



**** Survey Testimony****

The total revenue generated by our HCBS sample is \$12,234,251.00 based on a sample of 260,126 visits across the entire state of Ohio. Average Revenue/visit from the patient sample of 5,834, spanning an 11-month timeframe from January to November 2024, reveals an average cost per visit of \$145.13. This translates to a net/visit range of -\$169 to \$6. Notably, only one in 13 companies are currently profitable caring for Ohio's Medicaid population. Once Electronic Visit Verification (EVV) edits are implemented, the new managed care expansion rolls out, and new program changes take effect, the profitability of 7.7% of agencies for Medicaid becomes more uncertain.

****Rates Testimony:****

The Ohio healthcare industry is currently experiencing substantial challenges. The recent budget was the first substantial raise in decades, but inflation is rising, the workforce is strained, and home care service rates in Ohio are insufficient to meet the needs of those most in need.

As Ohioans age, they desire to remain in their homes. However, the current rates system determines the winners and losers in the industry, potentially leading to the displacement of home care services from Ohio.

We aim to collaborate with Ohio to find solutions that enable individuals to remain in their homes as they age. However, achieving this without the necessary political support to sustain the industry presents a significant obstacle. If other providers secure their rates through legislative means, home care services in Ohio may face a decline, resulting in a substantial loss. HCBS must have a raise to maintain a workforce. Please consider raising HCBS at the rate that Ohio's budget increases, in this case 10.2% FY2026 and 7.2%FY2027.

****EVV Testimony:****

Prior to the receipt of any funds from the upcoming budget, we have initiated a program that may deter providers from participating in Ohio's Medicaid program. This is an urgent request.

Since 2015, we have maintained a close partnership with Ohio, and our collaboration with providers during the pre-COVID era was highly successful.

- We engaged in telephone conversations with providers to discuss Electronic Verification of Visits (EVV), enabling Ohio to identify both struggling and successful providers. Within five months, we achieved a remarkable 50% improvement.
- To further support providers, we deployed a full-time trainer who traveled across the state, providing in-person training.

Fast forward to today, we are having meetings with the department and providers to troubleshoot EVV failures. Current Go-Live preparation efforts on the part of San Data are still characterized by limited information sharing via email and

inadequate resources available at “office hours” for tier 2 and 3 support questions; however, ODM is stepping up and intervening where necessary.

- Did you know that San Data has been acquired, and HHA Exchange has reduced the number of tier 1 support staff and two of Ohio’s top tier 3 support professionals (Carolyn Osprom and Mike Amborski) are no longer working with the company.
- The current administration exhibits a lack of effective communication, problem-solving abilities, and a commitment to evaluating outcomes. The Ohio Department of Medicaid (ODM) has lost the individuals who conceived, developed, and implemented Electronic Verification of Visit (EVV). Consequently, they are now attempting to force the system through without adequate support for providers.

****Wrap Up:****

The current situation is unsustainable, and we cannot endure the ongoing pressure. Home Health is, at best, experiencing substantial challenges, and at worst, is in a prolonged state of instability. Over the past 26 months, several factors have contributed to these difficulties:

- 2021: Licensing: The licensing process has caused chaos for home care providers, resulting in excessive administrative time and disruptions.
- 2022: Provider Network Management (PNM): PNM demands a significant amount of attention to detail and administrative time from providers, further exacerbating their workload.
- On-Going: Gainwell (Florida): Gainwell has implemented numerous changes, leading to late or non-existent payments. To mitigate these cash flow interruptions, we have had to increase our lines of credit.
- 2025 Re-Credentialing: The re-credentialing process for all providers has been particularly challenging. Denials have occurred due to medical directors not recredentialing with Medicaid, leaving us with limited control over the situation.