

## Meeting summary for ID/DD Member Call (10/16/2024)

### Quick recap

Debbie shared several updates and announcements, including a cost of living adjustment and increases to patient liability. She also discussed the upcoming periodic performance audits by CMS, the potential risks of non-compete clauses, and the importance of understanding the process of uploading data into the San data system. Lastly, she addressed ongoing issues with the level of care, the need for feedback on the provider compliance tool, and the dissatisfaction with the quality indicator review process.

### Next steps

- Providers to review their EVV data and claims, identify any issues, and implement processes for resolution before denials are implemented.
- ICF providers to test resubmitting claims with patient liability issues and report results to Debbie.
- Providers to submit any feedback on the Provider Compliance Tool to Debbie by the end of the month.

---

### Summary

#### Updates, Announcements, and Cost of Living Adjustments

Debbie welcomed everyone to the meeting and acknowledged the tornado sirens. She then proceeded to share a few updates and announcements. She informed the team about the 2.5% cost of living adjustment starting January 1st for those receiving social security and SSI, with the new SSI amount being \$967. She also mentioned that there would be increases to patient liability in January. Furthermore, she shared a link to a health and welfare alert from the Department, which was about burn prevention. She emphasized the importance of reviewing these alerts for all providers and staff.

#### Periodic Performance Audits and Non-Compete Clauses

Debbie informed the team about the upcoming periodic performance audits (perm audits) by CMS on the State of Ohio's claims payment process. She clarified that these audits involve a random selection of claims, and if selected, providers may be asked for supporting documentation. Debbie also mentioned that the State of Ohio had been informed that CMS was contracting with Empower AI for these audits. She advised the team to reach out to her, Josh, or Pete if they were contacted for such documentation. Additionally, Debbie discussed the recent memo from the National Labor Relations Board's General Counsel, Jennifer Abruzzo, which suggested that non-compete clauses could be banned due to their potential impact on collective bargaining. However, she

noted that this was a memo and not a final rule, and it was unclear if the board would follow through on this suggestion.

### **Addressing NLRB Risks and Evv System Concerns**

Debbie discussed the potential risks of being contacted by the NlrB and the possible changes in administration's perspective. She also addressed concerns about non-compete clauses and the state of Ohio's electronic visit verification (Evv) system. Debbie emphasized the importance of providers reviewing their Evv services and claims to identify potential issues, as the state is set to start denying claims. She encouraged all providers, especially those required to use Evv, to start this process now to avoid future issues.

### **EVV Data Upload, Review, and Alternate Vendor Issues**

Debbie discussed the importance of understanding the process of uploading data into the San data system, especially for alternate vendors. She emphasized the need for a system to review EVV data before billing to ensure accuracy and avoid denials. Debbie also encouraged providers to connect with others using the same alternate EVV system and to share their experiences with issues. She mentioned a potential meeting with Medicaid to discuss EVV issues and asked providers to resubmit claims to test a fix for patient liability issues in PNM. Debbie also highlighted a new issue with PNM claims, where copying claims might change the patient status.

### **Addressing Care Transfer and System Issues**

Debbie discussed an ongoing issue with the level of care not being correctly transferred over, and asked for any new issues to be emailed to her or Kirsten. She also mentioned a workaround for a 204 error related to patient status, which involved checking and fixing the patient status before resubmitting the claim. Michelle reported a similar issue where the 'day' field changed to 'unit' when using the copy feature. Debbie agreed to look into this. Chelsea requested a written summary of the workarounds and also raised an issue about her status changing from an ICF provider to a waiver provider in the Ohio ISP system. Debbie agreed to look into this issue as well.

### **Provider Compliance Tool and Quality Indicator Review**

Debbie discussed the ongoing issues with the level of care and the need for feedback on the provider compliance tool. She mentioned that the next meeting with the compliance work group would be on November 5th. Gina expressed her dissatisfaction with the quality indicator review process, describing it as a waste of time. Debbie confirmed that the review was virtual and not on-site, as per the revised rule.

*AI-generated content may be inaccurate or misleading. Always check for accuracy.*