

Medicare Waivers Technical Advisory Group Meeting #4

APRIL 18, 2023 MEETING SUMMARY

Meeting Agenda

1. Recap of task at hand
2. Discuss workgroup's feedback on Medicare waivers to date in preparation for **initial, high-level discussion** with CMMI
3. Wrap up

1. Recap Task at Hand

Medicare Waivers Technical Advisory Group's Charge

The group's primary goal is to identify the key "asks" on Medicare waivers to share with CMS to inform the design of the AHEAD model.

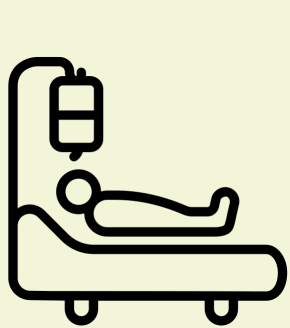
- CMMI is considering the types of waivers it could make available to states under the AHEAD model and welcomes Vermont's feedback.
- CMMI asked the State to indicate the most important "asks."
 - Include a clear policy rationale for updating existing waivers available under the VTAPM and/or requesting new waivers under the AHEAD model.
 - Members have already provided some compelling examples.
- Vermont aims to understand:
 - Problems that new or revised waivers could help address (e.g., discontinuity of care with transitions)
 - On-the-ground experiences (successes, challenges) with implementing current waivers under the Vermont All-Payer ACO Model
 - New waivers that are of interest to stakeholders

Theory of Change for Medicare Waivers

- Medicare waivers are a means to an end, not the end itself.
- Logic should be:
 - What are the care delivery models we want to see implemented in Vermont?
 - How do those care delivery models advance outcomes?
 - **What waivers do we need to implement the models?**
- Successful implementation of similar flexibilities by Medicaid and other payers is relevant and is likely to be of interest to CMMI.



Medicare Waivers Within the Context of the Care Continuum



An individual is admitted to a hospital and requires an inpatient stay.



The individual is discharged to a skilled nursing facility.



The individual is discharged to the home and may require home care.



The individual requires care from their primary care provider and other specialists.

- 3-day SNF Rule
- Allowing SNFs to bill Medicare directly for physician services provided by locum physicians
- Physician delegation of tasks in SNFs
- Personal physician visits
- Temporary nurse aides
- Use of telehealth in SNFs for physician services

- Post Discharge Home Visits
- Care Management Home Visits
- Home health expansion/flexibilities

- Telehealth waiver of originating site requirements
- Telehealth waiver of interactive telecommunications system

Summary of Workgroup Member Input

- Workgroup members agreed that one goal of Vermont's health care system is to ensure individuals are receiving high quality care in appropriate settings.
- The workgroup noted that Medicare waivers are not only helpful for smoothing transitions *between* settings, but may also be used to enhance care *within* different settings across the continuum. Care may also originate from the primary care setting.

2. Discuss Workgroup's Feedback on Medicare Waivers to Date

Objective of Today's Discussion

- Vermont aims to **begin** high-level discussions with CMMI around Medicare waivers this Spring.
- The purpose of today's session is to preview with the workgroup Vermont's priorities for waivers at a high level based on feedback from the first three meetings, with the goal of sharing key messages (rather than detail) with CMMI in the short term.

Potential Framework for Discussion with CMMI

Medicare waivers can help ensure Vermonters receive the right care in the right place at the right time.

- Vermont's priorities are to:
 - a. Improve quality and beneficiary experience associated with transitions between care settings
 - b. Improve access to services at home
 - c. Improve delivery of care at the end of life
 - d. Enhance access to care, especially in rural areas, through optimal use of technology
 - e. Expand access to care within long term care by optimizing staffing and organizational structures

A: Improve Transitions Between Care Settings

- **Patients transitioning from one care setting to another are vulnerable to poor outcomes.**
 - [Continuity of care](#) between settings leads to lower costs, higher patient and provider satisfaction, and reduced hospitalizations and emergency department use.
- The following Medicare waivers may help facilitate transitions between care settings:
 - Care management home visits (current APM)
 - Post-discharge home visits (current APM)
 - SNF 3-day rule waiver (current APM)
 - Expansion of Home Health benefit (would be new – see next slide)
- Consider how Medicare waivers could support health-related social needs that prevent timely transitions to lower-acuity and community settings.

