

## Meeting summary for OHCA NF Member Call (02/04/2025)

### Quick recap

The meeting covered discussions on the state budget, its implications for members, and updates on federal and state matters affecting Medicare and Medicaid services. Various administrative and operational issues were addressed, including billing concerns, PBJ submissions, and changes to Appendix PP. The team also discussed updates to survey processes, the Ombudsman's new focus, and potential changes in Covid regulations under the new administration.

### Next steps

- Members to file a complaint with the Department of Medicaid if experiencing issues with managed care plans not paying the private room add-on.
  - Members to submit PBJ data by February 14th deadline and ensure accuracy.
  - Members to expect and prepare for Ombudsman visits focusing on identifying isolated residents.
  - Members to review ACA resources on appendix PP changes before March 24th implementation.
  - OHCA to continue monitoring implementation of the state's new focus on completing annual surveys.
  - Members to review ODOH PREP program resources for compliance and quality improvement.
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### Summary

#### Orlando Florida Budget Meeting Overview

Pete, from Orlando, Florida, led a meeting discussing the state budget and its implications for members. He mentioned that the budget came out the previous day, but it was only an overview, lacking the necessary detail. He anticipated more detailed information to be provided through house testimony and when the bill is introduced on the 10th. Pete also mentioned that any changes to skilled nursing reimbursement would require statutory amendment. He encouraged participation through questions or comments, either by coming off mute or using the chat.

#### Newly Published Budget and Hearings

Pete discussed the newly published budget and its various components, including the Blue Book and the Caseload and Expenditure Forecast Report. He mentioned that the legislature had started hearings on the budget and that the House would break it down into pieces for various standing committees. Pete also noted that the Department of Medicaid would be testifying to the Full Finance Committee and that the Governor's

budget would likely undergo changes in the House and Senate before final approval. He concluded by stating that he would provide updates on the budget process throughout the coming months.

### **PDPM Transition and Budget Bill**

Pete discussed the ongoing uncertainty surrounding the transition to Pdpm, scheduled for July 1st. He noted that the final decision would likely be included in the Budget Bill, but the outcome was not guaranteed. Pete also mentioned that the Finance Committee had started hearings on the budget, with Medicaid being a significant part of the discussion. Debbie then shifted the conversation to federal matters, mentioning the flurry of executive orders issued by President Trump following his inauguration. She also hinted at discussing these matters further in the context of the Budget Bill.

### **Biden Administration's Impact on Services**

Debbie provided an update on the recent changes and developments in the Biden Administration's executive orders and their impact on Medicare and Medicaid services. She explained that there was a period of communication freeze from CMS, followed by the withdrawal of pending rules from various agencies. However, after a flurry of activity, it was clarified that services to individuals, including SNAP and Medicaid, would not be impacted by the Federal funding freeze. Debbie also mentioned the nomination of Rfk Jr. for the HHS secretary and the ongoing hearings. Lastly, she noted that Governor Dewine has issued an executive order requiring all State employees to return to their offices, which could potentially impact their efforts. Diane was set to provide a brief update on state payments.

### **Billing Issues and Solutions Discussed**

Diane provided an update on a new issue related to billing for January claims. She explained that if claims are billed before the end of the month, they are being held up, particularly for primary revenue codes 101 and 160. Medicaid confirmed that these claims are being held for manual review. Diane advised that claims built before February 1st should be expected to pay next week. She also suggested moving towards billing at the start of the month to avoid this issue. Pete then discussed issues with billing for the private room add-on specifically to managed care plans. He explained that various plans have had issues with their systems, resulting in denials of the entire claim or just the add-on. He advised members to rebuild claims without the add-on and to file a complaint with the Department of Medicaid.

### **PBJ Submission Deadline and Updates**

Pete discussed several important updates and reminders. He emphasized the importance of submitting accurate and timely information for the PBJ submission deadline on February 14th, as incorrect or late submissions could lead to consequences. He also mentioned that changes to Appendix PP would come into effect on March 24th, which would include checking PBJ information before going out on

survey. Pete also discussed the shift back to state from federal, specifically regarding the Department of Aging and the Ombudsman. He mentioned that the satisfaction survey would start again in June, and that both resident and family surveys would be conducted concurrently. The results would be posted fairly soon after the surveys are completed. Pete also mentioned that they are waiting for reports from scripts and vital research on recommendations for changes to the process and the survey itself. He assured that they would keep members informed about these developments.

### **Survey Questions and Ombudsman Focus**

Pete and Jill discussed the importance of redeveloping the survey questions to avoid negative responses. Pete mentioned that the survey would be conducted annually for both residents and families, as decided by the Governor's task force. They also discussed the Ombudsman's new focus on identifying isolated residents, which could involve asking facility staff for their input. Jill pointed out that this aligns with a question on the care center license application, which asks for the percentage of resident population visited by an Ombudsman due to isolation. Pete agreed to push for stakeholder input on the survey questions and to gather feedback on the Ombudsman's new approach.

### **State's Survey Prioritization and Prep Program**

Pete discussed the state's reprioritization of annual surveys for skilled nursing facilities, with a focus on catching up on overdue ones. He mentioned that non-immediate jeopardy complaints would be bundled into the next annual survey. Pete also highlighted the state's Prep program, which offers various resources related to compliance and quality. He noted that the program is not directly connected to surveys but can provide valuable training. Lastly, he mentioned the recent changes to Appendix PP and the need for better education for surveyors on these changes.

### **Appendix PP and Covid Regulation Changes**

Pete discussed the changes to Appendix PP and the Better Way Initiative from ACA and Cal, emphasizing the need for compliance before March 24th. He also mentioned the potential for changes in Covid regulations under the new administration, but noted that nothing has been officially decided yet. The team also discussed the number of facilities over 24 months and the expected number of days for staff out due to flu, with Joe suggesting a 5-day recommendation. The conversation ended with Pete thanking the team for their contributions and setting a date for the next meeting.

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