Meeting summary for OHCA HCH Member Call (11/26/2024)

Quick recap

Josh led the monthly Ohca Home Care and Hospice member call, discussing the Home Health Payment Final Rule, new assessment items in the Home Health Quality Reporting Program, and the upcoming electronic visit verification for home health state plan services. Heidi discussed the flawed algorithm used in the special focus program for hospices, proposed changes to the program, and introduced the Hospice Care Act. Erin provided updates on the MyCare Ohio program, an issue with Care Source's implementation of an edit on its managed Medicaid claims, and several updates and reminders regarding waiver requirements, provider agreements, and billing codes.

Next steps

• Hospice providers to review and hold off on signing any contract amendments related to private room add-ons until confirmation from the Department of Medicaid.
• Home health and hospice providers to prepare for Care Source claims validation starting December 2, 2024, especially checking referring provider information.
• Waiver providers to submit prior authorization requests for Ohio home care waiver and passport services to Care Source by December 31st for January 1st effective date.
• Hospice providers to review policies and clinical guidelines regarding telehealth face-to-face visits, as COVID flexibilities expire on December 31, 2024.
• OHCA members to provide feedback to Heidi regarding the proposed changes to the OHCA Annual Convention format for home care and hospice sessions.

Summary

Ohca Home Care and Hospice Update

Josh led the monthly Ohca Home Care and Hospice member call, addressing issues from the previous week and discussing the Home Health Payment Final Rule. He explained that the rule, issued on November 1st, followed CMS's previous approach of cutting the behavioral adjustment in half. The final cut was a negative 1.9 7 5% adjustment, coupled with general market basket inflation adjustments, resulting in an increase of roughly 0 point 5% to home health payments for calendar year 25. Josh also mentioned that the collection of overpayments, now almost 4.5 billion dollars, has not been addressed yet. He further discussed the new assessment items in the Home Health Quality Reporting Program and the changes in data collection for OASIS. Erin added that the new admission start of care policy requires home health agencies to demonstrate their capacity to serve patients, update their website with this information, and frequently update it to ensure accuracy. Lastly, Josh mentioned the Department of Labor's overtime rule being vacated and set aside by a Texas court, and the DEA's

extension of telemedicine flexibilities for prescribing controlled medication until December 31st, 2025.

Electronic Visit Verification and Hospice Updates
Josh informed the team about the upcoming electronic visit verification for home health state plan services, set to begin on January 1st, 2025. He mentioned that the Department of Medicaid has been sending out email notices to providers with mismatch claims and has created a provider lookup dashboard for claims verification. Josh urged the team to review the dashboard to avoid cash flow issues due to denied payments. Heidi then provided updates on the Hospice special focus program, stating that CMS will select the first cohort of the lowest performing hospices in November 2024. She also mentioned that a bipartisan bill, the Enhancing Hospice Oversight and Transparency Act, has been introduced but has not yet passed the house.

Addressing Hospice Program Issues and Penalties
Heidi discussed the flawed algorithm used in the special focus program for hospices, which is causing issues with the implementation of the program. She proposed a delay in the program's start date to January 1st, 2027, to allow for a more accurate assessment of the bottom 10% of performing hospices. She also suggested a confidential preview report for identified hospices at least 60 days prior to public identification. Furthermore, Heidi proposed increasing penalties for noncompliance, specifically for failing quality data reporting, from 4% to 10% starting in fiscal year 2027. Lastly, she discussed the Hospice Care Act, which would introduce a 5-year moratorium on new Medicare hospices, a prepayment medical review, increased survey frequency, and other changes to the program. However, she expressed doubt about the bill's chances of passing during the current lame duck session.

Healthcare Industry Changes and Webinars
Heidi discussed the potential changes in the healthcare industry, particularly in hospice care, due to the retirement of Representative Blumenhour. She mentioned that a new representative would need to sign on to reintroduce a bill that was introduced during the last session. Heidi also proposed a change for the annual convention in May, suggesting that Tuesday be dedicated to home care and hospice sessions. She emphasized the idea of more webinars for staff and members in the coming year, including one with Charles Cannon from Palmetto Gba about audit findings and another about the new Hope assessment.

MyCare Ohio Program and Convention
Heidi discussed the upcoming convention, emphasizing its streamlined nature and cost-effectiveness. She then handed over to Erin, who announced the selection of four plans for the MyCare Ohio program, including three existing plans and a new one. Erin expressed concerns about the impact on existing plan holders and the potential for unfair payment practices. She also mentioned the introduction of a new, unified plan for

both Medicare and Medicaid, which could affect current dual-plan holders. Erin highlighted the need for legislative protection for Medicaid rates and the importance of timely authorization processes. She also noted that contract amendments for the new MyCare plan were premature, as the plans had not yet signed agreements with Medicaid. Lastly, she mentioned the upcoming CareSource claims validation starting December 2nd, 2024.

Care Source Implementation Issue Discussed
Erin discussed an issue with Care Source's implementation of an edit on its managed Medicaid claims. The edit checks the billing providers' Mpi and any ordering or referring providers on the claim, and if they are not active in the Medicaid system, the claim will be denied. This issue is particularly concerning for waiver providers, such as Passport Ohio Home Care, as it could lead to denials of claims built after December 2nd. Erin advised the team to start checking this issue now for their claims, especially if they are billing for My Care beneficiaries. Care Source has offered assistance for members particularly impacted by this issue.

Waiver Requirements and Billing Updates
Erin discussed several updates and reminders regarding waiver requirements, provider agreements, and billing codes. She mentioned that Ohio home care, waiver, and passport services will require prior authorization from January 1st, and encouraged staff to submit requests in the portal on December 31st. Erin also addressed the private room add-on for skilled nursing facilities, advising against executing contract amendments until explicit confirmation from the Department of Medicaid is received. She emphasized the need for separate billing codes for category one and two private rooms and cautioned against over-committing to payments that may not be reimbursable.

Private Rooms, Billing, and Telehealth Updates
Erin discussed the ongoing issues with the approval of private rooms in nursing facilities and the subsequent communication responsibilities between the facilities and hospice agencies. She advised against executing agreements until further confirmation from the Department of Medicaid. Erin also addressed the complications arising from the interpretation of when to bill for non-invasive vents and the subsequent medical record requirements. She encouraged the team to send examples of such issues for individual review. Lastly, Erin discussed the upcoming cut to outpatient therapies and the potential for rate increases, as well as the expiration of telehealth face-to-face flexibilities on December 31st, 2024, unless legislation is passed.

Healthcare Impact of Recent Elections
In the meeting, Pete provided an update on the impact of the recent elections on healthcare providers. He noted that the new administration's attitude towards regulation would likely be significantly different, with a focus on rolling back or halting existing

rules. He mentioned specific areas of interest, such as the Home Health payment rule and the Access rule for Medicaid. Pete also discussed the political landscape at the state level, noting that the Republicans remain in control with super majorities in both the House and the Senate. He expressed concerns about the budget for the next year, as the State income tax has been underperforming estimates. Josh announced that the next member call would be on December 18th at 10 am, and encouraged everyone to tentatively mark it on their schedules.