



## Home Health Weekly: Recap of LeadingAge Updates

February 10, 2023

**LeadingAge Policy Update Calls, covering all the updates aging services providers need on what goes on in Washington and what it means for you and the people you serve, care for, and house, including but not limited to Coronavirus. Long COVID patient – study thyself!** On **Monday, February 13**, Lisa McCorkell will join us to talk about the Patient-Led Research Collaborative, a group of Long COVID patients who are also researchers. Their mission is to facilitate patient-led and patient-involved research into Long Covid and associated conditions while following rigorous research methodology and to advocate for policies that enable patients, particularly the most marginalized, to access care and live with dignity. The pandemic has exhausted workers. Join us on **Wednesday, February 15** to hear from Michele Holleran, Founder and CEO of Holleran Consulting. Michele will talk about best practices to improve supervisor well-being. 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.

**CMS Announces Medicare Home Health CY 2023 Payment Development Webinar - Register Now!** CMS announced a [webinar](#) on Wednesday March 29, 2023 from 1:30 – 3: 00 PM ET where experts will provide an overview of several provisions from the CY 2023 HH PPS final rule related to behavior changes, the construction of 60-day episodes, and payment rate development for CY 2023. Further details and materials are forthcoming. LeadingAge encourages all home health members to register for this webinar in order to better understand CMS' rational for the nearly 8% cut proposed in last year's rule. As legislatively required, LeadingAge expects CMS to release data for the stakeholder community to utilize in analyzing the payment system no later than February 28, 2023. We are also convening a work group to review the data and its impact on patients served by non-profit, mission driven agencies. If you are interested in supporting this effort please email Katy Barnett at [kbarnett@leadingage.org](mailto:kbarnett@leadingage.org) And remember to [register](#) for the webinar.

**CMS Revises Editing of Home Health Telehealth Claims.** From January 1 – February 6, 2023, CMS incorrectly returned claims with telehealth services if they did not include an in-person visit with the same revenue code (reason code 31869). If CMS returned a claim from your agency, they are asking providers to re-submit to their Medicare Administrative Contractor. [As of the CY2023 Final Home Health Rule](#), CMS has put in place G-Codes for telehealth services regardless of if they were rendered at the same time as in-person services. While providers are not reimbursed for telehealth services, CMS is collecting data to determine potential future policies around home health and telehealth.

**CDC adds Covid-19 vaccines to its official immunization schedule for children, adolescents, and adults.** The Centers for Disease Control and Prevention added Covid-19 vaccinations for children, adolescents, and adults to its immunization schedule. These updates reflect current agency recommendations. Adding them formalizes that guidance for health care providers and schools. The CDC's vaccination schedule, released February 9, does not mandate vaccines. The FDA's vaccine advisory committee recently voted unanimously to recommend that all primary vaccination series switch to the updated

bivalent shot, but the agency has yet to adopt these recommendations. The committee also discussed a possible path forward to include yearly Covid-19 booster vaccinations, similar to the annual flu shot, but didn't formalize any action. [More information on adult immunization schedule by age here.](#)

**SOTU Through an Aging Services Lens.** In the President's State of the Union speech on February 7, he made references to several issues and goals related to aging services. Some highlights include:

- "Covid no longer controls our lives." Six words everyone is ready to hear, especially those who provide or use aging services.
- "We're protecting seniors' lives and life savings by cracking down on nursing homes that commit fraud, endanger patient safety, or prescribe drugs they don't need." This was the only reference to nursing homes (much shorter than last year). It's critical to note that LeadingAge's message may have gotten through because this statement does not bucket all nursing homes together. He referred only to those providers who engage in these illegal or unethical behaviors. Still, LeadingAge will be meeting with the Nursing Home Quality Initiative team to continue driving home the point that most providers do not fit this description and deserve accolades for their mission focused work.
- Guaranteeing all workers a living wage. LeadingAge has long advocated this position, coupled with reimbursement rates to pay such wages.
- "Let's get all families access to affordable and quality housing." LeadingAge agrees wholeheartedly, especially housing for low-income seniors.
- Helping older individuals stay in their homes. This point followed the housing point, seemingly tying them together. Supporting enactment of expansions like those proposed in Better Care Better Jobs bills that have been introduced in both chambers will move us closer to this end. (See LeadingAge Action Alert, below.)
- Don't cut Social Security and Medicare, lifelines for millions of older people. The President said, "stand up for seniors!" Medicare, of course, is also a lifeline for many providers of post-acute care.

