



Hospice Weekly: Recap of LeadingAge Updates

March 3, 2023

Upcoming LeadingAge Policy Update Call. On **Monday, March 6**, we will have Sean Slone, Senior Policy Analyst at the Council of State Governments join us to talk about their new [long-term care policy guide](#) that includes case studies highlighting strategies to respond to challenges and transform long-term care. What was the impact of COVID-19 on acceptance of home health services? **On Wednesday, March 8** at 3:30, Jennifer Inloes, BSN, RN and Dr. Sue Anne Bell, will join the LeadingAge member call to talk about their study that explores older adults' decision making around home-based care service continuation during the coronavirus disease 2019 (COVID-19) pandemic. 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.

LeadingAge attends second roundtable with Congressman Blumenauer on hospice oversight and reform. LeadingAge along with other groups representing hospice and palliative care providers and practitioners attended a second roundtable with Congressman Blumenauer on hospice oversight and reform (the first was in December 2022). Mr. Blumenauer had reviewed submitted ideas around hospice reforms including [LeadingAge's](#) and asked for prioritization and specifics. We emphasized the opportunity to look at paying for some treatments that have a palliative intent, looking at palliative care in the Part B program, clarifying hospice regulations around levels of care, and expanded access through additional levels of care. We will continue to work with Mr Blumenauer and other offices on these ideas.

New Research Finds Not-For-Profits Hospices Provide Better Care. A new research [report](#) released from RAND research found that family caregivers reported worse care experiences at for-profit hospices compared with not-for-profit hospices. Of the hospices researched for this study, almost one-third of for-profit hospices scored 3 or more points below the national hospice average on the of overall performance CAHPS hospice survey; in contrast, only one-eighth of not-for-profit hospices scored that poorly. Caregivers of those in for-profit hospices were nearly 5 percentage points less likely than those in not-for-profit hospices to definitely recommend their hospice. Researchers confirmed these findings were not explained by the geographic region in which the hospices operate or the proportion of their patients that reside in nursing homes. LeadingAge released a [statement](#) in response to the research echoing the findings that "Nonprofit providers of hospice care have long been standard bearers for quality care in the sector" and that the "incredible value of mission-driven, nonprofit providers' approach to hospice care has endured, even as the composition of the hospice sector evolves."

New Study Finds Medicare Advantage (MA) Hospice Beneficiaries More Likely to Come from Community Admissions. Research [published](#) in JAMA Network found compared with Traditional Medicare beneficiaries, those in Medicare Advantage were more likely to enroll in hospice from community settings vs following inpatient stays. However, hospice length of stay was not substantially different between MA and Traditional Medicare. Though the higher rate of MA descendants enrolling from the community narrowed over time, from 11.1% in 2011 to 8.1% in 2018, in a sensitivity analysis to account for the difference in populations utilizing MA vs traditional Medicare, the association remained strong. Study authors argued further research is needed to understand how MA plans influence hospice

use and the direct association with quality of end-of-life care as reported by older adults and their families. This research may have impacts on the future implementation of the Value Based Insurance Design Hospice Component and any future carve-in of hospice to MA benefits.

CMMI Evaluates Dementia Care and Palliative Care Models with Mixed Results: CMMI published summaries of two evaluations of existing programs or models on [palliative care](#) and [dementia care](#) to determine their effect on 4 metrics – Total Medicare Spending, Emergency Department Visits, Inpatient Admissions, and utilization (hospice, and LTC facilities, respectively). The Medicare Care Choices Model stood out by improving on all 4 metrics related to palliative care. However, CMMI concluded more strategies need to be considered related to dementia care, as current dementia models did not produce significant Medicare savings but did show promise in improving experience of care and quality of life for beneficiaries and their caregivers.

Ranking Member and Chairman of the HELP Committee Request Workforce Shortage Information. On February 16, 2023, the Senate Committee on Health, Education, Labor, and Pensions (HELP) held a hearing “Examining Health Care Workforce Shortages: Where Do We Go from Here?” The hearing aimed to understand the root causes of our current health care workforce shortages and explore potential legislative solutions. During the hearing, witnesses provided the perspectives of medical and nursing colleges, a health system, and a health care economist.

On March 2, Senator Bernie Sanders (I-VT), HELP Committee Chairman and Senator Bill Cassidy, M.D. (R-LA), ranking member of the HELP Committee, requested input from all stakeholders to better understand their views on the drivers of health care workforce shortages and hear their ideas on potential solutions. The Committee intends to identify bipartisan solutions to remedy our nation’s health care workforce shortages and develop these ideas into legislation. The Senate HELP Committee’s RFI is available [here](#). LeadingAge will submit a written response to the HELP Committee’s RFI, by the March 20 requested deadline.

