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2022 Hospice Public Policy Update

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Introductions

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Congressional

What's happened this year?
- Inflation Reduction Act
- Budget: FY2022/FY2023

What will happen the rest of this year?
- Election
- Budget?
  - Workforce
- End of year bill?
  - Telehealth
  - At home care
  - Mental Health

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LeadingAge Policy

- Bereavement
- Workforce
- Advance Care Planning
- Concurrent Care
- Respite
- Telehealth

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CMMI

Advanced Illness Care/Palliative Care in Other Payment Models	VBID Demonstration

• Embedding into other models
• Equity
	• Aetna, Humana
	• Anyone participating? How's it going?
	• Challenges
	  • Payment
	  • Billing
	  • Administrative Burden
	  • PC definition/contract

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Medicare Advantage

Request for Information

Supplemental benefits

Oversight?

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COVID

1135 waiver endings
- Telehealth will end without Congressional action
- Need clarification from CMS on routine home care
- Deadlines released to be back in compliance post PHE
- All postponed onsite assessments of aides must be completed no later than 60 days post end of PHE
- Hospices will have until the end of the first full quarter after the PHE to resume annual in service training and education programs to assess skills and competence of all individuals furnishing care. **For example, if the PHE ends on January 15, 2023, hospice agencies will have until June 30, 2023 (end of first full quarter post PHE) to resume annual trainings.**
- Full QAPI plans, volunteer requirement, comprehensive assessment timeframe, waiver of non core services – all END WITH PHE.
- https://www.cms.gov/files/document/hospice-cms-flexibilities-fight-covid-19.pdf

Vaccines
- Anyone providing?
- Concerns about fall boosters?

Any other COVID related issues

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What will happen...next year?

- CHRONIC 2.0
- Equity
- **At home care**
  - HaH
  - SNF at Home
  - HCBS expansion/duals focus
- **What do YOU want to see?**
  - Workforce
  - Other policies? What keeps you up at night? What would you like to see changed, enhanced, eliminated...

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2023 Hospice Wage Index Rule

- Wage Index
  – FY2023 Hospice Wage Index
  – Permanent Cap on Wage Index Decreases
- Hospice Payment Update/Payment Rates/Aggregate Cap
- Hospice Quality Reporting Program Update
- Request for Information – Health Equity
- Hospice Survey Reforms – Special Focus Program Update

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FY2023 Hospice Wage Index

- Wage index modifies a portion of the base rates to reflect local differences in area wage levels
- Hospice Wage Index based on hospital wage data
- RHC/CHC – use wage index for patient residence
- GIP/IRC – use wage index for facility

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FY2023 Hospice Wage Index

- Wage index values subject to periodic revision
  - Every 10 years in response to the Census
  - Other times if appropriate
- Most recent -- applicable for FY2021
  - Given impact of change, CMS applied 5% cap on losses during first year

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FY2023 Hospice Wage Index

- CMS will apply 5% limit to reductions in wage index values on permanent basis
  - No hospice provider's wage index will be less than 95% of its value in the previous FY
  - Applicable to capped values
  - Applied after calculation of hospice wage index floor
  - Implemented in budget-neutral manner

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FY2023 Payments

- Proposed FY2023 update was 2.7%
- In response to FY2023 proposed updates for various providers
  -- near universal concerns about the level Medicare payments
  -- COVID-19 PHE issues
- Numerous stakeholders urged CMS to take action to increase payment rates

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FY2023 Payments

	Proposed for FY2023	Final for FY2023
Hospital Market Basket Update	3.1	4.1
Productivity Adjustment	0.4	0.3
Annual Payment Update	2.7	3.8

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FY2023 Payments

	FY2022 Payment Rates	Proposed FY 2023 Update	Proposed FY2023 Hospice Payments	FINAL FY2023 Update	FINAL FY2023 Hospice Payments
Routine Home Care (days 1-60)	$203.40	X 1.027	$209.14	X 1.038	$211.34
Routine Home Care (days 61+)	$160.74	X 1.027	$165.25	X 1.038	$167.00

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FY2023 Payments

	FY2022 Payment Rates	Proposed FY 2023 Update	Proposed FY2023 Hospice Payments	FINAL FY2023 Update	FINAL FY2023 Hospice Payments
Continuous Home Care = 24 hours	$1,462.52 ($60.94 per hour)	X 1.027	$1,505.61 ($62.73 per hour)	X 1.038	$1,522.04 ($63.42 per hour)
Inpatient Respite Care	$473.75	X 1.027	$486.88	X 1.038	$492.10
General Inpatient Care	$1,068.28	X 1.027	$1,098.88	X 1.038	$1,110.76

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FY2023 Payments

- FY2023 – 2% reduction for failure to meet HQRP requirements during CY2021
- Aggregate Cap

	Proposed	Final
Aggregate Cap	$32,142.65	$32,486.92

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Quality Update

- No new quality measures
- Annual payment update penalty increases to 4% for FY 2024
- CY 2022
  - Composite process measure (HIS)
  - Hospice Visits in Last Days of Life (HVLDL) - August
  - Hospice Care Index (HCI) - August
  - CAHPS Hospice Survey
  - CAHPS Hospice Survey Star Rating (August)

