

## **Meeting summary for OHCA Home Care and Hospice Member Call (10/09/2024)**

### **Quick recap**

Victoria and Erin discussed the requirement for a Managed Medicare organization to send a Nomnac when they deny authorization, with Erin clarifying that it is not a requirement for a health plan but for the provider. Heidi then discussed the upcoming implementation of the Hope tool in October 2025, which adds items such as living arrangements and symptom impact, and the changes to the Hospice Update Visit (HUV) tool. Erin also addressed ongoing issues with room and board denials, provider recoupment, eligibility issues, and the delayed implementation of hospice room and board payment changes.

### **Next steps**

- Hospice providers to review and prepare for the implementation of the HOPE tool by October 2025.
  - Hospice providers to prepare for potential selection in the Hospice Special Focus Program starting November 2024.
  - Home care and hospice providers to review and provide feedback on OSHA's proposed heat injury and illness prevention rule by December 30th.
  - Hospice providers to manually review claims for correct physician information in attending and referring fields between October 7th and November 17th.
  - Hospice providers to obtain floor plans from skilled nursing facilities for private room add-on billing once approvals are issued.
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### **Summary**

#### **Managed Medicare Denial Process and Hope Tool Implementation**

Victoria asked about the requirement for a Managed Medicare organization to send a Nomnac when they deny authorization, as Humana was not doing so. Erin clarified that it is not a requirement for a health plan to send a Nomnac, but it is a requirement for the provider. Josh then passed the discussion to Heidi, who discussed the upcoming implementation of the Hope tool in October 2025. Heidi highlighted that the Hope tool adds items such as living arrangements, assistance availability, imminence of death, neuropathic pain, symptom impact, symptom follow-up visits, and skin conditions. She also mentioned that Cms provided a helpful table outlining the changes from the HIS to the Hope.

#### **Hospice Update Visit Tool Changes and Assessments**

Heidi discussed the upcoming changes to the Hospice Update Visit (HUV) tool, which will require additional assessments and data collection on pain and non-pain symptom impact. She explained that these assessments will need to be completed at different stages of a patient's stay, and that a system follow-up visit is expected to be done within two calendar days of completing the admission or HUV. Heidi also mentioned that these visits will need to be in-person and separate from the admission or HUV. She provided links to the HUV tool and the HQRP quality measure users manual in the chat. Lastly, she informed the team that CMS is offering a web-based training course about the HUV tool.

### **Upcoming Training and Hospice Special Focus Program**

Heidi informed the team about the upcoming training from Ohca, scheduled for early summer 2025. She also discussed the CMS's release of the QSO, which provides an update on the Hospice Special Focus Program. The program involves selecting 50 active hospice providers annually, with the first selection in November 2024. These selected providers will undergo a minimum of a survey every six months and must return to substantial compliance with all Medicare requirements to complete the program. Heidi also mentioned the development of an email administrator for the Hospice cap survey, which will be available in April 2025. The team was encouraged to reach out to Heidi with any questions.

### **OSHA Heat Illness Prevention and Vbid Transition**

Josh discussed an OSHA proposed rule to prevent heat-related illnesses. Employers must develop prevention plans, implement cooling measures, and provide training. He mentioned potential impacts for home service providers. Erin discussed the Vbid transition, stating claims are already on file and no new assessments are needed. The Medicare Advantage component will be carved back into Medicare Advantage.

### **Hospice Certifying Physician Edit Changes and Errors**

Erin discussed the changes to the Hospice certifying physician edit, which now checks both the attending and referring physician fields for PECOS enrollment. She advised the team to manually review every claim due to potential inaccuracies in the EMR's logic. Erin also mentioned a systemic error impacting Hospice room and board claims in Ohio, caused by some EMRs incorrectly programming the referring physician field. She noted that a solution would likely take a long time due to system reprogramming and the lack of a large enough user base.

### **Addressing Room and Board Denial Issues**

Erin discussed the ongoing issues with room and board denials, which have been inconsistent and difficult to resolve. She suggested that providers check a specific box as a root cause analysis step when dealing with such denials. Erin also addressed the provider recoupment issue, specifically for Hospice providers who bill nursing facility room and board, and the staggered repayment plan that was supposed to start.

However, she noted that there was no clear indication of when this would begin. Erin also mentioned the ongoing eligibility issues, including missing designations, incorrect information, and people not being in P. And M. at all. She encouraged providers to report any problems they encounter with P. And M. to her team.

### **Hospice Agency Expansion, Billing Guidelines, and Budget Update**

Erin discussed assisting with opening new hospice agency locations and addressed Medicaid fee for service Pnm issues. Jennifer raised concerns about private room billing guidelines for skilled nursing facilities. Erin explained the approval process for private room add-ons, effective December 18th, and expressed concerns about the hospice room and board revenue code's impact. Jennifer agreed with Erin's concerns regarding communication with managed care entities. Erin mentioned the delayed implementation of hospice room and board payment changes until December 18th, causing a delay in December 2024 claims. Josh provided a budget update with no significant changes. Erin discussed efforts to increase home and community-based services rates and a proposal to reimburse direct care worker certifications.

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