OHIO HEALTH CARE ASSOCIATION
BOARD OF DIRECTORS

July 24, 2025 10:00 am
Zoom Meeting

MINUTES

President Shane Craycraft called the meeting to order. The roster at the end of these minutes shows Board attendance.

The President asked board members to avail themselves of the OHCA Antitrust Compliance, Conflict of Interest, and Confidentiality Polices linked to the agenda and to bring forward any conflicts.

CONSENT AGENDA

Without objection, the board approved the consent agenda, which consisted of the minutes of the Board of Directors, Home Care & Hospice Board, Billing Committee, Workforce Committee, Regulatory Committee and Reimbursement Committee.

FINANCIALS

Secretary/Treasurer Joe Cilone gave an overview of the May 2025 Financials. Membership Is about $35,000 ahead of budget. Convention registration and booth fees were nearly $30K ahead of budget. Other positive variances were in scholarships and donations which were $30k ahead and royalties which were also $30k ahead. Education revenue lagged the budget by approximately $46K due to OHCA not holding many educational offerings in May due to Convention. On the expense side, convention expenses were nearly $400,000 below budget due to timing of invoices. Education expenses, like education revenue, was also under budget. Income from operation was also skewed due to timing of Convention expenses. Investments did very well gaining more than $420,000 in unrealized value. That concluded the financial report.

MEMBERSHIP

Diane Dietz verbally updated the membership reported attached to the board agenda. Membership action include:

Motion: To reinstate Windsor Medical Center (NF and AL) and Center Haven Assisted Living into membership. Seconded and motion carried.

Motion: To terminate a member who is past due on their membership dues—Divine Health Care Management and Spring Creek, as well as Laurel of Hamilton who sold to BYF Management who is not a member, Euclid hospital who closed their SNU, Pinebrook AL which was sold to Watermark who is not a member, Sycamore Glen who sold to Community First who is not a member and Active Day ID/DD waiver provider. Seconded and motion carried.

Motion: To approve 4 Industry Partners, 17 renewals and unfortunately terminate 10 who have not paid dues or who have merged with other companies. Seconded and motion carried.

UPCOMING EVENT

Diane Dietz then took the opportunity to highlight our upcoming events being the Financial Managers Conference August 19-20 at the Renaissance in Westerville and our Fall Conference held September 10-11 at Bridge Park in Dublin. There will be an in-person OHCA Board of Director meeting at 9 am on September 10 held at The Exchange at Bridge Park.

STATE BUDGET

Since this was the first meeting since the passing of the Ohio biennial state budget bill, Pete provided a high-level overview of the more significant aspects. He noted that not much changed from the key provisions OHCA got in the Senate version of the budget which included going back to the existing statutory language related to the nursing facility private room program, whereby there is a $160M spending cap for each fiscal year, as well as the important technical amendment to trued-up PDPM to RUGS making the transition budget neutral. Instead Pete focused on a few items relevant to NFs that were vetoed by Governor DeWine.

The first item the Governor vetoed was the increase in the personal needs allowance (PNA). In his veto statement, the Governor expressed the administration's intent to do something about PNA but wanted the flexibility to have it dependent on the overall state Medicaid budget. OHCA remains hopeful a change in PNA will come sometime in early 2026. Another veto was the language related to an $110 per treatment payment add-on for dialysis patients receiving services in a NF. Again, the Governor's veto statement expressed support for the policy but did not want any addition Medicaid payment rates in statute. The Governor also vetoed language the would have made random the assignment of Medicaid beneficiaries to managed care plans should they not choose a plan for themselves. Currently, ODM has an algorithm in place to make these assignments. The Governor wanted to maintain the algorithm and therefore the veto was issued. And finally, the last veto of significance was related to the Medicaid budget as a whole. The administration has expressed a concern that they do not believe the Medicaid appropriation in the budget is enough to cover Ohio's spending commitments. As a result, they wanted to tap into the health and human services reserve fund should they need additional revenue. The legislature wanted to limit the amount the administration could request from that fund to only $250M per year pending approval of the controlling board. The governor vetoed the $250M limit so, if necessary, they could request more from the controlling board if needed. We feel this veto is a good thing because if the appropriations are indeed not enough, the administration has the ability to access more of this fund, with controlling board approval, which could prevent possible rate cuts should overall funding falls short. Pete then concluded with a reminder to the Board of a free member webinar on the budget bill held Friday, July 25 at 10:00 am.

Pete then gave an update on the Mandamus stating we are getting closer in the que to a Supreme Court decision. In addition, he outlined the state share impact to fund retroactive payments back to July 1, 2023 as well as the go-forward funding needed to true up our rates going into this biennium which began July 1, 2025. In either case, tapping the raining day fund and re-opening the budget will probably be needed since the current state biennium budget does not account for these additional appropriations.

Discussion ensured related to ways in which OHCA can work to preserve all funding should the mandamus come down in our favor. Board consensus was reached that OHCA develop a "one-pager" for the legislature highlighting the fact that our sector has been historically underfunded and the mis-calculation of our quality incentive payment was actually part of the rebasing of our costs that were then sequestered "for quality." We are hopeful such a communication will help take the wind out of any sails should the administration or conservative legislators wish to claw back any dollars going forward in this biennium.

