

## **Meeting summary for OHCA Home Care & Hospice Member Call (12/18/2024)**

### **Quick recap**

Josh and his colleagues discussed updates from the previous meeting, including the postponement of electronic visit verification edits and the release of the final version of the OASIS E1 manual. They also addressed challenges faced by Hospice in Ohio, such as the lack of a separate HC code for private pay add-ons for room and board, and the need for clear communication with nursing homes. Lastly, they discussed programming issues leading to overpayments, the increasing number of denials and sniffs affecting Hospice claims, and the need for a testing phase for the new system.

### **Next steps**

- Kimberly to provide Erin with examples of denial letters and brief descriptions of situations related to non-affirmations for review choice demonstration.
  - Erin to set up a monthly call for providers to discuss issues with the new private room add-on billing process.
  - Jennifer Butler to submit state complaints regarding Buckeye's denial of hospice room and board claims.
  - OHCA to aggregate and quantify the financial impact of TPL denials on long-term care providers to present to Medicaid.
  - OHCA to alert the Ohio Department of Insurance about the increasing cases of long-term care residents being fraudulently enrolled in marketplace plans.
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### **Summary**

#### **Ohca Home Care Hospice Updates**

In the meeting, Josh initiated the discussion for the Ohca Home Care Hospice member call. The meeting was delayed by a couple of minutes to accommodate late attendees. Josh then proceeded to share updates from the previous meeting held before Thanksgiving. He mentioned that there might not be significant news between now and the start of the year, but he would still share the updates. After his presentation, he planned to pass the discussion to his colleagues for further insights.

#### **Ohio Medicaid EVV Edits Postponed**

Josh announced that the Ohio Department of Medicaid has postponed the implementation of electronic visit verification (EVV) edits for home health services from September 30th to March 1st, 2025. He also mentioned that CMS has released the final version of the OASIS E1 manual, with training sessions available for providers. Jennifer clarified that the bill increasing the cap for non-institutional alternatives to nursing home

care from 65% to 100% had passed both Houses of Congress and was awaiting President Biden's signature. Josh also promoted a new version of the fundamentals of home care training available on their educational platform. Heidi announced that the Certified Executive for Home Care and Hospice program (CEHCH) is now available on-demand on the OHCA website. She also encouraged participants to submit proposals for speaking at the annual convention by this Friday. Lastly, she noted that the list of Hospice agencies on the special focus program has not been published yet, despite the initial announcement of its release in November.

### **Hospice Billing Challenges and Solutions**

Heidi discussed the challenges faced by Hospice in Ohio due to the lack of a separate HC code for private pay add-ons for room and board. Erin explained the proposed solution, which involves sending a claim with the T. 2, 0 4, 6, entering the charges plus 95% of the private pay add-on rate for the date of service on each line item, and then manually reprocessing the claim. Erin also mentioned that managed care plans are working on a uniform approach with a billing solution, involving adding a simple modifier onto the HC code when billing a private room. Jamie raised concerns about the operationalization of these changes and the need for clear communication with nursing homes. Erin emphasized the importance of specifying in Hospice vendor agreements that the private room rate will only be paid when it is reimbursable.

### **Medicaid System Challenges and Updates**

In the meeting, Erin, Jamie, Jennifer, and Kimberly discussed the challenges and updates related to their contracts and the Medicaid system. They expressed concerns about the potential issues with the managed care guidelines and the impact of the proposed Medicare Advantage Plan rule. They also discussed the increase in non-affirmations for review choice demonstration and the need for examples to clarify the situation. The team agreed to form a support group to address these issues and share examples of non-affirmations. Erin also mentioned the need for a testing phase for the new system, which was not confirmed. The conversation ended with a reminder from Melina about the potential for huge recruitments due to system issues.

### **Reimbursement Issues and Scholarship Program**

Erin discussed a programming issue that led to overpayments in the reimbursement of room and board at a nursing facility. She explained that the system was programmed to reimburse at 95% of the nursing facility rate, but Melina had been paying the billed amount instead. Erin clarified that this was allowed as the overpayments should have been known due to incorrect rate in their system. She also mentioned that there was an option for staggered repayment from Melina. Kimberly added that they had also faced a similar issue with home health billing, where they had to submit corrected claims over the past five years. Josh then announced the opening of the Educational Scholarship Program for staff employed by an OHCA member, enrolled in an institution of higher learning, and working towards a degree in long-term care or health.

### **Addressing Medicaid Denial and Enrollment**

Jennifer raised concerns about the increasing number of denials and sniffs affecting Hospice claims, particularly with managed care plans. Erin explained that the issue was with Medicaid's communication to the plans, which led to confusion and denials. She suggested that the solution might lie in aggregating the dollar amount impact and the number of beneficiaries affected by Medicaid's refusal to clarify the issue to the plans. Jennifer also shared a specific case with Buckeye, where a patient was enrolled in a marketplace plan without their consent or knowledge. Erin suggested that in such cases, a complaint could be filed with the Ohio Department of Insurance to retroactively terminate the plan. The team agreed to continue working on this issue and to alert the Ohio Department of Insurance about the fraudulent enrollment of long-term care residents in marketplace plans.

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