LeadingAge will continue to advocate for establishing an office on aging in the White House to keep the focus on these goals and action plans.

**Tell Congress to Expand Home and Community Based Services!** National Caregivers' Day is February 17. Please take this opportunity to let your representatives on Capitol Hill know you want them to support expansion of eligibility for home and community based services (HCBS) and better jobs with higher pay for the frontline caregivers who deliver HCBS. Use LeadingAge's [Action Alert](#) template to send messages to your members of Congress to support S. 100/H.R. 547.

**Appropriations Chair: Work Cut Out for Us.** In its first meeting of the new session of Congress, the House Committee on Appropriations met on February 8 to review its rules, hear formal introductions of its new members, and listen to its new chair review the Committee's goals. LeadingAge attends (usually virtually these days) such organizing meetings for clues as to what lies ahead on the Committee's agenda, and where we might most effectively focus our work. "We have our work cut out for us this year," Chairwoman Kay Granger (R-TX) said at the meeting. "In many ways, the odds are stacked against us. But as I look across the room, I am reminded that we – as Appropriators – always find a way to get the job done for the American people. I am hopeful that together we will continue that great tradition. As I lead this committee, I will focus our work on that which unites us. By conducting robust, bipartisan oversight of government agencies and programs through hearings, briefings, and in-person visits, we can learn more about where our tax dollars are going." Committee hearings and briefings will start soon and

come quickly after the President delivers his fiscal year 2024 budget request to the Hill. As for in-person visits, LeadingAge strongly encourages our members and other aging services stakeholders to invite your members of Congress to see first-hand the amazing work you do; see LeadingAge's ["Coffee Chats with Congress Toolkit"](#) for site visits by members of Congress and their staff.

**CMS Updates Home Health COVID-19 Flexibilities Before PHE Ends May 11, 2023.** In January 2023 the Biden Administration announced the COVID-19 Public Health Emergency (PHE) will end May 11, 2023. CMS issued updated guidance for Medicare providers on emergency waiver authorities and other various regulatory authorities and how they will be impacted by the end of the PHE. Read more on the home health flexibilities [here](#).

**Study finds People with Dementia Receive Fewer Home Health and Hospice Services in their Final Months.** Research [published](#) in the Journal of Gerontology looked at the Health and Retirement Study and linked to Medicare claims to develop a linear model of functional status decline and health care use over the last four years of life for individuals with and without dementia. The study found that individuals with dementia can have high, sustained functional impairments during the entire last four years of life, meaning individuals with dementia can appear to be at the end of life for years before their death. Dementia was associated with significantly less hospice during the final three months of life, with a 12.5% likelihood of hospice in the last month of life with dementia versus 17.3% without dementia. Researchers hope this information will help to inform future developments in long term services and supports including custodial long-term care.

**Nora Super Authors Health Affairs Article on Five Key Recommendations.** [Article](#) authors believe care could be vastly improved, and costs could be reduced, if all community-dwelling Medicare beneficiaries living with dementia could enroll in a comprehensive dementia care program that addresses the needs of both the persons living with dementia and their caregivers. The authors recommend, based on available evidence that:

- The payment model should cover comprehensive dementia care that meets quality outcomes measures.
- The payment model should address both beneficiary and caregiver needs.
- To be eligible, beneficiaries must have a diagnosis of dementia.
- Comprehensive dementia care programs should be widely available to Medicare beneficiaries, especially those living in rural and underserved communities who have traditionally had difficulty accessing health care systems.
- The payment model should be capitated based on the severity of symptoms and available resources.

**Leaders of Color Advocacy Webinar Series - Session Two: Let's Talk About State Advocacy.** Effective advocacy at the state level is becoming more important with each passing year. This Tuesday, February 14 webinar, from 2 – 3:15 pm ET, will help you understand how state advocacy works, how it impacts providers of aging services, and how people at all levels of an aging services organization can become engaged in advocacy. Leaders of color will reflect on their advocacy journeys and will describe how they navigated the advocacy process; the types of advocacy work they pursued; and the practical benefits they, their team members, and residents/clients experienced. LeadingAge state executives will share examples of their advocacy work, explore the importance of building relationships with state legislators

and Governor's office staff, and discuss their engagement with U.S. state senators and congressmen about issues related to their communities. Register for the February 14 webinar [here](#).