High-Level Feedback

- **Administrative challenges** have limited use of the current home visits waivers (care management and post discharge). For example, the post-discharge home visit waiver requires HHAs to maintain individual contracts with physicians to receive reimbursement for services. Physicians may not have an infrastructure to bill for services and it is challenging for discharge planners to know all contractual relationships.
- **Expanding the eligibility criteria** for certain waivers beyond attribution may improve uptake and implementation. For example, expanding the 3-day SNF rule waiver beyond attributed lives would reduce administrative burden. Vermont is interested in discussing with CMMI how waivers will apply within a hospital global budget design, which will not include ACO style attribution.

Summary of Workgroup Member Input

- Several workgroup members indicated that the post-discharge home visit waiver and care management home visit waiver have not been implemented under the current VTAPM. One individual noted significant billing challenges with the post-discharge home visit waiver.
- One workgroup member noted that the expansion of the home health benefit not only facilitates transitions between care settings, but also prevents admissions to the hospital.

B: Expand Access to Services at Home

- **Home health care enables individuals to maintain their independence, receive care in a safe, comfortable, and convenient environment, and manage total cost of care.**
- To increase alignment with Vermont’s Medicaid approach, the State is interested in discussing a **new** expansion of the Medicare Home Health benefit that would allow visits for those who do not meet “homebound” criteria and aide support for individuals who do not have a need for skilled services.

High-Level Feedback

- Vermont is interested in learning more about CMMI’s implementation of the **Home Health Homebound Waiver under ACO REACH**.
- **Removing the “in need of skilled services” requirement** (in addition to the flexibilities available in ACO REACH) would allow more individuals to receive other non-skilled home health services (e.g., medical social services, home health aide, DME and supplies).

Summary of Workgroup Member Input

- One workgroup member noted that stakeholders have raised the need to permit providers to administer home infusion drugs at patients' homes. Medicare waivers may be relevant to this issue due to it being related to site of service.
 - Another member noted there are challenges with smaller home health agencies becoming involved in this space.

C: Improve Care Delivery at the End of Life

- **Vermont is on the lower end of Medicare hospice utilization, ranking #38 out of 50 states in 2020.**
- Vermont would like to provide access to holistic hospice services for Medicare beneficiaries without them having to forgo curative care. This would align with Vermont Medicaid's approach for children and authority available within the state's Medicaid waiver for adults.

High-Level Feedback

- Vermont is interested in learning more about CMMI's implementation of **concurrent curative and hospice care under ACO REACH.**

Summary of Workgroup Member Input

- The workgroup agreed that it would be helpful to eliminate the Medicare Hospice Benefit eligibility criteria around forgoing curative treatment to receive hospice services.
- One workgroup member indicated length of stay on hospice is an important metric to examine.
- It was also noted that any changes to Medicaid should be made in conjunction with Medicare.

D: Enhance Access to Care Through Optimal Use of Technology

- Telehealth enhances access to care. Various modalities of telemedicine (e.g., asynchronous e-consults, remote patient monitoring, virtual check-ins) enable individuals to receive care for a variety of acute and chronic conditions.
- **Telehealth is especially valuable since Vermont is a rural state, where nearly two-thirds of residents live in rural areas.**
- Priorities for Vermont (to be refined in further discussion with stakeholders) include:
 - Use of telehealth for SNF residents (see next slide)
 - Physical and Occupational Therapy
 - Remote Patient Monitoring

Summary of Workgroup Member Input

- One workgroup member noted there are several administrative challenges when implementing telehealth waivers:
 - Waivers are only applicable to attributed beneficiaries
 - Required to submit roster of providers electing to participate
 - Required to develop implementation plans
- Another workgroup member noted that the CARES Act and flexibilities available during the public health emergency were important since they included the home as an eligible originating site. Waivers to remove geographic restrictions (urban-rural) and location restrictions (i.e. home) are of interest.
- One workgroup member also indicated that since Vermont is a rural state with limited broadband access, it is important to include phones as an acceptable modality of telemedicine.

