

Meeting summary for OHCA NF Member Call (03/26/2024)

Quick recap

The team discussed the recent implementation of Enhanced Barrier Precautions (EBP) by the Centers for Medicare and Medicaid Services (CMS), with concerns raised about the cost, patient experience, and interpretation of certain guidelines. There was also discussion about ongoing programs, including the 'My Care' program and a new technical assistance program, as well as updates on the Department of Aging's work streams. Lastly, payment issues experienced by providers due to incorrect deductions were addressed, with Medicaid implementing additional checks to prevent such errors in the future.

Next steps

- Erin will continue to communicate with Medicaid regarding the issue of missing and short payments, particularly related to franchise fees and bed taxes, and will provide updates as soon as information becomes available.
- Providers impacted by the short and missing payments issue should reach out to their managed care plans directly for prepayment options and direct claim submission options, and should also contact the Optum temporary funding assistance program if immediate payment is needed.
- Providers should be prepared for potential recoupments of previous overpayments and should check their liability for recoupments with the department through the Integrated Help Desk.

Summary

Discussing Enhanced Barrier Precautions Implementation

pete and Diane discussed the recent implementation of enhanced barrier precautions (EBP) by the Centers for Medicare and Medicaid Services (CMS), which was set to begin on April 1st. pete explained that while the EBP had initially been introduced as a set of guidelines by the CDC in July 2022, they were not enforced, until now. He also mentioned that there was a short notice period for providers to come into compliance. The team speculated that the Department of Health (DOH) would enforce the guidelines as soon as CMS mandated them. However, there was uncertainty about when the survey protocol to address these guidelines would be revised.

Enhanced Barrier Precautions (EBP) Adoption in Skilled Nursing Providers

pete discussed the controversy surrounding the adoption of Enhanced Barrier Precautions (EBP) by skilled nursing providers. He highlighted that the recommendations from the Centers for Disease Control and Prevention (CDC) required

individuals with wounds and those using welling devices to receive high-contact care using EBP, which includes the use of gowns and gloves. He also noted that the definition of which Multiple Drug-Resistant Organisms (MDROs) are included was unclear, leaving it to the states to determine. pete pointed out that while some aspects of the guidelines are clear, others, such as what constitutes high-contact care, are broad and subject to interpretation. He concluded by expressing concerns about the cost and potential impact on the patient experience of implementing EBP.

Team Policy and Guidelines Discussion

pete addressed concerns about the implementation of certain policies and guidelines within the team. He emphasized that despite potential pushback, the team should proceed with caution and prepare to defend their actions if necessary. A question was raised regarding the usage of implanted vascular ports and their coverage under guidelines, but no definitive answer was provided during the meeting. The team also discussed the need to review CDC guidance for further clarification. Additionally, there was an open question regarding the timeline for past history of MDRs and their continued need for coverage.

Colonization and Contact Precautions Discussion

pete questioned whether a person who had previously been colonized would still be considered as such. Heidi and TammyCassidy suggested consulting the primary care physician for clarification, as they would be able to determine whether a resident is still considered colonized based on lab work. Mandy echoed TammyCassidy's point and added that in cases where a physician doesn't think a person is still colonized, they should document their reasoning. She also mentioned that for some types of MDR, contact precautions should be maintained for life, regardless of whether any colonization is detected through lab tests.

Medical Devices, PPE, and Admission Rates

The team discussed the importance of clear communication with physicians regarding medical devices and their recommendations. Questions were raised about the use of personal protective equipment and end dwelling medical devices, with clarifications provided. The team also discussed the negative impact of the current policy of isolating residents with enhanced barrier precautions on admission rates, with examples requested for forwarding to the Healthcare Association and Quality Committee. Lastly, updates were shared about the Aka and Cal Quality Summit registration and a response from Leading Age regarding the necessity of EBP was discussed.

Medicaid Kickoff Calls and My Care Program Expansion

pete discussed the recent kickoff calls held by the Department of Medicaid, specifically mentioning those led by Steven Alexander. These calls were aimed at consumers and providers, and promoted the expansion of the 'My Care' program. The program, which was already decided by the state legislature to expand statewide, will be implemented

starting January 1st. In addition to in-person meetings, Medicaid will also be hosting virtual meetings for providers. Pete encouraged members to participate, share their thoughts, and provide constructive feedback to Medicaid. He also noted that while Medicaid is pushing for the expansion, there could be future legislative pieces that might not align with their plans.

My Care Program and Department of Aging Updates

Pete discussed the ongoing My Care program, noting that plans for its next generation were being developed and would need approval from the Centers for Medicare and Medicaid Services (CMS). He also mentioned a rumor that Medicaid had applied for CMS approval for the private room, but this had not been confirmed. Furthermore, he talked about the progress of the Department of Aging's work streams, which included a quality strategy and technical assistance. He concluded by saying that these were still in the developmental stage.

New Technical Assistance Program and Dashboard

Pete discussed a new technical assistance program aimed at 41 targeted providers, which will involve a structured 10-week training regimen focused on medications, infection control, and nutrition. The program is voluntary, but providers must meet certain criteria to participate. Pete also mentioned ongoing work on a new dashboard, or 'navigator,' with changes expected by May. Lastly, he shared that they are exploring contracted survey options due to a lack of surveyors, causing a significant backlog of annual surveys.

Payment Issues and Medicaid Solutions

Erin discussed multiple payment issues experienced by various providers due to incorrect deductions, leading to short payments or non-payments. These issues, related to franchise fees or bed taxes, were flagged as a banking error by Medicaid. Medicaid is implementing additional checks to prevent such errors in the future. Erin also advised that providers should continue to communicate with their managed care plans for prepayment or direct claim submission options, or use the Optum temporary funding assistance program. There was also a discussion about an ongoing issue with missing remittance advice. Towards the end, Pete talked about a pilot program and a concern about potential recoupments, advising providers to be prepared for any financial liabilities.

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