



Hospice Weekly: Recap of LeadingAge Updates

September 15, 2023

LeadingAge Policy Update Calls; all calls are at 3:30 p.m. ET. Social isolation and loneliness have been associated with an increased risk of dementia and premature mortality from all causes. The pandemic has exacerbated the loneliness issue, but it has also increased acceptance of virtual engagement to meet social needs. Join us on **Monday September 18** to hear from Meghan Young, Associate Director for Opening Minds through Art (OMA) at the Scripps Gerontology Center, Miami University. She will talk about a new virtual tool has been developed to engage older and younger adults in meaningful conversations and fun activities.

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.

LeadingAge Submits Comments on Physician Fee Schedule. Today, LeadingAge submitted comments on proposed CY2024 Physician Fee Schedule. The comments focused on three areas: first, CMS' proposed Caregiver Training Services (CTS), second, adding Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) to the hospice interdisciplinary team, and finally, integrating resident based care settings into the future of the Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs). To read the comments [click here](#).

LeadingAge Meets with CMS to Continue Conversation about Audits. Following up on our [letter](#) on our hospice audits and more effectively targeting hospice oversight, LeadingAge and other national organizations met with CMS on September 8th to further discuss these important issues. CMS was receptive to our feedback and is especially interested in looking more closely at technical denials and education of their contractors to be sure these types of denials are accurate and less burdensome. We will be partnering to send out an information gathering survey the week of September 18 to gather examples that we can share with CMS to continue the conversation. We will also continue to advocate for focusing on the right issues and reforms to the audit process to make it more transparent.

CMS Nominations for Standing Technical Expert Panel for Post Acute and Hospice Measurement Sets. Acumen, LLC and Abt Associates Inc., contractors for the Centers for Medicare and Medicaid (CMS), support the development and maintenance of post-acute care and hospice quality measures. CMS refines and develops QRP measures to ensure that (a) Medicare beneficiaries and their caregivers have high-impact, meaningful performance data to assist in making informed healthcare decisions; and (b) providers have actionable information to guide performance improvement efforts without being overburdened by reporting requirements. Acumen and Abt, which develop and refine quality measures for the Post-Acute Care (PAC) and Hospice Quality Reporting Programs (QRPs) for the Centers for Medicare and Medicaid Services (CMS), are convening a technical expert panel (TEP) to evaluate the measurement sets across the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), Skilled Nursing Facility (SNF), Home Health (HH), and Hospice settings, with a focus on identifying measurement gaps, and ensuring measures align with CMS program requirements and goals. CMS will

use this to inform new measure development and maintenance of PAC and Hospice quality measures. Selected nominees can expect to be contacted on an annual, or as needed, basis for up to five years. The TEP nomination period closes on **October 11, 2023**, at 5 p.m. EST. If you wish to nominate yourself or other individuals for consideration, please visit the web posting on the [CMS Technical Expert Panels: Currently Accepting Nominations](#) page for more information.

Bureau of Labor Statistics Report Shows the Rate of Growth in Total Employer Compensation Costs Slowed Compared to the Prior Quarter. The most recent Bureau of Labor Statistics Employer Costs for Employee Compensation report, September 12, shows total employer compensation costs (wages, salaries and benefits) for private industry workers nationally, across all sectors, averaged \$41.03 per hour worked in June 2023, just slightly higher than the \$40.79 total private industry compensation costs reported in March. The wages and salaries component averaged \$28.97 per hour worked and accounted for 70.6 percent of employer costs. The report shows that while employers spent more on total compensation in the second quarter of the year than they had in the first quarter, the growth in the private industry compensation figure from March to June 2023 (+.59%) was smaller than the growth from December 2022 to March 2023 (+1.4%). The June average for the health care and social assistance industry specifically was slightly higher than the all-sectors figure, at \$42.33 per hour. Within that grouping, the average for the nursing and residential care facilities subsector was \$29.29 per hour, with the wages and salaries component averaging \$21.36 per hour. The September report is [available here](#) and supporting data are [available here](#) in easy to read charts showing geographical differences and other details.

Senate Committee to Vote on Healthcare Workforce Bill. The Senate Committee on Health, Education, Labor & Pensions (HELP) will hold a markup of the Bipartisan Primary Care and Health Workforce Act, sponsored by Committee Chair Bernie Sanders (I-VT) and Subcommittee on Primary Health and Retirement Security Ranking Member Roger Marshall (R-KS), on September 21. The bill seeks to address shortages of nurses and other health care jobs across the country. “After over a month of very productive and thoughtful negotiations, I am delighted to announce that Senator Marshall and I have reached an agreement on a historic bipartisan bill to expand primary care and to reduce the massive shortage of nurses and primary care doctors in America,” Senator Sanders said in a September 14 [statement](#). The bill would allocate \$1.2 billion dollars over four years to nonprofit community colleges and state universities to increase the number of students enrolled in accredited, two-year registered nursing programs. Awardees would be charged with expanding class sizes, increasing the number of two-year nurses trained nationwide, increasing the number of qualified preceptors at clinical rotation sites, providing direct support for students, supporting partnerships with health facilities for clinical training, and purchasing distance learning technology and simulation equipment, among other duties. Chair Sanders and Ranking Member Marshall say the Bipartisan Primary Care and Health Workforce Act would train 60,000 nurses. LeadingAge supports the bill and looks forward to ensuring resources also appropriately support the aging services health care workforce. Read a summary of the bill [here](#).

