

Meeting summary for OHCA NF Member Call (03/19/2024)

Quick recap

The meeting discussed the slow process of obtaining waivers through CMS, the failed mandamus case mediation, and the ongoing issues with Change Healthcare. They also mentioned a cancelled Medicaid meeting and the need to file a State Plan Amendment with CMS. Erin suggested applying to the Optum temporary assistance funding program for quick cash. Pete also discussed the issue regarding exception reviews and the documentation of ADLs, and the proposed rule to prohibit billing for non-invasive events.

Next steps

- Ryan will keep Pete updated on the progress of the waiver program in Indiana.
- Providers should prepare for payment delays and consider applying for the Optum temporary assistance funding program if needed. Erin will post the program link and update the group on changes and issues. Mandy suggested that providers ensure their documentation aligns with the GG terminology for ADLs to avoid exception reviews. Pete reported that the department will allow billing for non-invasive events for complex patients, but not for CPAP and bypass. The revised rule draft will be circulated in the next 2-3 weeks. Providers should also report NHS using the new definition of being up-to-date starting the week of April 1st.

Summary

Waiver Program for Assisted Living Providers

Pete initiated the meeting and highlighted the presence of Diane, Aaron, and an expected update from Erin. The main topic of discussion revolved around assisted living providers wishing to join the waiver program. Pete expressed concern over the slow and cumbersome process of obtaining waivers through CMS, citing a specific provider's experience of waiting for years. Ryan shared his experience with the process in Indiana, and Pete further emphasized the need to proceed even if they don't agree with the concept, as it's acceptable under Federal regulations. The meeting was set to continue with Aaron's participation.

Mandamus Case Update and Future Plans

Pete discussed the latest updates in a mandamus case that involved a failed mediation process. The case has been returned to the Supreme Court, where the State's attorneys are expected to respond to their petition within three weeks. Pete expressed doubt about the State's ability to construct a plausible legal argument, given the clarity of the statute in question. There was also a discussion about the use of outside counsel by the Attorney General's office, which Pete noted was not uncommon. The potential

outcomes of the case were also discussed, with pete suggesting it would either result in a win or a loss due to the failure of mediation. Finally, pete mentioned that he would be addressing the issue of private rooms next, which he believed was linked to the mandamus case.

Change Healthcare, Medicaid, and CMS Updates

pete discussed ongoing issues with Change Healthcare and a cancelled Medicaid meeting. He mentioned that there is still room for private room applications and that the approval process won't start until CMS approves the program. pete also noted that Medicaid has yet to file a State Plan Amendment with CMS, which is a crucial step for the programs to proceed. He confirmed that they have had two previous conversations with CMS. pete also addressed rumors about the approval being retroactive to April 1st, which Julie clarified was not the case. pete also mentioned issues with the Department of Medicaid and the process of filing comments with CMS. He concluded by passing the floor to Erin for updates on the changing healthcare situation.

Change Healthcare Payment Delays and Optum Assistance

Erin discussed the ongoing issues with Change Healthcare's payment processing, which has resulted in delays and non-payments for third-party payers. She mentioned that while Change Healthcare had restarted their payment module on March 15th, payments were still experiencing delays. Erin suggested that providers in need of quick cash should apply to the Optum temporary assistance funding program. She also noted that while Change payments had been restored, remittance advice had not, but payers had provided alternative methods for obtaining these. pete then summarized Erin's points, stressing that the Optum payment plan would not help providers who use Change to bill, but could assist those who use Change to receive payments from managed care plans. He also mentioned potential options for accelerated payments from Medicare and managed care plans.

Team Issue With Exception Reviews and Adls Documentation

pete shared that a significant issue was at hand, with all team members involved. Mandy interjected to discuss a problem regarding exception reviews, specifically with the documentation of Adls. She emphasized the need for specific terminology and definitions, as changes in documentation may not be accepted during exception reviews. Mandy noted the problem had resurfaced after being previously addressed years ago. pete concluded the discussion, mentioning a relevant update for event providers.

Billing for Non-Invasive Events Rule Revision

pete discussed the ongoing issue regarding the billing for non-invasive events. He mentioned that the Department had proposed a rule to prohibit this practice, but after reviewing feedback from various providers, they decided to allow it only for complex patients, excluding CPAP and bypass. Cheryl Diamond, in charge of the program,

announced that they would revise the rule to make this distinction clear. However, the definition of complex patients was not provided. pete also mentioned that the finalization of the rule would take several months. He concluded by assuring the team that the Department would not impose a blanket prohibition on billing for non-invasive events.

Healthcare Policy and Reporting Updates

pete discussed several topics related to healthcare policies and reporting. He mentioned that the cuts to Part B therapy fees were partially reversed, reducing the cut from 3.4% to 1.68%. He also mentioned that the new definition of vaccine up-to-date status for those aged 65 and older will be applied for reporting purposes starting the week of April 1st. pete also highlighted that the Centers for Disease Control and Prevention (CDC) will hold webinars on changes to reporting. The conversation ended with an open session for questions.

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