



Home Health Weekly Recap

November 15, 2024

National Policy Pulse Calls: Mondays at 3:30 p.m. ET. LeadingAge’s members-only policy briefing and analysis call, “National Policy Pulse,” happens every Monday at 3:30 p.m. ET. **A special 2024 Election Edition of the National Policy Pulse call will be held on November 18.** Register for the calls (registration required even if you were registered for the previous 3:30 p.m. 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.

Kennedy Tapped for HHS Secretary. On November 14, President-elect Donald Trump said he has selected Robert F. Kennedy Jr. to be Secretary of the Department of Health and Human Services. “For too long, Americans have been crushed by the industrial food complex and drug companies who have engaged in deception, misinformation, and disinformation when it comes to Public Health,” President-elect Trump posted on X. “The Safety and Health of all Americans is the most important role of any Administration, and HHS will play a big role in helping ensure that everybody will be protected from harmful chemicals, pollutants, pesticides, pharmaceutical products, and food additives that have contributed to the overwhelming Health Crisis in this Country.” Hear about the election’s impact on aging services on our November 18 National Policy Pulse call. Register for the call [here](#).

LeadingAge Weighs in on CMS Plans to Collect and Audit MA Plan Data on Internal Coverage Criteria. CMS issued another proposal to collect data from Medicare Advantage (MA) plans to assist in enforcing the CY2024 MA rules governing under what circumstances MA plans can use internal coverage criteria (ICC) to make coverage determinations. On November 12, LeadingAge offered both support for this data collection effort and feedback about how it could be improved. The proposal outlines a list of items that all plans will be required to report to CMS on ICC and a more comprehensive set of information that select plans would be required to submit as part of an audit of ICC. LeadingAge supports this effort to ensure these ICC are only being used limitedly and when appropriate to determine access to Medicare services. It is not clear when this new data collection effort will be initiated but we encouraged CMS to implement beginning January 1, 2025. To read our full comment letter, click [here](#).

ASPE Report on Bereavement and Grief Services in the United States. The Assistant Secretary for Planning and Evaluation (ASPE) published a [report](#) on November 4, 2024, presenting findings of an environmental scan and semi-structured interviews around bereavement and grief services in the United States. This report was funded as part of the Consolidated Appropriations Act of 2023, in which LeadingAge [advocated](#) for funding on an evidence review and technical expert panel to establish consensus based standards for grief and bereavement care. On June 28, LeadingAge submitted [comments](#) to the Agency for Healthcare Research and Quality (AHRQ) on a systematic literature review for a research project on Interventions to Improve Care of Bereaved Persons. Our comments highlighted the need for cross-continuum grief and bereavement assessments, interventions, and resources, including in settings outside of traditional hospice care, like affordable senior housing. We also stressed the need to equip aging services providers in assisting older adults navigating a variety of grief and loss, including loss of identity and “disenfranchisement loss” resulting from the aging process. The final report released by ASPE reviews key points from the literature review and key contributor interviews and can be [read here](#).

CMS Final 2025 Physician Fee Schedule: Summary of Key Provisions. As we reported on November 4, the Centers for Medicare & Medicaid Services (CMS) recently issued its final Calendar Year 2025 Physician Fee Schedule rule, which updates rates and policies relating to Medicare Part B services delivered in a variety of settings. The final rule includes policy changes that LeadingAge supports, including the establishment of payment for new caregiver training services, as well as certain Medicare telehealth policies. This [LeadingAge article](#) summarizes key aspects of the final rule.

