

Meeting Summary for SNF member call 03-04-2025

Debbie Jenkins kicked off the call and discussed the notice that ODM recently sent to SNFs around the state about recoupment of overpayments, including those resulting from duplicate billing when billing through PNM first started and from the mass reprocessing of claims in December 2023 that did not deduct patient liability. The notice stated that ODM would notify providers during March and April of how much the department intended to take back. Providers then could review and contest the amounts the reconsideration. The recoupments would be taken in installments.

Debbie also provided an update on federal developments. Both the House and the Senate had passed budget resolutions, but they were very different. The two chambers would have to come to agreement before a final bill could be passed. Then Congress would have to pass reconciliation legislation that put details to the budget numbers. Before they could do that, they would need to address funding for the federal government, which was set to run out March 14. They probably would be looking at another continuing resolution, but there was a good likelihood they would not reach an agreement and a government shutdown would result.

Multiple issues had surfaced with PNM functionality over the last several days, including inability to bill claims through DDE. We were tracking the issues and communicating with ODM. Members should report these issues to Diane Dietz.

Some residents receiving Social Security would soon be getting an increase in their monthly benefits and potentially a lump-sum payment. These changes applied to people who qualified for both a government pension and Social Security. Federal legislation at the end of 2024 allowed these individuals to receive all of their Social Security benefits instead of a reduced amount as before. The change was retroactive to the beginning of 2024. It would affect these residents' patient liability and also could cause them to exceed the resource limit for eligibility.

Debbie reminded members about registering for convention and that their free admissions would be automatic when they registered. Members should make hotel reservations through the registration site and beware of scammers.

She also reminded members that the scholarship application deadline was March 14. The scholarships are a great member benefit.

Pete Van Runkle discussed the state budget. We would be testifying before the Medicaid Committee on the SNF reimbursement issues and before the Health Committee on the REIT ban. The mandamus case had not been decided, so we and the state both were steering clear of any language changes involving the quality incentive, including the 25th percentile. After the decision is rendered, that will change. The reimbursement issues we were pursuing were the PDPM transition, taking the cap off private rooms, and fixing capital reimbursement in the future. There would be more hearings in the Finance Committee the next week, with amendments for the sub bill due March 14.

Although the PDPM transition was far from decided, it was highly likely that it would start to be used to set rates January 1, 2026. That meant providers should make sure they do PDPM assessments on Medicaid residents completely and accurately starting April 1, 2025. It was not for sure, but likely. It also was possible that OSAs could still be used for the January 1 rates. It was not very likely, but facilities doing OSAs should continue completing them, despite the extra work, so they would not get default scores if they assessments ended up being used.

We had an article in News Bites the previous Friday about SNFs communicating with hospice which hospice patients were in approved private rooms. This would facilitate the hospice knowing to bill for 95% of the add-on and pay the add-on to the SNF. They had no other way to know who was in an approved private room.

ODM asked the managed care plans (MyCare and Medicaid) to waive prior authorization for SNF admissions through March 9. It was only a request, and some plans were honoring it and some were not. We had a list in last Friday's News Bites.

Managed care plans were continuing to have difficulties paying the private room add-on. This issue also was covered in News Bites. Members should reach out to Erin Hart on this.

The new version of the Quality Navigator was now up. Assisted living was added. The website was more robust than before and included data from the provider survey and a quiz intended to direct consumers to either a SNF or an AL depending on their answers. Both of these changes raised concerns.

The next call would be dependent on what was happening with the budget bill.