



Hospice Weekly: Recap of LeadingAge Updates

August 2, 2024

National Policy Pulse Call. LeadingAge’s members-only briefing and analysis call with our experts, “National Policy Pulse,” happens every Monday at 3:30 p.m. ET. Register for the calls (registration required even if you were registered for the previous 3:30pm policy update calls) [here](#). Your registration will keep you on the list for all calls in 2024, and we’ll send a new registration link to members for calls in 2025 so you never miss a beat.

Hospice Final Rule Released. Advocacy Wins! On July 30, CMS released the FY2025 Hospice Wage Index final payment rule. CMS finalized a 2.9% payment update which is slightly higher than the 2.6% that was in the proposed rule. LeadingAge appreciates the increase, but it is still insufficient to cover ever increasing costs. Additionally, CMS finalized the decision to begin collecting the HOPE standardized patient level data collection tool on or after October 1, 2025 and finalized the two new quality measures assessing pain impact and on-pain symptom impact. We asked CMS to delay in reporting the two new quality measures to ensure validity – CMS declined this suggestion. For the HOPE timepoint visits, LPNs and LVNs will be allowed to do the visits but the visits must be done in person – no telehealth allowed. CMS summarized all the comments on the high intensity palliative services, but gave no indication with regards to next steps. CMS finalized proposed changes to the Hospice CAHPS, including removal of and changes to several survey items as well as changes to administration timelines and modes of survey delivery. CMS delayed the final Hospice CAHPS implementation date from January 1, 2025, to April 1, 2025, LeadingAge asked for a delay to allow hospices more time to implement these changes. LeadingAge will review the rule in more detail and report out additional items of interest to members next week Link to the final rule [here](#). Read [LeadingAge’s comments on the proposed rule here](#).

Home Health, Hospice, DME Open Door Forum Scheduled for August 7. The next Home Health, Hospice & DME Open Door Forum is scheduled for August 7, 2 p.m. ET. The agenda for this forum includes information on the Home Health Value Based Purchasing First Annual Performance Report with Payment Adjustment, the Home Health CAPHS, hospice quality reporting updates, and home health quality reporting updates. Providers can register in advance for this webinar [here](#).

Online Interactive Data Platform Examining Americans Views on Healthcare and Aging Launches. On July 31, the [West Health-Gallup National Healthcare & Aging Data Dashboard](#) launched. The dashboard examines how Americans view healthcare and the role it plays in the aging experience and explores trends and issues across various demographics including aging, gender, race, and income, drawing information from more than 17,000 respondents from 2021-2024. Key focus areas of the dashboard include healthcare affordability and its consequences, the intersection of aging and the healthcare system, the future of Medicare and Social Security, and the state of the country’s readiness for a fast-growing aging population. The dashboard includes two unique indices: the [Healthcare Affordability Index](#) that measures Americans’ ability to access and afford healthcare and the [Healthcare Value Index](#) that measures the quality people associate with the care they receive relative to how much they pay for it.

CMMI Finalizes TEAM model. The Center for Medicare and Medicaid Innovation (CMMI) finalized its proposals for the Transforming Episode Accountability Model (TEAM) on August 1 and we expect it to impact care delivery patterns and expectations of post-acute care providers. This five-year, episodic model, unlike most CMMI models, will have mandatory participation for acute care hospitals in certain designated Core Based Statistical Areas (CBSAs). The model incentivizes coordination among providers during and for 30 days following a surgery. Covered surgeries include lower extremity joint replacement, surgical hip and femur fracture treatment, spinal fusion, coronary artery bypass graft and major bowel procedure. The model will begin January 2026. More details on the model can be found on the [TEAM model page](#).

