



Hospice 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](#).

CMS Announces December Forum on HOPE Tool for Hospice. On December 12, 1 – 2 p.m. ET, the Centers for Medicare and Medicaid Services (CMS) will share an *Introduction to Hospice Outcomes and Patient Evaluation (HOPE)*. There will be time for questions as time permits. To register, please visit this [link](#).

CMS Releases Hospice Preview Reports for the February 2025 Refresh. Medicare hospice providers can now access the latest Provider Preview Reports via the Certification and Survey Provider Enhanced Reports (CASPER) application. Once released in CASPER, providers will have 30 days during which to review their quality measure results, the reports will continue to be available for 60 days. The preview period for the latest Provider Preview Report lasts from November 13, 2024 to December 13, 2024 and includes updates to the Hospice Item Set measures, Hospice CAHPS Survey measures and the Hospice CAHPS Star Rating. CMS encourages providers to download and save their Hospice Provider Preview Reports for future reference, as they will no longer be available in CASPER after this 60-day period. Providers can review the hospice quality reporting program tip sheet [here](#) for more information on public reporting.

CMS Directs Surveyors to Curb Hospice Fraud. The Center for Clinical Standards and Quality (CCSQ) released a memo for survey agencies, [Ensuring Consistency in the Hospice Survey Process to Identify Quality of Care Concerns and Potential Fraud Referrals](#). The memorandum is intended to reinforce existing tools to identify when a hospice provider’s non-compliance with the Conditions of Participation (CoPs) puts the health and well-being of patients at risk and could be an indicator of the need for a fraud referral. CCSQ notes while the purpose of survey’s is to determine compliance with CoPs, there are several elements of the survey process that can uncover concerns that may necessitate a referral to CMS for potential fraud. CCSQ specifically outlines elements of the survey process that need to be consistently preformed to safeguard hospice patients and ensure the integrity of the program including:

- Observation of requirements like 24/7 access to services and provision of all levels of care
- Confidential interview practices including the use of translators for non-English speakers
- Record review for complaints, individualized care plans, IDG minutes, and election statements
- Hospice administrative oversight with regards to Quality Assessment and Performance Improvement (QAPI) programs, functioning governing bodies, CMS forms, and medical director roles and responsibilities

CMS also discusses the role of these elements in abbreviated surveys such as Changes of Ownership (CHOWs) and the enforcement actions available to surveyors for hospices that do not meet CoPs. CMS further outlines the role of surveyor training and skills review. Finally, CMS notes the way in which independent state licensure authority can similarly stop and/or mitigate potential fraudulent practices and examples of licensure processes to prevent abuse including Certificate of Need. With this increased focus on fraud members are encouraged to review the LeadingAge [webinar](#) reviewing the survey process which was updated in 2023.

OIG Finds 23% of Hospices in Sample Did Not Comply Provider Relief Fund Requirements. The Office of Inspector General (OIG) [released](#) a report that sampled 30 hospices, 7 of which did not comply with or may not have complied with Federal requirements of the Provider Relief Fund (PRF). This audit is part of a series reviewing PRF payments to various provider types. Of the seven hospices, which received \$98.1 million in PRF payments but also were found not to be in compliance, six hospices claimed a total of \$8.3 million of unallowable PRF expenditures and inaccurately reported \$1.5 million of lost revenues, and one hospice claimed \$4 million in expenditures that may not have been allowable. Of the 7 hospices found not to be in compliance, two were non-profit hospices. One non-profit did not provide accurate documentation for contractor payroll expenses and the other did not provide invoices or proof of payment for expenses OIG reviewed. OIG recommended that the Health Resources and Services Administration (HRSA) which administers PRF, require the six hospices identified, to return the \$8,306,519 in PRF payments to the Federal Government or ensure that the hospices properly replace the unallowable expenditures with allowable unreimbursed lost revenues or eligible expenses. OIG also recommended HRSA work with the hospice identified in the report as having used \$3,967,025, the highest noncompliant amount for hospices identify, of its PRF payments for potentially unallowable expenditures to determine what amounts should have been allocated and require the hospice to return unallowable amounts to the Federal Government or ensure that the hospice properly replaces these unallowable expenditures with unreimbursed lost revenues or eligible expenses. This is a reminder to LeadingAge members who received PRF to ensure they have properly documented all information on the expenditures. Find more information from LeadingAge on the PRF [here](#).

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.

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](#).

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 [Hospice Weekly Update](#).