

## Meeting summary for OHCA NF Member Call (07/09/2024)

### Quick recap

pete and Debbie discussed ongoing legal cases, the challenges in obtaining information about private rooms, and the importance of updated banking information in the provider network management system. They also addressed issues with the Medicaid eligibility screen, the documentation of schizophrenia diagnoses in skilled nursing facilities, and the need to achieve a 7.5 point measure to improve their standing. Lastly, they urged the team to report any issues with the PNM system and announced that the next meeting would likely be postponed due to an upcoming conference.

### Next steps

- Debbie will submit an application for being a critical access assisted living waiver provider if it was not completed by the original deadline of June 24th.
  - Providers who have been audited for schizophrenia diagnoses and denied, despite having proper documentation, will email Debbie or Mandy with the documentation they have to support the diagnosis.
  - Pete will provide assistance to providers who need help understanding the staffing cut points and how they are calculated.
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### Summary

#### Addressing Hot Topics and Responsibilities

Blake and pete discussed their ongoing tasks and responsibilities in their respective roles. pete mentioned that Debbie's presence was beneficial as she could cover certain topics that he would have had to address. The group, which included around 76 members, was informed that there weren't many significant updates due to the holiday the previous week. However, pete indicated that there were some hot topics that they frequently receive questions about, which he intended to address during the meeting.

#### Writ of Mandamus and Medicaid Updates

pete discussed the ongoing writ of mandamus action, now in its third month, with no decision from the Supreme Court. He expressed his team's eagerness for progress on this case. He also shared updates on the private rooms issue, with the governor's announcement and subsequent lack of communication from the Department of Medicaid on next steps. Finally, he mentioned a planned survey from the Department of Medicaid to enhance the Nursing Home Navigator and assisted living, seeking input on suggested changes to the information provided.

#### Private Rooms and Event Rates Challenges

pete noted the ongoing challenges in obtaining information about private rooms and event rates due to litigation. The associations received a list of facilities and their quality points, revealing staffing calculation anomalies for some providers that could impact rate considerations. He advised reviewing rate packages for discrepancies and seeking assistance if needed. Additionally, the critical access rate for assisted living facilities was implemented.

### **Department of Aging's Success and Critical Access Applications**

pete praised the Department of Aging for their proactive approach in addressing issues and their efforts in processing a high number of approved critical access applications. He reassured the team that despite the deadline passing, it was not too late for individuals to submit their applications, and offered assistance through their organization. He then handed over to Debbie for other updates.

### **Debbie's Legal Cases Update**

Debbie provided an update on two ongoing legal cases. The first case, concerning the Department of Labor's overtime rule, had a preliminary injunction limited to the state of Texas. A proposed briefing schedule for the court was submitted, and a decision is expected by September 19th. However, since the increase in the overtime rules' minimum salary threshold to \$43,888 was already in effect in Ohio until the court's decision, there's no anticipated decision within the next two weeks. The second case, related to the Federal Trade Commission's rule on non-compete clauses, was also limited to the plaintiff, and a decision is expected by August 30th, before the rule's effective date of September 4th. Debbie also mentioned that she would keep the team updated regarding both cases and encouraged them to reach out with any questions.

### **Provider Network Management System Concerns**

Debbie emphasized the importance of utilizing the direct data entry for claims processing, which is now performed through the provider network management system (Pnm). She highlighted concerns from providers about the system's operation and issues related to banking and patient liability information. Debbie stressed the need for providers to update their banking information in Pnm to avoid delays in payment receipt. She also noted that the Pnm system pulls patient liability from the state system, not the provider's claim, which has caused discrepancies and raised concerns. Finally, she pointed out the issue of Medicaid eligibility information in Pnm.

### **Medicaid Eligibility, Claims, and Waiver Providers**

Debbie discussed issues with the Medicaid eligibility screen and the inability to download information in a PDF format, which the state admitted to. She suggested taking screenshots and saving them for future audits. Debbie also mentioned problems with the Integrated Help Desk and delays in claim processing. She asked for examples of claims with non-covered days that were being denied, and urged the team to report any issues with PNM to the department. In addition, pete clarified the deadline for the

application for being a critical access assisted living waiver provider and confirmed no new updates regarding Covid and outbreak status within the facilities.

### **Skilled Nursing Facilities' Schizophrenia Diagnosis Documentation Issues**

pete discussed the ongoing issues surrounding the documentation of schizophrenia diagnoses in skilled nursing facilities. He highlighted that many providers have been audited and found to lack proper documentation, even though the individuals may have displayed symptoms for six months prior to diagnosis or antipsychotic medication. pete asked members to share any audit results where this issue was raised, as this would help in demonstrating the problem to the governing bodies. He also noted that a lack of proper documentation could result in data suppression, which could negatively affect a facility's reputation and ability to receive Medicaid reimbursement.

### **Staffing Measure and Data Collection**

pete emphasized the importance of achieving a 7.5 point measure for their work, explaining that it could significantly improve their standing. He requested assistance from the team to provide the necessary data, stressing the specific measures for staffing. He also clarified the staffing cut points and explained the data division into deciles. pete encouraged everyone to contact him if they had any issues or concerns, particularly regarding the staffing. Lastly, he announced that the next meeting would likely be postponed due to an upcoming conference, with a notice to be sent out over the weekend to confirm the schedule.

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