Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

56th Annual Meeting

Thursday, August 28, 2025

2:45pm-3:45pm

Closing General Session: Navigating the Storm: Key Industry Updates and Strategies for Providers

Presented by:

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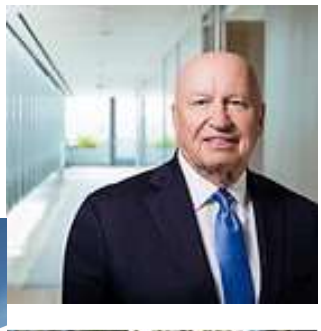
Rep. Kevin Brady, former U.S. Congressman and Chairman of the House Ways & Means Committee, Senior Consultant, Akin

Navigating the Storm: Key Industry Updates and Strategies for Providers




August 28, 2025

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Topics Overview

- Federal Insights, reconciliation, trends
- Navigating Congress in turbulent times
- CY2026 Home Health Proposed Rule
- Third Party Payer Issues
- Hospice Issues & HOPE Assessment
- Community Care Rate Transition
- Other Policy Issues to Watch
- Advocacy
- Education Resources

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Federal Insights

Federal Insights & Navigating Congress

Federal Insights and Reconciliation

- What is the reconciliation process?
- Will there be another?
- What parts of that bill will impact our industry?
- Impacts at the state level will depend upon implementation by the state.
- Staying informed on legislative developments is essential to anticipate and respond to changes.

Navigating Congress and Maximizing Impact

- Providers should engage with policymakers through advocacy and comment periods to influence proposed rules like CY2026 Home Health Proposed Rule.
- Building relationships with Congressional offices can amplify provider voices during turbulent legislative periods.
- Identifying key committees and legislators focused on health policy enables targeted advocacy efforts.
- Providers can leverage data and outcomes to demonstrate the value and impact of home health services.
- The Association will help you achieve those objectives.

Providers face a complex federal landscape shaped by reconciliation efforts, evolving policy trends, and turbulent congressional dynamics. Understanding these elements allows providers to strategically navigate legislative challenges and identify where they can exert the most influence to advance home health priorities.

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Policy Update

CY 2026 Home Health Proposed Rule

The CY 2026 Home Health Proposed Rule could significantly impact Medicare Home Health Agencies, with proposed payment cuts exceeding $1.1 billion nationwide. Providers must take action by submitting comments, utilizing advocacy resources, and staying informed to safeguard access to care.

Key Actions and Resources

- Advocacy Action Plan: Coordinate with industry partners and associations to amplify your voice.
- Use provided toolkits and resources to educate staff and stakeholders about the proposed changes. www.savehomecare.org
- Monitor ongoing updates from TAHC&H
- Encourage staff and community members to participate in comment submissions and advocacy efforts.

Advocacy and Impact

- Highlight the financial impact: Over $1.1 billion in potential payment cuts nationwide.
- Discuss the consequences for access to care, especially in Texas.
- Engage with policymakers using data and patient stories to illustrate the impact of proposed cuts.
- Strategically time outreach during comment periods for maximum influence. Your MOCs are in district until Sept. 3rd.
- Leverage association support and collective advocacy to strengthen your position.

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Policy Update

Third Party Payer Issues: Key Challenges and Advocacy Efforts

Providers face ongoing challenges with both Medicare Advantage and Medicaid Managed Care Organizations (MCOs), including payment delays and administrative hurdles. Advocacy efforts, such as supporting HR 4559 – Prompt and Fair Pay Act, are critical to address these issues and ensure fair, timely reimbursement for home health services.

Medicare Advantage Issues and Advocacy

- HR 4559 – Prompt and Fair Pay Act aims to ensure prompt and fair payment from Medicare Advantage plans to home health providers.
- Providers often face delayed payments and administrative burdens when working with Medicare Advantage plans.
- Active advocacy is needed to support legislative solutions and raise awareness of provider challenges.
- Engaging with policymakers can help drive reforms that improve payment timelines and reduce red tape.
- Providers should document payment delays and share real-world impacts with advocacy organizations.

Medicaid Managed Care Organization (MCO) Issues

- Medicaid MCOs present unique challenges, including inconsistent reimbursement rates and complex authorization processes.
- Administrative requirements from MCOs can lead to increased provider workload and delayed patient care.
- Providers should monitor trends and report persistent issues to state associations for collective advocacy.
- Collaboration with other agencies can strengthen efforts to address systemic MCO challenges.
- Staying informed about evolving Medicaid policies is essential for compliance and effective advocacy.

Hospice

Hospice Issues & HOPE Assessment

The HOPE Assessment remains effective October 1, 2025, with no changes in implementation. Providers must focus on compliant data collection, timely submission, and preparation for new public quality measures starting FY 2027. Ongoing education and familiarity with upcoming requirements are essential for continued compliance and quality reporting.

