



Nursing Home Weekly: Recap of LeadingAge Updates

August 4, 2023

LeadingAge Member Calls: On **Monday August 7th**, we will welcome Steve Moran, Publisher, Senior Living Foresight. He will discuss leadership, employee engagement, development, and other strategies and insight on maintaining and growing senior living and the workforce. On **Wednesday August 9th**, we will welcome Mary Munoz, Senior Managing Director, Senior Living Finance Practice. She will talk about trends in business transactions, affiliations, and other factors impacting long term sustainability and survivability.

Members and other interested individuals can sign up to join LeadingAge's Policy Update calls [here](#). 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.

Reminder: Skilled Nursing Facility Value-Based Purchasing Program: August Performance Score Report Available: SNFs can download their August Performance Score Reports for the [Skilled Nursing Facility Value-Based Purchasing Program](#) from [iQIES](#), including the incentive payment multiplier CMS will apply to your Part A claims in FY 2024. IF you see any errors, you can submit corrections until August 31. See [Confidential Feedback Reporting & Review and Corrections](#) for more information.

CMS contractor data breach means new Medicare identification numbers being issued for some beneficiaries. CMS sent letters to people with Medicare who may have been affected by a [recent data breach](#). They are mailing approximately 47,000 new Medicare cards with a new MBI to those affected. [Learn](#) what to do if your resident or patient's MBI changes. Ask your resident/patient for their new Medicare card if you get "invalid member ID" when [checking Medicare eligibility](#). Access your [Medicare Administrative Contractor's secure internet portal](#) to use the MBI look-up tool if your resident/patient didn't get a new Medicare card yet.

Summer Recess Means Opportunity for Aging Services Providers. As the House and Senate break for recess, now is the time to invite your members of Congress to experience firsthand the incredible services you deliver and see the impact of workforce challenges. [Sign up for more information](#) and resources from LeadingAge to support Congress in Your Neighborhood. After the visit to your community or organization, fill out this short [Congressional Visit Survey](#) to share what you learned—and for a chance at a free registration to the 2023 LeadingAge Annual Meeting in Chicago, November 5-8.

Senators Rosen and Boozman introduce new bill authorizing a long-term care commission. Senator Rosen (D-NV) and Senator Boozman (R-AR) introduced the bipartisan *Supporting Our Seniors Act*. This bill would create a National Advisory Commission on long-term care services. The Commission would assess and provide regular reporting to Congress on service delivery, financing, workforce adequacy, and other issues related to long-term care in order to increase access to affordable services. LeadingAge supports this legislation and appreciates that Senators Rosen and Boozman are focusing on the need for a robust conversation on long-term care financing, the workforce, and other aspects of long term care.

MedPAC Releases Annual Data Book Update. On July 31, the Medicare Payment Advisory Commission (MedPAC) issued its 2023 update to its “[Data Book: Health Care Spending and the Medicare Program.](#)” LeadingAge hasn’t had a chance to review the 200+-page document yet. The data book provides chapters on national and Medicare spending, Medicare beneficiary demographics, dual eligible beneficiaries, alternative payment models, post-acute care, and Medicare Advantage. It is a great resource guide on the latest numbers and trends in each of these categories.

KFF releases new brief on dual eligibles. KFF released on a new brief on where dual eligibles get their coverage. 49% of duals are enrolled in Medicare Advantage and 51% are in Traditional Medicare. 30% of duals are in dual-specific plans – DSNPs, Medicare-Medicaid Plans, PACE, and FIDE SNPs. 19% are in regular Medicare Advantage Plans. The full brief can be found [here](#).

CMS/CMMI Leadership writes update on accountable care strategy. In Health Affairs, CMS and CMMI leadership gave an update on where they are with their Accountable Care strategy – a strategy with a goal of having every Medicare beneficiary in an accountable arrangement by 2030. The article can be found [here](#).

