

Meeting summary for OHCA NF Member Call (06/25/2024)

Quick recap

pete and Mandy discussed the current status and future plans for the Ohca skilled nursing facility, including the private room program and the upcoming Spa State Plan amendment. They also reviewed new guidance from CMS regarding facility assessments and addressed misleading marketing by nursing agencies. Additionally, they discussed various operational issues such as the Provider Network Management module downtime, fiscal intermediary staffing, and the need for providers to transition to PNM from MITS.

Next steps

- Pete will send a message to the State asking about the staffing plan and when the rates will be available.
 - Debbie will research and provide an update on the Department of Labor overtime rule case if any information is available before Friday.
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Summary

Ohca Skilled Nursing Facility Member Call

pete and Mandy welcomed everyone to the Ohca skilled nursing facility member call, explaining the communication protocol via Zoom. pete thanked Mandy for her introduction and noted that there wasn't much new material to cover due to recent breaking news. The discussion was to focus on providing more detail on the facility assessment, Qso, and additional guidance from Cms, particularly regarding private rooms. pete planned to verify if this information had been previously shared in the last few hours.

Spa State Plan Amendment Delay Discussed

pete reported that the Spa State Plan amendment, expected to be approved and posted on the website, was delayed due to the need for a public announcement by the Governor's office. Despite assurances of approval, no announcement or documentation was forthcoming by the end of the following day, leaving uncertainty about the status of the program. pete emphasized the importance of clear communication and documentation, and discussed the confusion surrounding the 'one star' issue and the application process. He reiterated his commitment to providing accurate and timely information.

Private Room Program Future and Funding Concerns

pete discussed the future of the private room program, emphasizing its permanence despite possible legislative changes. He mentioned that the program has become integral and it would be challenging for the legislature to abolish it, especially given the governor's strong support for it. pete also highlighted the potential for program growth, but noted the need to monitor funding and pursue additional funding to accommodate this. He further indicated that the state's tax revenues have significantly decreased due to personal income tax cuts, raising concerns about future budgeting and funding requirements.

Private Room Payments and Rate Letters

pete clarified to Kim that additional payments for private rooms would not be included in future rate letters. He explained that the Medicaid department would need to implement several administrative actions, including developing a billing code for private rooms and publishing it for recognition by various care plans. pete predicted that rate letters may not be released until mid-July, given the approval process for private rooms, which he anticipated would be time-consuming and result in a significant number of applications, with not all likely to be approved.

CMS Guidance on Facility Assessments

pete discussed the new guidance from CMS regarding facility assessments, which would focus on the process rather than the assessment's quality. He emphasized the importance of active involvement by staff, input from residents and families, and a contingency plan for emergencies. pete also mentioned the availability of a step-by-step action brief, a new checklist, and a webinar for members. The decision not to create a new facility assessment template by Ohca was discussed, with concerns over unintentional violations and the potential benefits of a checklist. Mandy added Ohca's preference for not using standardized tools, suggesting instead that a checklist would be more beneficial.

Nursing Agencies, RN Mandate, and Medicaid

Mandy and pete discussed the misleading marketing by nursing agencies regarding the upcoming RN mandate and clarified that it would not be implemented soon unless individuals opted for it. They also discussed Senate Bill 1, 44, which was expected to improve access to the workforce and reduce regulation, but expressed concerns about its length and complexity. pete addressed an issue regarding delayed Medicaid payments to 85 members and the challenges of verifying Medicaid remittance advice. He also emphasized the need for providers to transition to PNM from MITS by June 30th, due to system readiness concerns.

Provider Network, Qip Ticket, Overtime Rule

pete, Diane, and Debbie discussed various topics including the upcoming downtime of the Provider Network Management module and the fiscal intermediary, staffing decisions for the Qip ticket, and the delay in the Department of Labor overtime rule

case. pete confirmed that Debbie had covered all his raised points and emphasized the need for more information on certain topics. The team agreed to research and pay attention to updates on the overtime rule case, promising to discuss further in their next meeting.

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