

Meeting summary for OHCA Home Care and Hospice Member Call (05/08/2024)

Quick recap

The team discussed the upcoming annual convention, recent federal rule updates including the Medicaid access rule and the Department of Labor's overtime rule, and the new non-compete clause rule issued by the Federal Trade Commission. They also reviewed the release of May statistics, updates on federal issues, and changes to the hospice enrollment process. Lastly, they discussed Ohca's legislative agenda for the year, the ongoing public comment period for the Ohio home care waiver, and concerns about Medicaid claim submission.

Next steps

- Erin will attend the Hospice Enrollment training session and share a summary with the team.
- Heidi will provide the link to the PDF of the new FAQ document addressing billing functions and claim submission.
- Jennifer will monitor for any denials due to timely filing and report them to Erin.

Summary

Medicaid Access Rule Update and Annual Convention

Josh discussed several key topics in the meeting. He reminded everyone about the upcoming annual convention and encouraged them to register and participate. He then delved into recent federal rule updates, specifically the Medicaid access rule finalized in April 2023 with an effective date of July 9, 2024. The rule mandates that 80% of Medicaid payments for home care services be spent on direct care employee compensation, with a six-year runway for implementation. Josh noted changes made from the proposed to the final rule, including the inclusion of workers' compensation in employee compensation and the expansion of direct care workers to include nurses and clinical supervisors.

Medicaid Access Rule and Provider Compensation

Josh discussed the new Medicaid access rule, highlighting the annual reporting requirements for states and providers, and the controversy surrounding the rule's 80-20 provider compensation threshold. He also mentioned the rule's oversight requirements, including the establishment of payment rate disclosure and advisory groups. Josh encouraged attending a session by expert Damon Tarzagi on the rule at the upcoming convention. Erin then commented on the compensation component of the rule,

emphasizing that benefits and retirement are included, and a webinar would be held to demonstrate compensation calculation scenarios.

Medicaid Access Rule and Overtime Changes

Erin highlighted the upcoming Medicaid access rule, set to start in May 2026, which would allow individuals to file grievances related to their services. She emphasized the potential challenges for home care and passport providers, particularly those dealing with mental health issues, and the importance of preparing for the grievance process. Josh then handed the discussion over to Heidi, who discussed the Department of Labor's final version of the overtime rule. The rule, set to take effect in two steps, will significantly increase the overtime eligibility thresholds for executive, administrative, and professional employees, leading Heidi to predict potential lawsuits in response to these changes.

Non-Compete Clauses and Home Health Requirements

Heidi discussed the new non-compete clause rule issued by the Federal Trade Commission, which bans all new non-compete clauses but allows existing ones for senior executives. She emphasized the difference between non-compete and non-solicitation agreements, with the former being restricted and the latter being allowable. She advised the team to review their employment paperwork to ensure they have these agreements separated. Erin then presented on the next benefit step, highlighting that home health and hospice workers or agencies would need to meet certain requirements in 2 to 5 years, potentially increasing pressure on wages and availability. She also expressed concern that this could lead to facility closures, especially in the hospice sector, due to the difficulty of meeting the minimum staffing standards.

May Statistics and Federal Updates

Erin discussed the timeline for the release of May statistics, typically published in July. Josh provided updates on federal issues, including revisions to the CMS State Operations Manual and Oasis version E manual for Home Health Agencies, with changes related to COVID-19 vaccination and quality reporting requirements effective January 25, 2025. He also reported on the dismissal of the Nac lawsuit and Department of Health's updates on home health licensing and surveys, with 1,850 out of 2,250 applications approved and survey frequencies at 53 months for home health and 37 months for hospice. Heidi added that revisions to the State Operations Manual, Chapter 10, now include hospice in the informal dispute resolution process from January 1st and clarified the process for disputing condition level findings.

Hospice Enrollment and CMS FAQ Update

Heidi informed the team that the enrollment or opt out period for hospices, initially set to begin in May, has been postponed to July 3rd. Erin added that the Centers for Medicare and Medicaid Services (CMS) released a new FAQ document addressing questions about claim submissions and how to ensure claims go through without denial. Erin

emphasized the importance of reviewing this document, particularly regarding billing functions and claim submissions. She also mentioned that Medicaid had recently announced moving DE functionality into PM&M.

Hospice Enrollment System Transition and Concerns

Erin shared that hospice enrollments are transitioning to a new system, which would be implemented from June 30. She expressed her concerns about the change, recalling a past difficult experience with hospice enrollment. Erin strongly recommended that hospice members attend the training sessions to understand the new process better, particularly since incorrect entry of benefit periods had led to payment issues in the past. She also noted that other Medicaid enrollments and institutional claims would be migrated to the same system. Erin mentioned ongoing concerns about the lack of testing and communication in the system's rollout and hoped for improvements. Finally, she noted that a session about the Mycare Ohio program for hospice physicians was still scheduled.

Ohca's Legislative Agenda and Medicaid Concerns

Erin discussed Ohca's legislative agenda for the year, focusing on ensuring adequate payment for home health and hospice services under the new mycare model. She invited feedback and further considerations for this legislation. Erin also addressed the ongoing public comment period for the Ohio home care waiver, passport, and my care, emphasizing the need for informed comments due to potential impacts on the organization's business. Jennifer. Butler raised concerns about Medicaid claim submission and timely filing limits, which Erin confirmed to be 365 days for any Anthem Medicaid product. Heidi announced a follow-up meeting for the next week and wished everyone a happy Mother's Day.

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