Home Health and Hospice Weekly: Recap of LeadingAge Updates

May 5, 2022

Hospice CAHPS Survey Data Submission Deadline Next Week. The data submission deadline for patients that passed away in October, November, and December 2021 (Quarter 4 2021) is May 11, 2022. Survey vendors are responsible for successfully submitting files by 11:59 PM Eastern Time on May 11, 2022. Make sure to allow adequate time to submit data in case resubmissions are necessary. A series of edit checks will be applied to successfully submitted files. All files that can be decrypted will receive reports containing the results of these edit checks. Survey vendors and hospices will receive an email indicating CAHPS Hospice Survey Data Submission Reports are available for viewing in their respective folders in the CAHPS Hospice Survey Data Warehouse. Reports will be posted by 5:00 PM Eastern Time on the next business day after submission by the survey vendor. Should you encounter any data submission issues, please contact the CAHPS Hospice Survey Data Coordination Team at cahpshospicetechsupport@rand.org.

LeadingAge Hospice Member Network Call. Join us on Tuesday, May 10, at 2:00 PM ET, for the Hospice Member Network call. We'll be discussing LeadingAge's response to the FY2023 Hospice Wage Index Proposed Rule and how members can respond to the rule. We'll also check in on news from CMS and the Hill. Any LeadingAge member can join the Hospice Member Network or submit advance questions by emailing Katy (kbarnett@leadingage.org) or Mollie (mgurian@leadingage.org).

CMMI Releases 5th Report on Medicare Care Choices Model. CMS released the 5th report on the Medicare Care Choices Model (MCCM) along with a two-page findings factsheet. This model tested whether offering eligible beneficiaries the option to receive supportive services at the end of life without forgoing payment for treatment of their terminal conditions improved the quality of care, increased beneficiaries' satisfaction, and reduced Medicare expenditures. Overall, MCCM enrollees had 14% lower net expenditures than comparable Medicare beneficiaries, due in part to the reduction of inpatient admissions, ED visits, and fewer days in ICU. Enrollees were more likely to elect hospice than comparable group (83% vs. 64%) and enrollees elected hospice 3 weeks sooner on average than the comparison groups. MCCM also reduced aggressive life-prolonging treatment in the last 30 days of live (46% vs 62%). In the period between enrollment and death, beneficiaries on MCCM spent 6 additional days at home. All findings were similar for beneficiaries across diagnosis groups suggesting that a wide

range of terminal conditions could benefit from similar services. MCCM ran from 2016 to 2021 and the final report on all years of the model will be released next year.

CMS Releases the Chronic Pain Experience Journey Map. CMS released a visual map based on a 2019 Chronic Pain Stakeholder Engagement which focused on understanding more about access to covered care and services for people with chronic pain. Using qualitative research methods, human-centered design process, and data from CDC, CMS looked to understand and visualize the customer experiences living with, providing care for, and treating people with chronic pain. The intent of the Chronic Pain Experience Journey Map (PDF) is to highlight the most prominent barriers experienced by people accessing care and the influencers acting on providers, ultimately affecting the person with chronic pain, their quality of care, and their quality of life. CMS is exploring with other federal partners where opportunities exist for us to address these issues under current agency authorities. CMS is also encouraging stakeholders to explore where opportunities exist outside of the government to bring ease for those suffering with chronic pain.

ROI Tool for expanding HCBS partnerships: Health care organizations increasingly partner with new providers to address patients' health-related social needs. While these cross-sector partnerships can help integrate services for older adults, health care and social service organizations often struggle to establish partnerships given their different structures and financial resources. The *Return on Investment Calculator* was designed to help CBOs, including HCBS providers, and their health care partners explore and plan financial arrangements to fund services for people with complex needs. A webinar, featuring a case example and time for question and answer, will be held on May 19, 2:00 - 3:00 PM ET.

Updated FDA Prescribing Guidelines for Paxlovid. The FDA released a checklist to make screening potential patients for Paxlovid and a detailed list of drugs with potential interactions. Paxlovid was released in December but logistical challenges have made it difficult for some individuals to access. People who can benefit from Paxlovid must start the drug within five days after the onset of COVID symptoms. The Administration has said they are working on other initiatives that would increase the number of pharmacies that carry Paxlovid.

