

# Meeting summary for OHCA NF Member Call (11/26/2024)

## Quick recap

The meeting covered various regulatory updates and legal matters affecting healthcare providers, including discussions on mandamus cases, overtime rules, and Medicaid revalidation processes. Updates were provided on quality standards, reporting systems, and potential audits, with concerns raised about the politicization of healthcare and its impact on the nursing profession. The team also addressed upcoming deadlines, potential policy changes, and the importance of accurate documentation and timely submissions.

## Next steps

- Skilled nursing facilities to carefully complete PDPM assessments for potential future use in case mix calculations.
- Providers to review and update their information in the care center portal for Navigator 2.0 by the deadline.
- Hospice providers to hold off on executing contract amendments for private room add-ons until confirmation from Medicaid.
- Skilled nursing facilities to communicate to hospice agencies when a private room add-on needs to be billed.
- Providers to complete Medicare off-cycle revalidation by May 1st, documenting any difficulties obtaining ADP information.

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## Summary

### Mandamus Case Updates and Overtime Rule

Pete opened the meeting, acknowledging the absence of some members and expressing gratitude for their understanding. Debbie then provided updates on the mandamus case, explaining that the State of Ohio had submitted evidence and that the next steps involved submitting a brief. She also mentioned that the Department of Labor's overtime rule had been vacated, reverting the minimum salary threshold back to \$35,000. Joe Abraham asked about the timeline for the mandamus case, to which Debbie clarified that the State now has 20 days to submit their brief. Aaron then discussed the timely filing extension, stating that it had been extended to March 1st, 2025, and that they were still working on resolving contract affiliation denials. Lastly, Erin discussed the private room add-on for hospice, emphasizing the need for confirmation from Medicaid before executing any contract amendments. She also stressed the importance of notifying hospice agencies when a private room add-on needs to be billed.

## **Regulations and Requirements Updates Discussed**

Pete discusses several important updates regarding regulations and requirements for skilled nursing facilities and assisted living facilities. He expresses concern about the state threatening to hold license renewals for providers who do not submit data to the care center portal, which Pete believes should be voluntary. He also mentions a memo from the Department of Medicaid advising facilities to accurately complete PDPM assessments, indicating a potential future transition to the PDPM reimbursement system. Additionally, Pete highlights revisions to the CMS State Operations Manual Appendix PP, with a focus on antipsychotics, psychotropic medications, and discharge regulations. Finally, he mentions an upcoming discussion with the Department on Aging regarding a potential new initiative.

## **Ohio Standard for Quality Development**

Pete discussed the development of the Ohio standard for quality, a reporting package that includes a composite score similar to the 5 Star rating system. The Ohio standard aims to provide facility-specific feedback reports to providers, unlike the 5 Star system which allows for facility comparisons. The standard is also intended to be used in the navigator, a tool for consumer selection of facilities. Pete expressed concern about the potential for too many metrics, which could make it difficult for providers to focus on the most impactful ones. The project is expected to be completed by spring.

## **Medicaid Revalidation and Spring Start**

Pete informed the team that spring starts on March 21st, but did not specify if it was early, late, or mid-spring. He also mentioned that there were no other topics to discuss. JAbraham brought up an issue with Medicaid revalidation, specifically regarding the timeline and potential fees. Debbie clarified that the revalidation is only required if there have been changes, and it's a state requirement to compare the listed providers against the Social Security master death record. She also warned about the potential consequences of not updating the information, such as termination of provider agreements. Diane then discussed the upcoming revalidation deadline of May 1st and the challenges with the form's character and line limitations. She advised the team to provide their best effort and keep documentation of any issues with third parties.

## **Healthcare Challenges and Audit Implications**

In the meeting, Steve expressed concerns about the politicization of healthcare and the challenges faced by the nursing profession. He criticized the current administration's approach to healthcare and suggested that the focus should be on outcomes rather than numbers of staff. Diane clarified that the yellow envelope with the extension details would be sent to the legal entity listed in the provider enrollment agreement with Medicare. Pete and Bryan discussed the potential implications of the Myers and Stoppers audit restarting, with Bryan asking if this would affect Q4 and Q1. Pete responded that the guidance so far has been to only look at facilities that did not freeze their case mix score, but he acknowledged that this could change in the future. The

team agreed to be vigilant and prepared for any changes in policy. The conversation ended with Pete wishing everyone a happy Thanksgiving and announcing that the next meeting would likely not be held.

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