



## Hospice 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.

**LeadingAge Hospice Member Network Call, April 11, 2:00 PM ET.** LeadingAge's April Hospice Member Network will be Tuesday, April 11, at 2:00 PM ET. The group will review the FY2024 Hospice Wage Index Proposed Rule. We'll also review and discuss the legislative and regulatory updates. To sign up for the network or for more details, reach out to Katy ([KBarnett@leadingage.org](mailto:KBarnett@leadingage.org)).

**CMS Releases Hospice Rule with 2.8% Update.** On Friday, March 31, CMS released the FY2023 Hospice Wage Index Proposed Rule. The rule contains a positive update for hospices, two requests for information, multiple updates on the Hospice Quality Reporting Program, some proposed revisions to telehealth regulations and much more! LeadingAge has developed a critical analysis of the rule which you can read [here](#).

**FY2024 Hospice Proposed Rule Published with 2.8% Increase.** The Office of Management and Budget [concluded](#) its review of the hospice rule on March 30, 2023. The 2024 proposed hospice rule was published in the Federal Register March 31. An inspection copy is available [here](#).

- The rule proposes an FY 2024 rate update of 2.8 percent
- This rule solicits comments regarding:
  - the provision of higher levels of hospice care;
  - spending patterns for non-hospice services provided during the election of the hospice benefit;
  - ownership transparency;
  - equipping patients and caregivers with information to inform hospice selection; and
  - ways to examine health equity under the hospice benefit.
- This rule also proposes:
  - Codifying Hospice Item Set (HIS) data submission thresholds
  - Updates to hospice survey and enforcement procedures
  - Proposes to require hospice certifying physicians to be Medicare-enrolled or to have validly opted-out

**CMS Releases More Detail on VBID Extension.** CMS released a new [Medicare Advantage Value-Based Insurance Design Model Extension Fact Sheet](#). Last month, CMS announced that the VBID model would be extended from 2025 to 2030. With regards to the VBID Hospice Benefit Component, CMS plans two updates:

- Typically, Medicare enrollees who choose hospice services give up their right to receive health care services that are “curative.” Under the model extension, beginning in 2025, CMS will more closely align flexibilities for concurrent care with those offered in other CMS Innovation Center models. By offering greater flexibilities for MAOs to partner with in-network providers to deliver innovation, this will allow patients to receive more person-centered care at end of life.
- When the Hospice Benefit Component was introduced, CMS required MAOs to pay for all out-of-network hospice services for their enrollees in the model because MAOs did not yet have any relationships with hospice providers. Since then, participating MAOs have developed networks of hospices that can deliver timely, comprehensive and high-quality services aligned with enrollee preferences in a culturally-sensitive and equitable fashion. Under the model extension, beginning in 2026, participating MAOs will have more flexibility to require their enrollees to only receive hospice services from hospice providers in their network, as long as the MAOs meet CMS’s qualitative and quantitative network adequacy requirements. This change is expected to help ensure that model enrollees have greater care continuity and receive higher quality hospice care.

**Hospice Aide Visits Drop for Nursing Home Residents in First Year of Pandemic.** A new [study](#) published in JAMDA found that more than half of long-stay nursing home residents enrolled in hospice did not receive any visits from hospice aides from April through December 2020. This highlights one of the vast disruptions in health care delivery during the first year of the COVID pandemic. Approximately 300,000 residents were reviewed for this study from 2019 to 2020. Even for residents who did receive at least one monthly hospice aide visit during 2020, the per-resident-per-month visit minutes were lower than the same months of 2019. Given the critical role aides play in hospice care, the reduction in visits was not only potentially detrimental to patients but also tracking of care for hospices from aide visit insights. Authors hope this research will prompt more inclusion of hospice providers during future emergency preparedness planning.

**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](mailto: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](#).

**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](#).

**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](#).

**CMS Releases CAHPS Hospice Survey Fact Sheet.** CMS [released](#) a fact sheet that summarizes CAHPS data refreshes on Care Compare. This resource walks through the five-star rating scores and refresh data collection time points. This clarifies when CAHPS Star Ratings are posted vs. all CAHPS measure scores.

**RAC’s Target Hospice with General Inpatient Audits.** A new hospice audit from Recovery Audit Contractor (RAC), Performant, was added to the approved issues list by CMS effective April 1, 2023. As a reminder, Performant is RAC auditor for Region 5 which reviews nationwide DME, home health, and hospice audit issues. RACs review claims on a post-payment basis. [Issue 0212 – Hospice General Inpatient Care: Medical Necessity and Documentation Requirements](#) will determine if hospice General Inpatient Care (GIP) was reasonable and necessary to achieve pain control or acute or chronic symptom management which could not be managed in any other setting. The specific claims code being reviewed is REV Code: 0656 – General Inpatient Care. Claims that do not meet the indications of coverage and/or medical necessity will be recoded to Routine Hospice Care 0651 and result in an overpayment. Claims having a “claim paid date” that is more than 3 years prior to the ADR date will be excluded.

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**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.

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