SNF PPS Rule Finalized with Increased Payment Update The SNF PPS final rule was released on July 31 with a finalized payment rate for FY 2024 that was higher than proposed. CMS initially proposed a 3.7% payment update and ultimately finalized a 4.0% increase. CMS finalized adoption of the COVID vaccine measure for residents and modification of the COVID vaccine measure for staff despite opposition to both. Most other provisions of the rule were finalized as proposed with the notable exception that CMS did not finalize adoption of the CoreQ SS Discharge measure for SNF QRP. Read the CMS Fact Sheet for this rule [here](#). Our press statement on the rule can be found [here](#). Read the LeadingAge overview of key provisions [here](#).

CMMI announces new dementia focused model. On July 31st, the Center for Medicare and Medicaid Innovation (CMMI) announced the Guiding an Improved Dementia Experience (GUIDE) model.

- GUIDE is an 8-year voluntary model that will be available to be offered by eligible providers in all 50 states, the U.S. territories, and DC. The model is designed to attract a range of Medicare Part B providers with expertise and capabilities to provide ongoing longitudinal care and support for people living with dementia and those who care for them. This model is focused on dementia care in the home and community.
- Eligible providers must be Medicare Part B enrolled providers/suppliers excluding DME and laboratory providers who are eligible to bill the Physician Fee Schedule services and agree to meet the care delivery requirements of the model. If a potential participant cannot meet the care delivery requirements alone, they can contract to meet them.
- Eligible beneficiaries must be enrolled in Medicare FFS, not residing in a nursing home, and not be enrolled in PACE or hospice. Hospice and PACE organizations can participate if they utilize a separate Part B TIN.
- Payment will be a monthly per beneficiary per month payment for providing care management and coordination, caregiver education and support services. Services are to be provided to both beneficiaries and their unpaid caregivers. There is a separate respite care payment and, for some providers, an infrastructure payment to support program development activities.

- There are two program tracks – an established program and a new program. Established programs will begin the model on July 1, 2024. New programs will start on July 1, 2025; the 2024-2025 year will be a pre-implementation year.

A webinar on the new GUIDE model is being offered on **August 10th, 2023 at 2pm ET**. Registration can be found [here](#). A nonbinding [letter of interest](#) is due on September 15th, 2023. A more detailed article from LeadingAge on the model will be forthcoming. More information on the model from CMMI can be found [here](#).

HHS announces Long COVID Office and Clinical Trials. On July 31, U.S. Department of Health and Human Services (HHS) announced the formation of the Office of Long COVID Research and Practice to lead the Long COVID response and coordination across the federal government. The Office of Long COVID Research will be located within HHS's Office of the Assistant Secretary for Health under the leadership of the HHS Assistant Secretary for Health, Admiral Rachel Levine. The Office is charged with on-going coordination of the whole-of-government response to the longer-term effects of COVID-19, including Long COVID and associated conditions and the implementation of the [National Research Action Plan on Long COVID - PDF](#) and the [Services and Supports for Longer-Term Impacts of COVID-19 - PDF](#).

Additionally, the National Institutes of Health (NIH) also announced launch of the Long COVID clinical trials through the [RECOVER Initiative](#). The NIH RECOVER Initiative, launched in 2021, is a \$1.15 billion nationwide research program designed to understand, treat, and prevent long COVID, which describes long-term symptoms following infection by SARS-Cov-2, the virus that causes COVID-19. More information on both announcements can be found [here](#).

