

Meeting summary for OHCA NF Member Call (01/07/2025)

Quick recap

The meeting covered several important topics, including updates on registration discounts for the HCA convention and recent legislative changes affecting social security benefits and medication aid training programs. Discussions were held on billing issues for private room claims, new reporting requirements for healthcare facilities, and errors in Medicaid rates. The conversation ended with information about an upcoming satisfaction survey and its importance for providers.

Next steps

- Providers to monitor resident income changes due to Social Security Fairness Act and report updates to county JFS for patient liability recalculation.
- Providers experiencing private room billing denials for Medicaid fee-for-service claims to email Erin with details.
- Providers to ensure consultant pharmacists are listed as additional disclosable parties (ADPs) in off-cycle revalidation by May 1st.
- Providers to begin weekly NHSN reporting on resident respiratory illnesses (COVID, flu, RSV) and continue monthly staff COVID vaccination reporting.
- Providers to develop a policy for prioritizing private room admissions for residents with medical or psychosocial needs before July 1, 2025.
- Providers to participate in the upcoming satisfaction survey (both resident and family) when it becomes available.

Summary

HCA Convention Discount and Bill Update

Debbie initiated the meeting, reminding everyone to mute their microphones unless they were speaking. She encouraged participants to use the chat feature for questions and comments. Debbie then discussed two main topics: a \$200 discount for early registration to the HCA convention in Las Vegas, happening from October 19th to 22nd, and a bill signed by the President. She provided a link in the chat for those interested in the discount and mentioned that hotel bookings would be available later in the spring.

Social Security Act Update and Billing Issues

Debbie informed the team about the Social Security Fairness Act of 2023, which eliminates the Windfall Elimination Penalty for public sector employees. This means that those eligible for both social security and a public pension will see an increase in their monthly payments, estimated to be around \$360. Debbie advised the team to monitor the income of their residents and report any changes to the county JFS to ensure

accurate patient liability amounts. Erin discussed an issue with private room billing for Medicaid fee for service claims. Some providers were experiencing denials for their private room line items due to an error stating that the provider was not approved for the specialty they were billing. Erin requested that any providers experiencing this issue send her an email so she could compile a comprehensive list to send to Medicaid. She also mentioned that they were meeting with Care Source to discuss their ability to accept private room claims. PamSki provided an example of a rejection code from Care Source for Erin's meeting.

House Bill 303 and Medication Aide Training

Erin discussed the implications of House Bill 303 on medication aid training programs. She explained that the bill has aligned the requirements for residential care facilities and skilled nursing facilities, and added language around surveys and program restrictions. Erin also clarified that the bill does not impact the expanded scope of practice for medication aides in Ohio, which includes insulin pen, schedule 2, and Prn administration. She mentioned that an insulin pen competency training is scheduled for January 15th and another training for schedule 2 is being planned. Erin also noted that the new rules from the Board of Nursing on the Medication Aid training program are expected to be posted in February or March.

Medicaid Claims Processing and NHSN Reporting

Erin discussed the ongoing issue with Medicaid fee for service claims not being processed by some products. She mentioned that some members had managed to transmit these claims manually with the help of their Quadx representative. However, she clarified that this was not a standard procedure and could not be done by billing teams or managers. Diane then took over the meeting, discussing the updated sub-regulatory guidance from CMS. She clarified that while pharmacies are not considered Additional Disclosable Parties (ADPs), consultant pharmacists are. She also reminded everyone about the new reporting requirements for NHSN, effective from January 1st, which include reporting facility census, resident vaccination status, and confirmed resident cases of Covid, flu, and Rsv. Pete then added the QSO to the chat.

Correcting Errors and New Private Room Rules

Pete discussed the errors in the rates that were identified in December and the subsequent communication with the Department of Medicaid. He mentioned that the department acknowledged the errors and agreed to correct the 25th percentile, which will positively affect 48 buildings. The corrections are expected to be implemented by Thursday, but the exact timeline is uncertain. Pete also mentioned that the department provided calculations for review, which were found to be incorrect again. He requested comments on the data by the end of the business day. Additionally, Pete discussed new requirements for private rooms, effective from July 1st, which include having a policy for prioritizing admissions to private rooms based on medical or psychosocial needs.

Upcoming Satisfaction Survey and Policy

Pete discussed the upcoming satisfaction survey, which is expected to be revised to be shorter and easier to understand. The survey's timing is uncertain, but it's likely to happen in April. The survey's participation is crucial, as it will impact the billing for private rooms. Pete also mentioned that providers who refuse to participate in the survey could face penalties. He encouraged everyone to be prepared for the survey and to familiarize themselves with the policy for private room placement. Chris suggested that reminders about the survey and policy should be sent out to avoid any inadvertent misses.

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