

Meeting summary for OHCA NF Member Call (03/18/2025)

Quick recap

Pete led a weekly skilled nursing facility member call, discussing the budget process, amendments related to skilled nursing, and the ongoing legislative process in the House. The team also discussed the Department of Medicaid's plan to recoup overpayments from 2023, the extension of the sequestration to 2032, and the recent issues with the billing system. Lastly, they touched on the upcoming convention, the need to register before the early bird deadline, and potential changes to the rule and guidance.

Next steps

- Providers to review remittance advice for the rest of the month for any unexpected recoupments.
 - Providers who still saw recoupments on their remittance advice to email Erin their NPI.
 - Providers to be prepared for potential changes in telehealth billing procedures after September 30, 2025.
 - Providers to familiarize themselves with the new I-keys system for survey documentation before July 14th.
 - Providers to register for the convention before the early bird deadline (approximately 10 days from the meeting date).
 - Diane to attend a meeting with Direction Home on Thursday regarding PASSAR and level of care issues.
 - Providers to inform OHCA if they experience PASSAR and level of care issues with any Triple A's other than Direction Home.
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Summary

Skilled Nursing Facility Budget Process Update

Pete led a weekly skilled nursing facility member call, welcoming participation and questions. The call focused on the budget process, which was in a waiting period. The team had submitted written testimony to the Finance Committee, which had received numerous amendments from members of the House. Pete emphasized the importance of Republican sponsors for amendments to be adopted, despite the uncertainty of their inclusion.

Pete Discusses Budget and Amendments

Pete discussed the budget and amendments related to skilled nursing. He highlighted the need to reform and revise the Department of Medicaid's executive budget, which proposed a gradual implementation of Pdpm over 18 months. Pete suggested a blend

of 70% nursing, 20% speech, language pathology, and 10% non-therapy ancillaries. He also proposed a phase-in process to avoid rate cuts during the transition period. Additionally, Pete mentioned the need to modify the transition to allow a small increase for providers who perform better under Pdpm. He also discussed the issue of private rooms and the potential cost of removing the cap. Lastly, Pete addressed the reissue amendment, which would allow new leases from reits, whether existing or new buildings.

House Legislative Process and Timeline

Pete discussed the ongoing legislative process in the House, where thousands of amendments were submitted for review. He mentioned that the administration has not clearly articulated its concerns, leading to some pushback from members. Pete also outlined the upcoming timeline, with the substitute version of the bill expected on April 1st and the omnibus amendment to be adopted on April 8th. He noted that the Senate will start hearings prior to receiving the bill from the House and will have three weeks of testimony in the standing committees.

Budget Process and Medicaid Appropriations

Pete and JAbraham discussed the budget process and the potential impact of a court decision on Medicaid appropriations. Pete explained that the budget is a large, single appropriation for skilled nursing facilities, with a proposed increase in spending for the next two years. However, the exact amount and purpose of this increase are unclear. JAbraham asked about the potential for a favorable court ruling to affect the budget, and Pete clarified that the legislature could adjust the language to accommodate the outcome. Pete also mentioned the possibility of the state having to pay out money if a decision is made after the budget process.

Medicaid Overpayments and Flexibility Extensions

Erin discussed the Department of Medicaid's plan to recoup overpayments from 2023, which resulted from a mass reprocessing of claims in December 2023. The department initially sent out emails to providers identified as having an overpayment, but most people did not receive the email. Medicaid then issued remittance advice on March 6th, indicating recoupments, which caused concern among providers. Erin requested providers who still saw recoupments on their remittance advice to email her. She also mentioned issues with Pnm eligibility and the need to address these issues. Lastly, Erin discussed the extension of certain flexibilities in skilled nursing facilities for telehealth until September 30th, 2025.

Sequestration Extension and Recoupment Challenges

Erin discussed the extension of the sequestration to 2032, which was not a significant change. Pete then addressed the challenges anticipated with the recoupment process, emphasizing the need for accurate numbers and the potential for reconsideration. He also mentioned the resumption of first exception reviews and the publication of certain

policies by Myers and Software. Pete highlighted the importance of these policies for providers who have not frozen their CMI and those who are completing MDS assessments. Lastly, he discussed the conversion to using I keys for all survey documentation, which is set to begin on July 14th.

Billing System Issues and Convention Registration

The team discussed the recent issues with the billing system, which caused stress and confusion. They agreed that the system was flawed and that the notifications sent out were not accurate. The team also discussed the upcoming convention and the need to register before the early bird deadline. They touched on the topic of revalidation, but no new updates were provided. The team ended the conversation with a discussion about potential changes to the rule and guidance, with a suggestion to postpone the implementation to allow for further review.

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