# Policy Update SCCSI 2023 Spring Virtual Symposium

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**UALCARE** ASSOCIATION





Hospice & Palliative Nurses Association

### Podcast Recapping Hospice & Palliative Care Policies from Past, Present, & Future

### Podcast



HEALTH AFFAIRS PATHWAYS

Podcast: No One Gets Out Of Here Alive: Palliative and Hospice Care

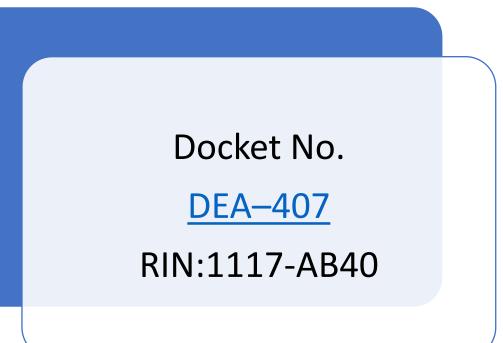
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# Hottest Topic



Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation



### Next UP – CMS Notice of Proposed Rulemaking (NPRM)

### **Ensuring Access to Medicaid Services** <u>CMS 2442-P</u>

### Home & Community Based Services (HCBS) + Fee-For-Service (FFS)

The What:

- Oversight, monitoring, quality assurance, and quality improvement for HBCS;
- Create service plan and incident management systems;
- States establish grievance systems in the FFS HCBS
- At least 80% of Medicaid payments are for personal care, homemaker, and home health aide services (as opposed to administrative overhead or profit);
- Publish the average hourly rate paid to direct care workers delivering personal care;
- Establish an advisory group for interested parties to advise and consult on provider payment rates and direct compensation for direct care workers;
- Promote public transparency related to the administration of Medicaid HCBS services



### Next UP – CMS Notice of Proposed Rulemaking (NPRM)

Managed Care Access, Finance, and Quality <u>CMS-2439-P</u>



### The What:

- Proposal advance CMS's efforts to improve access to care, quality and health outcomes, and better address health equity issues for Medicaid and CHIP managed care enrollees. The proposed rule would
  - o specifically strengthen standards for timely access to care and states' monitoring and enforcement efforts;
  - enhance quality as well as fiscal and program integrity standards for Medicaid state-directed payments (SDPs);
  - specify the scope of in lieu of services and settings to better address health-related social needs (HRSNs);
  - o further specify medical loss ratio (MLR) requirements; and
  - establish a framework and other requirements for states to implement a quality rating system (QRS) to compare Medicaid and CHIP managed care plans.

# Healthcare Innovation

## Brief Overview of Medicare Costs - 2023

Part A provides inpatient/hospital coverage.

- \$0 for most people. If doesn't qualify, \$278 or \$506 each month.
- \$1,600 deductible for each inpatient hospital benefit period
- SNF stay Days 21-100: \$200 copay (after 100 days, you pay all costs)
- \$0 for covered HH & Hospice services

# Part B provides outpatient/medical coverage.

- Premium \$164.90 (or higher depending on income)
- \$226 before Original Medicare starts to pay
- 20% costs for services, including inpatient hospital care
- Some coverage for mental health

## Brief Overview of Medicare Costs continued

# Part C offers an alternate way to receive Medicare benefits.

- Varies by plan and amounts change each year
- Some plans will help pay all or part of Part B premium. This is sometimes called a "Medicare Part B premium reduction."
- Out of pocket limit Once the patient pays the plan's limit, the plan pays 100% of covered health services for the rest of the calendar year.

# Part D provides prescription drug coverage.

- Premium \$164.90 (or higher depending on income)
- \$226 before Original Medicare starts to pay
- Plan works from a formulary list
- Must cover all drugs for specific illnesses – i.e. antipsychotic medications & immunosuppressant drugs

## CMMI

Extension of the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model: Innovating to Meet Person-Centered Needs

- Medicare Advantage Plan (MA)
  - HMOs, PPOs, FFS, Medicare Medical Saving Accts, PACE plans, or cost plans

### • VBID

 Alternative payment models, bundled payments, pay for performance, and shared saving programs

### Medicare Advantage (Part C)

Private health insurance plans approved by Medicare



Medicare Advantage plans combine Medicare Part A, Part B, and often Part D into one plan with a network of providers.

