



HOSPICE[®]
OF NORTHWEST OHIO



OUR VISION:

To be the recognized
leader and community's
choice providing
exceptional and
compassionate hospice
and palliative care.

HEADQUARTERS

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Perrysburg, OH 43551
419-661-4001
hospicenwo.org
sinceracare.org
A Non-Profit Agency

May 5, 2025

The Ohio Senate
Members of the Medicaid Committee

c/o: Reggie Hayes
Senior Legislative Aide
Senator Mark Romanchuk, 22nd District

To the Esteemed Members of the Medicaid Committee;

Since the inception of hospice care in skilled nursing facilities, the role of hospice has been clear: provide the same level of care and service to these beneficiaries as the care provided to those receiving hospice care at home. The second matter that has always been true is that the facility is responsible to deliver care consistent with the Medicaid benefit, and it is not appropriate to provide lesser care or services as a result of their enrollment in hospice care. Hospices and skilled nursing facilities have partnered ever since to elevate and provide the highest level of care and service to those who need and deserve this care at the end of life.

As part of this partnership, hospices have elected to keep facility reimbursement for Medicaid Room and Board at 100%. When regulation was passed that requires hospices in "pass-through" states (of which Ohio is one), the regulation stated that "a patient receiving Medicare hospice benefits in an LTC facility is also eligible for Medicaid, Medicaid will pay the hospice at least 95 percent of the State's daily LTC facility rate, and the hospice is then responsible for paying the LTC facility for the beneficiary's room and board" (42 CFR Part 483). The rationale supporting the 5% difference in payment for these patients is not clear, although most believe there was a perceived overlap in services between hospice and the skilled nursing facility. As stated above, however, there is no difference in the care provided as a result of electing the hospice benefit. I believe the appropriate rationale for the above language, particularly the wording "at least 95%" was to keep some states from reducing reimbursement due to lack of knowledge of the hospice benefit and what could be perceived as "double-dipping." As any skilled nursing facility or hospice provider can attest, the only services that are changed or reduced only applies to the additional loving and caring support that is provided by the hospice, *in addition to* the care and services provided by the skilled nursing facility. These beneficiaries deserve this level of care and service at the end of life.

After 30+ years of hospice care becoming more prevalent in these nursing facilities, it is time to stop penalizing hospice programs with the 5% "discount" in payment. In

addition to the 5% reduction in payment, hospice programs also must bear the administrative burden of billing and collecting payments for these room and board services. As many of the margins for community-based, non-profit hospice programs, who have served since the inception of hospice care in the state of Ohio hover between -2% and 1%, this 5% burden can mean the difference between serving and survival for some community-based, non-profit hospice providers.

The overall cost for this change to the state of Ohio is approximately \$4.3MM (total cost with federal funds \$11.7MM), making this a smaller budget line in Medicaid terms, but will make a huge difference for those who care for the sick and dying in Ohio.

Thank you for your consideration and support for this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Russell", with a stylized, cursive script.

Richard Russell MBA, BSN, RN, CHPCA
President and Chief Executive Officer
Hospice of Northwest Ohio