

Meeting summary for OHCA NF Member Call (10/15/2024)

Quick recap

The meeting covered various topics including the annual resident photo contest, the CNP grant, and the patient liability issue. Discussions also revolved around claims submitted to Medicaid managed care plans, the upcoming webinar to update members on draft rules, and the status of private rooms approvals. Lastly, updates were provided on federal regulations, the overtime salary threshold case, and the potential industry average rate increase due to more points earned.

Next steps

- Members to review draft rules for skilled nursing facilities and provide comments to Mandy by the specified deadline.
 - Members to check for and respond to notifications from their Medicare Administrative Contractor (MAC) regarding the off-cycle revalidation process.
 - Members to watch for AHCA webinars on October 18th (for providers) and October 21st (for vendors) regarding the Medicare revalidation process.
 - Members to inform Ohca if they receive full approvals for private room requests from ODM.
 - Members to notify Ohca if contacted by NLRB regarding non-compete clauses.
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Summary

Annual Resident Photo Contest and CNP Grant Discussion

Mandy welcomed everyone and introduced Pete, the executive director, who then handed over to Erin to discuss the annual resident photo contest and the CNP grant. Erin announced the launch of the photo contest, with submissions due by November 19th, and shared details on how to submit. She also discussed the CNP grant, which aimed to train medication aides in skilled nursing facilities, and mentioned that they had received 131 letters of support before the deadline. Erin also mentioned that they had received 51 additional letters of support after the deadline, which were on a waitlist. She assured that they would keep everyone posted on the grant's status. Pete then asked Erin to discuss the patient liability issue, which she agreed to.

Medicaid Deductions and SNF Revalidation Discussion

Erin discusses a proposal to allow deducting the cost of maintaining a community home when calculating patient liability for Medicaid recipients who are retroactively approved. Diane explains the upcoming requirement for skilled nursing facilities to undergo an off-cycle revalidation with Medicare, disclosing details about ownership, management, and operational control to maintain certification. She encourages facilities to seek legal

advice and participate in upcoming webinars from the industry association to understand and comply with this new requirement.

Medicaid Managed Care Claims and Rule Changes

Diane and Mandy discussed issues related to claims submitted to Medicaid managed care plans. Mandy clarified that the file sent to the plans, called the 834 file, should include patient liability information and eligibility details. She also mentioned that if another carrier is involved, the plans will deny the claims, requiring a denial of coverage from that carrier. Mandy noted that there was a discrepancy in Rule 12, which she had informed the relevant parties about. She also mentioned that the rule now includes sections on notifying law enforcement and the ODH about elopements. Mandy encouraged the team to review these changes and provide feedback. Jeff inquired about the inclusion of reportables for staffing and financial issues, which Mandy confirmed were still part of the rules. Mandy also mentioned that a webinar would be held in the coming weeks to discuss the changes and provide operational tips. The effective date of these rules was estimated to be around February or March of the following year, depending on the number of comments received.

Webinar Updates, Private Rooms, and Federal Regulations

pete and Mandy discussed the upcoming webinar to update members on the current draft rules and proposed changes. Mandy also mentioned the plan for further education once the draft is finalized. Debbie then took over, discussing the status of private rooms approvals and the need for a revenue code for payment processing. She also provided updates on federal regulations, including the National Labor Relations Board's stance on non-compete clauses and the ongoing minimum staffing litigation. Debbie encouraged the team to reach out if they encounter any issues related to these topics.

Overtime Salary Threshold, Quality Measures, and Medicaid Updates

Debbie informed that a decision on overtime salary threshold case is expected soon. pete discussed uncertainty around data for future quality points, particularly for July 1, 2025, outlining likely scenarios assuming no legal changes. He mentioned staffing measure being unfrozen but three QMS measures in question. Medicaid's current Quality Measures will be updated with new definitions and data in January 2025, including recalculation for last three quarters of 2024. By April 2025, Medicaid will have full 2024 data with updated definitions for July 1, 2025 quality point calculations. pete discussed potential industry average rate increase due to more points earned, while clarifying 28.5 points and \$20 per point remaining unchanged. He advised maintaining documentation on medication aids' competency for their expanded duties effective October 24th.

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