



## Home Health and Hospice Weekly: Recap of LeadingAge Updates

April 29, 2022

**LeadingAge Coronavirus Update Call for Week of May 2. New normal, again? How's that going to look? What next?** As we enter our third year in the pandemic a group of leading infectious disease and public policy experts convened to create the COVID-19 Roadmap. Their goal and purpose was to lay out how the country can enter the new normal stage of the pandemic and manage the virus without eliminating it.

On **Wednesday, May 4 at 3:30pm ET**, we will welcome Brendan Jackson from the CDC's COVID-19 response team. He will talk about the CDC's guidance regarding current COVID-19 treatments and also take LeadingAge members questions on the latest guidance from CDC for COVID-19. If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [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.

**CMMI Released 5<sup>th</sup> Annual Report on Home Health Value Based Purchasing.** This week the Center for Medicare and Medicaid Innovation (CMMI) released their fifth annual report of the Home Health Value-Based Purchasing (HHVBP) Model. Results found that the performance on selected quality measures was 7% higher for home health agencies in the nine model states than home health agencies in non-HHVBP states. The demonstration continued show cost savings with a 2.8% reduction in inpatient hospital stays and a 4% reduction in skilled nursing services. There was a 6.4% increase in outpatient ED and observation stay spending. The report covers the first five performance years, the original demonstration ran from January 1, 2016, through December 31, 2021. In CY2022 Home Health PPS final rule, CMS finalized their plan to expand the demonstration nationwide. The first performance year for the expanded demonstration will start January 1, 2023.

- Two Pager: [Findings-At-A-Glance Report \(PDF\)](#)
- [Home Health Value-Based Purchasing Model - Fifth Annual Report \(PDF\)](#)
- [Home Health Value-Based Purchasing Model - Fifth Annual Report Technical Appendices \(PDF\)](#)

**Home Health Compare April 2022 Refresh Now Live.** The April 2022 quarterly refresh for the Home Health Quality Reporting Program (HH QRP) is now available on [Care Compare](#). As a reminder, the April 2022 refresh will add new OASIS-based measures for public reporting in alignment with the [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act of 2014](#):

- Percent of Residents Experiencing One or More Falls with Major Injury
- Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function

Claims-based quality measure data remains frozen. CMS is using this time to analyze the impact of the required comprehensive exclusion of Q1 and Q2 2020 claims data on risk adjustment and reporting. CMS is planning to resume reporting on claims-based measures in the July 2022 refresh.

<https://www.youtube.com/watch?v=8iUV1VYL3Ow>

**MLN Shares Quarterly Home Health Update HCPCS Codes.** As of July 1, 2022, the following codes replace A4397 — Irrigation supply sleeve on the home health (HH) consolidated billing non-routine supply code list:

- A4436 — Irrigation supply; sleeve, reusable, per month
- A4437 — Irrigation supply; sleeve, disposable, per month

No codes are added to the HH consolidated billing therapy code list.

[See the instruction to your Medicare Administrative Contractor \(PDF\).](#)

**MLN Clarifies Home Health Billing for Denial Notices and Calculation of 60-Day Gaps in Services.** As we shared last week, CMS issued a Change Request (CR) 12657 modifying two claims processing processes. Home health agencies don't need to submit Notices of Admission before billing for home health denials. CMS will process home health claims without an election period on file if the following are present:

- Type of bill 0320
- Condition code 21
- From date on or after January 1, 2022

CMS revised edit criteria to make sure Medicare systems calculate 60-day gaps in service consistently.

[See the instruction to your Medicare Administrative Contractor \(PDF\).](#)

#### **PRF Phase 4/ARP Rural Request for Reconsideration Deadline – Monday, May 2 at 11:59 PM**

**ET:** Providers contesting how HRSA calculated their Phase 4 and/or ARP rural payments must submit their requests for reconsideration and corresponding documents no later than Monday, May 2 at 11:59 PM ET.

**Late Reporting for 2<sup>nd</sup> PRF Reporting Period:** HRSA has indicated that providers who failed to report on Provider Relief Funds received for the 2<sup>nd</sup> reporting period will have an opportunity to request the ability to report late. Details are forthcoming from HRSA in the coming weeks but we would expect the eligible reasons for late reporting will be similar to those for the first reporting period. Stay tuned for more details, which we will share as they become available.