Pete then turned to the July 1 rates which should not have been a big challenge since the components were basically the same. ODM originally shared the QIP calculations with OHCA prior to the budget being finalized then shared the calculated rates right before the July 4th holiday for which OHCA provided comment. OHCA and ODM appeared to reach a consensus on the rates and then things went silent. Eventually this past week, ODM began to publish rate letters. A day later they took many down but then posted the rate file to the ODM Nursing Facility webpage. Simultaneously ODM sent an excel version of that table to OHCA "for review." We immediately reached out to the department inquiring why rate letters were being taken down and simultaneously compared the update rate file to the draft rates reviewed early in July and found some 169 providers who had different rates. We don't know what happened between the original calculation and the new ones but we noticed a discrepancy in the staffing data and inquired. A concern was also was raised about a discrepancy on the rate letters whereby some have earlier dates than others. This will affect the reconsideration timeframe. OHCA continues to seek clarifications on the rate discrepancies and letter date.

Pete then turned to the PDPM transition and highlighted a PDPM transition table we put together discussing the RUG vs PDPM blend as well as quarterly data used until we reach full transition to PDPM on July 1, 2027. Pete confirmed that Ohio's RAI coordinator said that OSA are no longer needed beginning July 1. We asked for something in writing and were told that will be issued shortly. Also, with respect to PA1 and PA2s, those still remain outside of the case mix calculation and nothing has changed with respect to the reimbursement levels. We asked ODM if they will be issuing any guidance related to what assessments are to be used to support billing. Absent any possible guidance from ODM, we believe members should follow their current practice using the most recent assessment for supporting the billing of PA1 and PA2s.

OHIO MEDICAID ISSUES

Erin Hart provided a high-level overview of the status of the recoupment project whereby facilities are required to provide to ODM a list of ICNs for which they wish to dispute within 30 days of receiving the letter. She then went on discuss how OHCA advocated for an additional time and was given an additional 30 days to provide the supporting documentation. OHCA continues to press extremely hard for an extension beyond a full 60 days because the time-consuming part of this exercise is actually the research needed to dispute each overpayment. Erin then explained that ODM issued an FAQ that was even more challenging but did give us a small nugget of helpful information related to file size. Erin then asked Diane to explain additional escalation we have been doing specially speaking with Patrick Beatty and explaining to him that Todd is being contacted by legislators because our members are reaching out to their state representatives asking for help. We emphasized the dashboard is chalk full of inaccurate information and we simply need more time, beyond 60 days, to document all the inaccuracies. We emphasized how the majority of the claims listed on the dashboard has already been recouped while many others listed on the dashboard as overpayment have never actually been paid. We asked for a call and one is schedule for later today. A communication has always been drafted and is going to our legislative friends to pen to ODM asking for more time on this project. We will keep everyone posted as developments occur.

Diane Dietz then turned the Boards attention to hospital exemptions and provided evidence that ODM is well aware that invalid hospital exemptions, without the newly required physician signatures, would not serve as level of care determinations. If a hospital exemption is not valid, per the tightened physician signature requirement, facilities are then required to obtain a LOC determination from the AAA. However, those are unable to be back dated to the date of admission because the PASRR requirements, per ODM, have not been met. We are exploring avenues with AHCA to address this at the CMS level because NF are at high risk of post-payment recoupments down the line if something is not changed.

REGULATORY ISSUES

Diane Dietz then discussed the positive changes providers are beginning to see with respect to OSHA for which experts believe are driven by the Trump Administrations belief that OSHA has over extended their enforcement authority. She began with a discussion of a proposed rule to remove the need for a medical evaluation before employees dawn a filtering facepiece respirators (FFRs) or loose-fitting powered air-purifying respirators (PAPRs). Notably, N95 masks are explicitly defined as disposable filtering facepiece respirators (FFRs) within the prosed rule and therefore we plan to comment in support. Diane went on to discuss other proposed OHCA rules related to the removal of OSHA's COVID-19 Emergency Temporary Standard and its associated recordkeeping and reporting provisions from the Code of Federal Regulations. OSHA is also withdrawing the proposal to amend the OSHA 300 Log by adding a column that employers would use to record work-related musculoskeletal disorders. She then discussed a proposed rule related to the General Duty Clause and the fact that she is talking with AHCA to see if we wish to engage on that rule. The premise of this rule is related to risks inherent to a particular job and because many of the individuals we care for are cognitively or developmentally impaired and could inflict physical harm on our staff, should we provide comment stating nursing, in long-term care, has an inherent risk of possible violence. There is a PR component to that and therefore our position on that particularly proposed rule is being discussed. Suffice it to say, the current administration wants OSHA to enforce only those standards that are permanent and limit the scope of general duty clause citations.

Pete then discussed Five Start Changes and a QSO related to stopping the use of the third-survey cycle for calculating survey points. Complaint and non-annual surveys would also look at a number of years and the weighting. Pete also discussed a webinar Tammy Cassidy will be doing on the licensure changes.