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Older Americans Act (OAA) Reauthorization Passes Out of Senate HELP Committee. On July 31, the Senate Health, Education, Labor, and Pensions (HELP) Committee passed the OAA reauthorization out of committee by a vote of 20-1. The reauthorization would permit Congress to appropriate more than \$2.7 billion dollars in FY2025 and overall would increase funding for OAA programs by 44% over the 5 year reauthorization. These are authorizations – the amounts to be appropriated are still to be determined. The bill needs a vote on the Senate floor and then would go to the House. OAA funds a number of programs that LeadingAge members utilize, often through their area agency on aging partners, like respite care, community-based services like adult day, some home care, meals, transportation, and other important services.

Bureau of Labor Statistics Releases Employment Data. On July 31, the Bureau of Labor Statistics (BLS) released the [Employment Cost Index \(ECI\)](#) an economic indicator that provides data on changes in labor costs and overall economic performance. The ECI measures changes in the cost of employees to employers over time and provides employers with critical information that allow them to maintain competitive compensation and benefit packages. The report indicated compensation costs for private industry workers increased 3.9 percent over the year. In June 2023, the increase was 4.5 percent. Wages and salaries increased 4.1 percent for the 12-month period ending in June 2024 and increased 4.6 percent in June 2023. The cost of benefits increased 3.5 percent for the 12-month period ending in June 2024 and increased 3.9 percent in June 2023.

Change Healthcare Submits Initial Placeholder Breach Report, Updates Expected: The U.S. Health and Human Services Office for Civil Rights (OCR) has updated its "[Change Healthcare Cybersecurity Incident Frequently Asked Questions](#)" webpage (see Question #3) to reflect that, on July 19, Change Healthcare filed an initial breach notification report with OCR concerning the ransomware attack that occurred earlier this year. According to the OCR: "Change Healthcare's breach report to OCR identifies 500 individuals as the "approximate number of individuals affected". This is the minimum number of individuals affected that results in a posting of a breach on the [HHS Breach Portal](#). Change Healthcare is still determining the number of individuals affected. ... HIPAA breach reports filed on the HHS Breach Portal may be amended as the breach report form allows a filer to file an initial breach report or an addendum to a previous report." This

initial report to OCR follows prior communications from the company. As we noted in our [Change Healthcare Serial Post](#), the company started [notifying](#) providers and insurers on June 20 whether their patients' or members' data was compromised in the cyberattack and provided [a link to a website](#) that its customers can link to from their own websites to share with their potentially impacted individuals. Change has also updated that website effective July 31. We will continue to monitor and report developments relating to this cyberattack.

LeadingAge Shares Feedback with White House on Respiratory Virus Vaccine. In follow up to the Long-Term Care Leadership Summit 3.0, which LeadingAge attended at the White House on July 18, LeadingAge sent a letter to the White House Office of Pandemic Preparedness and Response Policy on July 25 outlining feedback from nursing home members regarding barriers to vaccination and strategies for increasing vaccine acceptance. Based on this feedback, LeadingAge shared three recommendations for increasing vaccine acceptance for the 2024/2025 respiratory virus season. Read more [here](#).

CMS Releases RFI on PEPPER and CBR Reports. The Center for Medicare & Medicaid Services (CMS) [announced](#) they are seeking information for a reevaluation of the Comparative Billing Reports (CBRs) and Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) to improve the effectiveness and accessibility of the programs. These reports are available for hospice, home health, and skilled nursing facilities. A CBR provides data on Medicare billing trends, allowing a health care provider to compare their billing practices to peers in the same state and across the nation. PEPPER provides provider-specific Medicare data for services vulnerable to improper payments. In January 2024, CMS paused the distribution of CBRs and PEPPERS as they worked to improve and update the program and reporting system. CMS is now seeking responses to a series of questions listed in the [Request for Information \(RFI\)](#) which may inform changes to the design of the program. Responses are due on or before 08/19/2024 and must be provided via on-line submission at the following address: CBRPEPPERInquiries@cms.hhs.gov. LeadingAge will be submitting comments on behalf of members and encourages any providers who regularly used these reports to reach out to kbarnett@leadingage.org. CMS states the current report pause will remain in effect through the fall of 2024.

Last Week's Recap Update. Here is the July 26, 2024 weekly [Hospice Update](#).