Insurers, Hospitals and Physicians Urge CMS to NOT Implement Prior Authorization Standards; Congress Pressures CMS to Adopt Prior Auth Changes. AHIP, the American Hospital Association, American Medical Association and the Blue Cross Blue Shield Association sent a [letter](#) to CMS Administrator Chiquita Brooks-LaSure requesting CMS not implement its proposal in the Advancing Interoperability and Improving Prior Authorization(AIIPA) proposed rule. The groups noted that if implemented these rules would conflict with electronic transaction standards proposed for health care attachments. This may be why the proposed AIIPA rule has not yet made its way to the Office of Management and Budget as a final rule. Nonetheless, Congress continues to apply pressure to CMS to make changes to prior authorization(PA) practices. The House Ways & Means Committee passed the [Health Care Transparency Act of 2023](#) (HR 4822) on July 26. This bill includes language from last year's bipartisan bill, [Improving Seniors' Timely Access to Care Act](#), which seeks to improve PA processes through electronic transmissions and track plan PA data. Sen. Bernie Sanders also included language to improve prior authorization processes in a bipartisan HELP Committee bill entitled, [Primary Care and Health Workforce Expansion Act](#). This proposal similarly seeks electronic prior authorizations, requires a PA to cover an entire course of treatment, and for plans to track and report on certain data related to their PA decisions.

New Emergency Preparedness Resources from ASPR TRACIE. In the latest issue of The Exchange from the Administration for Strategic Preparedness and Response (ASPR), the agency explores healthcare facility utility outages including loss of water and extreme heat emergencies. Resources in the Technical Resources, Assistance Center, and Information Exchange (TRACIE) may be of use in reviewing and updating emergency plans related to these issues. Topics in this month's release include [utility failures](#),

[natural disasters](#) including extreme heat, and [climate change and healthcare system considerations](#) including air quality resources.

SNF Provider Preview Reports and Care Compare Refresh. SNF Provider Preview Reports have been updated and are now available. The reports show performance for quality measures that will be published on Care Compare during the October 2023 refresh. Providers have until August 14 to review performance data. Retrieve your SNF Provider Preview Report in your CASPER folder. SNF QRP Data was updated on Care Compare on July 26 for the July refresh. This update reflects assessment measures data submitted from Q4 2021 – Q3 2022; COVID Vaccination Coverage among Healthcare Personnel data for Q3 2022; claims-based measures data from Q3 2019 – Q4 2019 and Q3 2020 – Q2 2021; and SNF HAI measure data for Q4 2020 – Q3 2021. Recall that claims-based measure data was adjusted due to the COVID-19 PHE as finalized in the FY 2022 SNF PPS rule.

Updates to Administrator Turnover Data Exclusions. CMS has updated exclusion criteria for the Administrator Turnover measure on Care Compare. Previously, the measure was excluded for nursing homes submitting PBJ data with 5 or more administrators on 12 or more days during a 3-quarter period. These nursing homes were excluded due to what CMS categorized as an erroneously high number of administrators (likely due to errors in reporting). With the July 26 refresh, CMS has now updated criteria to exclude measures for nursing homes reporting 5 or more administrators on 4 or more days during one quarter. Read more about these changes in the [Care Compare Nursing Home Five-Star Quality Rating Technical Users' Guide](#).

Nursing Home Network. Thank you to all who attended the monthly Nursing Home Network on July 25. A recap of the call is available [here](#). Our next monthly meeting will be held on Tuesday, August 29, 2pm ET. Not yet a member of the Nursing Home Network? Register [here](#) using your LeadingAge login. Need to create a LeadingAge login? You can do that [here](#) using your work email address.

CMS Launches Medicaid Unwinding Data Reporting. On July 28, CMS operationalized reporting of aggregate data on Medicaid Unwinding. As states complete renewal processes for 93 million current Medicaid enrollees across the country, accurate records must be maintained and reported to CMS in order to continue collecting additional federal matching funds. CMS committed to public reporting of data and has launched their data reporting initiative. The data and analysis are from the first month in which states could issue terminations: April 2023. Monthly updates are anticipated. The data illustrate that of those individuals terminated from coverage, more than 79% were for procedural reasons, leaving less than 21% of terminations for ineligibility. Review their reporting [here](#).

Last Week's Nursing Home Weekly Update. Here is the July 28, 2023 [Nursing Home Update](#).