

Meeting summary for OHCA NF Member Call (07/02/2024)

Quick recap

Various topics were discussed including concerns about the new Medicaid rates, issues with the P. And M. system for eligibility checks, and the upcoming webinar on Senate Bill 144 and private rooms. The team also discussed the availability of the BWC Safety Intervention Grant program, the need for a policy to prioritize private rooms, and concerns regarding antipsychotic and schizophrenia audits. Lastly, updates on the Senate Bill 144, the new overtime rule, and changes in staffing measures were shared.

Next steps

- Members to carefully review their July 1 rate packets for potential errors, especially related to occupancy penalty and staffing measures.
 - Members to set up EFT information in the new PNM system if they were previously billing claims through MITS.
 - Members experiencing issues with the new PNM system to report problems to the Integrated Help Desk.
 - Members to develop a policy for prioritizing placement in private rooms based on medical and psychosocial needs by July 1, 2025.
 - Members to participate in the annual satisfaction survey for private room reimbursement eligibility.
 - Members to review the summary of Senate Bill 144 and reach out to OHCA with any questions.
 - Members to consider applying for BWC safety intervention grants early, as funding may run out quickly.
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Summary

Discussion on Varied Topics, With Emphasis on July Rates

pete, Mandy, Blake, Diane, and 66 other participants gathered for a discussion on various topics. pete emphasized the importance of being present and ready to speak at any time, as there was no pre-determined order. Mandy welcomed attendees, explaining how to use the Zoom platform for questions and comments. pete then started the discussion, planning to hand over to Aaron next. The main topic of the meeting was the July one rates, which pete had previously discussed and intended to revisit.

Medicaid Rates and Rate Packet Review

pete discussed the ongoing concerns regarding the new Medicaid rates and the lack of additional data from the Department of Medicaid. He mentioned that some provider rates had started to receive detailed rate packets, and he requested for any available

packets to be sent to him for review. pete also highlighted potential issues with the rate calculations, particularly with the occupancy penalty and staffing and quality measures. He emphasized the need for careful review of the rate packets and the ability to file for rate reconsideration within 30 days of the date on the rate letter.

New P. And M. System Issues Discussed

Erin discussed numerous issues with the new P. And M. system for eligibility checks and direct data entry of claims. She reported that the system lacked certain features promised during training, such as eligibility checks for pending Medicaid approvals and an option to manually enter claims without leaving them in an open status. Erin also expressed concerns about the absence of a bridge payment option if the system fails to process claims properly and the need for providers to set up eft information to receive their payments. Lastly, she addressed problems with the system's timing, inability to edit or view certain claims, and problems with eligibility data and PDF printing. tammy.davis raised a concern about patient liability reporting without the ability to print a PDF, and Erin confirmed that Medicaid would only use the patient liability reported in the system, causing further complications.

Open Committee Enrollment and Senate Bill 1, 44

Erin announced the open committee enrollment for this year and encouraged those interested in joining a committee to express their intent to stay on the same committee. pete elaborated that those who hadn't participated in the previous year might be taken off and that the committee would accommodate new requests. pete then moved on to discuss Senate Bill 1, 44, which had successfully passed with several amendments of interest. He highlighted the bill's focus on three main areas: CON. Chops, and changes relating to the workforce, particularly medication aids and nursing assistants. Erin was set to conduct a webinar covering the workforce aspects of the bill in the near future.

Webinar, 90-Day Waiting Period, and Private Rooms

pete discussed the upcoming webinar and a 90-day waiting period linked to a bill that had not yet been signed by the Governor. The implementation process was expected to involve several agencies, including the Health Department and the Board of Nursing, and may extend beyond the 90-day period due to necessary administrative activities. He also highlighted that there was no clear return date for the legislature, which had completed its work and could potentially reconvene either before or after the November election. Lastly, he addressed questions regarding private rooms, stating that while the Governor had issued an op-ed in praise of them, the department had not been forthcoming in answering further queries.

Senate Bill 144 and BWC Grant Update

pete provided an update on the Senate Bill 144 and private rooms, stating that there were no answers to the many questions surrounding the process at that time. He indicated that the department was expected to start rolling out the process at any time,

and updates would be provided in future calls as things developed. Diane then discussed the availability of the BWC Safety Intervention Grant program, which provides a 3-to-1 matching grant for employers to purchase equipment to reduce workplace injuries and illnesses. She emphasized the prospective nature of the grant and encouraged members to engage a safety consultant before applying. Lastly, she clarified that previously purchased items were not eligible for the grant.

Private Room Placement and Audit Concerns

pete emphasized the need for a policy to prioritize placement in private rooms based on medical and psychosocial needs of residents, which is to be implemented by next year. Mandy discussed concerns regarding antipsychotic and schizophrenia audits, and the need for proper documentation before diagnosis and medication. She also presented an overview of the immediate jeopardy bulletin, stressing the importance of contacting the team during these situations for support. Lastly, she reminded the team to inform her before the revisit date if there's a potential denial of payment for new admissions or Ddpns.

New Overtime Rule and Medicaid Communication

Debbie informed the team about the new overtime rule from the Department of Labor, noting that a preliminary injunction was issued in Texas but the salary threshold increase of \$43,888 applied nationwide. She also mentioned an upcoming decision regarding the FTC's ban on non-compete clauses. pete, however, expressed frustration with the lack of communication from the Department of Medicaid regarding the private room spa project, which was approved two weeks prior but had not received any implementation details. He remained cautious and hoped for more information from Medicaid.

US Supreme Court Overrules Chevron Case

pete discussed the US Supreme Court's decision to overrule the Chevron case, which had previously granted federal administrative agencies the power to interpret statutes where ambiguity existed. He clarified that this decision no longer establishes such agencies' interpretations as binding and that federal courts must now interpret the statutes themselves. He also referenced the ongoing legal case regarding the Department of Labor's authority to establish overtime exemption thresholds and mentioned the recent ruling in the Loper Bright case. Finally, he highlighted that this ruling applies only to federal agencies and not to state agencies, like the Department of Medicaid in Ohio.

CMS Ruling, Staffing Changes, and Reporting

pete discussed several updates and changes. He mentioned a new ruling from the CMS extending the turnover counting period to 90 days, effective immediately. This ruling also clarified that extended leaves, such as parental leave, are considered turnover. He also shared changes in the staffing measures, starting from July, which will now use

Pdpm to adjust staffing instead of rugs, affecting the quality incentive for Medicaid. Lastly, he revealed a proposed rule for expanded reporting of vaccinations and cases of residents in home health, expected to be finalized later in the year.

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