



Nursing Home Weekly: Recap of LeadingAge Updates

January 13, 2023

Upcoming LeadingAge Coronavirus Calls. NO CALL ON MONDAY. LEADINGAGE IS CLOSED FOR MARTIN LUTHER KING DAY. On Wednesday, January 18, U.S. Department of Health and Human Services Secretary Xavier Becerra will join the 3:30 PM ET call to address all LeadingAge members, focusing mainly on the topic of bivalent boosters and the All Hands on Deck partnership between LeadingAge and HHS. Please join us to hear the most up to date briefing from Secretary Becerra. 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 REMINDER: Tell CMS: No Staffing Mandates without Funding and a Dependable Pipeline of Applicants. CMS is expected to issue a proposed rule to establish national minimum staffing levels for nursing homes. The long-term care sector is already facing dire workforce shortages that are limiting new admissions and forcing organizations to close. We need real solutions that build domestic and international pipelines for applicants and funding increases to recruit and retain additional staff. Please join LeadingAge in sending an email to CMS Administrator Chiquita Brooks-LaSure opposing the adoption of a minimum staffing ratios mandate without the necessary workforce investments and reimbursement levels to ensure that residents and patients receive the care they deserve. [Click here to take action now!](#)

Emergency Preparedness Resources. The Assistant Secretary for Preparedness and Response (ASPR) has shared new emergency preparedness resources. The [On-Campus Hospital Armed Assailant Planning Considerations](#) is written for hospitals but could be helpful for emergency planning in nursing homes, life plan communities, and assisted living. [Partnering with the Healthcare Supply Chain During Disasters](#) highlights challenges and vulnerabilities in the healthcare supply chain and offers strategies to plan for and mitigate supply chain issues during disaster. Finally, the December issue of The Exchange focuses on [Decedent Management During Disasters](#). Articles contain considerations for ensuring a respectful, dignified, and efficient process in managing fatalities during disaster, including considerations for mass fatalities and fatalities occurring during surges, remains management during surges, family notifications during ongoing disasters, and more.

SNF QRP Reporting Tip Sheet. CMS has released the third edition of the [SNF QRP Public Reporting Tip Sheet](#). This tip sheet provides information on updates to the SNF Quality Reporting Program (QRP) including newly adopted measures (COVID-19 Vaccination Among Healthcare Personnel and Influenza Vaccination Coverage Among Healthcare Personnel), definitions of claims-based quality measure reporting quarters, and data submission thresholds related to the SNF QRP annual payment update (APU).

MedPAC Unanimously Recommends Rate Cuts for SNF, HH and Hospice 2024 Rates. The Medicare Payment Advisory Commission (MedPAC) completed their recommendations to Congress on Thursday, January 12 related to post-acute care payment adequacy. Commissioners unanimously recommended

that Congress reduce 2024 Medicare rates for hospice (wage adjust the aggregated rate cap and then cut it 20%), skilled nursing facilities (3% reduction), and home health agencies (7%). MedPAC makes annual recommendations to Congress on payment adequacy and for nursing homes, home health and hospice, they have been recommending cuts for years that are often ignored. These are merely recommendations and do NOT mean rate cuts are for sure on the horizon for 2024. Their recommendations are considered advice.

MedPAC analysis of Medicare Advantage Stills Shows Paid More Than Medicare FFS. MedPAC commissioners reviewed the latest staff analysis of Medicare Advantage plans in the market noting that these plans now cover 49% of beneficiaries as of yearend 2022 and that the Top 3 plans control 55% of the market. Congress requested MedPAC examine how MA and Medicare FFS spending compare and staff concluded MA plans are overpaid relative to FFS benchmarks and this overpayment is also due to coding differences and quality bonuses. The result is it is projected that 2023 MA plan bids will be roughly 83% of the FFS benchmark but their payments will be 106% of FFS when accounting for the coding differential. Commissioners repeated their recommendations to Congress to make changes to the program now to cut these rates and make policy changes to address widespread concerns about coding intensity, network adequacy, prior authorization denials.

The latest report stresses the urgent need for these changes. These recommendations are not new and have gone unheeded by Congress to date. Commissioners acknowledged they must balance all concerns given the bipartisan support for the MA program and the popularity among beneficiaries who need the additional benefits MA offers. Commissioners vowed to continue their work to dig deeper into these issues including stratifying the data to better understand which plans are winners and losers currently and potential impacts of proposed cuts. This includes better understanding the differences between provider-owned/led plans vs. insurer-owned plans.

LeadingAge Submits Comments to the Measures Application Partnership on Proposed Quality Measures. LeadingAge submitted revised comments on January 12 to the Measures Application Partnership (MAP) continuing to push back on several Measures Under Consideration for possible future rulemaking. Specifically, we submitted our opposition to adding reporting on whether Skilled Nursing Facility residents are up-to-date on their COVID-19 vaccines as part of the SNF Quality Reporting Program; adding long-stay measures to the SNF Value-Based Purchasing (VBP) program related to hospitalizations and falls with major injury for long-stay residents; and the proposal to include nurse staff turnover as a SNF VBP measure.

