

Meeting summary for OHCA Home Care and Hospice Member Call (04/10/2024)

Quick recap

Josh and Erin discussed updates on home health, hospice care, and Medicare Advantage legislation, as well as billing issues related to Change and Bright Tree. Heidi presented the proposed hospice payment rule for fiscal year 2025, including a 2.6% increase and changes to hospice caps and geographic delineations.

Next steps

- Heidi will provide updates on the proposed hospice payment rule for fiscal year 2025, including any changes to the payment update percentage, hospice cap, and new labor market geographic delineations.
- Erin will monitor the situation regarding the change healthcare debacle and provide updates on the medical review suspension for Humana and other health plans.
- Charles Cannon will provide an update on when instructions for the medical review suspension will become available from Medicaid managed care plans.

Summary

Persistent Calls and HCA Meeting Delay

Heidi shared her experience of an unknown person's persistent calls, despite her being engaged in a meeting. Josh also mentioned receiving multiple calls about selling his house or getting his roof done. Both agreed that these calls might be the result of a scam or a redistributed list. Josh welcomed everyone to the month's HCA meeting, anticipating a few more participants might join later.

Home Health and Hospice Care Legislative Updates

Josh discussed the latest updates and upcoming legislative proposals related to home health and hospice care. He highlighted the ongoing efforts by national partners, Nack, to address payment cuts through potential legislation, aiming for a deal by the end of June. The proposed legislation includes provisions to increase penalties for poor quality reporting, decrease incentives for high-performing providers, and expand the view choice demonstration program. He also addressed the expected finalization of the Medicaid access rule, which would require 80% of payments to direct care staff wages, with a 4-year implementation window. Damon Tarzagi from Nack was mentioned as a speaker at the upcoming convention, where he is expected to provide more details on these issues.

State Evv System Updates and Medicare Issues

Josh reminded the team about the upcoming webinar on updates to the State Evv system, sponsored by Odm and Sand Data, which was scheduled for the following Tuesday at 3 PM. He emphasized the importance of attending the webinar to stay informed about the system changes to meet the Evv requirements. Afterwards, the discussion was handed over to Aaron who was set to talk about recent billing issues and the Medicare Advantage Proposed Rule.

Medicare Advantage Rule Changes Discussed

Erin discussed several key changes to the Medicare Advantage rule that impact home health and hospice. She highlighted the new appeal rights for beneficiaries who are cut from home health, allowing them to fast track appeals through the Quality Improvement Organization (QIO), even if the Medicare Advantage plan does not respond promptly. Erin also mentioned that QIO contact information should be readily available to the team, with assistance from Lisa Novak if needed. She further explained that the rule limits cost sharing for home health services for dual-eligible Medicare Advantage members and adds a new facility specialty called outpatient behavioral health to the Medicare Advantage network, aiming to expand options for hospice patients needing mental health counseling or marriage and family therapy.

Healthcare Sector Updates and Challenges

Erin discussed recent changes and challenges in the healthcare sector. She highlighted the reconnection of Change with Bright Tree, a software program useful for their members, and the restoration of payments for some payers utilizing Change. However, she noted that the most significant holdout was Ohio Medicaid, which had not reestablished their connection to Change. Erin also mentioned that the Optum temporary funding assistance program has started requesting repayment, and Medicare has offered a medical review suspension for those impacted by the Change disruption. Lastly, she addressed an issue with Humana Medicaid and Hospice room and Board denying claims, and encouraged members to submit a provider claim dispute for processing.

Hospice Payment Rule and Geographic Delineations

Erin started by checking if there were any other issues apart from the ongoing problems with Hospice room and board claims. She then handed over to Josh, who introduced Heidi to discuss the Hospice payment rule. Heidi informed the team about the proposed rule for the fiscal year 2025, which includes a 2.6% increase, and a rise in the hospice cap to \$34,364.85. She estimated this would lead to an increase of about \$705 million in payments to hospices. Heidi also noted that CMS proposed adopting new labor market geographic delineations based on the 2020 census, which would change the status of Ashtabula and Erie counties from rural to urban.

Hospice Rule Requests and Updates

Heidi discussed two requests for information in the proposed hospice rule. The first one is related to financial risks of hospices providing complex palliative treatments and higher intensity levels of hospice care. The second request is to identify additional social determinants of health domains useful for addressing health equity issues in hospice. Heidi also noted that there were no updates about the Hospice special focus program and no mention of program integrity. The proposed rule also includes the start of using the Hope data collection tool from October 2025 and the implementation of a revised Caps Hospice Survey starting January 2025. Heidi clarified that there were no changes in the regulation for the medical director and the difference between an election statement and a notification of election.

AI-generated content may be inaccurate or misleading. Always check for accuracy.