Congressional Watchdog Cites Ongoing Challenges with HHS's Leadership in Cybersecurity. The Government Accountability Office (GAO) [released a report](#) on November 13 highlighting the Department of Health and Human Services' (HHS) ongoing challenges in carrying out its cybersecurity responsibilities as the lead federal agency for the healthcare and public health critical infrastructure sectors. The report noted the increased incidents of cyberattacks across the healthcare sector, including the February 2024 Change Healthcare ransomware attack that had widespread impacts on healthcare providers and patient care. The GAO went on to highlight several recommendations that HHS has yet to fully implement to improve cybersecurity risk management. The recommendations include tracking the healthcare sector's adoption of cybersecurity practices that reduce ransomware-specific attacks; including medical devices and other operational technologies as part of HHS's risk assessments; and ensuring that the Centers for Medicare and Medicaid Services (CMS) maximizes collaboration with other federal agencies to provide consistent cybersecurity requirements across state agencies. Although much of HHS's cybersecurity focus has been on hospitals, the Change Healthcare ransomware attack demonstrated the vulnerabilities that exist across the entire healthcare sector, including post-acute and long-term care providers. LeadingAge actively engaged with HHS to help members impacted by the Change Healthcare ransomware attack and is continuing to work with members, partners, and policymakers to strengthen and share [cybersecurity best practices](#).

UHC Provides Further Clarification on Prior Auth Requirements for Outpatient Therapies. United Healthcare provided further guidance on its controversial September 1 implementation of a new prior authorization requirement for physical, occupational, speech therapies and Medicare-covered chiropractic services in its many of its Medicare Advantage products. While the [original notice](#) indicated that these new requirements did not apply to therapies provided by skilled nursing facilities and home health agencies, confusion remained as UHC provider service representatives told these providers they needed to comply. The [new memo](#) provides new clarifications that for SNFs, it is the bill type that indicates whether a prior authorization is required. For example, no prior authorization would be required for bill types 22X and 24 X, for example, for a Part B nursing home. It also restates that the prior authorization requirements do not apply to out of network providers, nor enrollees in certain UHC plans like their United Healthcare Dual Complete. Members should review the new memo if they have questions, and reach out to United Healthcare Provider Services at 877-842-3210 if they have specific situations for which they are unclear whether this prior authorization requirement applies.

Appeals Processes Relating to Hospital Observation Status: Awaiting Additional CMS Guidance.

LeadingAge is continuing to monitor for further guidance from CMS concerning implementation of the [Final Rule](#) establishing appeals processes for certain Medicare beneficiaries who are initially admitted as hospital inpatients but are subsequently reclassified as outpatients receiving observation services during their hospital stay. The purpose of the rule is for CMS to comply with a court order issued in the case *Alexander v. Azar*, a nationwide class action case that established the right of patients to appeal such changes of status. As required by the court order, a retroactive right of appeal will be available to Medicare beneficiaries meeting certain criteria, and both "expedited" and "standard" appeals processes will apply prospectively. CMS anticipates these processes will be available in early 2025. This [LeadingAge article](#) provides analysis of

the final rule, and we will work with CMS to gather additional information about how the processes will work and to identify and address practical issues that arise for providers.

MedPAC To Analyze MA Network Adequacy including Interest in PAC Access. The Medicare Payment Advisory Commission (MedPAC) initiated work on Medicare Advantage (MA) plan provider networks at its November 8 meeting acknowledging concerns LeadingAge and other providers have raised in recent years. During the meeting, the Commission fleshed out the goals for the research and analysis Commission staff will undertake on this topic. Commissioner Chair, Dr. Michael Chernew summarized that “Right now, we are just trying to understand if there is a problem and what it is,” and what are beneficiaries’ experience with these provider networks related to access and quality. He admitted there appears to be a problem as several commissioners expressed concerns about the accuracy of provider directories, and the mid-year network changes that place undue burden on beneficiaries as they either hunt for a new provider to continue their treatments/care or incur bills for the full cost of care to maintain a current provider that is now out-of-network. Commission staff will specifically look to better understand provider participation in MA networks, which providers enrollees are using, and the impact of MA network adequacy standards on enrollees’ ability to access to care. Commission staff intend to compare data to identify provider participation trends and patterns in MA and Medicare fee-for-service (FFS), including provider and plan characteristics, changes in provider participation year-over-year, and the quality delivered by these networks. This topic represents new work by the Commission. Commissioners sought additional granularity in the work ahead including asking staff to look at access to care and network adequacy by provider types specifically calling out a need to examine post-acute care access and quality within MA plan networks. LeadingAge will continue to track this work and provide input on member concerns related to quality skilled nursing facilities and home health agencies being left out of networks because plans have said they are too small, and the administrative burden of credentialing requirements. We are pleased the Commission agrees that this is important and necessary work.