The COVID-19 measure is duplicative to the reporting SNFs already do to NHSN and is inappropriate for the SNF QRP. The long-stay measure is inappropriate for inclusion in the SNF VBP, which is tied to Medicare payment rates and performance (e.g., short stay residents). We also feel the way the Nurse Staff Turnover measure is too broad in scope, doesn't measure the right things and is inappropriate for a Medicare VBP program. LeadingAge has also submitted prior comments on these measures based upon feedback from LeadingAge quality and clinical leaders; and articulated our concerns about these measures as part of the MAP PAC/LTC Work Group at its December meeting.

The MAP Coordinating Committee will review public comments submitted by the January 12 deadline and make final recommendations on which measures it recommends for future rulemaking at its January 24 meeting. We reached out to our Quality & Risk Management Network members to encourage them to also submit comments by the deadline to show broader opposition.

Article on Medicaid Unwinding: LeadingAge has an article available on the end of the Medicaid Continuous Coverage Requirement and other associated changes authorized by the Consolidated Appropriations Act, 2023. The article can be found [here](#).

Public Health Emergency Extended. The Public Health Emergency (PHE), first declared in January 2020 and extended continually for 90-day periods since then, has been extended for another 90 days. It would have expired January 11 without the extension. The Administration has promised to give at least 60 days' notice if it is going to end the PHE; many observers believe this could be the final extension. The unwinding of the PHE has many implications for health care financing and delivery, including the ending of some waivers that have been in place since 2020, private insurance and government health plans taking on COVID costs for most Americans, and loss of Medicaid coverage for millions of Medicaid beneficiaries.

Testing Page Clarifications Forthcoming. NO RECURRING WEEKLY TEST ORDERS; YOU MUST REORDER TESTS AS NEEDED. LeadingAge is really excited by the response we have gotten to our testing page in partnership with HHS. Members have asked a number of questions on the process. We are working quickly to add clarifications to the page on our website as well as to get some frequently asked questions answered by HHS and then posted to the site. We will share these updates as soon as we have them. But critically, if you order tests, you are not signing up for a recurring order. You have to come back and reorder when the supply you order runs out – the interval at which you order is up to you. We will provide, as part of the FAQs, an answer on how quickly tests will ship after order, but please keep in mind you are not signing up for a recurring order.

CMS Releases Timeline for Implementing Medicare Drug Pricing Negotiation Provision of the Inflation Reduction Act. CMS [released a memo](#) with more details on the implementation steps for the Medicare Drug Price Negotiation Program, laying out the opportunities for engagement and public feedback throughout the implementation process. The memo details multiple comment opportunities for members of the public, people with Medicare and consumer advocates, pharmaceutical manufacturers, Medicare Advantage and Part D plans, health care providers and pharmacies, and other interested parties. LeadingAge recently attended a meeting with Meena Seshamani, Director of the Center for Medicare and Jon Blum, Deputy Administrator at CMS regarding the implementation of the Part D provisions of the Inflation Reduction Act. LeadingAge noted the need for as much education as possible for aging services providers on the impacts of the law on them and the ability to continue to engage in dialogue as the implementation continues. LeadingAge will continue to monitor this issue.

CMS Releases Third Edition QRP COVID-19 Public Reporting Tip Sheets for All Post-Acute Settings. The purpose of the Third Edition Quality Reporting Program (QRP) COVID-19 Public Reporting (PR) Tip Sheets are to help providers understand CMS' public reporting approach to the HH, IRF, LTCH, and SNF QRPs to account for CMS quality data submissions that were either optional or excepted from public reporting due to the COVID-19 public health emergency. The impacts on CMS' Care Compare website refreshes are also outlined. These tip sheets serve as companion documents to the first and second edition QRP COVID-19 PR Tip Sheets published in 2020 and 2022. Each setting-specific tip sheet is available in the **Downloads** section of the [HH QRP](#), [IRF QRP](#), [LTCH QRP](#), and [SNF QRP](#) Training pages.

CMS All Stakeholder Call on January 24. CMS invites all interested stakeholders to a call on January 24 at 1:00 PM ET to hear Administrator Chiquita Brooks-LaSure and her leadership team highlight key 2022 accomplishments and discuss 2023 priorities to advance the CMS Strategic Plan. This call covers all CMS

programs for all beneficiaries – it is not specifically a long-term care or post-acute care call. To register, click [here](#).