CDC Advisory Committee Recommends Updated Vaccines to Anyone Over 6 months Old. Following the Food and Drug Administration’s (FDA) September 11 approval of new COVID vaccine formulations, the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) voted 13-1 on September 12 to recommend anyone above 6 months of age get an updated COVID shot this fall. Once CDC Director Mandy Cohen signs off on the recommendation, the shots will be made available to Americans who want them. The expert panel at the CDC also recommended that people who are immunocompromised get more than one shot, similar to previous recommendations. There had

been some debate about whether the experts would recommend shots just for older adults and those who are immunocompromised, but they decided to advise everyone to get an updated Covid-19 shot to prevent severe disease.

LeadingAge Joins 680 Stakeholders Urging Congress to Fund the Government. On September 12, LeadingAge joined a coalition of 680 local, state, and national organizations in sending a letter to every member of the House and Senate urging passage of a clean, bipartisan continuing resolution (CR), including emergency funding that supports current services and addresses urgent needs. Without additional funding, the government will face a potential shutdown when the new fiscal year begins on October 1. “Shutdowns harm our nation’s overall economy, the financial security of individuals and families, government efficiency, and the public’s access to needed services,” the letter states. “A shutdown would put the nation’s economy at risk, delay or interrupt services to millions, and disrupt the jobs of over a million workers, making it harder for people to put food on the table, a roof over their heads, and stay safe and healthy.” [Click here to read the full letter.](#)

Countdown to Latest PRF Reporting Deadline. Providers are reminded that there are just over two weeks left to submit reports for Provider Relief Fund (PRF) Reporting Period 5. Reports must be submitted by 11:59 PM ET on September 30. This impacts those providers who received PRF and ARP Rural Payments between January 1 and June 30, 2022. Now that some providers have had their prior reports audited and are being instructed to return funds for disallowed expenses, LeadingAge is encouraging members to make sure they understand which expenses are allowable uses for PRF and ARP Rural dollars. This [article](#) provides additional details on considerations related to allowable expenses.

IRS: Immediate Moratorium on ERC Processing of New Claims. On September 14, IRS Commissioner Danny Werfel [announced](#) an immediate moratorium on all processing of new Employee Retention Credit claims, citing increasing and substantial fraudulent claims that are flooding the agency. The moratorium will apply to all new claims filed between September 14 and December 31, 2023, although the agency does not specify whether or when new claims processing will resume. The processing time on claims already submitted will be lengthened from an average of three to an average of six months. The slow-down is intended to give the agency more time to carefully review existing claims, and protect unwitting, ineligible businesses from incurring costly penalties and interest repayments for funds received in error. Recognizing, too, that many honest, small businesses have been taken advantage of by unscrupulous third-party consultants, Commissioner Werfel said that a process is being developed to allow such small businesses to repay monies they may have already received in error without penalty. Also, a special process is being developed to allow firms with an existing, yet-unprocessed claim to rescind their submission if they discover, upon further review, that their business is not eligible. More detail on that is pending for this fall. Meanwhile, “taxpayers are encouraged to review IRS guidance and tools for helping determine [ERC eligibility](#), including [frequently asked questions](#) and a new [question and answer guide](#) ... to help businesses understand if they are actually eligible for the credit.” The IRS is working with the Justice Department to see how to pursue and exact penalties on aggressive firms that have intentionally ignored ERC rules and pushed ineligible businesses to apply. LeadingAge continues to closely monitor the updates from IRS on the ERC, and further analysis will be forthcoming.

ACL Proposes Adult Protective Services Rule, Seeks Comments. The Administration on Community Living (ACL) proposed a rule, to be published in the [Federal Register](#) on September 12, to establish the first-ever federal regulations for Adult Protective Services (APS) programs. ACL released a [Fact Sheet](#) on

the proposed rule and announced that interested stakeholders can join a September 18 webinar at 11:30 AM ET on the NPRM. Webinar registration is [here](#). The proposed rule aims to improve consistency and quality of APS services across states and support the national network that delivers services, with the ultimate goal of better meeting the needs of adults who experience, or are at risk of, maltreatment. It establishes definitions and data collection requirements, mandates staff training, and requires state APS programs to develop policies and procedures.

House Ways and Means, Energy and Commerce, and Education and Workforce Committee Chairs introduce *Lower Costs, More Transparency Act*. Chairs Smith (R-MO, Ways and Means), McMorris Rodgers (R-WA, Energy and Commerce), Foxx (R-NC, Education and Workforce, and Ranking Member Pallone (D-NJ, Energy and Commerce) introduced the Lower Costs, More Transparency Act. This bill aims to increase health care price transparency and lower overall costs for patients and employers. This bill also extends community health center and other primary care workforce funding that is due to expire on Sept 30th. A couple of notable provisions for LeadingAge members include:

- Reports on Health Care Transparency Tools and Data. Requires GAO to report on existing and new health care price transparency requirements, compliance, enforcement, patient utilization, and whether requirements can be harmonized to reduce burden and duplication.
- Requires the Secretary of Health and Human Services (HHS) to submit an annual report on the impact of Medicare regulations on health care consolidation and to analyze the effects of Centers for Medicare and Medicaid Innovation demonstrations on health care consolidation.
- Requires that Medicare Advantage organizations to report to HHS certain information relating to health care providers, PBMs, and pharmacies with which they share common ownership. Additionally, this section requires the Medicare Payment Advisory Committee (MedPAC) to study and report on vertical integration between Medicare Advantage organizations, health care providers, PBMs, and pharmacies and how this integration impacts beneficiary access, cost, quality, and outcomes.

Last Week's Hospice Weekly Update. Here is the September 8, 2023 [Hospice Update](#).