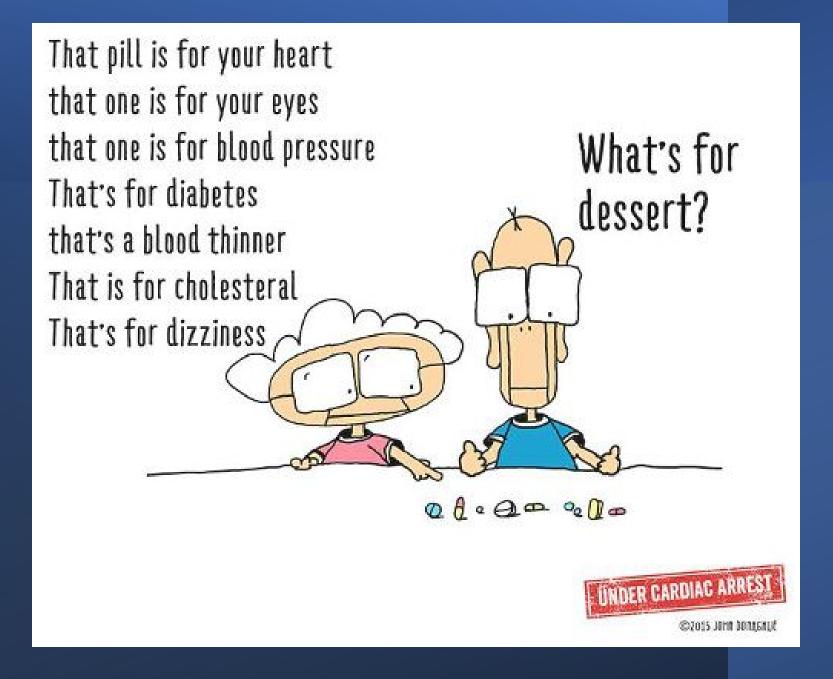
### +/- of Medicare Advantage Plans

### Healthy Elders

- Receive more preventive care
- There is a limit to the out-of-pocket expenses
- Coverage for vision, hearing, dental, fitness clubs, and medically necessary transportation
- Combine medical and prescription drug coverage into one plan.

### Those with serious/chronic illnesses

- Those living in rural communities pay higher premiums
- Those living in rural communities have less providers enrolled with MA plans
- Does not cover certain expenses for serious illnesses
- Out-of-pocket expenses are substantial



Previous Legislative Acts 115<sup>th</sup>-117<sup>th</sup> Congress <u>S. 1190/</u> <u>H.R. 2594</u> Rural Access to Hospice Act

Did you know?

#### WHO?

--Ron Kind (D-WI) --45 cosponsors

#### WHAT?

--Rural Health Centers & Federally Qualified Health Centers can receive payment for providers (Physician, NP, PA) for hospice services

#### WHEN?

--Passed on Monday, December 21, 2021.

#### WHERE now?

--Not much news about the implementation and outcomes of this legislation S. 4873(117<sup>th</sup>) Improving Access to Advance Care Planning Act

#### WHO?

--Mark Warner (D-Va), Sponsor

--Tammy Baldwin (D-WI)--Susan Collins (R-MI)--Amy Klobucher (D-MN)

#### WHAT?

--Allows social workers to provide ACP services --Removes some costs associated with ACP --Increase education to providers on billing codes

--Method to report barriers

#### WHEN?

--117<sup>th</sup> Congress – Amend Title XVIII of the Social Security Act --Did not receive a vote

### WHERE now?

--May show up in multiple bills (companion bills) or added to larger bills (omnibus bills) Palliative Care and Hospice Education and Training Act

### WHO? --?????

### WHAT?

--Calls for HHS to take actions on palliative-care training

--Support Palliative Care & Hospice Education Centers

--AHRQ to launch national campaign on palliative care

--NIH to expand national research programs in palliative care

# WHEN?

WHERE now?

# Current Legislative Acts

118<sup>th</sup> Congress January 3, 2023 – January 3, 2025 S.626/H.R. 1637 Comprehensive Care for Alzheimer's Act

Prognosis: 1% Skopos Labs

### WHO?

--Senator Debbie Stabenow (D-MI)

--Rep. Jack Bergman (R-MI)

### WHAT?

--Calls for CMMI to test Dementia Care Management Model

--Excludes MA enrollees, hospice care recipients, and NH residents

--Providers must furnish services through ID teams and must ensure access to a team member or primary care provider 24-7.

### WHEN?

--118<sup>th</sup> Congress

--Previously introduced during the 117<sup>th</sup> Congress

### WHERE now?

--Introduced into Senate on 3/2/2023

--Referred to the Committee on Finance

### WHY?

### <u>S.705</u>/H.R. 2761 SPARC ACT

Prognosis: 1%

### WHO?

--Senator Jacky Rosen (D-NV)

--Rep. John Joyce (R-PA)

### WHAT?

--SPARC: Specialty Physicians Advancing Rural Care Act

--Amend the Public Health Service Act to authorize a loan repayment program to encourage specialty medicine physicians to serve in rural communities experiencing a shortage of specialty medicine physicians, and for other purposes. WHEN? --118<sup>th</sup> Congress

#### WHERE now?

--Introduced into Senate on 3/8/2023

--Referred to House Energy & Commerce

WHY? YOUR INPUT

### <u>S. 1330</u>/H.R. 234 Gerald's Law Act

### Prognosis: 3%

### WHO?

--Senator John Boozman
(R-AR) WHEN?
--Rep. Jack Bergman (R-MI) --118<sup>th</sup> Congress

### WHAT?

--Bill to amend title 38, United States Code, to provide a burial and funeral allowance for certain veterans who die at home or in other settings while in receipt of hospice care furnished by the Department of Veterans Affairs.