CMS Announces 2025 Medicare Premiums and Deductibles. On November 8 the Centers for Medicare & Medicaid Services (CMS) announced 2025 premiums, deductibles, and coinsurance amounts for Medicare Part A and Part B, among other information. (1) Medicare Part B Premiums/Deductibles: The standard monthly premium for Medicare Part B enrollees will be \$185.00 for 2025, an increase of \$10.30 from \$174.70 in 2024. The annual deductible for all Medicare Part B beneficiaries will be \$257 in 2025, an increase of \$17 from the annual deductible of \$240 in 2024. (2) Medicare Part A Premiums/Deductibles: The Medicare Part A inpatient hospital deductible that beneficiaries pay if admitted to the hospital will be \$1,676 in 2025, an increase of \$44 from \$1,632 in 2024. In 2025, beneficiaries must pay a coinsurance amount of \$419 per day for the 61st through 90th day of a hospitalization (\$408 in 2024) in a benefit period and \$838 per day for lifetime reserve days (\$816 in 2024). For beneficiaries in skilled nursing facilities, the daily coinsurance for days 21 through 100 of extended care services in a benefit period will be \$209.50 in 2025 (\$204.00 in 2024). See [this CMS Fact Sheet](#) for additional information, including income-based adjustments to Part B premiums and the Medicare Part D income-related monthly adjustment amounts.

CMMI Releases Report on Re-imagining Rural Health. On November 12, the Center for Medicare and Medicaid Innovation (CMMI) published [Re-imagining Rural Health: Themes, Concepts, and Next Steps from the CMS Innovation Center “Hackathon” Series](#). The report describes lessons learned from previous Innovation Center models focused on rural health and their application to recent model development, as well as potential areas the Innovation Center might explore to support rural communities. It also highlights themes and insights from the CMS Innovation Center-hosted [2024 Rural Health Hackathon](#). The Hackathon series convened rural health providers, community organizations, industry and tech entrepreneurs,

philanthropies, policy experts, and patients to generate creative and actionable solutions to address the varied challenges to delivering quality health care in rural communities. The top thematic areas highlighted a need for training, regulatory changes, and collaboration to help improve access to care and support transformation. The paper also outlines possible considerations for future Accountable Care Organization-focused and other models. Training needs included a nod to loan repayment programs expanding to non-physicians including skilled nursing facility workers something that LeadingAge has supported with regard to [expanding Pell Grant access](#).

LeadingAge LTSS Center Releases Report on Rural Aging Action Network. The Rural Aging Action Network (RAAN) is a national learning collaborative developed and led by Lutheran Services in America (LSA). Launched in 2022, the RAAN is designed to expand community-based services and supports in rural communities and ensure independence and choice for the older adults who live there. The LeadingAge LTSS Center @UMass Boston partnered with Lutheran Services in America to lead a two-year evaluation of the RAAN. Researchers assessed the RAAN's effectiveness, impact, and value as it mobilized whole communities to address gaps in the care of older adults. A new report released in November 2024 provides lessons learned during the RAAN's development and implementation in rural communities across Minnesota, Montana, North Dakota, and South Dakota. The report is designed especially for organizations serving rural older adults or seeking to expand their reach into rural communities. The [report](#) provides an overview of the RAAN model, outlines seven steps involved in establishing a RAAN, and explores how the RAAN empowers older adults and advances equity and engagement among diverse populations.

