

OHIO HEALTH CARE ASSOCIATION
Home Care and Hospice Board Meeting

January 18, 2022, 11:00 a.m.
Zoom Conference Call

MEETING MINUTES

Chair David Walsh opened the meeting and welcomed board members. Mr. Walsh reminded members of the antitrust, conflict of interest and confidentiality policies located in the online folder.

Attendees included: Pete Van Runkle, Josh Anderson, Heidi McCoy, David Walsh, Bryan Casey, Mark Knepper.

Mr. Walsh asked for a motion to approve the minutes from the last meeting. There was a motion given, another second and the motion was approved.

Ms. Heidi McCoy provided updated membership numbers. There was no membership activity since the last meeting.

Mr. Josh Anderson reported on key home health federal issues. The first item was the Omnibus bill which was passed in late 2022. Mr. Anderson reported that despite advocacy efforts there was no action in the bill to stop the Medicare home health payment cut. The only provision was for increased transparency around the budget neutrality calculation that will include access to the data/calculation and a stakeholder meeting to address concerns. He also reported that PAY GO cuts were deferred another year. While there is hope they will be permanently abolished it is still good news since if implemented it would amount to a 4% payment cut. Additionally, he reported that the bill included the phase out of enhanced federal matching rate to states for Medicaid services. While the public emergency was recently extended again, it seems likely this will be the last extension.

Mr. Anderson then reminded board members on the implementation of OASIS-E on January 1, 2023. He stated that version E should be used for any assessments completed in 2023, even if they were started in 2022.

Mr. Anderson also notified board members that new telehealth codes are available for use in Medicare home health billing. He stated that these codes are not required until July 2023 but we encourage members to start using them now so more data is available for CMS to hopefully consider payment for these services in the near future. Mr. Bryan Casey suggested OHCA produce a white paper on this topic.

Ms. Heidi McCoy provided updates for federal hospice issues. She also referenced the Omnibus bill and noted the most important piece for hospice was what was not included, namely a reduction to the hospice cap. She also reported on the Hospice Quality Reporting Program (HQRP) that the next refresh will be in February and updated files will include the year 2020. She also stated that this will be the last update that is posted, from now on they will be emailed by CMS contractor Swingtech. Lastly, she provided an update on the VBIID program which led to a brief discussion on MA plans.

Mr. Pete Van Runkle then covered state budget and advocacy efforts. He stated OHCA is part of a larger HCBS coalition which is requesting an across the board 50% increase in Medicaid payments HCBS services with just a few small carve outs for some ancillary items. He stated that the coalition does not necessarily expect to get that much in the end, but wanted to set the bar high to be able to negotiate for as much as possible to stem the workforce crisis.

Mr. Van Runkle also discussed state House Bill 45. He mentioned payments authorized by the bill for both home care and hospice (among other provider types) that will be paid out by OBM. Unfortunately, it seems OBM will be focusing initially on payments for skilled nursing facilities at the detriment of all other provider types. A portal being developed to apply for the payments will initially only allow SNFs to apply. Mr. Van Runkle estimated payments for the other provider types might not occur until the 2nd quarter of 2023.

Mr. Anderson then reminded board members of the upcoming roll out of the next phase of OMES and the implementation of the fiscal intermediary on February 1. He stated that claims submitted via EDI would need to go through the FI beginning 2/1 for any dates of service on or after 2/1, but direct entry of claims will continue via MITS/PNM at least for the time being.

Mr. Anderson also mentioned Medicaid unwinding and how that affects eligibility for some Medicaid recipients. States are required to restart eligibility verification April 1, 2023 and are required to provide 60 day advance notice for each recipient under review. Based on that time frame, some notices should begin going out next month.

Mr. Anderson then reminded board members of our coming annual convention in May and to get registered. He also mentioned sessions from Charles Canaan of Palmetto GBA. Mr. David Walsh said he had provided feedback on some of the potential speakers/session as part of his role on the review committee.

Mr. Anderson asked board members if they thought more SNF news be included in *Hospice News Bites* or if we should encourage members to sign up for different versions of *News Bites* if they want information on other provider types and the board preferred the latter and suggested an article be included this week in *News Bites*.

Mr. Walsh then asked for any further topics of interest. Hearing none, he announced the next meeting will be held on 3/15 at 11:00am and the meeting was adjourned.