**No Surprise Billing – Does it apply to SNFs and other PAC providers?** LeadingAge has read the available information and believes the provisions of the No Surprise Billing Act does not apply or if so, in only very limited situations. We are seeking definitive clarification from CMS on this issue to ensure we haven't missed something. The CMS FAQs on this issue note, "The rules don't apply to people with coverage through programs like Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE. Each of these programs already has other protections against surprise medical bills. The protections also don't apply to individuals enrolled in short-term limited duration insurance, excepted benefits (such as stand-alone dental or vision-only coverage), or retiree-only plans." We have sought clarification about whether the exemption also applies to individuals in a Medicare Advantage or Special Needs Plan. In addition, the FAQs note as far as provider applicability, "For purposes of these

protections, health care facilities include: hospitals, hospital outpatient departments, critical access hospitals, and ambulatory surgical centers. These protections do not apply to other types of health care facilities, such as urgent care centers.” We have sought confirmation that SNF and Home Health services do not meet the definition of “post-stabilization services” that might be covered by the law.

**OIG Issues Report Says some MA plans Denying Medically Necessary Care:** The Office of the Inspector General issued a [report](#) on Wednesday, entitled, “Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care.” OIG found that some MAOs delayed or denied access to services even though the requests met Medicare coverage rules. Plans also denied payments to providers for some services that met both Medicare coverage rules and the plan’s own billing rules. We will be reviewing the report in more detail and believe it will help us in our advocacy efforts to encourage the Administration and Congress to review current Medicare Advantage laws and regulations to ensure the necessary protections are in place for beneficiaries and providers as MA enrollment increasingly becomes a greater share of the marketplace.

**LeadingAge Home Health Member Network Call.** Join us on Tuesday, May 3, at 3pm ET, for the Home Health Member Network call. We’ll be discussing the Bipartisan Policy Center’s new report on Improving Home Health Services for Medicare Beneficiaries. We’ll also check in on news from CMS and the Hill. Any LeadingAge member can join the Home Health Member Network or submit advance questions by emailing Katy ([kbarnett@leadingage.org](mailto:kbarnett@leadingage.org)) or Mollie ([mgurian@leadingage.org](mailto:mgurian@leadingage.org)).

**New Report Critical of Telehealth Expansion Costs.** The Committee for a Responsible Federal Budget, a nonpartisan think tank, has [released](#) a new report argues against the Congressional Budget Office’s recent estimate that the five-month telehealth extension signed into law last month will cost \$663 million. They argue permanent expansion could cost \$25 billion over a decade. The think tank further argues that expanding telehealth should only occur under value-based payment approaches where opportunities of telehealth could expand without increasing federal budgets. The report admits telehealth is here to stay but that the authorities for should not be made permanent allowing policymakers to review research on telehealth’s impact on health care costs.

**New Data on Heat-Related ED Visits.** As heat waves are becoming more frequent and severe across the country, the Agency for Health Research and Quality (AHRQ) [released](#) a first-time data analysis looking at emergency department (ED) visits due to extreme heat exposure in 2019. States with the highest population rates of ED visits with heat exposure include Mississippi, Arkansas, South Carolina, Kentucky and Missouri. The states with the lowest rates were Alaska, Wyoming, New York, Montana and Colorado. Rural counties were more likely to have higher rates of ED visits related to heat exposure—a finding that challenges assumptions that health problems related to extreme heat are most acute in urban areas.

**Kaiser Interactive Medicare Spending Charts.** The Kaiser Family Foundation released a new interactive tool providing essential facts and trends about spending on Medicare based on the latest data from Medicare’s actuaries, the Congressional Budget Office and other government sources. Highlights include:

- Medicare Advantage plans accounted for nearly half of all Medicare spending in 2021, up from just over a quarter in 2011, and the share is expected to keep growing. Payments to Medicare Advantage plans nearly tripled from \$124 billion to \$370 billion over that timeframe. That number is expected to rise to \$801 billion by 2030.

- Beneficiaries' out-of-pocket spending has increased with the rise in Medicare spending. The amount that beneficiaries spend on certain Medicare premiums and deductibles has increased from 15 percent of the average Social Security benefit in 2002 to 19 percent in 2022.
- The Medicare Trustees project that there will be enough money in the Part A trust fund to pay for hospital benefits in full until 2026, after which Medicare will be able to pay 91 percent of such costs, unless Congress takes action.