Join the LTSS Center to Discuss the Rural Aging Action Network on November 21. On National Rural Health Day, researchers from the LeadingAge LTSS Center @UMass Boston and program developers from Lutheran Services in America will present an interactive webinar about the Rural Aging Action Network. The free session, which begins at 2 p.m. ET on November 21, will help you better understand the lessons and best practices that emerged as the LSA RAAN Collaborative worked to cultivate caring communities that address the unique needs of rural older adults. [Register today.](#)

CMS to Host Listening Sessions on Improving Health in Rural Communities. On November 20, 12 – 1 p.m. ET, the Center for Medicare and Medicaid Innovation (CMMI) will host a Person-Centered Listening Session on Improving Care Experience, Outcomes, & Equity in Rural Communities. This listening session will focus on access and delivery in rural health care, and key takeaways from CMS Innovation Center Rural Health Hackathons and a listener Q&A. Insights from this session will help inform the Innovation Center's strategy on addressing common rural health issues. [Interested individuals can register here.](#)

2024 Election Impact on Aging Services Policy. With a change in party control of the White House and the Senate (with the impact on the House still to be determined as of November 6), the election's impact is sure to be significant for aging services. Meanwhile, Congress reconvenes on November 12 for a lame duck session with a to-do list that could be long or could be punted to January for the next session of Congress to address. **Please join LeadingAge's special 2024 Election Edition of our National Policy Pulse call on Monday, November 18, 3:30 p.m. ET,** to hear about our 2024 year-end priorities and the potential impact of the elections on aging services policy. Register for the National Policy Pulse call [here](#).

Proposal to Change Marijuana Schedule Moving Slowly. The timeline for the Drug Enforcement Administration (DEA) to complete its rulemaking relating to marijuana may take longer than expected, given a recent development. In May, the DEA issued a regulatory proposal to transfer marijuana from Schedule I to Schedule III of the Controlled Substances Act (CSA). In August, following the completion of a public comment period, the DEA published [notice](#) that it would conduct a hearing before an administrative law

judge (ALJ), beginning December 2, for review of the proposal. The timing of the hearing is important, as it is a necessary step to complete the rulemaking process, and many stakeholders, including LeadingAge, are interested to know whether the proposed rule will be finalized and what it will contain. The DEA notice invited individuals and organizations “adversely affected or aggrieved” by the proposed rule – and wishing to provide testimony or other evidence in the hearing – to submit a notice of intent to participate by September 30 and, in late October, presented the ALJ with a list of 25 organizations DEA had designated to be participants. However, the judge found the information DEA submitted to be incomplete and will devote December 2 to reviewing additional information from the DEA-designated hearing participants, including how they would be adversely affected by the proposed regulation. LeadingAge [submitted a comment letter](#) in support of the proposed rescheduling, but did not request to participate in the legal proceeding, as we did not view ourselves as adversely affected and given the technicality of the issues to be addressed. The presentation of testimony and other evidence as part of the hearing process is not expected until January or February 2025, meaning a multi-month process lies ahead. We will continue to monitor these proceedings and provide updates for members.

CMS and FTA Release Transportation Coordination Fact Sheet. In a joint release on November 12, the Centers for Medicare and Medicaid Services (CMS) and the Federal Transit Administration (FTA) released a fact sheet for states to support efforts to coordinate non-emergency medical transportation (NEMT) for Medicaid enrollees. The fact sheet further distills the [Medicaid Transportation Guide](#) released in September of 2023 and provides best practices to bring transportation providers and authorities together with state Medicaid programs to ensure beneficiaries have access to transportation to doctor and wellness services. Release of the fact sheet, while targeted at states, could provide benefit for providers of services to older adults enrolled in Medicaid, particularly those receiving home and community-based services, or those residing in affordable housing. Here is a link to the [Medicaid Transportation Coverage and Coordination Fact Sheet](#).

Last Week’s Recap Update. Here is the November 8, 2024 [Home Health Update](#).