

Meeting summary for OHCA Home Care & Hospice Member Call (06/17/2025)

Quick recap

The monthly home care and Hospice member call covered updates on Medicaid implementation, including EVV denial rates and upcoming edits for fee-for-service and managed care plans. Key issues were discussed regarding systemic problems with Palmetto GBA, CMS policies on VA claims, and an upcoming ACO enrollment deadline for the new TEAM model. The conversation ended with updates on state and federal budget processes, provider tax concerns, and changes to the HOPE assessment tool implementation and OHCA Certified Executive Home Care and Hospice program.

Next steps

- [Erin to send a newsletter to Austin as requested.](#)
- [Austin to follow up with Erin for a meeting next week.](#)
- [Members to notify OHCA if they experience issues with EVV implementation for Medicaid managed care claims starting in July.](#)
- [Members to report any coordination of benefits denials on hospice private room claims to OHCA.](#)
- [Members to attend Medicaid prior authorization webinars starting June 25th if they require prior authorization for their services.](#)
- [Members to be on the lookout for potential Medicare takebacks related to VA-authorized services and prepare to bill the VA if necessary.](#)
- [Home health agencies to consider reaching out to hospitals participating in the ACO TEAMS model before the August 1st enrollment deadline.](#)
- [OHCA to continue advocating against potential reductions in provider taxes at the federal level.](#)
- [OHCA to monitor and update members on the progress of the federal budget reconciliation process.](#)

Summary

EVV Denial Rate Reduction Update

The monthly home care and Hospice member call began with an introduction of Tammy Cassidy, a new team member focusing on regulatory issues. Erin provided updates on Medicaid, noting a decrease in EVV denial rates from 25% to 15% since implementation on June 1st, with procedure code mismatches being a significant issue. The team is still awaiting data on the percentage of providers receiving denials, particularly distinguishing between agency and independent providers.

EVV Implementation and Medicaid Updates

Erin discussed the implementation of EVV edits for Medicaid fee-for-service and managed care, highlighting concerns about the complexity and potential issues with the 8 Medicaid managed care plans in Ohio. She

emphasized the importance of reporting any problems early to facilitate prompt resolution. Erin also provided updates on the Hospice Room and Board Work Group, noting that while most plans are processing claims without major issues, Buckeye has some coordination of benefits denials. Finally, she addressed an upcoming Medicaid edit that will deny claims lacking prior authorization, clarifying that this does not apply to services that do not currently require prior authorization.

Key Healthcare Policy and Updates

Erin discussed three key issues: a systemic Palmetto GBA problem causing RTPs with error code 309,93, a CMS policy on VA claims recoupment, and an upcoming ACO enrollment deadline of August 1st for the new TEAM model starting January 1st, 2026. She advised providers to document NOA/NOE errors, be vigilant about VA claims being recaptured by Medicare, and explore ACO partnerships, particularly for home health agencies with low hospital readmission rates and short lengths of stay.

Budget Updates and Reconciliation Process

Pete provided an update on the state budget, noting that the Senate passed their version last week, and the conference committee had its first public meeting. He explained that the final budget would likely be completed a few days before the end of the month, with no significant changes to home care and hospice funding. Debbie discussed the federal budget reconciliation process, highlighting the tight timeline for Senate action and the need for provisions to comply with the Byrd rule. She also mentioned concerns about Medicaid-related items in both the House and Senate versions of the bill.

Ohio Medicaid Provider Tax Concerns

Debbie discussed the impact of provider taxes on Ohio's Medicaid program, highlighting concerns about potential reductions in provider taxes under the Senate's finance proposal, which could affect funding for home and community-based services. She explained that the House-passed version of the Budget Reconciliation Bill includes a moratorium on provider tax increases, while the Senate version proposes reducing the maximum tax rate for expansion states. Debbie emphasized the need to advocate against these changes, as they could lead to reduced Medicaid funding and potential cuts to services for eligible individuals.

Budget Updates and Program Changes

Debbie shared updates on the Federal budget and Senate Finance Committee language, noting that more information would be available at the next meeting. Heidi discussed a letter sent to CMS requesting a delay in the implementation of the HOPE assessment tool and platform change to iKEYS, as well as the availability of the OHCA Certified Executive Home Care and Hospice program on demand. Victoria asked if the on-demand program would be permanent, to which Heidi replied that it would likely continue in 2025, with a potential return to in-person sessions in 2026.

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