



Home Health Weekly: Recap of LeadingAge Updates

April 7, 2023

Upcoming LeadingAge Policy Updates. All calls are at 3:30 PM ET. Workforce/recruitment/pipelines and business decision making about affiliations – all on upcoming calls. On **Monday, April 10**, Emily Dieppa (she/her) Vice President of Workforce Innovations at PHI will join us to discuss effective recruitment strategies to build the workforce pipeline and to promote careers in aging. On **Wednesday, April 12** Adam Berman, President and CEO of Legacy Lifecare will talk about the Legacy project. Its mission is to help small-to-mid-sized, values-driven senior care organizations navigate the complexities of modern healthcare through the provision of consulting, affiliation, and management services. You can also find previous call recordings of every 3:30 LeadingAge call [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 Clarifies Medicare Home Health CY2023 Rate Development for Stakeholders. On March 29th, 2023 the Centers for Medicare and Medicaid Services (CMS) hosted a stakeholder meeting on the Medicare Home Health Prospective Payment System CY2023 Rate Development as required by the Consolidated Appropriations Act of 2022. Read more on the outcome of this meeting in this [article](#).

Home Health Preview Reports and Star Rating Preview Reports for the July 2023 Refresh Now Available. For this refresh, Home Health (HH) Outcome and Assessment Information Set (OASIS) will be based on the standard number of quarters. The July 2023 refresh will add a new claims-based measure for public reporting - Potentially Preventable Hospitalizations (PPH). This is a long-awaited measure for home health providers. Due to the COVID-19 reporting exceptions, the claims-based measures have been calculated excluding Q1 and Q2 2020 data from measure calculations. For a refresher on the PPH for home health click [here](#).

CMS Clarifies Home Health Telehealth Cost Reporting. CMS issued transmittal ([R4P247i](#)) updates to Chapter 47, Home Health Agency Cost Report, Form CMS-1728-20, by clarifying and correcting the existing instructions, forms, and electronic cost report (ECR) specifications. More specifically, CMS added an edit on worksheet A to clarify instructions for line 5 and line 47 regarding telehealth: *1015A Worksheet A, column 10, line 47 (Telehealth), must equal zero effective for cost reporting periods beginning on or after January 1, 2023. [01/01/2023b]*

Home Health CAHPS Coordination Team Quarterly Review (CTQR) Newsletter Now Available. The HHCAHPS Team [posted](#) a new issue of the HHCAHPS Coordination Team Quarterly Review (CTQR) to provide information about HHCAHPS to home health agencies and survey vendors. This month's issue includes participation dates for the new HHCAHPS Calendar Year 2025 Annual Payment Update period, how HHAs can access their Survey Preview Reports that reflect the upcoming April 2023 refresh, and some insights from the recent HHCAHPS Survey Vendor Update Training.

New Research Finds Home Health Public Reporting May Exacerbate Inequalities: A new [research study](#) found that after the introduction of the home health five-star ratings in 2016, the adjusted rates of high-quality home health agency use increased for all home health patients, except for Hispanic/Latine and Asian American/Pacific Islander patients. Disparities were also found in high-quality home health agency use between low-income and higher-income home health patients, again exacerbated after the introduction of the five-star quality ratings. Predominantly Hispanic/Latine neighborhoods had a significant decrease in their use of high-quality home health agencies, whereas patients in predominantly White and integrated neighborhoods had a significant increase in high-quality home health agency use. Researchers flag for policymakers the potential unintended consequences for implementing home health public reporting, specifically for Hispanic/Latine, Asian American/Pacific Islander, and low-income home health patients, as well as patients residing in predominantly Hispanic/Latino neighborhoods.

Medicaid Advisory Group to Discuss HCBS, Duals, and Other Issues of Interest to LeadingAge Members. The Medicaid and CHIP Payment and Access Commission will host its April meeting on Thursday, April 13 and Friday, April 14. Interested individuals can register [here](#) for a zoom link to attend the meeting. The day and a half long [agenda](#) includes a few topics that will interest members of LeadingAge:

- Review of a chapter on beneficiaries who are dually eligible for Medicaid and Medicare for the June Report to Congress.
- An update on unwinding the continuous coverage requirements.
- Review of a chapter on Medicaid home and community-based services for the June Report to Congress.

Final CY2024 MA, Part D and PACE Policy Rule Includes Key Provisions and Clarifications: CMS's *proposed* rule changing policies for MA, Part D and PACE was large and wide-ranging, and this may be why CMS will finalize these provisions in multiple phases. The first final MA policy [rule](#), released April 5, contains provisions on utilization management/ prior authorization, ensuring plans cover traditional Medicare A and B benefits, many of the changes placing limits on how plans market to beneficiaries, MA plan star ratings, Health Equity, and behavioral health access.

Of greatest interest to members are the sections that focus on ensuring beneficiaries access to basic Medicare A and B benefits through their MA plans and changes to MA plan prior authorization practices. CMS codifies and clarifies that MA plans cannot be more restrictive in covering traditional Medicare benefits than Medicare FFS. However, the rule preserves the plans' right to waive the 3-day stay. CMS will permit plans to use their own internal criteria for making coverage decisions but only where the criteria are not "fully established" and CMS defines those circumstances and the type of evidence that a plan must use for those determinations. CMS also placed limits on when plans can use algorithms such as NaviHealth's nhPredict.

CMS importantly finalized its changes to prior authorizations (PAs) to streamline the process, ensure continuity of care when the enrollee changes plans and clarify the duration for which PAs must apply. Under the final rule, prior authorizations:

- Can only be used for confirming patient diagnosis and/or medical necessity of the services.

