

# **OHIO HEALTH CARE ASSOCIATION HOME CARE AND HOSPICE BOARD**

**September 15, 2021, 1:00 p.m.  
Conference Call**

## **MINUTES**

Participants verbally confirmed attendance on the call, and the results are in a table at the end of this document.

Gen Stelzer, Vice-Chair, opened the meeting with a brief introduction and welcome to our meeting on behalf of David Walsh, OHCA Home Care and Hospice Board Chair. The OHCA antitrust compliance, conflict of interest and confidentiality policies were indicated as in the board folder and members acknowledged policies.

The meeting started with a review of the OHCA Home Care and Hospice Membership report. Since our last meeting, 2 agency members have been approved; Wesley Hospice and Integrity Home Care. No agencies have been terminated in the same time period. Two agency providers expressed interest in OHCA membership during the Convention, which we were actively following up on.

Pete Van Runkle then discussed the Advocacy Agenda items for 2021. For the budget overview, Mr. Van Runkle discussed the 4% and 2% increases approved for Medicaid Home Health and Aging Waiver services, which was being converted to a 6.1% increase effective November 1, 2021. A spreadsheet of the rates is included in the board folder. Rules were distributed to the associations and all appears be on track for the November 1, 2021 implementation date. Erin Begin would continue to follow up with the managed care plans to streamline the upload of rates for managed care claims as well.

Mr. Van Runkle then discussed the American Rescue Plan Act (ARPA) dollars and how those dollars were divided between the State and Local dollars and the home and community based services (HCBS) funds. While the HCBS funds had a 10% Federal Match that was designated in part to go to providers, the state and local dollars were up for anyone to receive. Ohio has already allocated \$2 Billion of the total \$2.7 Billion received in this fund. OHCA submitted a revised proposal to award lump-sum payments to our membership types, including a \$23 million payment to hospices which equated to 10% of 2019 revenues. Hospice is not included in the definition of HCBS for that allocation. OHCA submitted two proposals through the survey process for the HCBS dollars. One was for the 20% of revenues to be used for COVID relief, the other was a \$50 million fund for HCBS workforce grants. Mr. Van Runkle stated that they had met with the Administration who stated that relief would be coming for providers, but that it would have to include the legislature. OHCA continues to have conversations with the Administration regarding both allocations.

Mr. Van Runkle then moved to House Bill 179 for home health licensure. Ms Begin stated that she had been contacted by several non-members regarding a symposium held by the Ohio

Council for Home Care and Hospice during the OHCA Convention regarding the licensure requirements, and that information on deadlines and rulemaking was allegedly shared during that session. Ms Begin assured board members that ODH had not yet begun to draft rules and that once confirmed dates and processes were obtained, we would host education for our members with Tom Hess.

Mr Van Runkle discussed House Bill 120, for Compassionate Visitation during a public health emergency. He stated that this bill was moving along with the context of use for future public health emergencies ensuring that families could access their loved ones even during those circumstances. OHCA had no issues and was not in opposition of the legislation, and continued to participate as an interested party.

Ms Begin then reviewed the Infrastructure bill and Better Care Better Jobs Act, which originally included a permanent extension of the 10% FMAP for HCBS included in ARPA. The bill had been included in the reconciliation process and had been marked down to about 170 billion, instead of 400 billion, due to a reduction in FMAP to 7%. They had also removed much of the union language included that originally concerned stakeholders. She also shared that during the NAHC Advocacy call held earlier that week, NAHC lobbyists expressed concern that this provision may be eliminated in order to bring down the total dollar amount of the bill. Mr Van Runkle stated that ANCOR closely followed this legislation as well and we would provide an update as soon as it became available.

Ms. Stelzer then moved to the reporting of key issues. Ms Begin first reviewed what we currently know regarding the CMS Vaccine mandates. The list of facilities in the CMS press release includes home health and hospice, and HHAs directly named in press release. Private pay home care providers are very likely excluded. What we still do not know are the exceptions, exemptions, applicability to HCBS Aging waiver providers (only), and noncompliance penalties. She asked board members to share their own opinions on the vaccine mandates. Ms Stelzer felt that it was beneficial for the mandates to be applicable across the healthcare spectrum. However, as an Organization, HCF did not feel that the government should be mandating vaccination and they were concerned about losing employees. Mark Knepper shared that VITAS was taking a wait and see approach, and were not currently hiring unvaccinated staff members. They were concerned about SNF and assisted living facility partners restricting access or employees who were not vaccinated. Mr Knepper asked Mr. Van Runkle if he thought that lawsuits may slow the implementation of the mandates. Mr Van Runkle responded that this is not likely, since most litigation would come from the business entities against the OSHA employer mandate, and that the healthcare mandate was separate and had not experienced much opposition.

