

Meeting summary for OHCA Home Care and Hospice Member Call (06/19/2024)

Quick recap

The team discussed major updates concerning hospice, including a draft legislation proposing significant changes to the Medicare Hospice program and updates in the 2024 physician B schedule. They also highlighted upcoming changes in physician billing, VA hospice referrals, and the implementation of the new Electronic Visit Verification (EVV) system, as well as concerns about the new system's functionality and the need for caregiver protections. Lastly, they addressed billing issues with Medicare and the Department of Labor's overtime rule, and announced the merging of the National Association of Continuing Care (NAC) and the National Hospice and Palliative Care Organization.

Next steps

- Hospice providers to review the draft Hospice Care Accountability Reform and Enforcement Act legislation and provide feedback to Heidi McCoy (H.McCoy@ohca.org) for her to discuss in the upcoming roundtable.
- Hospice providers to ensure all attending physicians listed on claims are Medicare-enrolled and have a 'Y' in the Hospice column in the CMS ordering and referring data set.
- Hospice providers to attend the trainings provided by the Ohio Department of Medicaid on the PNM system migration and be prepared for potential eligibility and claims processing issues during the transition.
- OHCA to draft comments on the structured family caregiver service rules, addressing concerns about the proposed rate and suggesting limitations based on the required hours of care.
- Hospice providers to review the Medicaid Access Rule webinar and materials provided by OHCA to understand the upcoming changes and implementation timelines.

Summary

Ohca Home Care and Hospice Member Call

Josh welcomed everyone to the Ohca home care and Hospice member call and invited them to ask questions or make comments at any time. He then handed over to Heidi to discuss some major updates concerning hospice. Heidi informed the group about a draft legislation related to hospice, which had been released by Congressman Blue on June 13th, although it had not yet been filed.

New Hospice Care Act Proposal Discussed

Heidi discussed a new draft legislation titled the Hospice Care Accountability Reform and Enforcement Act, which aims to make significant changes to the Medicare Hospice program. The Act, which is yet to be filed, seeks stakeholder feedback in the coming weeks. Heidi highlighted several provisions of the Act, including the creation of a new per visit payment amount, the removal of coverage for Home Health aid services for individuals on Hospice residing in a skilled nursing facility, and the establishment of a short-term in-home hospice respite level of care. The Act also proposes the introduction of a payment for high-cost, complex palliative care treatments and an additional 15-day inpatient respite care period. Non-compliant hospices would receive no payment, and there would be a nationwide Medicare hospice enrollment moratorium for five years. Heidi also mentioned the addition of medical reviews, audits, and survey activity, and the requirement for a physician to be available for immediate consultation.

Payment and Hospice Reform Updates

Heidi discussed the draft legislation related to payment and hospice reform, emphasizing that there were still ongoing discussions about it. She also informed the team about updates in the 2024 physician B schedule, which included new federal regulation changes enabling marriage and family therapists or mental health counselors to be part of the hospice interdisciplinary group. Erin then took over to provide more hospice updates, specifically about the Hospice Certifying Position claim edit, set to be effective from June 3, 2024.

Physician Billing Changes and Compliance

Erin discussed the upcoming changes in physician billing effective from June 3rd, with compliance required for reporting the certifying hospice physician when billing for dates of service or claims. She clarified that from this date until October 6th, the hospice physician certifying the terminal illness should be listed in the attending physician field, with the other physician listed under the other position field on the claim. Erin emphasized that this approach aligns with CMS documentation and guidance, and advised that it would be best to maintain this practice to avoid claim denials. She also mentioned a potential change in the denial process for non-enrolled providers, which could be eased administratively by CMS and providers.

VA Hospice Referrals and PNM Updates

Erin discussed the changes in VA hospice referrals and billing, particularly the issue that VA physicians who are not enrolled in Medicare cannot bill Medicare. She emphasized the importance of ensuring all physicians working with hospice patients are enrolled, and noted that hospice agencies should continue billing for nurse practitioner services until October 6th. Erin also highlighted the upcoming changes to the PNM system, including the rerouting of the myths data set and the loss of access to past remittance advice, urging providers to download this information before June 30th. Lastly, she pointed out issues with previous claim migrations to PNM and expressed concern about the upcoming changes to hospice enrollments.

Erin's Concerns and New Rule Discussion

Erin discussed her concerns about the new system's functionality, particularly its benefit periods and copy function, as well as the potential for a bridge payment option. She also highlighted advocacy efforts for a floor provision, preventing payment reductions for out-of-network plans under Medicaid, and the need for more provider input in the new plans. Erin additionally touched on concerns with the My Care New Next Generation implementation and the need for caregiver protections in structured family caregiver services. Josh then presented a new rule aimed at consolidating processes and programs administered by both the Department of Medicaid and the Department of Aging around home and community-based waivers. He encouraged anyone interested in learning more about this rule to reach out to him.

EVV Updates and Review Choice Demonstration Program

Josh reminded the team about the upcoming updates to the Electronic Visit Verification (EVV) system, which would be implemented on July 1st. He highlighted the new features, including the optional use of GPS, the shift of device distribution to providers, and the addition of a financial management service. He also mentioned the renewal of the Review Choice Demonstration Program for another 5 years in Ohio and the removal of the option for minimal review. Lastly, he encouraged the team to stay updated on the Medicaid access rule and referred them to a previously conducted webinar for more details.

Overtime Rule and NAC/NHPCO Merger

Josh discussed the Department of Labor's overtime rule, which was set to increase the salary threshold for employees to be considered for salary level versus hourly. A lawsuit has been filed against this rule change, mirroring an unsuccessful attempt to strike down a similar rule in 2017. The implementation of the new salary thresholds was set to begin on July 1st, with further increases planned for January 1st, but a court could issue a temporary injunction to stop the implementation if it hasn't ruled by July 1st. Victoria confirmed the current threshold is \$35,005 and it will increase to \$58,006 by January 1st. Additionally, Josh announced that NAC and the National Hospice and Palliative Care Organization are merging, with the current NAC President, Bill Dombey, set to retire at year-end. The search for the overall head of the combined organization is ongoing.

Addressing Medicare Billing and Coverage Concerns

Jennifer Butler from Continuing Care Hospice raised concerns about billing issues with Medicare and mail handlers for her UHC claim. Erin advised her to obtain a summary of benefits or evidence of coverage from mail handlers to clarify what is covered and what isn't. Erin also warned that billing for denial could lead to fraudulent practices. She emphasized the need for timely filing to avoid any loss of benefits. Josh offered further assistance if needed and encouraged everyone to reach out with any concerns.

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