

## Meeting summary for OHCA NF Member Call (08/06/2024)

### Quick recap

The team discussed technical aspects of their Zoom meetings, the upcoming fall conference, and issues related to skilled nursing facilities, including overpayments from Medicaid and changes in reimbursement-related topics. They also reviewed changes in quality measures for the upcoming year, the confusion surrounding the Department of Aging's data refresh survey, and the implementation of Senate Bill 144. Lastly, concerns were raised about strict COVID-19 requirements in their facilities, leading to discussions on possible changes to these guidelines.

### Next steps

- Pete will follow up with Sam Sams from AKA to discuss any updates or changes regarding COVID-19 requirements for skilled nursing facilities.
  - Facilities will review and update their quality improvement project selection and implementation plans by October 23rd, considering the new guidance and the potential removal of the 25th percentile requirement.
- 

### Summary

#### Zoom Meeting Setup and SNP Call

pete, Debbie, and Erin discussed the technical aspects of their Zoom meetings, including the automatic activation of the questionnaire and the waiting room feature. pete then welcomed everyone to the weekly Snp member call and announced the upcoming fall conference in September, promising to share the registration link later. Erin was set to present on skilled nursing matters after pete's introduction.

#### Erin Addresses Waiver Issues and Private Rooms

Erin discussed issues with critical access assisted living waiver providers and offered assistance in resolving service plan problems with Molina, United Healthcare, and Care Source. She also provided an update on the private room policy, stating that application approvals will be issued 40 days after the final rule is filed, which has not yet occurred. Erin emphasized that providers should prepare their rooms or relinquish beds before the application is approved and that utilization management for private rooms should not require medical necessity. She also noted that the approval notices will be sent to the contact listed on the application.

#### Medicaid Overpayments and Reimbursement Discussion

Erin discussed the ongoing issue of overpayments from Medicaid to skilled nursing facility providers, which has been a problem since February 2023. She urged anyone

experiencing similar issues to contact her, as efforts are being made to press Medicaid for clarity on the amount owed and when the recruitments will occur. Debbie expressed her frustration with the department's lack of information, a situation that has been ongoing for over a year. Pete then invited Debbie to lead the discussion on reimbursement-related topics, indicating that no further questions were raised for Erin.

### **Medicare SNP PPS Rule Update**

Debbie discussed the final Medicare Snp Pps rule for fiscal year 25, highlighting a 4.2% market basket update, changes to the wage index and Lcd, and new measures for the Vbp and Qrp programs. She also addressed concerns about the Cmps program, noting that Cms had finalized proposed changes allowing for more implementation fines. Debbie indicated that these changes would not be operational until March 3rd, 2025. She provided links to the rule and related summaries for further review.

### **Revised Rates and Vent Rates Discussion**

Debbie discussed the revised rates issued by the State for the fiscal year 25, which were found to have discrepancies in the staffing measure calculations for the quality incentive. Some providers had requested rate reconsiderations based on these inaccuracies, resulting in increased rates for some and decreased rates for others. Debbie emphasized the importance of providers checking their new rates and ensuring they are billing at the lower of their build rate or the maximum rate for the State system. Additionally, Debbie mentioned the release of the Vent rates, which were slightly less than the previous year's rates. The document accompanying the Vent rates also included changes such as the removal of the 5% penalty language and the addition of a reference to one star and special focus facilities.

### **New Vet Rates and CMS Expansion**

Debbie informed the team that the new vet rates were available for billing services provided in July. Pete then discussed a few remaining points on the Vvp, emphasizing the importance of reviewing the performance reports in ikeys for potential adjustments to the October one rate. He also mentioned the deadline for submitting reconsideration requests was August 14th. Furthermore, he expressed concerns about the expansion of Cms and the potential for legal challenges, hinting at a possible issue with Chevron. Lastly, he briefly touched on the latest Cms data refresh that came out the previous week.

### **Quality Measures Changes and Impact**

Pete discussed the changes in quality measures for the upcoming year. He explained that the data for the first and second quarters of 2024 would be used for the January quality incentive points, with staffing measures only considering the past two quarters. Non-frozen measures, such as utilizations, antipsychotics, catheters, and falls, would be calculated based on the past three quarters. Frozen measures, including ability to move and pressure ulcers, would remain the same. Pete also clarified that a reduction in

points due to missing PBJ data would have a lasting impact on the staffing star beyond the current quarter.

### **Addressing Department of Aging Survey Confusion**

pete addressed the confusion and issues surrounding the Department of Aging's data refresh survey for the quality navigator. The survey caused confusion among members who were unable to locate it, despite numerous attempts to contact the department for assistance. The deadline for the survey was extended, but communication was delayed, causing further frustration. Meredith confirmed that a communication would be sent out to providers who had not submitted the survey, and KRosnagel agreed to assist in distributing this communication. pete also informed the team about a deadline extension for an unspecified survey and advised those who didn't receive the original survey to update their email addresses on the Covid Care Center portal. He also mentioned a potential glitch preventing emails from being sent out and reiterated the discussion about Senate Bill 144, promising to provide additional information on this topic.

### **Senate Bill 144 Updates and Potential Changes**

pete discussed the changes included in Senate Bill 144, which was effective from October 23rd. He highlighted that most provisions were self-implementing, but some, such as changes to the curriculum for medication aids and the shift from Stna to Cna, required action by the Board of Nursing and the Department of Health, respectively. He also mentioned that the quality improvement project requirement, previously mandatory, is no longer enforced from October 23rd, although surveyors may still cite facilities for not having a project. Lastly, he speculated on potential future changes to the quality incentive program, including the possible elimination of the 25th percentile and recalculation of the value per point.

### **Concerns Over Strict COVID-19 Facility Requirements**

Jill expressed her concerns about the strict COVID-19 requirements in their facilities, particularly the isolation of staff and residents who are minimally symptomatic. pete acknowledged her frustration and discussed possible reasons for the continued adherence to these guidelines despite recent changes in CDC guidelines for the general public. Jill emphasized the additional costs and unnecessary isolation, suggesting that the measures no longer seemed warranted. pete agreed with her assessment and decided to follow up on a proposed home health rule that was expected to be discontinued by year-end but has been extended indefinitely. No other significant issues were raised in the meeting.

*AI-generated content may be inaccurate or misleading. Always check for accuracy.*