**New KFF Report Identifies the Medicare Advantage Plans with Most Prior Authorization Rejections.** A new Kaiser Family Foundation [report](#) found over 35 million prior authorization requests were submitted to Medicare Advantage Plans in 2021. Additional Key Findings:

- The volume of prior authorization determinations varied across Medicare Advantage insurers, ranging from 0.3 requests per Kaiser Permanente enrollee to 2.9 requests per Anthem enrollee.
- Over 2 million prior authorization requests were fully or partially denied by Medicare Advantage insurers.
- Just 11 percent of prior authorization denials were appealed.
- The vast majority (82%) of appeals resulted in fully or partially overturning the initial prior authorization denial.

**CDC Health Alert Related to Artificial Tears.** CDC Health Alert Network has issued a Health Advisory related to outbreaks of extensively drug-resistant infections linked with use of artificial tears. Infections have been reported in 12 states and are linked with more than 10 different brands of artificial tears. CDC recommends immediately discontinuing use of EzriCare Artificial Tears pending additional guidance from CDC and FDA. Monitor for signs of infection in individuals who have used EzriCare Artificial Tears and perform culture and antimicrobial susceptibility testing when indicated. Read more on this issue [here](#).

**CDC Releases Falls Intervention Compendium.** CDC has released the 4<sup>th</sup> edition of its Effective Fall Interventions Compendium. This resource is designed to assist senior service providers, clinicians, and others address older adult falls in community. Learn more and download the resource [here](#).

**LeadingAge Tip Sheet for Commenting on the CY2024 Medicare Advantage (MA) proposed rules.** LeadingAge shared its [tip sheet](#) for commenting on these proposed rules, which will govern how MA, Special Needs Plans, Part D plans and PACE providers operate in CY2024. Aspects of these rules seek to respond to issues LeadingAge has raised about beneficiary access to traditional Medicare benefits for those enrolled in MA plans and the prior authorization processes that plans use to make determinations about access to those benefits. LeadingAge is currently drafting its comments for the February 13, 5p.m. ET deadline based upon feedback from members but we also encourage members to share their thoughts on whether what CMS is proposing will correct these challenges with the MA program. The [tip sheet](#) explains the key issues in the proposed rule issues and what we are hearing from members. Members should feel free to comment only on the items of interest to them. They do not need to comment on all issues in the proposed rules.

**Legislation to Expand Telehealth Benefits for American Workers Introduced.** On February 2, Reps. Suzan Delbene (D-WA), Tim Walberg (R-MI), Angie Craig (D-MN), Ron Estes (R-KS), Mikie Sherrill (D-NJ) and Rick Allen (R-GA), introduced bipartisan legislation to expand access to employer-sponsored telehealth benefits. The "Telehealth Benefit Expansion for Workers Act" would allow employers to offer workers stand-alone telehealth benefits, like dental and vision plans, in addition to traditional health care plans. The bill would enable all workers, including part-time and seasonal workers to access telehealth benefits, and ensure patients can connect with their health care providers from their own

homes. Additionally, the bill sponsors [state](#) the legislation will help to provide employers with more certainty and ensure they will have access to expanded long-term access to telehealth benefits that would not be tied to the COVID-19 public health emergency, as currently is the scenario for several of the Medicare telehealth services. During the last Congress this legislation was supported on a bipartisan basis. The text of the Telehealth Benefit Expansion for Workers Act is available [here](#).

**Are Medicare Advantage “Supplemental Benefits” Covering LTSS?** ATI Advisory and the Long-Term Care Quality Alliance are offering a webinar on Monday, March 13 from 1:00 – 2:00 PM ET to provide a deep dive into nonmedical supplemental benefits offered by Medicare Advantage plans, particularly the benefits designed to resemble Medicaid long-term care benefits that support in home support services, caregiver supports and social needs benefits. The webinar is timed with the release of a new report on these benefits. Speakers include representatives from MA plans to talk about the scope and breadth of the benefits they are offering, how they reach members to inform them, and why they chose to offer these benefits. Interested individuals can register [here](#) for the free webinar.

**Applications Process Open for 2023-24 Health and Aging Policy Fellowships.** The Health and Aging Policy Fellowship program (HAPF) announced it will accept applications for 2023-24 until April 17. The fellowship year begins on October 1, 2023. HAPF aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The yearlong program funds fellows to spend a year in a national policy position. The program offers training in the policy landscape, communication skills, and professional networking opportunities. HAPF will offer a series of sessions for potential applicants and other interested individuals. Check the [HAPF website](#) for application details and the schedule for information sessions.