Implementation and Compliance

No changes in implementation; policy remains effective October 1, 2025.

Providers must ensure ongoing compliance with HOPE Assessment requirements.

Continuing education and monitoring are essential to meet regulatory standards.

Hospice providers should prepare for upcoming changes in data reporting and quality measurement.

Data Collection and Submission Process

Data must be collected via EMR or Direct Data Entry (DDE).

Providers should review final validation reports to verify successful submission.

Accurate and timely data submission is critical for compliance and quality reporting.

Ongoing training on submission processes helps reduce errors and improve data integrity.

HOPE Quality Measures & Public Reporting

Two new quality measures will be introduced under HOPE and publicly reported beginning in FY 2027.

Hospice providers should familiarize themselves with these new measures.

Educational resources are available, including an October 14th training session hosted by TAHC&H in Austin.

More information can be found at www.tahch.org.

Policy Update

Community Care Rate Transition

Key Policy Changes and Implications

- The Community Care Rate Transition is a critical policy change impacting community care providers.
- Providers must understand the new rate structure to ensure effective implementation and compliance.
- No Minimum Wage: If you establish a minimum wage of $13/hr, you will suffer financially under this model.
- Develop a process to monitor your spending requirements to avoid financial shortfalls.
- Attend implementation webinars offered by TAHC&H to stay informed on the latest updates and requirements.

Steps for Successful Transition

- Review all communications and guidance from TAHC&H and regulatory agencies regarding the rate transition.
- Assess your current wage and spending policies to align with the new rate structure.
- Establish internal monitoring systems to track compliance and spending in real time.
- Encourage staff to participate in educational webinars and trainings for best practices.
- Regularly evaluate the financial impact of the transition and adjust operational plans as needed.

The Community Care Rate Transition introduces a major policy shift for community care providers, requiring a clear understanding of the new rate structure and proactive compliance strategies. Staying updated on requirements and participating in educational webinars will be critical for smooth implementation and ongoing financial stability.

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Policy Update

Private Duty Nursing Policy Changes

Recent and proposed changes to Private Duty Nursing (PDN) policy may significantly impact care access and staffing for medically fragile children. Providers should closely monitor policy developments, participate in data collection efforts, and stay engaged with advocacy and stakeholder feedback opportunities.

Comments & Stakeholder Feedback

Comments and responses on Draft Private Duty Nursing (PDN) Services Policy are now available. Click here.

See: Private Duty Nursing Services – Texas Health Steps - CCP Policy stakeholder comments and HHSC responses (PDF).

Stakeholder input is critical for shaping policy and identifying concerns from providers and families.

Proposed Policy Change Impacts

Would limit UA modifier eligibility to children on invasive ventilators only.

Excludes those using non-invasive support, risking staffing shortages and reduced care quality.

Potential for increased unnecessary hospitalizations due to reduced access to qualified nurses.

Current UA Modifier Overview

UA Modifier provides higher reimbursement for medically fragile children with tracheostomy or ventilator dependence.

This modifier is critical for attracting qualified nurses despite staffing challenges.

Ensures continuity of care for children with complex medical needs.

Next Steps & Data Collection

Survey pediatric providers to assess impact of proposed policy changes.

Review billing trends and research other states' policies for comparison.

Obtain additional communications from HHSC/MCOs and prepare advocacy materials.

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Policy Update

All Payer OASIS: What You Should Be Doing Now

Key Updates and Requirements

- PL 2017-35 was updated to provide clarification for separate entities as they apply to Licensed and Certified Home Health Agencies.
- PL 2019-22 was updated to reflect CMS' All-Payer Transition for Outcome and Assessment Information Set (OASIS) data effective July 1, 2025.
- Providers should review both policy letters to ensure accurate OASIS data collection and reporting.
- Understanding the changes is essential for compliance with upcoming federal requirements.

Actions and Resources for Providers

- Access the TAHC&H Separate Entities Webinar (05/20/2025) for in-depth guidance. Recording available through www.tahch.org.
- Review CMS State Operations Manual, Section 2183 for federal regulatory details.
- Utilize additional resources and webinars offered by TAHC&H to stay updated on OASIS changes.

Providers must understand recent updates to All Payer OASIS requirements, including key policy letters and CMS guidance. Staying informed and utilizing available resources will ensure compliance and help you avoid costly survey citations and monetary penalties.

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Resources

Your Resource: Support for Providers

Association Support and Advocacy

Texas Association for Home Care & Hospice leads, advances, and advocates for providers, offering guidance, policy updates, and industry support.

Educational Tools and Guidance

Access webinars, toolkits, and up-to-date resources to stay informed and compliant with new regulations and industry standards.

The Texas Association for Home Care & Hospice offers essential resources, advocacy, and education to support providers in navigating industry changes.

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Thank You!

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