Nursing Home 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.

FY 2025 SNF PPS Rule Finalizes 4.2% Payment Update and Expansion of CMP Authority. The Fiscal Year 2025 (FY 25) Skilled Nursing Facility (SNF) Prospective Payment System (PPS) final rule was released on July 31 with a 4.2% payment update for SNFs. The rule also finalized the civil money penalty (CMP) provisions as proposed, authorizing the enforcement of both per instance and per day CMPs in the same survey, multiple CMPs for the same type of noncompliance, and expanding the look-back period for CMPs to the past three standard surveys. Read more in the CMS Fact Sheet and find LeadingAge's response to the final rule here.

CMS SNF Open Door Forum Scheduled for August 6. The Centers for Medicare & Medicaid Services (CMS) has announced that the next Skilled Nursing Facilities (SNF) Open Door Forum will be held on August 6 at 2 p.m. ET. The agenda includes the FY 2025 SNF Prospective Payment System (PPS) final rule, released July 31, and reminders about SNF Quality Reporting Program and Value-Based Purchasing program reports and reconsideration periods. Register for the call here.

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.

LeadingAge Launches MA Prior Authorization Data Collection Initiative, Seeking Member Data. LeadingAge is asking its skilled nursing facility and home health agency members to submit one month of data related to their experience with Medicare Advantage (MA) prior authorization and re-authorization requests, and corresponding outcomes for beneficiaries. This LeadingAge article includes all the details about the initiative including the spreadsheets and guides for collecting and reporting the data. LeadingAge is also hosting a call to explain the tools and the initiative on July 30, 3 p.m. ET. To register for that event, click here.

Recording of LeadingAge Explainer on MA Prior Authorization Data Collection Initiative and Tool. As part of our advocacy efforts, we are asking our SNF and home health members to submit data for one month on the prior authorization and re-authorization requests they make on behalf of the individuals they serve. This data will provide critical evidence to support our advocacy efforts seeking MA reforms and further clarifications to prior authorizations practices. On July 30, LeadingAge hosted a call to walk members through the data collection tool and corresponding guide. The recording is available here. Here are the data

2519 Connecticut Ave., NW | Washington, DC 20008-1520
P 202.783.2242 | F 202.783.2255 | LeadingAge.org

collection spreadsheets and guides: SNF Data Tool Spreadsheet, SNF Guide, Home Health Data Tool Spreadsheet, Home Health Guide.

MACPAC Releases Issue Brief on Prior Authorization in Medicaid. The Medicaid and CHIP Payment Access Commission (MACPAC) analyzed prior authorization in Medicaid to assess for cost avoidance and barriers to beneficiaries accessing services. The brief reports that 69% of physicians surveyed indicated, "…prior authorization requirements led to ineffective initial treatments, and 68 [%] reported that prior authorization requirements led to additional office visits." The authors highlight the increased burden both on beneficiaries and providers. This burden is often exacerbated when payers make updates to prior authorization policy without notification to participating providers. In these instances, a provider may prepare a request for prior authorization for a service that has been transitioned to a standard covered service, while the inverse also promises problems. Without current federal regulations requiring the collection or reporting of prior authorization requests, approvals, and denials there is very limited and inconsistent data though there does seem to be significant disparity between services, plans, ethnic populations, and geographies experiencing high rates of prior authorization and rejection. There are no policy recommendations, though there is an expressed belief that changes imposed by the Final CMS Interoperability and Prior Authorization Final Rule may offer useful data and reporting. The full document is available here.

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 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.

CMS Releases RFI on PEPPER and CBR Reports. The Center for Medicare & Medicaid Services (CMS) announced they are seeking information for a re-evaluation 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.

CMS Shares Video Tutorial on the Patient Mood Interview. The Centers for Medicare & Medicaid Services (CMS) released a video tutorial for completing D0150, Patient Mood Interview (PHQ-2 to 9) and D0160, Total Severity Score. This video depicts two scenarios that demonstrate the coding of the PHQ-2 to 9 for the purposes of completing D0150, Patient Mood Interview (PHQ-2 to 9) and D0160, Total Severity Score. Two patient vignettes are depicted, one in which the PHQ-2 is demonstrated and one in which the entire PHQ-2

to 9 is completed. These two items are required as part of the nursing home MDS and home health OASIS assessments.

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.

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.

The LTSS Gap is Real; States Have Options. In an article published in Health Affairs on July 24, authors explored opportunities for states to offer some long-term services and supports for individuals that are near Medicaid eligible. This term is defined as people with incomes between 138% and 221% of the poverty level. This population is less likely to have community supports or spouses to provide unpaid family caregiving. They also have higher rates of disability leading to significant unmet need. States can leverage existing programs through Older Americans Act funds, create new state-only funded programs, or leverage Medicaid demonstrations to mitigate adverse outcomes and avoid nursing home placement. The article highlights a significant weak spot in our healthcare system: the gap in coverage for long-term care services in conventional insurance or Medicare and offers options for states to consider in meeting their own aging population's needs. The full article is available here.

Home Health and Nursing Home Employees Likely to Have Educational and/or Medical Debt. A study published in JAMA Health Forum on July 26, 2024, analyzing medical and educational indebtedness among US health care workers found that 21% of home health care workers and almost 20% of nursing home employees carry medical debt. Analyzing the self-reported data from the Survey of Income and Program Participation(SIPP) from 2018-2021 researchers found that healthcare workers are more likely than those in other sectors to carry medical and educational debt, collectively amounting to over $150 billion. Medical debt was particularly linked to being female, having a lower income or education level, working in home

health and nursing home care, lacking health insurance, and recent hospitalization. Critical components of the aging services workforce were particularly impacted by debt with over 23% of Certified Nurse Aides(CNAs) reporting educational debt, while 18.7% reported having medical debt. Registered Nurses(RNs) indicated a higher incidence of educational debt, with nearly 35% reporting an average debt of $11,939 and 12%, reporting having medical debt. Researchers noted "extensive training requirements may lead to high student debt among some healthcare workers, while nonprofessional health workers may be at risk for medical debt due to low wages and poor benefits". These findings indicate that US healthcare workers carry significant educational and medical debts, further research should focus the impact of debt on the healthcare workforce and patient care.

Last Week's Recap Update: Nursing Home Weekly Update. Here is the July 26, 2024 Nursing Home Update.