

**OHIO HEALTH CARE ASSOCIATION**  
**Home Care and Hospice Board Meeting**  
**June 24, 2025**  
**Zoom Conference Call**  
**MEETING MINUTES**

Attendees included: Erin Hart, Pete Van Runkle, Bryan Casey, Victoria Barkin, Gina Covelli

**Budget Update Amid Quorum Shortfall**

The meeting began with a discussion about the lack of a quorum, as only three board members were present. Pete suggested providing a quick update on the state and federal budgets if more members did not join. Gina and Bryan agreed to this plan. Pete mentioned that the conference committee was meeting in downtown Columbus, and he and Erin were at the office of their lobbying firm, Ashbrook and Associates. They were using the space to set up for the meeting.

**Conference Report Budget Review Meeting**

The meeting discussed the upcoming conference committee meeting scheduled for 3 PM to review the conference report, which will detail the differences between the House and Senate versions of the budget bill. Pete explained that while there were no rate increases included in either chamber's version, the current status is holding steady, which is significant for home care but not as much for hospice. The group also discussed the EVV language that was proposed to postpone claim denials for non-compliance, but this was not included in the final versions. The conversation ended with an overview of the federal budget process, noting that the House version has passed and is pending in the Senate, where various committees are working on their portions of the bill.

**Medicaid Funding and Hospital Taxes**

Pete explained the implications of the "One Big Beautiful Bill Act" on Medicaid funding and provider taxes, noting that the Senate version could significantly reduce hospital tax revenue, while the House version would grandfather existing taxes. He highlighted ongoing negotiations in Congress and the potential need for legislative action in the fall to address funding uncertainties. Bryan inquired about the relationship between hospital tax considerations and other priorities, to which Pete responded that it was more about reduced federal funding and state revenue needs for income tax cuts.

## EBV Denial and Ventilator Rates

Pete discussed two main topics: EBV denial rates and ventilator rates. He reported that Medicaid managed care denial rates were 75% for Molina, down from 74% at ODM, with ODM's current rate at 86%. Pete noted that independent providers were struggling more with claims validation than agency providers. He also mentioned that ventilator rates had decreased by \$60-70 per day, which could benefit hospices that reimburse 95-100% of those costs.

## Hospice Claims and Payment Concerns

Pete discussed issues with hospice claims and a recent article co-authored with Tammy about hospice patients and antipsychotic use in nursing facilities. He explained that some nursing facilities are hesitant to refer patients to hospice due to concerns about quality measures and financial impacts related to antipsychotic use. Pete also mentioned that the Alliance was hesitant to advocate on this issue, but they plan to have further discussions. The conversation ended with Pete summarizing key points of the Hospice proposed payment rule comments, including concerns about the market basket increase.

## Hospice Rate and Implementation Challenges

Pete discussed the challenges with hospice rate adjustments, highlighting the lack of forecasting adjustments and the use of hospital data for the hospice wage index, which is inaccurate for hospice labor costs. He mentioned the Alliance's request for a one-time adjustment due to significant forecasting errors during the COVID period and opposed stricter face-to-face documentation requirements proposed in the rule. Pete also expressed concerns about the simultaneous implementation of iQIES and the HOPE assessment system on October 1st, citing previous issues with iQIES migration, and suggested delaying the HOPE implementation to avoid further complications.

## HOPE Program Implementation Delay Concerns

Bryan and Pete discussed the possibility of CMS delaying the implementation of the HOPE program, which is scheduled to coincide with another major system migration. Pete noted that while a delay is conceivable, it's unlikely CMS would postpone both the implementation and the timeline requirement. He mentioned that the Alliance has been advocating for a delay for over a year and frequently meets with CMS to express concerns about the simultaneous migrations. Bryan questioned whether CMS decisions could be influenced by proactive advocacy, to which Pete replied that while CMS makes the final decision, he would inquire about potential advocacy strategies.

## Home Health Deregulatory Proposals

The meeting focused on the Federal deregulatory RFI for home health and hospice, where Pete outlined key proposals including removing arbitrary face-to-face requirements, addressing the 80/20 Medicaid requirement, and allowing hospices to bill directly under a suggested interpretation. Pete also announced that the on-demand version of the CHC certification program is now live, and reminded participants about the August 1st ACO enrollment deadline, noting that home health agencies are particularly targeted for ACO participation. The meeting experienced technical difficulties with three board members unable to join, which Pete attributed to a Teams scheduling issue.

The next HCH Board meeting is scheduled via zoom conference call for September 3, 2025 at 10am.