

Meeting summary for ID/DD Member Call (10/23/2024)

Quick recap

Debbie discussed ongoing issues with claims processing, patient liability deductions, and the need for accurate income information for Medicaid claims. She also addressed the progress made by the Department of Medicaid in addressing level of care issues and the ongoing issues with the Patient Liability system. Lastly, Josh discussed changes in the process of handling unanticipated hospitalizations, the latest changes in a document, and the ongoing issue with the Department regarding the replacement of the DDP and AI with a different assessment.

Next steps

- ICF providers to check PNM for patient liability amounts and work with county Job and Family Services to correct any discrepancies.
- ICF providers to review and update owner/managing employee records in PNM by the 26th of the month to avoid provider agreement termination.
- ICF providers to try resubmitting old claims to test if patient liability deduction issues have been resolved and report results to Debbie.
- OHCA members to review draft MUI rule and provide feedback to Josh before 1 PM on Monday, November 28th.

Summary

Claims Processing and Patient Liability

Debbie discussed the ongoing issues with claims processing and patient liability deductions. She mentioned that a fix implemented to address the issue of claims not deducting the correct patient liability amount from the claim was not fully effective. She asked the members to monitor the situation and report any further issues. Debbie also highlighted the responsibility of ICF providers to notify the county department of job and family services of any changes in income or resources, which could affect patient liability calculations. She emphasized the importance of checking the patient liability amount in PNM for all residents to ensure accuracy.

Addressing Patient Liability and Medicaid

Debbie discussed issues related to patient liability and the need for accurate income information for Medicaid claims. She explained that corrections to these issues must be handled at the county level, not at the state level, and suggested escalating the issue to a supervisor if the county department of job and family services is unresponsive. Debbie also mentioned that the department of Medicaid and Dodd have worked together to

correct past level of care issues, which had been a problem due to the complexity of the system and the inability to make corrections in the Dodd system.

Addressing Medicaid Level of Care

Debbie discussed the progress made by the Department of Medicaid in addressing issues related to the level of care. She mentioned that most of the changes have been made and encouraged those who had been working with Kirsten to rebuild their cases. Debbie also highlighted the ongoing issue with the level of care updating and the potential for a more proactive approach in the future. She advised the team to continue emailing her or Kirsten with any new issues or claims that deny due to the level of care issue. Debbie also reminded the team about the importance of updating their owners and managing employees in the PNM system to avoid termination of their provider agreement. Abdullah raised a concern about the lack of direction on how to resubmit PNM issues, to which Debbie responded that they have to wait until the correct patient liability is shown in PNM.

Patient Liability System Issues Discussed

Debbie discussed the ongoing issues with the Patient Liability (PL) system, which is causing difficulties in claim processing. She explained that the system is not functioning correctly, leading to inaccuracies in the patient liability amounts. Despite efforts to push for a resolution, Debbie stated that the State and ODM are unlikely to agree to an easy fix. She suggested that providers try rebuilding old claims to see if the issue has been resolved, but warned that this might not be effective. Abdullah proposed accessing the PNM system for more accurate patient liability information, but Debbie was unsure if this was possible. The team agreed to continue monitoring the situation and to try rerunning old claims to see if the issue has been resolved.

Addressing Issues and Mui Rule Discussion

Debbie discussed ongoing efforts to address issues and push back against certain adjustments, particularly at the end of the year. She also provided feedback on the ICF Quality Indicator surveys, suggesting that providers send their documentation ahead of time to reduce the time spent on virtual reviews. Debbie then handed over to Josh, who discussed the latest version of the Mui rule, which he believed had moved in a positive direction. He encouraged everyone to review the draft rule and submit any comments or concerns before the next meeting on Monday, the 28th at 1 PM.

Unanticipated Hospitalizations Process and Training

Josh discussed the changes in the process of handling unanticipated hospitalizations and the investigative agent's role. He explained that the investigative agent now has 45 days to complete the form after a provider submits it. The definition of unanticipated hospitalizations has been changed to include hospitalizations that are more than 48 hours and not associated with a planned evaluation, scheduled procedure, or routine test. The conditions now considered include aspiration, pneumonia, bowel obstruction,

dehydration, medication, air, seizure, and sepsis. The timeframe for unanticipated hospitalizations has been extended from 24 hours to 48 hours. Josh also mentioned that the investigative agent must initiate investigations for categories A within 24 hours and for category B within 3 working days. The process must be completed within 45 days, and the provider must notify the individual's team if there's an unusual incident. Lastly, Josh noted that board members are now required to be trained on the Mui rule within their first 90 days.

Document Review and Waiver Modernization

Josh discussed the latest changes in a document, highlighting the need for team members to review it and provide feedback before a meeting on Monday. Carol raised a question about the requirement for every UI to be made aware, which Josh agreed to look into. Christy expressed her intention to read through the document and reach out with any questions. Pete then took over the meeting to update the team on the Waiver Modernization project.

DDP Replacement and Funding Concerns

Pete discussed the ongoing issue with the Department regarding the replacement of the DDP and AI with a different assessment, specifically the SIS. He expressed concerns about the lack of discussion on the reasons for this change and the potential impact on the system. Pete also mentioned a joint letter from him and Debbie to the Department, advocating for the elimination of the DDP and any other assessment for setting funding ranges, as they believe it would simplify the system and address concerns from families. Debbie added that there isn't a great tool out there for this purpose, and the issue lies in attaching a funding range to the results of assessments. She also mentioned that they are trying to push for simplicity and eliminate the need for funding ranges.

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