

## **Meeting summary for OHCA Home Care & Hospice Member Call (02/12/2025)**

### **Quick recap**

Heidi announced the upcoming annual convention and expo, with a focus on home care and hospice sessions, and discussed the update from the Ohio Department of Health regarding survey timelines. Diane provided an update on the upcoming deadline for record keeping of workplace injuries and offered assistance for any questions or further assistance needed. Erin discussed the upcoming changes in the home health services system, the introduction of denials for Medicaid fee-for-service claims, and the need for clear communication about private room billing. Pete discussed the state budget, the potential impact of budgetary stagnation on direct care workers, and the ongoing advocacy efforts to prevent potential cuts to Medicaid.

### **Next steps**

- All attendees to review and comply with OSHA record keeping requirements for workplace injuries and illnesses by March 2nd.
- Home health agencies to update privacy notice procedures to only use Attachment A for all patients starting January 1, 2025.
- Home health agencies to prepare for EVV claims adjudication process starting March 1st for Medicaid fee-for-service claims.
- Hospice agencies to submit aggregate cap reports to Palmetto GBA by February 28th.
- Hospice agencies to review and potentially update vendor agreements with skilled nursing facilities regarding private room add-ons.
- All attendees to provide OHCA with data or stories about the impact of previous rate increases on staffing and service provision.
- OHCA to continue advocacy efforts for Medicaid home care rate increases and legislative language for ongoing rate adjustment mechanisms.
- OHCA to monitor and report on federal reconciliation legislation that may impact Medicaid funding.

---

### **Summary**

#### **Annual Convention and Expo Update**

In the meeting, Heidi announced the upcoming annual convention and expo, scheduled for May 5th to 8th at the Greater Columbus Convention Center. She highlighted that a specific day, May 7th, will be dedicated to home care and hospice sessions, with the option for a one-day pass for those unable to attend all days. She also mentioned a special luncheon for home care and hospice providers and a session on home health staffing and retention. Heidi then discussed the update from the Ohio Department of

Health regarding survey timelines for home care and hospice, noting that they are significantly behind schedule. She expressed hope that the department's new prioritization strategy for skilled nursing facility surveys would also impact home care and hospice recertification surveys.

### **Workplace Injury Record Keeping Deadline**

Diane provided an update on the upcoming deadline for record keeping of workplace injuries, which is due to OSHA by March 2nd for calendar year 2024. She reminded the team that businesses with 10 or more employees in certain industries, including home care, are required to submit a form called the 300A, which is a summary of workplace injuries and illnesses. Diane also mentioned that certain employers with more than 100 combined employees need to report two additional forms, the 300 and 301 forms, which are due by the same deadline. These reports need to be submitted electronically through an injury tracking application. Diane offered to provide further guidance and shared a link for signing up for the application. She also mentioned that the Ohio Bureau of Workers' Compensation provides free training on these record keeping requirements.

### **Privacy Notices and EVV Rollout Updates**

Diane discussed the need for certain items to be posted and offered her assistance for any questions or further assistance needed. She then passed the discussion to Erin, who reminded the team about changes in the delivery of privacy notices due to the implementation of the Oasis on all patients, regardless of payer. Erin also addressed an ongoing issue with home health notice of admissions, which has been causing rejections, and informed the team about the ongoing efforts to resolve this issue. Lastly, Erin discussed the EVV rollout and the changes in the claims adjudication process, emphasizing the need for matching EVV records on file to avoid claim denials.

### **Preparing for Home Health System Changes**

Erin discussed the upcoming changes in the home health services system, particularly the introduction of denials for Medicaid fee-for-service claims starting March 1st. She emphasized the importance of being prepared for these changes, especially for those experiencing issues with San data software settlements. Erin also mentioned the introduction of two other components of denial: private duty nursing and nursing assessment and consultation for Medicaid fee-for-service. She clarified that the term "next generation" refers to Medicaid managed care entities, not Medicare. Erin urged the team to report any issues with the system changes to ensure timely assistance and avoid payment problems. She promised to share all the relevant links and resources after the meeting.

### **Hospice Private Room Billing Update**

Erin provided an update on the Hospice private room add-ons for room and board billing. She emphasized the importance of sending in aggregate cap reports due on

February 28th and offered assistance for new Hospice agencies. Erin also discussed the template for vendor agreements with skilled nursing facilities, stressing the need for clear communication about private room billing. She mentioned a work group that met to discuss issues and encouraged participants to join or send in their issues. Erin also noted that Medicaid fee for service claims for private room add-ons were still being processed. Victoria asked for a copy of the English version of the notice, which Erin confirmed was on the bottom of the page. Pete then took over the meeting.

### **State Budget and Home Care Discussion**

Pete discussed the state budget, which was announced by the Governor on February 3rd. He mentioned that the budget materials were shared in news bytes and that the actual language of the bill was released the following day. Pete noted that there wasn't much in the budget applicable to home care and hospice, and that the Governor's announcement was just the first step in a process involving multiple committees and hearings. He also mentioned that the administration had made it clear that they were not looking at rate increases in this budget, and that the rate increases from the previous budget were being continued, not increased.

### **Advocating for Medicaid Home Care Rates**

Pete discussed the administration's decision not to accept increases to Medicaid home care rates and a proposal for legislative language that would require the department of Medicaid and Department of Aging to establish a mechanism for rate adjustments based on provider cost experience. He mentioned that none of these proposals got through, but they will continue advocating for rate increases. Pete also emphasized the need for data and stories about the impact of previous rate increases on service provision and staff retention, as these would be crucial in their advocacy efforts.

### **Budget Stagnation and Home Care Impact**

Pete discussed the potential impact of budgetary stagnation on direct care workers and the home care sector. He highlighted the need for wage increases and the potential consequences of not providing them, such as reduced workforce capacity and decreased services for Medicaid home care recipients. Pete also addressed the Medicaid Hospice rates, noting that the room and board portion is not under the department's control and advocating for a 100% rate instead of the current 95%. Lastly, he touched on the transition to the next generation Medicaid managed care program, emphasizing the need for statutory authority for the new program and the potential for various applications.

### **My Care Program and Medicaid Discussion**

Pete discussed the Department's intent to continue forcing people who opt out of the Medicare part of the My Care program to be in Medicaid managed care. He mentioned that the Department didn't have statutory authority for this, so they decided not to risk it. Pete also mentioned efforts to put guardrails around the next generation My Care plans,

including a Medicaid floor for home and community-based rates and skilled nursing. He mentioned that the My Care plans currently pay below Medicaid in many cases. Lastly, Pete mentioned the Administration's proposal to increase the personal needs allowance from \$50 to \$100, which could help facility residents pay for additional expenses.

### **Federal Landscape and Medicaid Concerns**

Pete discussed the current federal landscape, focusing on the reconciliation legislation in Congress. He explained that this process involves a two-step process, with the first step being a budget resolution and the second step being the implementation of the budget resolution through a reconciliation bill. Pete expressed concern about potential cuts to Medicaid, which could affect healthcare providers at both the state and national levels. He mentioned ongoing advocacy efforts to prevent such cuts. Pete also noted that the budget process is at an early stage and changes are expected as it progresses. Heidi then opened the floor for any other topics or issues before adjourning the meeting.

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