Ziegler’s Look-Ahead for 2023. The first [Z-News](#) of the new year outlines eight key trends that will impact not-for-profit organizations in 2023: revenue and expense pressures; ongoing labor shortages; technology; continued consolidation; SNF disruption; creative business models; hospital and post-acute relationships; and the cost of capital. Inflation and rising labor costs continue to drive expense pressures; although some organizations have reduced their dependency on agency staffing, shortages remain and alternative workforce solutions such as housing and technology innovations are becoming serious considerations. Staying competitive in the adoption of technology innovations is a ‘must;’ consolidations continue and the closure or sale of nursing homes and other financially distressed NFPs to the private sector is anticipated. The SNF model continues to be challenged by many of the aforementioned factors; organizations are venturing into creative diversifications such as pharmacy, behavioral health, or rehab services to bring alternative revenue in. Hospitals face many of the same challenges as aging services, and partnering to improve systemic healthcare transitions issues should be on the radar for our field. Aging services has gotten used to record-low costs of capital for expansion and growth financing, but rates are rising back to 20-year levels and organizations need to reassess their capital strategies. Don’t miss the LPC call on Thursday, January 26 at 2 PM ET, where Lisa McCracken will talk more in depth on these and other key trends to watch for 2023. All LeadingAge members are welcome. To register, email Dee at dpekruhn@leadingage.org.

Staffing Models Survey. In the heat of the workforce crisis, LeadingAge is [exploring new and non-traditional staffing models](#) that providers can implement to increase flexibility for staff and better attract new applicants. We are asking members to complete this [short 2-minute survey](#) to share how your organization is approaching staffing. We are interested in any staffing model that has been effective for your organization, effective in recruitment or retention efforts, or offers flexibility for your team members. Thank you so much for taking a moment to complete this survey! With additional questions, reach out to [Jenna Kellerman](#), Director of Workforce Strategy and Development, LeadingAge.

Welcome, Georgia! The LeadingAge policy team is excited to welcome Georgia Goodman. Georgia is our new Director of Medicaid and will be working with our members across the continuum and states on Medicaid policy. She comes to us with deep experience with our state partner, LeadingAge Pennsylvania, and has also worked with the State of Pennsylvania. We are thrilled to welcome Georgia to the team. Georgia can be reached at ggoodman@leadingage.org

NIH Launches Home Test to Treat Pilot. The National Institutes of Health, in partnership with the HHS Administration for Strategic Preparedness and Response (ASPR), launched the “Home Test to Treat” program on January 5. This community health intervention will provide free COVID-19 testing, telehealth sessions, and at home treatment. The program will launch in Berks County, Pennsylvania, where up to 8,000 eligible residents are expected to participate in the program. Ultimately, the Home Test to Treat program will serve around 100,000 people through collaborations with local health departments over the next year. More information can be found [here](#).

QIO Educational Resources on Vaccines and Boosters. On January 6, the CMS Center for Clinical Standards and Quality, Quality Improvement and Innovation Group (i.e., the office that runs the QIO program) provided recordings of three audio episodes aimed to support education efforts about

vaccines and boosters in long-term care settings. The audio series is posted here:

<https://qioprogram.org/cmsqivoices>. A partnership of CMS, FDA and CDC, the recordings include:

- **Episode 1: *Conversations with the CMS CMO - The Facts Behind the Updated COVID-19 Vaccine: Safety and Efficacy.*** The new bivalent COVID-19 vaccine provides even greater protection against severe illness and death than the original primary series. In this episode, hear from Peter Marks, MD, PhD, director of the U.S. Food and Drug Administration (FDA) Center for Biologics and Research about what makes the new bivalent COVID-19 vaccine different. Get answers to common questions about the updated vaccine and facts about the risks and side effects for the nursing home and long-term care population.
- **Episode 2: *Conversations with the CMS CMO – Long-term Care Treatment Options for COVID-19.*** Several treatment options are available for nursing home residents who are diagnosed with COVID-19. In this episode, learn from John Farley, MD, MPH from the U.S. Food and Drug Administration (FDA) and Meg Sullivan, MD, MPH from the Administration for Strategic Preparedness and Response (ASPR) about the risks, benefits and common side effects of these treatments.
- **Episode 3: *Conversations with the CMS CMO - CDC Programs for COVID-19 Infection Prevention and Vaccination in Nursing Homes.*** Infection prevention and the use of vaccines is key to reducing the spread of COVID-19 in nursing homes and long-term care facilities. In this episode, Nimalie Stone, MD, MS and Arjun Srinivasan, MD from the Centers for Disease Control and Prevention (CDC) discuss CDC programs and collaborations that support nursing home efforts to promote infection prevention and vaccination and how health care providers can access the new vaccine for their facilities.

This group will be providing additional fact sheets and flyers over the next couple of weeks, directly in response to LeadingAge's request for additional information to support the All Hands on Deck effort.

2023 LeadingAge Leadership Summit | April 16-19. Make plans to join us in Washington, DC from April 16-19. The [LeadingAge Leadership Summit](#) is a must-attend gathering for a range of leaders in aging services. You'll have access to robust opportunities to gain insight, explore ideas, collaborate with your peers, and influence the nation's decision makers. Together, we're defining the future of aging services.