

**OHIO HEALTH CARE ASSOCIATION**  
**Home Care and Hospice Board Meeting**

**November 16, 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, Genevieve Stelzer, Bryan Casey, Eric Talbert.

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. She stated since the last Board meeting there had been no additions or subtractions to membership.

Mr. Pete Van Runkle covered several advocacy initiatives currently underway. He started out by stating that a lame duck session of the legislature has begun. Items we are advocating for in lame duck are a retention bonus for home and community based providers modeled after the process being used in the DD space and the completion of distribution of HB169 hospice funds.

Mr. Van Runkle then gave a brief explanation of the budget process, how it works through agencies to the Governor's office and then through the legislature. Mr. Van Runkle mentioned some items we are targeting for in the budget process which include an increase in the payment to hospice providers for individuals residing in institutional facilities (NFs and ICFs). The current limit is 95% of the NF/ICF rate and we are advocating that it be increased to 100%. Additionally, Mr. Van Runkle said we are part of a larger coalition of provider associations who are advocating for a 50% increase in Medicaid rates to address the staffing crisis. State agencies are currently working on their budget proposals to the Governor's Office and we have offered our help as needed. We are hoping to get at least some "foothold" to an increase in the Executive Budget. Once its released we will lobby in the legislature to get 50% or as close as possible to that number to alleviate the crisis.

Mr. Josh Anderson then gave an update on CMS' Final CY2023 Home Health Payment rule. He stated that CMS released the final rule on Halloween which includes a number of revisions from the proposed rule that provide some short term relief. Chief among those was a 50% reduction in the budget neutrality factor which CMS calculated to comport with the federal requirement that the switch from the previous PPS system to PDGM be budget neutral. Many comments were made to CMS around the full implementation of what was a -7.69% reduction

in the proposed rule. While CMS maintained the methodology they used (in fact, the reduction factor increases to -7.85% in the final rule), they did cut the factor in half for CY2023 to phase in implementation. Full implementation would not take place until CY2024. In tandem with an increase to the market basket index based on more recent data and a number of other much smaller adjustments, overall payments are expected to increase by 0.7% in the final rule (compared to a -4.2% reduction in the proposed rule).

Mr. Anderson stated that despite the short term relief, the long term prognosis is much worse. The provisions in the final rule represent a \$15-\$20B cut in payments over the next decade to the home health industry. The final rule also maintains from the proposed rule a future plan to "clawback" alleged overpayments based on budget neutrality from years already completed under PDGM.

Mr. Anderson said that OHCA has been working with our national counterpart NAHC, which has argued against the methodology CMS used to calculate budget neutrality. OHCA was one of 50 provider representative organizations to sign on to a NAHC letter to Congressional leadership to stop the proposed cuts before they are implemented. Mr. Anderson said that NAHC has continued advocacy of the Preserving Home Health Acts (sister bills in both houses of Congress which would delay any cuts for 3 years) but has also indicated they would be amenable to language that offered a shorter reprieve on payment cuts if it would also require more transparency and collaboration on the part of CMS on the details of their budget neutrality calculation. Mr. Anderson stated that OHCA would continue to closely monitor and keep members posted as this develops.

Mr. Anderson then gave an update on the home health licensing rules. He stated that in a meeting with ODH last month they gave some statistics around applications received. Most startling, roughly 80-90% were incomplete or required more information according to ODH. This is surprising because the process was supposed to be simple for any providers already certified through CMS or the Department of Aging. Also of note, ODH stated they still have many applications to review but have not received as many as expected to this point.

Ms. McCoy provider hospice related updates. She stated that the HOPE assessment has completed beta testing and the results are currently under evaluation. We expect to hear more from CMS early in 2023 on next steps. She also gave an update on the Hospice Quality Reporting Program.

Ms. McCoy then gave an update on the Hospice Quality Reporting Program. As of October 2022, CMS will no longer post a list of hospices that have been found compliant with the Hospice Quality Reporting Program (HQRP) reporting requirements. Letters of non-compliance will continue to be sent by the Medicare Administrative Contractors (MACs), and letters related to failure to comply will also be made available in hospice CASPER folders. After January 2023 there will no longer be a quarterly HQRP update document. Instead, providers are encouraged to sign up for quarterly informational emails provided by Swingtech. To receive Swingtech's

quarterly emails, add or update the email addresses to which these messages are sent by sending an email to [QRPHealth@swingtech.com](mailto:QRPHealth@swingtech.com).

Mr. Anderson shared the good news of the delay of implementation of the next phase of ODM's PNM/OMES system. Implementation of Next Generation Managed Care will be delayed until 2/1/23 and claims and other aspects involving the fiscal intermediary will be implemented some time after that.

Mr. Anderson then advertised the Fundamentals of Home Care webinar which is now available on demand.

Mr. Anderson also advised members of the new schedule for HCH Board Meetings to run opposite months of HCH member calls beginning in 2023. Board members all agreed this was a good approach.

Mr. Walsh then asked for any further topics of interest. Hearing none, he announced the next meeting will be held on 1/18/23 at 11:00am and the meeting was adjourned.