

Meeting summary for ID/DD Member Call (05/29/2024)

Quick recap

Debbie discussed the transition to a new provider network management system and the potential impact on services, claims processing, and Medicaid access roles. She also emphasized the importance of data collection for future reporting and the upcoming reporting requirements for the state of Ohio. Lastly, Josh provided updates on the delay of implementing a new peer group for rate setting and the challenges related to it.

Next steps

- Providers will ensure their billing and claims adjustments are up-to-date by June 19th to avoid potential delays due to the transition to the new P&M system.
 - Providers offering individual employment supports or career planning services will have a representative attend one of the Department's webinars on the new outcome-based payment model for those services.
 - ICF providers will inform Debbie of any new survey issues or concerns by the end of the day for inclusion in the upcoming quarterly meeting with CMS.
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Summary

Transitioning to New Provider Network Management System

Debbie clarified that the current MIT system will be discontinued on June 30th, with all functionality being transitioned to the new provider network management system. She emphasized that this change should not significantly impact their services, as all necessary information for providers, such as Medicaid eligibility and patient liability, will be available in the new system. However, she noted that the Department of Developmental Disabilities indicated there might be some indirect impact on claims processing for their waiver claims, as they transmit information to the Department of Medicaid to draw down federal funds.

New Functionality Impact on Dodd Claims

Debbie discussed the upcoming transition to a new functionality which may potentially impact Dodd claims. She clarified that there will be no major impact on the initial submission of claims with slightly earlier deadlines. However, adjustments to claims must be completed by noon on June 19th, or they will be rejected until further notice. She advised providers to ensure they are up-to-date with their billing and to have their billing staff trained on the new system by June 30th. Debbie also noted that she was in communication with the relevant department to ensure the transition doesn't negatively impact Dodd's claims processing.

Ohio Vendor Meeting and Medicaid Discussion

Debbie discussed the upcoming meeting with a technology vendor from Ohio, which was awarded an ARPA grant, to learn about their enhanced provider search functionality. She also mentioned their plans to cover some of their costs through the grant. Furthermore, she addressed the Medicaid access role and the requirement to allocate 80% of Medicaid reimbursement to direct care compensation for certain services. She noted a discrepancy with Clay Winder's comments regarding the Medicaid access role, particularly in relation to habilitation services. A follow-up conversation was held to clarify these points.

Ohio Medicaid Requirements and Service Definitions

Debbie discussed the potential impact of new requirements on the provision of homemaker and personal care services under Medicaid in the State of Ohio. She suggested that these services would likely be included in the 80 threshold, despite Ohio's history and concerns from different state agencies. Debbie also indicated that the Department of Medicaid would likely handle these requirements, with other state agencies following their lead. She acknowledged that there was potential for change, but based on the current administration, it seemed unlikely that the Department of Developmental Disabilities would have autonomy in this area. Debbie also mentioned the possibility of changes to how these services are defined during the waiver modernization effort.

Preparing for Rule Changes and Tracking Expenses

Debbie emphasized the importance of collecting data for future reporting and preparedness for upcoming rule changes aimed at decreasing administrative expenses. She suggested that providers should analyze their current services and expenses to understand their alignment with the new reimbursement structure, which includes wage, supervisory, and administrative components. Debbie also highlighted the need to track expenses for DSP training, travel, and personal protective equipment (PPE), as these can be excluded from Medicaid reimbursement calculations. She encouraged providers to consider whether they have separate expense lines for these items or if they need to be merged into other categories.

Ohio Reporting Requirements and HPC Category

Debbie discussed the upcoming reporting requirements for the State of Ohio, which will need to develop a system for cost reporting related to community-based services. The process will be managed by the Department of Medicaid, and Debbie suggested that the team start considering the easiest way to report the necessary information. She also shared that it appears likely their services will be included in the Highly Populated Cost (HPC) category, which includes both HPC normal and on-site, on-call services. Before the conversation ended, Josh was set to provide an update on a stakeholder meeting he attended the previous week.

Delay in New Peer Group Implementation

Josh discussed the delay of implementing a new peer group for rate setting, which has been shifted to next year. He explained the challenges of midyear implementation due to the need to move providers between peer groups, potentially affecting the existing groups' ceilings. He also mentioned advocating for a cost-based system to encourage more providers to participate, but noted that the Department is not interested in this approach, preferring to maintain the current reimbursement model. Josh also highlighted that the new peer group structure would likely follow that of Peer Group 4, and that preliminary calculations based on full year cost report data from just two current providers in that peer group would be available around rate setting time next year.

Peer Group Challenges and Potential Solutions

Josh discussed the challenges and potential solutions for the peer group, especially in relation to damages and costs for renovations. He mentioned an existing statute allowing providers to file for 'extreme hardship' to recalculate their rates, but noted this could lead to issues with ceilings. He also indicated that more concrete calculations would be provided later with the aim of reconvening the stakeholder group in late summer or early fall. Josh encouraged those interested in the peer group to contact him for more information and emphasized the need to incentivize new providers to join.

Debbie's ICF Updates and CMS Meeting

Debbie discussed several topics including the reporting requirements for ICF providers, the upcoming changes to outcome-based payments, and the department's request for feedback on revised self-administration assessment tools. She also mentioned a lawsuit filed by the American Healthcare Association regarding minimum staffing requirements and clarified that the payment transparency reporting piece was not part of the lawsuit. Debbie also announced a meeting with CMS on the ICF program scheduled for June 12th and encouraged ICF providers to share any concerns they might have. No new issues or concerns were raised during the meeting.

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