New LeadingAge Workforce Snap Poll Supports LeadingAge Advocacy. To better understand the workforce challenges in provider member organizations across the continuum, LeadingAge has released a new quarterly “Workforce Snap Poll.” The survey will be useful in our advocacy with members of Congress and the Administration, specifically helping to illustrate what the workforce crisis looks like on the ground for LeadingAge members on a variety of issues. Additionally, the Snap Poll will be particularly helpful for developing our response to the Senate HELP Committee’s RFI on health care providers’ workforce shortage. Please take a few minutes to share the **Workforce Snap Poll**, which can be accessed [here](#), or <https://www.surveymonkey.com/r/LJHPNBH>.

Multiple resources on Medicaid unwinding and continuous coverage released. During the public health emergency, CMS enacted requirements of states to keep Medicaid enrollees covered through the entirety of the public health emergency. The omnibus bill that passed in December delinked the continuous enrollment provision from the timeline of the public health emergency. The bill outlined that states could begin completing Medicaid eligibility redeterminations effective April 1, 2023. All individuals enrolled in the Medicaid program will undergo an eligibility redetermination prior to June of 2024. [Here](#) is a quick overview prepared by LeadingAge. Some new resources regarding the Medicaid unwinding:

- *Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals.* As of February 24, 2023 CMS released a table outlining the initiation timeframe for each state for Medicaid

unwinding. The table shows the first month in which notices will be mailed to participants and the first month any participant will be procedurally disenrolled from Medicaid. Review the table [here](#).

- *Kaiser Family Foundation (KFF) released analysis of affected Medicaid enrollees from the sunset of continuous enrollment provisions.* The brief indicates that about 5% of the 23 million newly eligible enrollees are over the age of 65 or have a disability, while one third of total new enrollments occurred in five large states: Texas, California, Illinois, Florida, and New York. Appendix 1, within the article, breaks down enrollment increases between February of 2020 and March of 2023 by state and age/program. KFF continues to estimate that between 5 and 14 million enrollees will lose coverage while referencing HHS estimates of 15 million people to lose Medicaid coverage through the redetermination unwinding. Read the full brief [here](#).
- *MACPAC Meeting discussed the end of Medicaid Continuous Coverage Requirements.* The Medicaid and Chip Payment Advisory Committee (MACPAC) meeting covered efforts from CMS to monitor states progress and activities through the recently started 14-month eligibility determination process for all enrollees. Metrics being assessed, such as call volumes, wait times, bounce rates, returned approved and denied applications, among others, will help states and CMS determine how course corrections may be required to reallocate or hire additional staff to support unwinding. Advocates and members of the committee expressed concern about beneficiary confusion. Concurrently underway in some states include contracting transitions between ACOs or MCOs through normal procurement timelines. Receipt of multiple correspondence about Medicaid, with limited understanding at the enrollee level of the program, is causing some consumers to seek help, while others discard materials because they don't understand what is required. More updates and ongoing reports will occur at the April Meeting.

CMS Issues New Overview on the Waivers, Flexibilities, and the Transition forward from the PHE. As part of their ongoing efforts to provide up-to-date information to prepare for [the end of the Public Health Emergency \(PHE\)](#), expected on May, 11, 2023, CMS issued a new overview fact sheet on Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency. This factsheet provides clarity on several topics including: 1) COVID vaccines, testing, and treatments; 2) telehealth services; 3) health care access. [See the factsheet here](#).

Article available on Administration statement and President Biden speech on health care affordability. An article on the Administration's statement on the need to preserve Medicaid funding and the President's related speech can be found [here](#).

KFF releases new brief on Medicaid Managed Care. The Kaiser Family Foundation released an information brief on Medicaid managed care that can be found [here](#).

CMS releases updated Medicaid and Medicare Enrollment Data. The release includes data from November of 2022 and shows Medicare enrollment over 65 million individuals with 35 million covered by traditional Medicare and 30 million covered by Medicare Advantage plans. Of that 65 million total, 12 million individuals are dually enrolled in both Medicare and Medicaid. Those duals were included in the nearly 85 million enrollees in the Medicaid program. Medicaid enrollment has swelled by almost 33% since February 2020. The full report is available [here](#).

LeadingAge Leadership Summit. We often hear from LeadingAge members that there is little time for future planning due to navigating day-to-day operations, keeping up with change, and addressing ongoing challenges. The [LeadingAge Leadership Summit](#) gives members the much-needed time to step back and come together to think big(ger) and creatively build a stronger, sustainable, and resilient future in aging services. [Read more about the keynote speakers, 75 diverse voices, and 30+ sessions that will inspire at the 2023 Leadership Summit.](#)