CMS Updates Home Health Medicare Billing Manual. Last month, CMS updated the home health billing manual to reflect changes to eliminate the Request for Anticipated Payment and add the Notice of Admissions process. In the original MLN article noting the changes and transition, concerns were raised regarding the Definition of Allowed Practitioner, particularly paraphrasing regulations for advance practice nurse collaboration with physicians. CMS released an updated MLN and edits to the home health billing manual to clarify the definition of allowed practitioners.

MLN Updates VBID Hospice Benefit Component Billing Information. MLN released an article for hospices and others billing Medicare Administrative Contractors (MACs) for services they provide to Medicare hospice patients enrolled in Medicare Advantage (MA) plans participating in the voluntary Value-Based Insurance Design (VBID) Model's Hospice Benefit Component. The article links to several updated manuals which clarify billing for the VBID hospice model in preparation for CY 2023. As a reminder, Medicare will deny payment for claims with dates of service during a hospice election (with a hospice election start date on or after January 1, 2021 through December 31, 2024) for services

provided to a patient enrolled in a participating VBID Model's Hospice Benefit Component MA plan. Regardless of plan participation dates, hospices must still submit claims for these services to Medicare through their MAC. If a beneficiary is not enrolled in a participating VBID Hospice MA plan, Medicare fee-for-service will become financially responsible for most services, with the MA plan supporting any supplemental benefits.

Medicaid Dental Coverage - Inability to access dental care is linked to poor health for older adults. Having missing teeth or wearing dentures can affect nutrition, and older adults with chronic diseases such as arthritis, diabetes, heart diseases, and chronic obstructive pulmonary disease (COPD) may be more likely to develop gum (periodontal) disease, but they are less likely to get dental care. State Medicaid programs are required to cover dental services for children under 21, but services for adults, including older adults, are optional. Currently, 36 states and Washington DC provide coverage beyond emergency dental services. This updated map and chart, from the National Academy For State Health Policy, highlights dental benefits for adults enrolled in Medicaid.

ACL Plans to Fund a Direct Care Workforce Center. The Administration for Community Living (ACL) has announced a new funding opportunity to address the direct care workforce (DCW) crisis by establishing a new, "Technical Assistance and Capacity Building Initiative" that will fund one five-year cooperative agreement to create and maintain a National Technical Assistance Center. Estimated total funding will be $1.2 million to $1.3 million, per year for the five-year project period. You can view the grant opportunity here: View Opportunity | GRANTS.GOV. Grant Applications are due: June 28, 2022, 11:59 pm ET**.** An "Informational Teleconference for Interested Applicants" will be held on Tuesday, May 17 at 3:00 - 4:00 pm ET: Number: 888-942-9712; Participant passcode: 5313288. Letters of intent (optional) due: May 31, 2022. Eligible applicants include public and private non-profit entities, community-based organizations, faith-based organizations as well as institutions of higher education. When fully operational, the ACL envisions the technical assistance center will become a central hub for state, private, and federal entities involved in the hiring and workforce development associated with the delivery of HCBS to access a curated array of model policies, best practices, training materials, technical assistance and learning collaboratives. Here is an article with additional details.

Discussion with Dr. Michael Mina about the COVID-19 Roadmap. If you missed our interview with Michael Mina, a lead author of the COVID-19 Roadmap, you can read a summary of it here. The 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. "We can't get to the next normal until we get the worst of the current situation under control," he told callers. Dr. Mina thinks we are moving too quickly but at the same time said it is "okay to have a little respite." He particularly said we should be ready for a "new big wave" in the Southeast and another large wave in the Fall in the Northeast. He reiterated what we all know – everyone is safer outdoors, particularly when air conditioning is being used inside. Dr. Mina offered an assessment that if another pandemic happened now we are not in a better place, and may even be at greater disadvantage. However, he pointed out unambiguously that aging services providers know a lot more from their pandemic experience and are in a good place to keep up the leadership. "Heroes rise up when they are needed," he added.