With respect to satisfaction survey, Pete concluded that both family and resident satisfaction surveys are now underway. They will be held concurrently. Invitations are in the process of being sent and the results will be posted in tranches—first half will be posted before the second group of facilities are invited to participate in the survey.

Diane Dietz provided a brief update on the off-cycle revalidation, reminded people of the new January 1, 2026 deadline but said while AHCA will continue to advocate for relief, AHCA believe the extended deadline may be the best that can be done.

FEDERAL BUDGET ISSUES

Attention then turned to the final federal budget reconciliation bill or OBBB. Debbie Jenkins began her report by saying that most of the stuff that was in the Senate version of the bill was in the final version

that landed on President Trumps desk as requested before the July 4th holiday. A few highlights that OHCA is continuing to watch and monitor include the two provider tax issues. The first is a reduction in health care provider tax that differentiates between expansion states and non-expansions states. Ohio is an expansion state. While nursing facility and ICF provider taxes remained exempt at their current levels, hospital will have a gradual reduction in the maximum percentage for those operating in expansion states. Ohio's current state budget had an increase in the hospital provider tax and Ohio has stated that they are using the majority of this increase to fund a lot of services in the Medicaid program. This required reduction will not have an immediate impact to Ohio's hospital provider taxes and its corresponding revenue stream. However, it phases in the reduction beyond this current state budget and beyond this current DeWine administration, so it will be something we need to continue to monitor and possibly address in the years ahead. The other provider tax issue related to a provision in the final bill that eliminates a waiver that seven states, including Ohio, currently have in place. This waiver allowed these seven states to tax managed care plans a higher rate on their Medicaid beneficiaries than their other managed care beneficiaries, resulting in a larger draw-down of federal funds. There was a proposed rule that came out as the budget reconciliation bill was making its way through the process that would have eliminated this Medicaid managed care waiver. OHCA issued comments asking that CMS require the Secretary of HHS to offer states, like Ohio, the full three-year transition that is being offered so we have the maximum time permissible to work through the ramifications of this reduced federal funding stream.

Debbie then highlighted a couple other provisions in the final bill that OHCA will monitor. One is retroactive Medicaid eligibility. Once again, the bill made distinctions between the expansion population and the regular Medicaid population whereby Medicaid expansion individuals are only permitted to have up to 1 month of retroactive Medicaid coverage and non-expansion individuals now have up to 2. That is a reduction from the current 3-months of retroactive coverage that has been available to everyone. And finally, the 10-year moratorium of the staffing rule was also included in the final version of the reconciliation bill. Remember again, this is just for the staffing requirement and hours per resident day and not the other requirements of the bill.

Debbie than provided a brief update on the minimum staffing rule and that all signs point to the final language in the bill thankfully prohibiting CMS from enforcing the staffing rule for at least ten years. Please remember that other aspect of the minimum staffing rule—the facility assessment and payment transparency, while not fully adopted, are still in place.

OTHER BUSINESS

With the no other issues before the group, the meeting adjourned.

Attendance Roster

Name	Status	24-Jul
Shane Craycraft	P-ALT	P
Michael Scharfenberger	1	P
Kenn Daily	2	P
Scott Unverferth	3	P
Jim Taylor	4	P
Jill Herron	5	P
Bill Levering	6	P
Ronnie Wilheim	7	
Bill Weisberg	8	P
Scott Sprenger	IPP-9	P
Janet Harris	10	P
Dan D'Amico	11	P
Nicole Sprenger	12	P
Michael Coury	13	
Robin Hillier	14	P
Shane Stewart	15	P
Linda Black-Kurek	ALT	P
Chris Chirumbolo	ALT	P
Joe Cilone	ATL	P
Chase Kohn	ATL	
Diane Liliestedt	ATL	
Greg Miller	ATL	P
Jerry Schroer	ATL	P
Danielle Russo	AL	P
Gen Stelzer	HCH	P
Joe Kowalski	ID	
John Renner	NP	P
Sarah Koch	13A	P
Victoria Barkin	AL B	
Brent Classen	AL B	P
Amy Francis	AL B	
Charlotte Kister	AL B	
Matt Pool	AL B	P
Gwynn Ryder	AL B	P
Kyle Schmidlap	AL B	
Tim Dotson	ID B	
Chelsea Pozderac	ID B	P
Sherry Rinck	ID B	
Becky Sharp	ID B	

Jo Spargo	ID B	
Bill Arfaras	HCH B	P
Bryan Casey	HCH B	
Gina Covelli	HCH B	
Laura Dales	HCH B	
Andrea Henderson	HCH B	
Mark Knepper	HCH B	
John Fleischer	GST	
Brian Hennis	GST	P
David Hennis	GST	P
Tadd Hunt	GST	
Denise Leonard	GST	P
Aric Martin	GST	P
David Parker	GST	P
Deanne Sprenger	GST	
Todd Bergdoll	STAFF	P
Tammy Cassidy	STAFF	
Erin Hart	STAFF	P
Debbie Jenkins	STAFF	P
Heidi McCoy	STAFF	P
Kathy Chapman	STAFF	P
Diane Dietz	STAFF	P

Certified:

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Joe Cilone, Secretary/Treasurer Date