

Meeting summary for OHCA Home Care & Hospice Member Call (01/08/2025)

Quick recap

Josh and Aaron discussed the implementation of a new billing system for hospice room and board, which involves adding a modifier to claims for category one and two. Heidi provided updates on telehealth extensions and the Hospice special focus program, while Pete discussed the ongoing budget issues related to home care and hospice and the proposed rule by the HHS. Lastly, Victoria raised a concern about Medicare claims being denied by Palmetto when the claimant was on an observation stay and the face-to-face was not done by the certifying hospital.

Next steps

- Erin to continue reaching out to health plans weekly for updates on when they can process private room add-on codes for hospice billing.
 - Erin to publish updates from health plans regarding private room add-on code processing in News Bytes.
 - Erin to share the hospice contract addendum template donated by Akiso Home Health and Hospice in SPACE on Friday.
 - OHCA to continue advocating for extension or permanent implementation of telehealth waivers for hospice face-to-face recertification and home health face-to-face visits.
 - Pete and OHCA team to monitor and respond to the governor's budget announcement in early February, particularly regarding hospice and home care funding.
 - OHCA to monitor developments and potential changes to the proposed HIPAA security rule revision under the new administration.
 - Victoria to contact Erin regarding issues with Medicare claims being denied by Palmetto for observation stays without face-to-face visits.
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Summary

Ohca's Home Care and Hospice Update

In the meeting, Josh welcomed everyone to the Ohca's Home Care and Hospice member call for January. He mentioned that they would wait for others to join and then proceed with the updates. He then handed over the discussion to Aaron Hart to cover some billing information. However, Erin had to log off due to a cracked window in her cold environment.

New Billing System for Hospice

Erin discussed the implementation of a new billing system for hospice room and board. She explained that a uniform billing guidance has been established for managed care

entities, which involves adding a modifier to claims for category one and two. This system is effective from December 18th and will be implemented in the coming weeks. Erin also mentioned that some managed care entities require separate line items for billing, and that claims can be submitted as is for December with a correction later. She emphasized that this new system only applies to managed care entities and not to Medicaid fee for service claims.

Claim Processing, Telehealth Extensions Updates

Erin reported that providers have initiated the claim processing issue and a billing work group has been formed to address these issues. She encouraged members to join the work group's first meeting on January 29th. Erin also mentioned that they have developed good relationships with managed care plans, which helps resolve issues quickly. She added that a uniform billing guidance has been accepted by all plans, including the next generation managed care. Erin also announced that a template for private pay add-ons from skilled nursing facilities, donated by a member of the home care and Hospice Board, will be available for members this week. Heidi provided updates on telehealth extensions. She explained that the American Relief Act, passed on December 30th, included telehealth extensions but only until March 31st of this year. These extensions apply to Hospice face-to-face recertification and home health face-to-face visits, which can be conducted via telehealth without geographic and originating site restrictions. Heidi emphasized that they are advocating for these extensions to be extended or made permanent.

Hospice Special Focus Program Update

Heidi provided an update on the Hospice special focus program. She announced that 50 hospices were selected, but none were from Ohio, which was considered good news. However, she noted that three of the selected hospices were removed from the list, bringing it down to 47. Additionally, the special focus website was taken down, and a list of nationwide hospices with condition level deficiencies was also removed. Heidi mentioned that the Alliance had conducted their own analysis using the algorithm and found discrepancies with the CMS list, leading to a meeting with CMS in January to discuss these issues.

Rulemaking, Algorithm, and Governor's Budget

Heidi reported that a meeting in late January will discuss the rulemaking and algorithm, potentially pausing the special focus program and reviewing the list of 47. She also mentioned that no Ohio facilities or agencies were on the list. Pete then discussed the upcoming governor's budget, which is expected to be released in late January or early February. He expressed anticipation and some trepidation about the budget's content, as it will significantly impact their work. Pete also mentioned that they will monitor the hearings and track the statements of agency directors to understand the bill's details.

Budget Issues and HIPAA Rule Changes

Pete discussed the ongoing budget issues related to home care and hospice. He mentioned the need for changes, particularly on the Hospice side, where they aim to increase the per diem for skilled nursing facilities (SNFs) to 100% from the current 95%. He also highlighted the challenges faced by hospices due to the difference between the rates they pay and the rates they receive. On the home care side, Pete expressed the need for an ongoing process to increase rates to avoid stagnation. He mentioned that the administration is tight-lipped about their proposals, but they will have a better understanding by the next call. Pete also brought up a proposed rule from HHS that would significantly revise the security part of the HIPAA rules, emphasizing the importance of protecting electronic personal health information from unauthorized access.

HHS Proposed Rule and Special Focus

Pete discussed the proposed rule by the HHS, which would establish additional requirements for healthcare providers and other players in the payment aspect of the system. He mentioned that the rule is a proposed one and not yet effective, with the new administration potentially having a more lenient approach to regulations. Pete also highlighted the possibility of a pause or revision of the special focus program due to its flaws and the need for a more rational approach. The Alliance is working on comments to reduce the burden on providers and others affected by the proposed rule.

Rule-Making Process and Upcoming Events

Pete discussed the ongoing rule-making process, mentioning the inclusion of topics like quantum computing, AI, virtual and augmented reality, and the possibility of these being addressed in future iterations. He also encouraged team members to provide comments on the rule. Josh added that the transition of the OASIS to be for all payers has begun and will be fully implemented in July. He also mentioned the upcoming CMS Open Door Forum and the scholarship program for employees of OHCA member organizations. Lastly, he reminded the team about the upcoming convention and the planned Home Care and Hospice Day on May 7th.

Medicare Claims Denial Observation Stay Issue

Victoria raised a concern about Medicare claims being denied by Palmetto when the claimant was on an observation stay and the face-to-face was not done by the certifying hospital. She mentioned that this issue had arisen recently and was causing delays in starting treatments. Josh and Heidi confirmed that they had not heard of this issue before and suggested that Victoria reach out to Erin for more information. Josh also emphasized the need to address this issue before it escalates further.

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