Study Finds RN Workforce Shrank 2% During Pandemic. A study published in Health Affairs found a 1.8 percent decline in the number of registered nurses in the US during the pandemic. This contradicts

previous projections that RNs would increase 4.4 percent from 2019 to 2021. Most concerning to researchers was the reduction in nurses under the age of 35.

DOL's Wage and Overtime Division Hosting Listening Sessions. The Department of Labor's Wage and Hour Division is hosting a series of listening sessions to hear the public's feedback on the current overtime regulations and the potential impact from any changes to those regulations. Overtime regulations and the appropriate salary level above which the overtime exemption may apply that are built into those regulations must be reviewed from time to time to ensure that their relevance is maintained. Register for a session here. Overtime Listening Sessions for Employers:

- Friday, May 13, 2022 3:30 p.m. - 4:30 p.m. EDT Northeast Employers: CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, PR, RI, VT, VI, VA, and WV
- Tuesday, May 17, 2022 2:00 p.m. - 3:00 p.m. EDT Southeast Employers: AL, FL, GA, KY, MS, NC, SC, and TN
- Friday, May 20, 2022 3:30 p.m. - 4:30 p.m. EDT Midwest Employers: IL, IN, IA, KS, MI, MN, MO, NE, OH, and WI
- Friday, May 27, 2022 3:00 p.m. - 4:00 p.m. EDT Southwest Employers: AR, CO, LA, MT, NM, ND, OK, SD, TX, UT, and WY
- Friday, June 3, 2022 3:30 p.m. - 4:30 p.m. EDT West Employers: AK, AS, AZ, CM, CA, GU, HI, ID, NV, OR, and WA

PRF Late Reporting Requests for Reporting Period 2 Can be Submitted Now: Providers can now submit Late Reporting Requests if they failed to submit a required report by the March 31, 2022 deadline for reporting on funds received July 1, 2020 through December 31, 2020. This includes targeted Nursing Home Infection Control funds that a nursing home must report on and cannot be delegated to a corporate office or parent organization. Late Reporting Requests can be submitted today through Friday, May 13 at 11:59 p.m. ET. These requests can only be made under eligible extenuating circumstances, which can be found here along with the Late Request Form.

FROM HHS: Long COVID Risk Factors: The National Institute of Allergy and Infectious Diseases (NIAID), the National Center for Advancing Translational Sciences, and the National Institute on Drug Abuse released a story that researchers studied samples from COVID-19 patients over time, which led to many insights, including some of the risk factors for Long COVID. The researchers enrolled 209 people ages 18 to 89 who had laboratory-confirmed SARS-CoV-2 infections. The participants' COVID-19 experiences ranged from having mild symptoms and never having to be hospitalized to needing mechanical ventilation in the intensive care unit. With the participants' consent, researchers studied their electronic health records, interviewed them about their symptoms, and took blood samples. All participants were asked to come back 60 and 90 days after their initial COVID-19 symptoms started. The researchers compared the 209 patients with people who had not had COVID-19 and checked their findings against a separate group of 100 people who had COVID-19 and were 60 to 90 days beyond developing their initial symptoms. Three months after being diagnosed with COVID-19, half of the 209 participants reported fatigue. A quarter of them had a cough, and 18% had loss of smell or taste.

The researchers found that people were more likely to have symptoms 2 to 3 months after diagnosis if they had any of several risk factors at the time they were diagnosed, including:

- Type 2 diabetes
- Reactivated Epstein-Barr virus in their blood. Many people are infected with this virus in childhood. After infection, the virus persists in the body in an inactive form but may reactivate.
- Autoantibodies. While antibodies should bind only to materials from outside the body, some people make antibodies against their own tissues. The researchers checked for a few different autoantibodies.

The researchers also made other observations. For example, people who had cold-like symptoms at 3 months also had low levels of the hormone cortisol. These risk factors are only part of the picture, the researchers noted — a person's genetics likely also play a factor in their Long COVID risk.