

May 31, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
P.O. Box 8010
Baltimore, Maryland 21244-1850
Via Electronic Mail

Re: File Code CMS-1773-P: Medicare Program; Fiscal Year 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

Dear Administrator Brooks-LaSure:

The Pennsylvania Homecare Association (PHA) is a statewide membership association with approximately 700 home health, homecare and hospice members across Pennsylvania. On behalf of our hospice provider members, we offer the following comments on the Medicare Program; FY 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements," CMS-1773-P.

Proposed Rate Increase

Although we recognize that CMS is limited in hospice rate setting, hospice providers are very concerned that the proposed 2.7% increase to the hospice payment rate is not fiscally sustainable in the current climate. Current and ongoing challenges include:

- Workforce issues. Like other healthcare providers, hospices face significant staffing challenges, including difficulties recruiting and retaining nurses, social workers, aides, and other members of the interdisciplinary team, dealing with increased turnover, and staff burnout. Hospice providers have had to increase wages and salaries to attempt to compete with hospitals and other healthcare providers in their communities.
- Inflation. As inflation reaches a 40-year high, with fuel, drugs, supplies, PPE, and other prices significantly increasing, hospices are reporting massive cost increases. Primarily Medicare and Medicaid-paid, they are unable to pass along increased costs to patients.
- Ongoing COVID-19 Public Health Emergency. Since the COVID-19 PHE began, hospices have had to make a number of operational changes, including increased technology investments to respond to families refusing in-person visits and related COVID-19 impacts, volunteer challenges, the need for loans, reduced fundraising, and staffing shortages. COVID-19 related expenses have continued, including costs for PPE, infection control, and staffing.
- Sequestration. Sequestration will be fully implemented again in July 2022. Resumption of the full sequester will nullify the bulk of the projected 2.7% payment update for FY2023.

Hospice Wage Index Updates – Permanent 5% Cap

CMS's proposed permanent 5% cap on the hospice wage index decreases for fiscal year 2023 and subsequent years is a welcome policy change. Imposing a cap on wage index value losses will help providers maintain financial stability regardless of year-to-year changes in wage index values.

We believe that CMS should also model the potential impact of a smaller cap. This would help to determine the level of impact a smaller cap would have on the wage index standardization factor (along with the added protection for providers subject to a reduced wage index value) and whether it is feasible to adjust the cap to a lower value.

As you know, in response to wage index value changes applicable to FY2021, CMS applied a 5% cap on wage index decreases for FY2021 to protect providers who would otherwise suffer a significant drop in wage index values. In FY2022, CMS also applied the 5% wage index cap for hospitals, but not for other provider types. As a result, some hospice and home health providers suffered significant financial losses. We believe that CMS should compensate hospice and home health providers for losses sustained during 2022 as the result of wage index drops of more than 5%.

Hospice Outcome and Patient Evaluation (HOPE) Update

Providers that are not participating in the HOPE beta are asking for more information before the next proposed rule, as well as progress reports. Providers also want to better understand how the HOPE will be helpful to hospices in implementing and advancing health equity initiatives. It is critical that any new reporting tools must be useful in advancing the delivery of care to all beneficiaries.

Hospice CAHPS Survey

Hospice providers appreciate that the CAHPS Hospice team is considering testing a web-based model for the CAHPS Hospice Survey. They believe having a web-based option for survey completion will increase survey response rates and allow hospices to target areas for improvement. Hospices also support a shortened survey and believe that it will increase response rates.

We ask CMS to consider that hospices report a difference in response rates between English and non-English speaking families. We ask CMS to review the survey through an equity lens to help to address this disparity.

Telehealth Visits

PHA urges CMS to develop codes or modifiers for telehealth visits in hospice and supports the recommendation by MedPAC.

Request for Information Related to the HQR Health Equity Initiative

In the proposed rule, CMS has requested feedback on four questions and a structural composite measure.

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

PHA appreciates and supports CMS's focus on health equity in the proposed rule. In seeking member feedback on CMS's requests, hospices reported a range of efforts regarding health equity initiatives.

Some reported just beginning to consider and/or incorporate health equity initiatives within their organizations, while others have been engaged in these efforts for some time. Some hospice providers have made progress in employing and recruiting diverse staff to better represent and serve underserved populations. However, smaller and more rural organizations need additional resources and support.

Factors impacting where providers are on these efforts include communities served (rural, suburban, metropolitan, etc.), workforce shortages, and financial constraints. Some said that the COVID-19 PHE impacted their ability to focus on priorities other than urgent ones. Some hospices, such as those connected to hospital systems, have access to greater resources to address health equity and disparities. Some shared that end-of-life cultural values and beliefs of underserved and minority populations can be barriers to some individuals accessing hospice care. Providers asked CMS to consider these factors in its work to incorporate health equity measures and to allow providers of all types sufficient time to incorporate best practices most effectively.

Providers shared challenges with data collection and analysis to measure the impact of diversity, equity, and inclusion efforts on health equity outcomes. They need more data and assistance to better understand methods that have made positive impacts.

Structural composite measure

It is critical that any structural composite measure be thoughtfully considered prior to implementation. Hospices must understand how to incorporate the health equity framework into their daily practice before data collection for a structural composite measure is considered. Because this is such an important focus area, PHA strongly recommends the utilization of a Technical Expert Panel (TEP) to consider the identification of appropriate measures and their implementation. We also recommend that as the hospice measure is developed, data be gathered from hospices with feedback and learning opportunities provided to them before any public reporting is considered.

Special Focus Program

PHA appreciates the appointment of a Technical Expert Panel (TEP) to help CMS with implementation of the Special Focus Program (SFP). We recommend that opportunities to serve on the TEP be open to the public and that the proceedings of the TEP be as transparent as possible and include multidisciplinary and patient/caregiver perspective. The program should not be implemented until the TEP has completed its work in this area and has had the opportunity to consider SFP eligibility, use of other data for SFP eligibility, and SFP graduation.

Hospice Visits in the Last Days of Life (HVLDL)

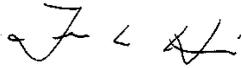
Although not part of the proposed rule, some members offered comments on the HVLDL measure, including:

- Only a registered nurse (RN) or social worker (SW) are covered as eligible interdisciplinary group (IDG) members for satisfying this measure. Visits by a spiritual care provider should be added to the disciplines that would meet the measure requirements.
- The measure is intended to encourage and require hospices to provide visits in the last three days of life. Providers have expressed concern that the RN and SW visits are required, whether the patient and family need them or want them.
- Currently the HVLDL measure does not allow telehealth visits. Some families prefer the telehealth option to allow support from the IDG without unwanted intrusions. We believe that

CMS should consider including a well-defined telehealth option, including all members of the IDG, to expand the focus from only the medical component of care.

Thank you for the opportunity to submit comments and for your consideration of our recommendations. Please contact me if we can provide any additional information at thenning@pahomecare.org or (717) 649-6498.

Sincerely,

A handwritten signature in black ink, appearing to read "Teri L. Henning". The signature is fluid and cursive, with a large initial "T" and "H".

Teri L. Henning, CEO
Pennsylvania Homecare Association