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

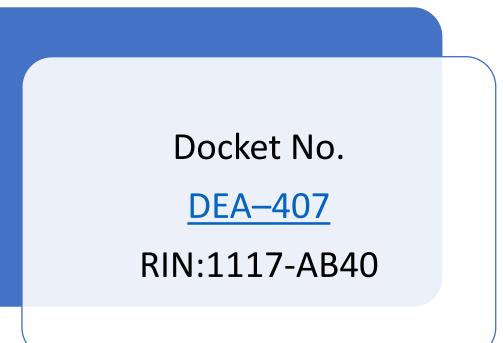
February 8, 2023

Host & Content Creator – Tracy Fasolino Click <u>HERE</u> to download podcast Episode #1

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.

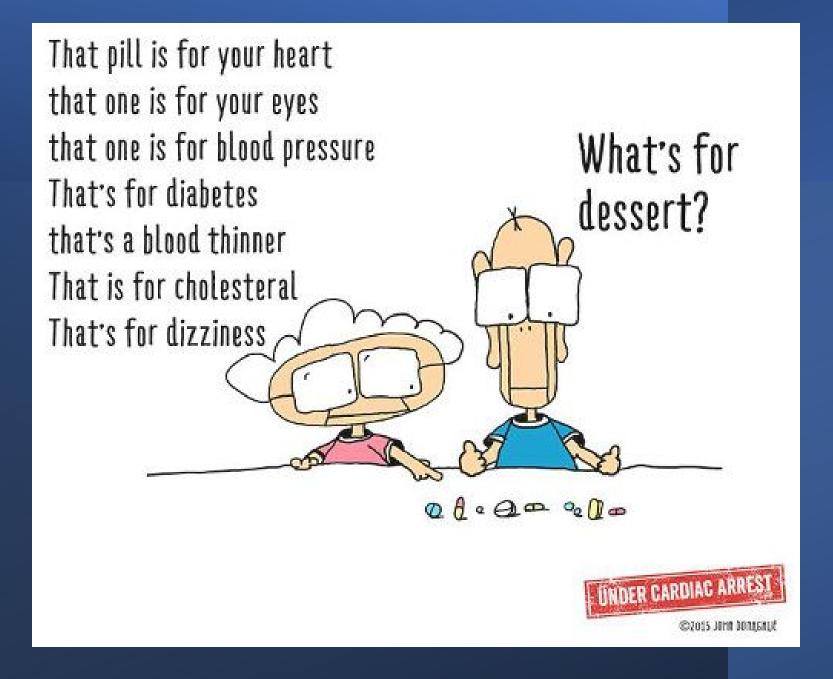
+/- of Medicare Advantage Plans

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 115th-117th 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(117th) 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?

--117th 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

118th 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?

--118th Congress

--Previously introduced during the 117th 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? --118th 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) --118th 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?

--118th 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?

--118th Congress --Previously introduced during the 117th 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? --118th Congress

WHERE now?

--Introduced into Senate on 1/23/2023

--Referred to the Committee for Veterans Affairs

WHY?



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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 WHO —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 WHAT —Here's the meat of the policy proposal:	N SERVICES
* <u>AHA</u> * American Telemedi-	The ruling DOESN'T affect telemedicine consultations that do not 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 WHEN —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 WHERE —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 WHY —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