### WHERE now?

--Introduced April 27,2023

--Needs to pass committee, Senate, House, & President

### WHY?

### <u>S.1298</u>\*

Supporting Our Direct Care Workforce & Family Caregivers Act

### WHO?

- --Senator Tim Kaine (D-VA)
- --8 cosponsors (Democrats)

### WHAT?

--Bill to award grants for the creation, recruitment, training and education, retention, and advancement of the direct care workforce and to award grants to support family caregivers.

### WHEN?

--118<sup>th</sup> Congress

### WHERE now?

--Introduced into Senate on 4/26/2023

--Referred to the Senate Health, Education, Labor, and Pensions

## WHY?

### <u>S.164</u>: Doss's Act\*

### Prognosis: 1%

### WHO?

--Senator Ted Cruz (R-Tx)

### WHAT?

--Prohibit the consideration of COVID-19 vaccination status in determining eligibility for organ donation or transplantation, and in providing services to Medicare or Medicaid beneficiaries.

### WHEN?

--118<sup>th</sup> Congress --Previously introduced during the 117<sup>th</sup> Congress

### WHERE now?

--Introduced into Senate on 1/31/2023

--Referred to the Senate Health, Education, Labor, and Pensions

### WHY?

### S. 10 VA CAREERS Act of 2023

### Prognosis: 82%

#### WHO?

--Senator Jon Tester (D-MT)

--Six cosponsors

(3 Demo/2 Rep/1 Indep)

### WHAT?

--Improve the workforce of the Department of Veterans Affairs, and for other purposes.

--CAREERS - VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support

### WHEN? --118<sup>th</sup> Congress

#### WHERE now?

--Introduced into Senate on 1/23/2023

--Referred to the Committee for Veterans Affairs

#### WHY?



Contact information - <u>tfasoli@clemson.edu</u> Special Thanks – Cambia Health Foundation, Health Affairs, & Clemson University Sch<mark>ool of Nursing</mark> 5/9/2023

### **POLICY TIP SHEET**

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#### Docket No. DEA-407—Controlled Medication Prescribing using Telemedicine

	Let's use the WHD, WHAT, WHEN, WHERE, WHY Framework:	U.S. UUSTICE DEPARS
	The <b>WHO</b> —We have THREE key players that developed this ruling:	
Links to comments:	1. DEA	NOLE
* HPNA	2. Department of Health & Human Services	Partie Star Concernent Partie
* NCHPC	3. U.S. Veterans Affairs	
	The <b>WHAT</b> —Here's the meat of the policy proposal:	N SERVICES
* <u>AHA</u> * American Telemedi-	The ruling DOESN'T affect telemedicine consultations that <b>do not</b> involve controlled medica- tions	WINNIN SERVICES. LOS
cine Association	• The ruling DDESN'T affect telemedicine consultations by a practitioner that had previously in- person exams	AND OF HEAD
	• The ruling DOES NOT allow controlled medications to be prescribed to a patient using the telemedicine platform unless an in-person exam is provided.	OF VETERA
	The <b>WHEN</b> —This ruling was posted on February 24, 2023, open for 30-day comment.	
	$\Rightarrow$ 38,000 comments were posted, including HPNA, NCHPC, AHA, etc.	
	The <b>WHERE</b> —Where do we go from here?	
	⇒ Drafted a Temporary Rule to the Office of Management and Budget entitled "Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications". Wait for the full publication in the Federal Register.	Stares of a
	The <b>WHY</b> —Organizations trying to place safeguards for controlled medication prescribing practices	

CMS NPRM: Ensuring Access to Medicaid Services-CMS 2442-P

Home & Community Based Services (HCBS) + Fee-For-Service (FFS)

#### Managed Care Access, Finance, and Quality CMS-2439-P

Strengthen standards for timely access to care and enhance quality

Extension of the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model: Innovating to Meet Person-Centered Needs

- Provide supplemental benefits—food, transportation, and ٠ housing or living environment.
- 2025, CMS will more closely align with concurrent care ٠

S.626/H.R. 1637—Comprehensive Care for Alzheimer's Act

S.705/H.R. 2761— SPARC ACT

S. 1330/H.R. 234— Gerald's Law Act

<u>S.1298</u>— Supporting Our Direct Care Workforce & Family **Caregivers Act** 

- S. 10 VA CAREERS Act of 2023
- S.164 Doss's Act

