid. The announcement noted that free delivery will be available to anyone who lives within 15 miles of a participating location. Since more than 8,000 Walgreens locations offer same day delivery service, Walgreens estimates about 92% of the population would have access to the program. Eligible patients must have a Paxlovid prescription from a healthcare provider. After the pharmacy has filled the prescription and before it gets picked up, individuals can go online to select “Same Day Delivery” by visiting [Walgreens.com/PrescriptionDelivery](#), the Walgreens app or by calling their store. [Click here for additional information on the announcement.](#)

LeadingAge Clinical Advisors Discuss Treatments. On December 6, LeadingAge Clinical Advisors met with Dr. Tom Tsai of the White House COVID team to talk about underuse of oral treatments for COVID. According to White House and CDC experts and other infectious diseases clinicians, 100% of people over 50 who test positive for COVID and have symptoms should take oral therapeutics. Tom talked about some of the barriers, which LeadingAge clinical advisors said they have seen as well – concerns about the risks especially contraindications with certain prescription medications; misinformation that supply is limited; and prescribers being unwilling to prescribe. One solution is using the [action plan](#) described in item #3 below.

Develop your COVID personal action plan now. With COVID cases on the rise again during the fall and winter months, it’s more important than ever to have a personal action plan in place for you and your family. Don’t wait until you get sick before deciding what to do. This template has been developed by the Centers for Disease Control and Prevention (CDC) so everyone has the tools and information necessary to put a plan together now. [Check out the COVID Personal Action Plan here](#). The template can be shared with residents, clients, patients, anyone served or cared for by LeadingAge members, too.

LeadingAge Comments on CMS RFI on Establishing a National Provider Directory. LeadingAge has been advocating for administrative simplification efforts related to provider and Medicare Advantage organization processes such as credentialing, prior authorizations, and claims processing for some time.

CMS recently sought information on the idea of establishing a National Directory of Healthcare Providers & Services (NDH), which shows promise to achieve some of these goals. LeadingAge submitted comments Dec. 6 on this RFI regarding the importance of including post-acute providers in this directory versus limiting it only to physicians; how the NDH might reduce administrative burden in interactions with health plans but also with federal and state agencies through a single data entry process to enter and update core provider organization data; how this NDH data may be accessed by MA plans for credentialing purposes, other providers for care coordination purposes and the possibility to use this data to pre-populate other forms providers must complete for CMS and other payers. For our complete comments, click [here](#).

CMS Proposes a Rule on Advancing Interoperability and Improving Prior Authorization Processes in managed care, and other programs. CMS is scheduled to publish a [403-page proposed rule](#) looking at advancing interoperability and improving prior authorization processes for Medicare Advantage organizations, Medicaid managed care plans, state Medicaid agencies, federal exchange health plans and other federal programs. Congressional leaders have been awaiting this rule in the hopes that it will make significant progress on the issues that have been highlighted regarding MAO prior authorizations. The extent of this rule will influence whether Congress moves ahead with its Improving Seniors' Timely Access to Care bill, which has been considered for year-end action but has been thwarted due to a \$16B implementation price tag. LeadingAge will be reviewing and commenting as appropriate on the proposed rule though initial indications are it focuses heavily on what the payers must do. Comments are due March 13, 2023.

Registration Open for February 2, 2023 Provider Relief Reporting Webinar. LeadingAge will be hosting a webinar February 2, from 2-3:30 pm ET, on the new reporting requirements for the Provider Relief Funds and the American Rescue Plan (ARP) Rural payments. These reporting requirements take effect with the next reporting period which opens January 1, 2023. LeadingAge Bronze Partner CLA will help walk aging service providers through the changes to the reporting requirements, including the considerations when providers are reporting on both PRF and ARP Rural funds, and how to plan for the end of the ability to report on lost revenues. Registration is now open for the webinar by clicking: [Getting Ready for the New PRF and ARP Rural Reporting Requirements](#).

White House Spells Out Needs if There is a Year-Long CR. On December 5, the White House has transmitted a [list of needed exceptions, or "anomalies," to any possible continuing resolution](#) that keeps federally appropriated programs funded at fiscal year 2022 levels through the duration of fiscal year 2023. Since the start of FY23 on October 1, federally appropriated programs, including most all HUD programs, have been funded by a continuing resolution that expires on December 16, 2022. While funding most HUD programs at FY22 levels for the first several weeks of FY23 is possible without jeopardizing the programs, a subsequent CR that extends beyond early 2023 could wreak havoc on HUD's programs, which generally require increases over the previous year's funding levels to continue to serve the same number of households. For HUD, the White House is requesting "anomaly" funding for any year-long CR (i.e., a CR that goes through the entirety of FY23) for three programs: Housing Choice Vouchers, Homeless Assistance Grants, and Section 8 Project-Based Rental Assistance. For the PBRA program, the White House says an anomaly above FY22 levels is necessary "to maintain project-based rental assistance to over 1.2 million units for low-income families, including support for contract administrators." No anomaly was requested for HUD's Section 202/PRAC program. For the 202/PRAC program, HUD's FY22 funding bill provided an overall amount of \$1.033 billion, sufficient to renew FY23

PRAC and service coordinator renewal needs but likely not enough to provide funding for new Section 202 homes or new service coordinators. For USDA's Rural Housing Service, the White House is seeking a \$47 million anomaly to ensure RHS has sufficient funds to renew rental assistance. House and Senate leadership continue to negotiate overall spending levels for FY23 with the hopes of reaching agreement on funding for every one of the 12 FY23 appropriations bills before the CR expires on December 16. Aging services stakeholders still have time to weigh in with their members of Congress using [LeadingAge's most recent action alert on year-end must-dos for this Congress](#).