- Are valid for a “course of treatment” and CMS further clarified this means, “as long as medically reasonable and necessary to avoid disruptions in care in accordance with applicable coverage criteria, the patient’s medical history and the treating provider’s recommendation.”

LeadingAge asked for further clarification on the “course of treatment” definition to ensure its applicability to services provided by SNFs and Home Health Agencies. The final language could significantly impact the number of reauthorizations PAC providers will need to submit for an episode of care and instead authorize a plan of care.

The Final Rule also finalized five of the previously proposed sections for PACE programs with little amendment including codifying changes to the initial contract year (§ 460.6), imposition of CMPs (§ 460.40), requirements for contracted specialists (§ 460.70), allowance of oral service determination request extensions (§ 460.121), and maintenance of records (§§ 460.200 and 460.210).

The rule is effective June 5, 2023 with most provisions affecting MA plan practices in CY2024 and beyond. LeadingAge staff will finish reviewing the 700+ page rule in detail and provide a more detailed analysis in the coming days. The Fact Sheet can be found [here](#).

Representatives Slotkin (D-MI), Steil (R-WI), Kuster (D-NH), and Trone (D-MD) reintroduce the Expanding Veterans’ Options for Long Term Care Act. The Expanding Veterans’ Options for Long Term Care, which was introduced in the [Senate](#) in February, was reintroduced on April 4 in the House. The bill would establish a pilot program that would be conducted at six [Veterans Integrated Services Networks](#) (VISNs) nationwide with at least two program sites located in rural or highly rural areas and two sites at State Veterans Homes. LeadingAge has been working in coalition to support the reintroduction of this legislation and a quote indicating our support is included in the [press release](#).

Rep. Blumenauer Introduces Right to Try Clarification on Psychedelics. Representative Earl Blumenauer (D-OR) [introduced](#) the Right to Try Clarification Act that would expand access to life-changing treatments by including in the federal Right to Try Act Schedule I substances that have completed phase 1 clinical studies including psilocybin and MDMA. Rep. Blumenauer cites phase 1 and 2 clinical trials which have helped terminally ill individuals access new and promising supports for end-of-life care

Expired COVID-19 Test Kit Update. LeadingAge has been working with the U.S. Department of Health and Human Services (HHS) to supply LeadingAge providers free COVID-19 test kits. In the last test kit order placed, some providers received test kits that were past their expiration date. LeadingAge communicated this to HHS and was provided with [this article](#) by the Food and Drug Administration (FDA) detailing which test kits have had their expiration dates extended and are, therefore, still effective for use. If you have any questions or concerns about the expired test kits, please contact info@leadingage.org. If you need test kits, more information and the order form are located [here](#). A separate portal, arranged in coordination with LeadingAge, is available for HUD 202 providers, [here](#).

Final MA Rates for CY2024 Will increase 3.32%: CMS issued its final CY2024 rate notice for Medicare Advantage plans, as we reported on Friday. In addition to changes about how MA plans are paid, the notice also includes changes that reduce out of pocket costs for Part D enrollees. For more details on what is in the rate notice, here is a LeadingAge [article](#). Our only concern about this rate notice and the CMS final rule on recouping plan overpayments is that we might see plans more aggressively reduce provider rates in the coming year to offset any losses they experience. We are expecting the CY2024

MA policy and technical change final any day now. It contains provisions that could limit prior authorizations by the plans among other changes.

MA PHE Accommodations to End May 11. Medicare Advantage organizations benefitted from temporary enforcement discretion related to certain MA policies during the COVID Public Health Emergency. Some plans used this accommodation to make mid-year benefice enhancements to their plans. For example, some plans added an opportunity for some of their enrollees to receive in-home food delivery benefit. CMS notified plans March 24 that this enforcement discretion would end with the PHE on May 11 and this will prohibit plans from providing any expanded or additional benefits including cost sharing reductions if they are not already in the plans benefit package that was approved for Contract Year 2023, which started January 1, 2023.

CMS Issues Final [Rate Notice](#) of CY2024 MA Rates. Much to the chagrin of MA plans, it appears that the final CY2024 MA rate notice published March 31 still includes language allowing CMS to initiate recovering billions of dollars in improper payments made to MA plans. The final rate notice includes a higher rate increase (3.32%) in CY2024 than was proposed in the Advance Rate notice (1.03%). This appears to be the result of phasing in some of the risk adjustment revisions over a longer period of time. The rule also includes some important Part D policy updates related to implementing provisions of the Inflation Reduction Act of 2022. The rate notice [fact sheet](#) contains more details.

CMS Clarifies in Writing that the End of the National Emergency and the Public Health Emergency are Two Different Things. Some Flexibilities Continue Through May 11. On March 31, CMS published an explanation of the “[Potential Impact of House Joint Resolution 7](#),” to answer questions related to the difference between this resolution to end the National Emergency differs from the upcoming May 11 end of the Public Health Emergency. LeadingAge members have asked whether existing waivers under the PHE will end early or end May 11 as planned. As the CMS document explains, “Even if the COVID-19 National Emergency were to end, any existing waivers currently in effect and authorized under the 1135 waiver authorization for the pandemic would remain in place until the end of the federal PHE for COVID-19.” Simply put, the waivers will end but the date to end them does not change.

LeadingAge Responds to DEA Proposed Rule on Telehealth Prescribing of Scheduled Drugs. LeadingAge [submitted](#) comments on a proposed rule from the Drug Enforcement Administration that would alter when a prescribing clinician could use telemedicine to prescribe scheduled substances. LeadingAge specifically pushed to have hospice, palliative and nursing home residents excluded from this rule. Read the full [comments here](#).

Last Week’s Home Health Weekly Update. Here is your weekly [Home Health Update for March 31, 2023](#).