**Advance Care Planning, For Gun Ownership.** Colorado researchers [published](#) a tool to help gun owners and family members plan ahead for safe firearm use and transfers in the event of disability or death. The Firearm Life Plan kit has four parts that stress personal responsibility, safety, and the importance of being prepared. First, the kit lists of warning signs (physical, cognitive, behavioral, and emotional) that might cause a gun owner to use a gun inappropriately. Second, the guide features conversation prompts for family members and friends who might be concerned about an older gun owner and for older adults who recognize the value of planning ahead. The third part is most practical and calls for people to create an inventory of their firearms, where they're stored, who should get the firearms when the owner dies or is willing to relinquish them, and when transfers should occur. The final component of the guide is a "legacy" section that asks gun owners to share memories and stories about their firearms and what they've meant to them.

**Congressional Update.** The House and Senate are back for what's looking like a busy [May legislative session](#). We expect continued focus on Ukraine aid in the coming weeks. However, there are other items on the agenda that LeadingAge is tracking very closely, including [COVID relief](#). When lawmakers recessed two weeks ago, the Senate had failed to reach an agreement to pass a \$10 billion COVID funding package for testing, treatments, and vaccines. The stalemate was due to a disagreement over a border-enforcement policy, known as [Title 42](#), named after a section of the U.S. Code that prevents immigrants from seeking asylum. Another concern was the final funding amount of the \$10 billion, which began as a request from of \$22.5 billion from the Administration. As members of Congress return to Washington to engage in further discussions on COVID relief, we will be there to continue fighting for additional assistance, including additional funding for provider relief, which was not included in the last proposal.

Additional items of importance are government funding and [economic relief](#). President Biden sent the Administration's Fiscal Year 2023 budget request to Congress on March 28. Of course, Congress will identify its own priorities, as it holds the Constitutional power of the purse. In fact, House and Senate Appropriations Committee leaders will meet this week to discuss top-line funding for Fiscal Year 2023, and hearings are already underway to exam the Administration's budget request, which we are watching closely.

Meanwhile, the House and Senate are considering how to move forward on an economic package. Unfortunately, the Build Back Better Act hit a wall, and ongoing discussions have been a challenge, but the fight isn't over. A separate innovation package was developed to invest in scientific research, funding the development of new technologies, and bolstering domestic production of semiconductors. Both chambers have passed their respective versions with significant differences between the two bills, and members of Congress are now beginning the process of reconciling the two versions to produce a final bill for passage. Given that this bill might be one of the larger measures that Congress passes, it might also provide an opportunity to include additional priorities. So please stay tuned for additional updates down the road.

**LTQA May 17 Virtual Briefing on The Future of New Supplemental benefits in Medicare Advantage.**

Long-Term Quality Alliance (LTQA), in collaboration with ATI Advisory and with support from The SCAN Foundation, will be holding a virtual briefing on the *CHRONIC Care Act* and the future of non-medical supplemental benefits in Medicare Advantage (MA). This expert briefing will provide the latest research on the landscape of supplemental benefits and the current state of SSBCI and other non-medical supplemental benefits in MA and look to the future of these important benefits. Speakers and panelists include Senator Mark Warner, Dr. Meena Seshamani (CMS Center for Medicare), Kelly Cronin (ACL), Christine Aguiar Lynch (ACAP), Marc Cohen (LTSS Center @UMass Boston), Tyler Cromer (ATI Advisory), and Mary Kaschak (LTQA). Those interested can register for the free event here:

<https://bit.ly/3tUUaFi> LeadingAge is an active member of LTQA and participates in advising on the research conducted and policies pursued related to the MA supplemental benefits.

**Medicaid Considerations for the unwinding of the PHE.** HHS Secretary Becerra again renewed the public health emergency (PHE) to July 15, 2022. By law, a PHE can be extended as many times as deemed necessary by the HHS Secretary. It can be allowed to expire at the end of the 90-day period or terminated early if deemed appropriate. In a [letter to the state Governors](#), the Administration indicated they will give at least a 60-day notice before the PHE ends. As the Administration considers unwinding the Public Health Emergency (PHE) emergency provisions in the coming months, providers need to be aware that once the PHE has concluded, states will resume eligibility redeterminations and terminations, potentially triggering significant coverage losses. People may become ineligible to renew their coverage if they have a change in income, or they may still be eligible but face administrative barriers to complete the redetermination process. Note that expiration of the PHE does not automatically end all related Medicaid waivers/flexibilities, as outlined [here](#).

**White House Fact Sheet on COVID treatments.** Today the White House released a [fact sheet](#), “Biden Administration Increases Access to COVID-19 Treatments and Boosts Patient and Provider Awareness.” Topline messages in the announcement:

- The Administration is nearly doubling the number of places antivirals will be available in the coming weeks.
- There’s a new effort to stand up federally-supported Test-To-Treat Sites to meet demand and increase equity in access.
- The Administration is doubling down on efforts to help health care providers understand and prescribe treatments.
- Now that supply is available, public awareness and education about treatments will be ramped up.