Ms Begin then moved to the Provider Relief Fund Expansion where she provided the following summary:

- 17 billion based on providers lost revenues and changes in operating expenses from July 1, 2020 to March 31, 2021. Smaller providers will be reimbursed at a higher percentage of lost revenues and bonus payments will be awarded to providers based on the amount of services provided to Medicare/Medicaid. Will weight Medicaid payments higher for more equitable distribution
- 8.5 billion in FORHP defined rural areas. Same weighting for Medicaid payments. Providers can check their designation on HRSA using analyzer. Counties used are that of the agency branch location, not of the servicing counties.
- For the overall payment split, 75% based on revenue losses, which cannot exceed 100% of loss. 25% bonus payments referenced above

Mr. Van Runkle added that the payments would be much less than 100% of reported losses. Ms Begin also added that Phase three reconsiderations were also now being accepted and there is a possibility that private pay home care agencies may be included in Phase 4.

Ms Begin then moved on to the Next Generation Managed Care. The delay from the July 2021 to the July 2022 start date also moved beneficiary eligibility to start in July 2022 as well. She noted that OHCA had obtained the Ohio Medicaid contracting contact for Humana and were still researching contacts for Anthem and Amertias Cartias. OHCA has requested additional information from ODM and Nathan Price on the dual roll out of the Provider Network Module and Fiscal Intermediary in concern of potential cash flow delays.

Ms Begin moved to the Hospice Final Rule changes, noting that many of the changes concerned documentation clarifications for the Hospice Election Statement Addendum. Hospice Survey Enforcement Action changes resultant from the Home Health Final Rule enactment of December 2020 changes were more concerning, and questions were out to ODH on the implementation and progress of those changes, set to occur between December 2021 and October 2022.

Ms Begin also discussed the Hospice Room and Board Standardization finalization. This was a joint effort with Ohio Department of Medicaid and the Managed Care Plans to standardize billing requirements for room and board for hospice, at the request of OHCA. In the final mandate, Vent/HCIC claims are to be billed on a UB04 with specific revenue codes and NF reporting requirements. The T2046 claims are to be billed on a CMS1500 claim form with the NF name in box 32 and NPI in box 32a. Buckeye and Paramount take effect October 1. Any noncompliance should be reported immediately. UHC confirmed no longer requiring Medicaid ID. We hope that this will eliminate issues with payment delays due to varying requirements across health plans.

As the final item, Ms Begin discussed the request from OHCA hospice member, Menorah Park Hospice, for access to ODA testing supplies. According to ODH, there is no list of Inpatient Hospice providers and the field for licensed beds is not consistently updated or utilized. Ms Begin suggested that providers apply for the testing supplies and ODA could verify inpatient hospice status with ODH. The Board agreed to the approach. Ms Begin stated she would follow up with Director McElroy regarding this request.

Ms Stelzer asked if there was any new business. Hearing none, Mark Knepper made a motion to adjourn the meeting, seconded by Bryan Casey. The next meeting is scheduled for November 15 at 1pm via zoom.

<b>First Name</b>	<b>Last Name</b>	<b>Company/Agency</b>	<b>9/15/2021</b>
Erin	Begin	OHCA Staff	X
Bryan	Casey	Buckeye Hospice and Palliative Care	X
Mark	Knepper	VITAS Healthcare	X
Kathy	Chapman	OHCA Staff	
Mike	McConnell	Absolute Home Health and Hospice	X
Eric	Talbert	Heartland Home Health and Hospice	X
Genevieve	Stelzer	Heritage Home Care	X
Bill	Levering	TLC Home Health Care	
David	Walsh	Hospice of Southwest Ohio/ Carebridge	X
Pete	Van Runkle	OHCA Staff	X