E: Expand Access to Care within Skilled Nursing Facilities

- **According to SNF stakeholders in Vermont**, an unprecedented disruption to the health care workforce is interrupting facilities' ability to meet demands for patient placement, provide high quality care, and contain costs within the health care system.
- SNFs' capacity and access to care would be improved through:
 - Options to use virtual (vs. direct) observation in admissions assessments
 - Flexibility to build Primary Care Teams Led by APPs and coordinated across licensure types
 - Flexibility to meet Health Related Social Needs, such as nutrition support, to facilitate transitions from SNF to Lower-Acuity Care Settings (including home) (see slide 10)
 - Expanded grace period for licensure of entry level nursing workforce, building the local nursing pipeline

High-Level Feedback

- **Waivers around staffing and roles/responsibilities help mitigate the impacts of workforce shortages.** The workgroup expressed interest in maintaining these flexibilities and noted those available during the PHE were helpful.

Summary of Workgroup Member Input

- One workgroup member indicated the importance of allowing SNFs and other non-hospital entities to have agency within a potential global budget model that focuses on hospitals.
- One workgroup member noted that for the 3-day SNF waiver rule, star ratings may not be the best measure to assess eligibility for participating in the waiver.

3. Wrap Up

Wrap Up

- Vermont will provide an overview of the Medicare Waiver Technical Advisory Group's work to date during the April 26 Health Care Reform Workgroup meeting.
- Vermont will continue to work with the advisory group on more detailed requests.
- Please reach out to Wendy Trafton (Wendy.Trafton@vermont.gov) and Pat Jones (Pat.Jones@vermont.gov) with any questions.

Appendix

Medicare Waivers Under Consideration

Category	Existing Under Current VTAPM	Potential New Waivers
Participation/ Fraud and Abuse	<ul style="list-style-type: none"> Participation Waiver Shared Savings Distribution Waiver Physician Self-Referral Law Waiver Waiver for Patient Engagement Incentives AIPBP Payment Arrangement Waiver 	<ul style="list-style-type: none"> Waivers found in CHART model: <ul style="list-style-type: none"> Waiver of Certain Medicare Hospital and/or CAH Conditions of Participation (CoPs) 96-hour Certification Rule
Services at Home	<ul style="list-style-type: none"> Care Management Home Visits Post-discharge Home Visits 	<ul style="list-style-type: none"> Home health expansion/flexibilities
SNF	<ul style="list-style-type: none"> 3-day SNF Rule Payment 	<ul style="list-style-type: none"> Allow SNFs to bill Medicare directly for physician services provided by locum physicians. For beneficiaries in SNFs, <ul style="list-style-type: none"> Physician delegation of tasks to a physician assistant, nurse practitioner Personal physician visits not already exempted by 483.30(c)(4) Temporary nurse aide waiver Telehealth (as above)
Hospice		<ul style="list-style-type: none"> Allow expanded palliative care benefit for adults
Telehealth	<ul style="list-style-type: none"> Telehealth Expansion Benefit Enhancement <ul style="list-style-type: none"> Waivers of Originating Site Requirements Waiver of Interactive Telecommunications System (teledermatology and teleophthalmology services) 	<ul style="list-style-type: none"> Allow use of telehealth in SNFs for physician services
MH/SUD Access		<ul style="list-style-type: none"> Allow for Medicare reimbursement for Licensed Alcohol and Drug Counselors, Licensed Clinical Mental Health Counselors, Licensed Psychologists, Licensed Psychiatric Nurses, and Licensed Marriage and Family Counselors

This workgroup is primarily focused on care delivery waivers.

Work on the participation/fraud and abuse waivers is pending based on global budget design discussions (separate workgroup).

Discussed during previous meetings.