**Funding Opportunities.** Here are some recently announced federal grant opportunities related to aging services.

- **Supporting State and Community Innovations in Dementia Specific Respite Programs and Services.** ACL will make one award of \$450,000 - \$500,000 for a grantee to focus on adding to the nation’s capacity to support people with dementia (and their caregivers) to remain in their homes in the community with respite care and to advance innovative models of community based dementia-specific respite models. Eligible applicants include public or private nonprofit entities including state and local governments, tribal governments and organization, faith based organizations, community based organizations, hospitals and institutions of higher education. Announced April 26, applications due June 27. Announcement details [here](#).

- **Native American Elder Justice Initiative.** ACL will make one award of \$250,000 - \$300,000 for a grantee to address the need for more culturally appropriate information on abuse, neglect, and exploitation in Indian country by developing materials culturally specific for tribes; disseminating best practices; and disseminating examples of model tribal codes to address elder maltreatment. Announced April 19, applications due June 21. Announcement details [here](#).

**A fall surge is likely. Interview with Ghinwa Dumyati, infectious disease physician and professor of medicine.** A fall surge is likely and protections like vaccines, boosters, masking, distancing, and improving ventilation are additive. COVID therapeutic drugs should be increasingly available over the next weeks, but Paxlovid interacts with more than 100 medications, so that needs to be considered in determining what will work best for the individual. Dr. Dumyati, of the University of Rochester Medical Center joined the Coronavirus Update Call today and shared her insights which are summarized in [this article](#). One question came up after Dr. Dumyati left: if a person was fully vaccinated with two doses of Moderna or Pfizer or one dose of J&J in early 2021, do those vaccines offer much protection? Her answer was that compared to the unvaccinated person, there is some protection. Hospitalization, however, if the person does contract COVID, is lower in those who are boosted. See this [CDC explanation](#) about rates of COVID-19 hospitalizations by vaccine status.

**CMS Home Health, Hospice, and DME Open Door Forum Recap.** On April 20, CMS hosted an Open Door Forum for Home Health, Hospice and Durable Medical Equipment (DME) providers with some important updates for home health providers on the FY2023 Hospice Wage Index proposed rule as well as updates on home health and hospice public reporting refreshes. You can view an article with these updates and more [here](#).

**Hospice Member Network Recap Available.** LeadingAge's Hospice Member Network met on April 12, 2022, to discuss the FY2023 Hospice Wage Index proposed rule, recent Public Health Emergency waiver reversals, as well as updates on national legislation and regulation policy. Read more [here](#). Click here to sign up for the Hospice Member Network. The next call will take place Tuesday, May 10. For more information, please contact Katy ([KBarnett@LeadingAge.org](mailto:KBarnett@LeadingAge.org)).

**Older Adult Mental Health Awareness Day is May 16.** The Administration on Community Living is hosting the fifth annual Older Adult Mental Health Awareness Day on Monday May 16, aimed at empowering professionals with the latest tools to improve the lives of older adults in their community. The event is sponsored by ACL along with several cosponsors. You can register and find more details [here](#). The agenda includes a session on trauma-informed care and one on practical strategies to navigate mental health resources and services for older adults and caregivers.

**COVID-19 Was Third Leading Cause of Death in the United States:** CDC released [two reports on CDC's National Vital Statistics System](#) to look at death rates in the United States and find that differences in death rates still remain between certain racial and ethnic minority groups. The first report provides an overview of provisional U.S. mortality data for 2021, including a comparison of death rates for all causes of death and for deaths involving COVID-19. The study found that the overall age-adjusted death rate increased by almost 1% in 2021 from 2020. Overall death rates were highest among non-Hispanic American Indian/Alaskan Native and non-Hispanic Black or African American people. For the second year, COVID-19 was the third leading cause of death after heart disease and cancer.

**Nominate Your Exceptional Colleagues Today.** The LeadingAge annual awards honor individuals who embody excellence in mission-focused aging services leadership, are models of quality and innovation, and are making outstanding contributions to our field that merit national recognition. Nominations are currently being accepted in three categories: [Award of Honor](#), [RWJF Award for Health Equity presented by LeadingAge](#), and [Joan Anne McHugh Award for Leadership in LTSS Nursing](#). The deadline to submit your nomination is June 17, 2022. [Learn more about the award criteria and nomination process](#)