

OHIO HEALTH CARE ASSOCIATION
Home Care and Hospice Board Meeting

December 5, 2023, 10:00am
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, Bryan Casey, Mark Knepper, Laura Dales, Mike McConnell and Gen Stelzer.

Ms. Gen Stelzer 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. Josh Anderson discussed the issuance of the Home Health final payment rule by the Centers for Medicare and Medicaid Services (CMS). He noted that while CMS maintained their budget neutrality calculation, the implementation of only half of the adjustment led to a slight increase in rates. However, the market basket calculation remains short of actual inflation experienced by providers so essentially are facing what feels like significant cuts in payments. Additionally, CMS has not stated how they will recoup “overpayments” from years 2020 – 2022 where no budget neutrality adjustment was included. Josh mentioned that a lawsuit was filed by NAHC against the implementation of the rule and that its impact on the industry, especially regarding future payments and potential overpayments from previous years, could be significant. Ms. Stelzer asked if there will be any chance of success of the lawsuit. Mr. Anderson suggested that there might be some progress after January but did not expect any significant developments before the proposal of next year's rule.

Ms. Heidi McCoy explained the new Hospice provisions in the home health payment rule, including the introduction of the special focus program, the Independent Dispute Resolution process, and the inclusion of Hospice administrators and medical directors in the definition of managing employees. She clarified that the selection of the 10% for the special focus program will not occur until the fourth quarter of 2024. Mr. Mark Knepper asked how the scoring works. Ms. McCoy said she would send him the algorithm. The Board also discussed issues with the CAHPS process, identifying it as convoluted and inefficient. They highlighted challenges with getting families to complete and return the survey. Ms. Erin Hart suggested joining technical expert panels to improve the survey, and the team agreed that the way the questions are worded may lead respondents to focus on negative experiences rather than providing a general evaluation. Ms. Hart shared that there won't be a specific number of agencies per state

required but rather the 10% will be identified nationwide which is good for Ohio which has fewer deficiencies compared to other states.

M. McCoy notified Board members about the potential impact of the nursing facility staffing mandate proposed by CMS. She stated that OHCA has submitted comments on behalf of home care and hospices which she added to the meeting folder.

M. Hart discussed ongoing issues with Medicaid and PNM, particularly in relation to hospice claims. She anticipates that claims that did not have patient liability deducted correctly will be re-adjudicated in January but expressed concerns about the lengthy process. She also reported that we have no word from ODM on a claims portal. On a positive note, she stated that we aren't hearing from providers not getting claims processed so at least some improvement.

Mr. Anderson highlighted the topic of home health licensure. He reported that the application review process, which began in September 2022, has almost concluded, with 1,750 applications reviewed and 375 still pending. Mr. Pete Van Runkle asked Board members about potential homecare providers being left out of the process and the possibility of statute reform. Mr. Bryan Casey expressed concerns over an uneven playing field due to some providers not filing applications, questioning how the state will address this issue. Ms. Hart noted that private pay providers often fall under the radar. Mr. Anderson added that if providers bill Medicaid and/or Medicare for certain services, they are expected to have licenses. However, Mr. Casey stated his experience of still being paid while in a pending status. Mr. Van Runkle suggested a revisit of the topic in a future Board meeting.

Ms. Hart provided an update on the implementation of Medicaid's provisions for House Bill 33 (budget bill), stating that waiver and state plan applications had been submitted but not yet approved by CMS. She mentioned the release of the rates, which were included in the meeting online folder. She confirmed that everything was on track for the 1/1/24 implementation for various services. She went into detail on the loaded first hour being removed from private duty nursing rates but maintained in home health rates. She explained that shorter visits for home health RNs yielded higher reimbursements, while longer visits for private nursing resulted in higher pay. Erin addressed some initial resistance to the policy change but clarified it was largely a misunderstanding and no further questions had been raised about it.

Mr. Van Runkle then shifted the conversation to the budget coalition, outlining their successful advocacy for increased Medicaid rates for home care services but noting that hospice was not included. He stated that a goal for the coalition for the next budget is some mechanism to automatically adjust rates to prevent rate stagnation. He mentioned the possibility of considering cost data or other inflation factor indexes for rate setting. The discussion concluded with Mr. Van Runkle suggesting the creation of a separate hospice coalition, given the unique issues surrounding hospice that the current coalition may not want to address.

Lastly, Mr. Van Runkle discussed the issue of 95% versus 100% room and board payments for hospice patients in skilled nursing facilities. He also highlighted a question raised by another member about direct pay to nursing facilities instead of the current policy which requires the hospice provider to be the middle man. Ms. Hart stated she had researched both topics. She found a precedent in Oregon and a few other states for 100% payment but had not found a CMS approval for direct payment to nursing facilities. Mr. Casey stated that Pennsylvania does allow this practice, which Ms. Hart agreed to investigate further. The Board agreed to continue working with the coalition and make a decision about the structure for future advocacy efforts.

Ms. Stelzer stated the next meeting was scheduled for January 16th. She asked for any further topics of interest. Hearing none, the meeting was adjourned.