

# Home Health Weekly: Recap of LeadingAge Updates

August 4, 2023

**LeadingAge Member Calls:** On **Monday August 7<sup>th</sup>**, 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 9<sup>th</sup>**, 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.

**TAKE ACTION – New LeadingAge action alert to support access to home health!:** Use this [link](#) to tell your Senators and Members of Congress to support access to home health by preventing payment cuts based on behavioral assumptions.

**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.

**HHS webinar series on Medicaid unwinding includes August 17<sup>th</sup> webinar on Medicaid unwinding and older adults:** HHS is having a series of webinars on Medicaid unwinding for special populations. The full series of webinars is below. The Aug 17<sup>th</sup> webinar is focused specifically on older adults. This webinar series will provide partners with strategies to reach out to diverse communities and audiences to share information about Medicaid and CHIP renewals. Each webinar will also include a “train-the-trainer” presentation, during which CMS will walk-through a set of downloadable slides that partners can use to educate others in their communities about Medicaid and CHIP renewals. All webinars are from 3-4pm ET. Register [here](#) and you will receive a Zoom link upon registration.

Dates:

- Thursday, August 3rd: Reaching Asian American, Native Hawaiian and Pacific Islander (AANHPI) Populations
- Tuesday, August 8th: Reaching Hispanic and Latino Populations
- Thursday, August 10th: Reaching Black American Populations
- Thursday, August 17th: Reaching Aging and Disability Populations
- Thursday, August 24th: Reaching Rural Populations

**CMS releases CY2022 Q4 PEPPER Reports for Home Health Agencies:** Fourth quarter CY 2022 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are available for home health agencies. These reports summarize provider-specific data for Medicare services that may be at risk for improper payments. Home health agencies (along with hospices and SNFs) can see the [distribution schedule](#) to

find out how they get their reports. Visit the [PEPPER Resources](#) webpage to review recorded training sessions, [FAQs](#), and examples of how other providers are using the report.

**Reminder: Expanded Home Health Value-Based Purchasing Model: Revised July Interim Performance Reports available.** CMS reissued July Preliminary Interim Performance Reports for the [Expanded Home Health Value-Based Purchasing Model](#) in [iQIES](#) to correct display issues. See [instructions for accessing reports](#). CMS extended the deadline to submit a [recalculation request](#) to August 16.

**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.

**Reminder LeadingAge Clinical Procedures Manual, 22<sup>nd</sup> Edition now available:** Newly updated for 2023, the [22nd Edition of the award-winning LeadingAge Clinical Procedures Manual](#) is now available for purchase. This resource is a staple of home-based care agencies that are committed to ensuring quality care. Discounted rates are available for LeadingAge members and bulk orders.

**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.

**Representatives Sewell (D-AL) and Adrian Smith (R-NE) introduce House version of *Preserving Access to Home Health Care Act of 2023*.** This is the companion legislation to the bill introduced by Senators Stabenow (D-MI) and Collins (R-ME) last month. The bill would protect access to home health services by preventing cuts to the Medicare home health benefit that have occurred since the implementation of the Patient Driven Groupings Model (PDGM). The bill would specifically repeal the requirement that CMS make determinations related to the impact of behavior changes on aggregate expenditures. It would also eliminate CMS' authority to make payment adjustments based on these determinations. It instructs MedPAC to review and report on aggregate trends in home health payment across all payers (FFS Medicare, Medicare Advantage and Medicaid) and consider the impact on access to 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](#).

**CMMI announces new dementia focused model.** On July 31<sup>st</sup>, 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, a 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 10<sup>th</sup>, 2023 at 2pm et.** Registration can be found [here](#). A nonbinding [letter of interest](#) is due on September 15<sup>th</sup>, 2023. A more detailed article from LeadingAge on the model will be forthcoming. More information on the model from CMMI can be found [here](#).

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