

Meeting Summary for OHCA Home Care and Hospice Member Call

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Quick recap

The Homecare and Hospice member call discussed updates and concerns. Heidi informed the team about the upcoming Hospice special focus program and potential hiring of a third party for surveys. Erin highlighted the upcoming rate changes in January for Ohio homecare and emphasized the importance of updating rates on claims. Jennifer Butler raised issues with Buckeye regarding the processing of patient liabilities. Josh opened a discussion about the home health licensure process.

Summary

Homecare and Hospice Member Call Update

Josh, the meeting leader, indicated that they were waiting a few more minutes for everyone to join. They noted that Heidi was experiencing computer issues and joined the meeting via phone. Josh then initiated the discussion for the Homecare and Hospice member call for December, noting that they would provide various updates and wanted to hear from attendees. They also encouraged attendees to raise any issues or concerns they might have.

CMS Payment Cut Update and Hospice Special Focus Program

Josh provided an update on the new home health payment rule for 2024, noting that the Center for Medicaid and Medicare (CMS) had implemented a partial payment cut. They mentioned that a lawsuit filed by Knac against this payment cut was in the discovery stage and no major action was expected before January. Heidi then updated the team on the upcoming Hospice special focus program. They explained that CMS will identify the 10% of hospices with the highest scores as the worst performing agencies and list them on a dedicated website. However, they clarified that only 1% of hospices would likely be affected.

CMS, Hospice, and Homecare Updates

Heidi discussed the possibility of CMS hiring a third party for the special focus surveys that occur every six months. They also clarified that the list of facilities under extra scrutiny will not be published until the fourth quarter of 2024. Heidi further explained the role of marriage and family therapists and mental health counselors in the Hospice Interdisciplinary Group, emphasizing that they cannot replace medical social workers. Finally, Erin updated the team on upcoming rate changes set to take effect in January for Ohio homecare, waiver, passport, and State planned home health. They also mentioned that all necessary amendments to the applications have been filed, with approvals already received for some and pending for others.

Home Health Rates and Budget Projections

Erin discussed the weighted first hour and its potential impacts on budget and revenue projections. They explained the difference between home health Rn and private duty nursing, emphasizing that home health Rn visits are shorter. They also noted that there would be no additional loss of money compared to previous years due to higher rates, averaging about 40% higher in home health. Erin stressed the importance of updating rates on claims to correctly reflect the new rate structure and to ensure full payment for Medicaid beneficiaries. They concluded by mentioning a request for feedback from a managed care organization.

Arpa Payment Recalculation Discussion

Erin discussed the recalculation of Arpa payments by the Huj Department of Medicaid, specifically focusing on the managed care component. They mentioned an upcoming meeting with the house partner of Medicaid's Managed Care Policy Team to gain clarity on the matter. pete speculated that the issue might be related to House Bill 169 payments, which were delayed and divided into half payments. However, they were uncertain about the reason for the miscalculation of the payment.

Report Confusion, Overpayment, Medicaid Errors

pete and Erin discussed a report that indicated some confusion and potential discrepancies. Jennifer. Butler mentioned receiving a letter from Bucca regarding an overpayment and suggested that there might be a way to find out the exact amount online. Erin noted that Medicaid would offset claims next month and emphasized the need to investigate the issue further. Additionally, Erin brought up a systemic error related to hospice room and board claims, which the Ohio Department of Medicaid confirmed. They explained that the error occurs when a claim is reprocessed and fails to deduct the patient liability. Erin mentioned that they were testing a correction and planned to reprocess all impacted claims in January, but expressed skepticism about this plan's success.

New Hospice Claims Portal and Care Source Requirements

Erin announced that a new claims portal is being developed, specifically for Hospice-related claims, with a hospice election function. The rollout is expected to take approximately six to eight weeks, with a simultaneous training period. Erin also mentioned the potential for a Hospice election testing phase with a provider before full rollout. Furthermore, Erin addressed a question from Jennifer. Butler about the Care Source prior authorization requirements for inpatient hospice. Erin indicated that Care Source is still unclear on how these requirements were coded and is expected to provide further information by the end of the week.

Patient Liabilities and Home Health Licensure Process

Jennifer. Butler raised issues they were facing with Buckeye, particularly regarding the processing of patient liabilities, which Erin confirmed was a known issue stemming from the new fiscal intermediary. Erin suggested that Jennifer. Butler continue submitting their appeals

and suggested a workaround process involving screenshots. Erin also mentioned a future meeting with Gabel and Deloitte, the programmers for the fiscal intermediary, to discuss the issue further. Later in the meeting, Josh opened a discussion about the home health licensure process, which was authorized two budgets ago and is expected to conclude in September. They invited feedback on the process, specifically on the requirements, enforcement, and how to address it in the next budget.

Next steps

Josh will update the team on the home health payment rule and its implications.

Heidi will provide updates on the Hospice special focus program and the potential hiring of a third party for surveys.

Erin will follow up on the issue of CareSource prior authorization requirements and provide an update in the weekly newsletter.