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Quality Update

• HOPE – Hospice Outcomes & Patient Evaluation

– provide quality data for the HQRP requirements through standardized data collection;

– support survey and certification processes; and

– provide additional clinical data that could inform future payment refinements

• **2021 Technical Expert Panel Meetings: Hospice Quality Reporting Program Summary Report**

• https://www.cms.gov/files/document/2021-hqrp-tep-summary-reportfinal.pdf

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HOPE Beta Testing

• Ongoing recruitment

• Hospices with sufficient staffing to conduct 1- 2 joint visits per week

– RN

– SW

– Chaplain

Joint visits can be done via telehealth, audio/visual

Those interested in participating should email HOPETesting@abtassoc.com

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Quality Update

• CAHPS hospice survey mode experiment

– Impact of a web-based mode on survey response rates and scores

– Examination of the effects of a shortened survey on response rate and scores;

– Assessment of the measure properties of a limited number of supplemental survey items suggested by stakeholders; and

– Calculation of item-level mode adjustments for the shortened survey in the currently-approved modes of CAHPS Hospice Survey administration, as well as the proposed new web-based mode

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Health Equity RFI

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes

• Executive Order 13985, on the Advancement of Racial Equity and Support for the Underserved Communities

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Health Equity RFI

1. What efforts does your hospice employ to recruit staff, volunteers, and board members from diverse populations to represent and serve underserved populations? How does your hospice attempt to bridge any cultural gaps between your personnel and beneficiaries/clients? How does your hospice measure whether this has an impact on health equity?

2. How does your hospice currently identify barriers to access in your community or service area? What are barriers to collecting data related to disparities, social determinants of health, and equity? What steps does your hospice take to address these barriers?

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Health Equity RFI

3. How does your hospice collect self reported data such as race/ethnicity, veteran status, socioeconomic status, housing, food security, access to interpreter services, caregiving status, and marital status used to inform its health equity initiatives?

4. How is your hospice using qualitative data collection and analysis methods to measure the impact of its health equity initiatives?

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Structural Composite Measure RFI

Considering a measure that could include:
- Organizational activities to address access to and quality of hospice care for underserved populations
- Hospice reported data on hospice activities to address underserved populations' access to hospice care

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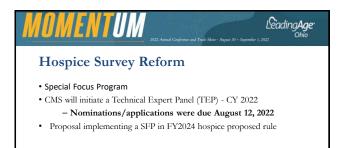### Structural Composite Measure RFI

- Hospices could submit data on their activities in the following domains and receive points
- Sought input on the domains and scoring
- Technical Expert Panel (TEP)
  - Home Health QRP and Hospice QRP Health Equity Quality
- Measure Development
  - **Nominations/applications were due August 12, 2022**

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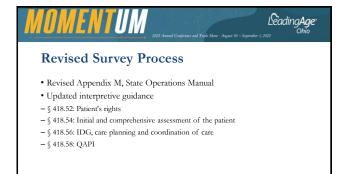
Structural Composite Measure RFI

- **Domain 1: Hospice commitment to reducing disparities is strengthened when equity is a key organizational priority.**
- **Domain 2: Training board members, leaders, staff and volunteers in culturally and linguistically appropriate services (CLAS), health equity, and implicit bias is an important step hospices take to provide quality care to diverse populations.**
- **Domain 3: Leaders and staff could improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity**.

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Hospice Survey Reform

- Special Focus Program
- CMS will initiate a Technical Expert Panel (TEP) - CY 2022
  - **Nominations/applications were due August 12, 2022**
- Proposal implementing a SFP in FY2024 hospice proposed rule

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Revised Survey Process

- Revised Appendix M, State Operations Manual
- Updated interpretive guidance
- § 418.52: Patient's rights
- § 418.54: Initial and comprehensive assessment of the patient
- § 418.56: IDG, care planning and coordination of care
- § 418.58: QAPI

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State Updates

- Ohio Department of Medicaid (ODM) is conducting the 5-year rule review of the 7 hospice rules (aligning rules with Medicare)
  - 418.204 Special coverage requirements

  Use of technology in furnishing services during a Public Health Emergency. When a patient is receiving routine home care, during a Public Health Emergency as defined in § 400.200 of this chapter, hospices may provide services via a telecommunications system if it is feasible and appropriate to do so to ensure that Medicare patients can continue receiving services that are reasonable and necessary for the palliation and management of a patients' terminal illness and related conditions. The use of such technology in furnishing services must be included on the plan of care, meet the requirements at § 418.56, and must be tied to the patient-specific needs as identified in the comprehensive assessment and the plan of care must include a description of how the use of such technology will help to achieve the goals outlined on the plan of care.

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State Updates

OMES (Ohio Medicaid Enterprise System)
- Provider network module (PNM) and that goes live on October 1st, 2022
- Pre-registration open for all providers at this link: https://pnm-preregistration.omes.maximus.com/
- October 1st, providers will then log in to PNM and then they will be directed to the MITS portal
- December 1st, providers will start entering their hospice enrollments in PNM and billing will also take place in PNM
- The ODM focus is getting PNM and Centralized Credentialing up and running for October 1st

  - https://managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing/centralized-credentialing

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