

OHIO HEALTH CARE ASSOCIATION
Home Care and Hospice Board Meeting

March 15, 2023, 11:00am
Zoom Conference Call

MEETING MINUTES

Ms. Gen Stelzer opened the meeting and welcomed board members. She 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, Erin Hart, David Walsh, Bryan Casey, Mark Knepper, and Gen Stelzer.

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

Mr. Pete Van Runkle started with a discussion on whether OHCA should consider membership “all or nothing” meaning that members with multiple lines of service must be members under each line of service to enjoy the benefits of OHCA membership. Mr. Van Runkle stated that we have members who currently go both ways. The waiver for this rule was supposed to be temporary and revisited each year. Various Board members voiced support that this rule once again be enforced. A question was raised as to how its officially defined and Mr. Van Runkle pointed to control of the operation as the key indicator. Mr. David Walsh expressed agreement for the control argument and a motion was made to promote requirement of the “all or nothing” rule back to the OHCA Board. The motion was seconded and unanimously approved. The “all or nothing” rule will be considered at the next OHCA Board meeting and reported back to this Board prior to its next meeting.

Mr. Pete Van Runkle then turned to the state budget and developments for home care and hospice providers. He stated that amendments to the state budget bill (HB33) have been submitted both for home care and hospice. The amendments were included in the meeting online folder. The home care amendment requires the state to increase provider rates to reach an average wage component of \$20/hr for aides and \$35/hr for registered nurses. The amendment also considers future increases for inflation and was approved by related HCBS provider organizations. The Hospice amendment increases payment for individuals residing in a NF or ICF from 95% to 100% of the Medicaid per diem rate.

Mr. Van Runkle stated that at least in testimony to the Finance Health and Human Services Subcommittee that legislators appear sympathetic to all wage arguments. He explained that amendments are due by April 5th and the substitute bill should be released a couple of weeks

after that. Our advocacy will need to adjust to “offense” or “defense” depending on the amount the increase to rates that is included.

Mr. Van Runkle then shifted the conversation to House Bill 45. He stated that the portal is now available for SNFs but there is no good timing on when OBM’s focus will turn to hospice and HCBS providers. For Hospice, we have advocated with the Department of Aging to distribute funds based on Medicare and not Medicaid payments and appear to be successful in that effort. The data used will be the most recent available which is from calendar year 2021. We are still attempting to demonstrate federal eligibility to OBM for home care and hospice providers to be considered a beneficiary under the program. Particularly for hospice there is less specific wage data available which was the purpose of the member survey distributed earlier this month.

Mr. Josh Anderson then provided an update on the OMES/Fiscal Intermediary. He stated that there still remain issues with claims submitted via EDI. OHCA is still recommending providers hand key claims in MITS if they are encountering any difficulty with EDI payments. ODM has also made bridge payments available to some provider types including home care and hospice that could be utilized. However, the easiest route may still be MITS for most providers unless they have large volumes. For providers that tried to bill using both EDI and MITS they may have received duplicate payment. They should monitor this and be prepared to pay back funds if they were overpaid.

Mr. Anderson then shifted to the federal outlook for Home Health in 2023. He reminded Board members of the upcoming CMS webinar intended to be the stakeholder engagement on the 2023 payment rule which the Omnibus Bill of late 2022 required. It appears CMS is treating this webinar as more of a “check the box” than an actual engagement for feedback and modification. Mr. Anderson explained that our national association NAHC has largely shifted advocacy focus to the 2024 payment rule in an attempt to pre-empt any further cuts. The initial rule is expected to be released in late June/early July.

Hs. Heidi McCoy then provided a similar federal outlook for hospice. She stated that the industry as a whole is being scrutinized for fraud and expects that to be a big focus of CMS going forward. There is strong support across the industry for a moratorium on the growth in the number of agencies. CMS is developing a list of red flag criteria for surveys which will include colocation of agencies and single administrators over multiple agencies. There is expected to be updates made accordingly to the hospice Conditions of Participation. In addition, the hospice survey protocol is being changed to focus more on quality of care. Mr. Mark Knepper stated that he had experienced surveys in other states and they have been more intensive and have really honed in on volunteer hours.

Mr. Anderson then stated the next scheduled meeting was on the books for May 17th and asked if the Board wanted to schedule an April meeting to keep with the monthly cadence during the

budget. The Board agreed to stick with monthly and April 19th at 11:00am was added to the schedule.

Ms. Stelzer then asked for any further topics of interest. Hearing none, the meeting was adjourned.