

## Meeting summary for OHCA NF Member Call (12/31/2024)

### Quick recap

The meeting covered ongoing legal and regulatory issues in the healthcare sector, including a mandamus case against the State and problems with Medicaid rate calculations. Discussions also focused on quality incentives, staffing points, and Immediate Jeopardy citations in healthcare facilities. The participants addressed various operational concerns, such as private room billing, Covid guidelines, and Medicare observation status appeals, while emphasizing the importance of staff training and education.

### Next steps

- Members to check their January 1st rates for potential errors in quality incentive calculations and staffing points.
- Members to file rate reconsideration requests by January 17th if errors are found in their rates and not corrected by the Department of Medicaid.
- Members to set up private room billing in their systems following the provided instructions.
- Members to be aware of cash flow delays due to managed care plans' varying implementation dates for private room billing.
- Members using Quadex to hand-key Medicaid fee-for-service claims for private rooms into PNM starting January 1st due to system issues.
- Members to ensure their billers are splitting the lines on claims for December as per Medicaid's instructions.
- Members to review and implement the updated CPR and crash cart procedures to avoid immediate jeopardy citations.
- Members to continue doing OSAs (if not frozen) and PDPM assessments accurately while awaiting final CMI guidance for July 1st rates.
- Members to follow current CDC COVID-19 guidelines until new guidance is potentially released around March.
- Members to educate social workers on the new observation stay appeals process for Medicare beneficiaries.
- Members to complete the OHCA survey on marketplace fraud if they have experienced issues with residents being enrolled in marketplace plans without consent.

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### Summary

#### Debbie Leads Mandamus Case Discussion

Debbie led a member call, discussing the ongoing mandamus case against the State. The State had refiled their affidavits in the correct format, and Debbie highlighted their

argument that the increase in the direct care rate was a result of rebasing. She refuted this claim, stating that the language in the legislation did not refer to price or cost per case mixed unit. Debbie also addressed other false assertions made by the State, emphasizing that their approach would not incentivize low-quality providers. She also clarified that the State could claim Federal funding for the payment made in 2025, as per the Federal language. The conversation ended with Debbie sharing the State's brief and their response to it.

### **Legal Case and Government Funding**

Debbie discussed the ongoing legal case and the Supreme Court's review of the matter. She mentioned that the court has a backlog of cases and that they will review their information when they have the opportunity. She also shared that the government funding was extended through March, but the minimum staffing requirements were not included in the continuing resolution. She mentioned that the HCA is working on a case and that a decision is expected around springtime. Pete then took over to discuss the issues with the January 1st race, but the details of this discussion were not provided in the transcript.

### **Department of Medicaid Rate Calculation Errors**

Pete discussed the issues with the Department of Medicaid's rate calculations. He highlighted two systemic errors: the incorrect recalculation of the 25th percentile, which should only be done once a year, and the retirement of John Schlogne, who had significant institutional knowledge and familiarity with the statute. These errors led to some providers not receiving quality incentives they should have. Pete also mentioned that the issues affected a relatively limited number of providers, but the exact number was unknown.

### **Staffing Point Calculation Errors Discussed**

Pete discussed the issues with the calculation of staffing points for January 1st. He explained that the Department of Medicaid had used the wrong method, averaging all four quarters instead of using the two quarters under the new version of the adjusted staffing. This resulted in some providers losing points, which could have affected their eligibility. Pete also mentioned that they had informed the department about these errors and requested corrections to be made. However, they had not received a response yet.

### **Medicaid Rates, Private Rooms, and Citations**

Pete discussed the ongoing issue with Medicaid's rate calculations and the expected response within a few days. He emphasized that the deadline for filing a rate reconsideration is January 17th, and encouraged members to check their rates and file a reconsideration if necessary. Erin then updated the team on private room billing, explaining that some managed care plans would not be ready to accept claims until January. She also mentioned a system-wide issue in Quadex that was preventing

private room claims from being billed. Heidi ended the conversation by discussing the decrease in Immediate Jeopardy citations in Ohio, but noted an increase in abuse and neglect cases.

### **Addressing Immediate Jeopardy Incidents**

Heidi discussed various incidents that led to Immediate Jeopardy (IJ) citations in the third quarter. These included staff-to-resident abuse, neglect, and mental abuse, as well as resident-to-staff abuse. She highlighted a case where a staff member left a resident unattended, leading to a fall and subsequent death. Another case involved a staff member who had a sexual relationship with a resident. Heidi also mentioned cases of staff-to-resident abuse due to insufficient behavioral health training and staff-to-resident mental abuse caught on tape. She emphasized the importance of providing adequate training to all staff members, not just direct care staff. Additionally, she discussed two cases of free of accidents, including a resident with dementia who fell into a pond and a resident who eloped from a secured unit. Lastly, she discussed two cases of inadequate CPR, one due to a staff member's inability to quickly locate the crash cart and the other due to an error on the report sheet indicating the resident was a DNR.

### **PDPM Implementation and Covid Guidelines**

Heidi and Pete discussed the uncertainties surrounding the implementation of Pdpm and the potential changes to the Cmi system. Pete clarified that the current statute is silent on what happens after June 30th, and any changes will be negotiated during the budget process. He also mentioned that the department is suggesting everyone continue with the current system until the budget bill is finalized. Additionally, Pete addressed the recent uptick in Covid cases in facilities, reminding everyone that the current Covid guidelines from the CDC are still in effect, but there is a possibility of revised guidelines in the near future.

### **Healthcare Topics and Webinar Updates**

In the meeting, Pete and Erin discussed various topics related to healthcare and insurance. Erin shared information about a webinar held by the Centers for Medicare Advocacy on the observation status appeals, emphasizing the importance of educating staff about this process to help beneficiaries. She also mentioned a survey about marketplace fraud targeting long-term care residents, urging participants to share their experiences. Pete ended the conversation by thanking everyone for their participation and wishing them a happy New Year.

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