

OHIO HEALTH CARE ASSOCIATION BOARD OF DIRECTORS

**June 19, 2025, 10:00 a.m.
Zoom Meeting**

M I N U T E S

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

The President asked board members to avail themselves of the OHCA Antitrust Compliance, Conflict of Interest, and Confidentiality Policies 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, Regulatory Committee, Workforce Committee, Assisted Living Board, SNF Billing Committee, and Reimbursement Committee.

MEMBERSHIP

Diane Dietz verbally updated the membership report attached to the board agenda. Some of the members listed for termination had paid their dues.

Motion: To approve Residential Home Health and Residential Hospice as active members and reinstate the active memberships of Serenity Springs, Spring Creek, Cotter House Worthington, Sunrise of Cuyahoga Falls, Sunrise of Dublin, Sunrise of Gahanna, Sunrise of Findlay, and Sunrise of Parma.
Seconded; motion carried.

Motion: To terminate the active membership of Center Haven Hamilton.
Seconded; motion carried.

Turning to associate members, Ms. Dietz recognized Jill Herron for helping bring Cleveland Clinic Center for Connected Care back in.

Motion: To reinstate the associate membership of Cleveland Clinic Center for Connected Care and terminate the associate memberships of Evoke Health, Lightyear Health Clinic, and SimTax.

Seconded; motion carried.

AHCA/NCAL CONVENTION

Pete Van Runkle said registration was open for the convention in Las Vegas in October. Chris Chirumbolo was running for re-election to the AHCA/NCAL board. Mr. Van Runkle encouraged board members to attend the convention and support Mr. Chirumbolo. We were planning a reception in his honor. Michael Coury asked if funds were needed. Mike Scharfenberger asked if Bill Weisberg was running. Mr. Chirumbolo thanked the board for their support.

STATE BUDGET BILL

Todd Bergdoll reported on the budget process. The conference committee was appointed the week before the board meeting. The Governor and cabinet members met with the two leaders. Amendments were submitted the Monday before the board meeting. LSC and OBM testified Tuesday. Their numbers were very close. We expected discussions would wrap up Friday night or early Saturday. The conference committee would move the report June 24, with a floor vote the following day. We were protecting against return of the REIT language and supporting the Senate private room and the PDPM technical amendments. Conversations with legislators were not generating much information.

Mr. Van Runkle said the Senate removed the House changes to the private room statute, specifically the cap at 15,000 beds. The Senate budget left current law in place, with a spending cap for private rooms of \$160 million. The Senate added the PDPM technical amendments in the omnibus amendment. The language did two things. First, it required ODM to calculate a conversion factor to equalize RUGs and PDPM numerically. Without a conversion factor, direct care rates would go down dramatically under PDPM. ODM was in the meeting where the Senate decided to adopt the technical amendments and agreed that language was needed to prevent unintended cuts. The second change was to clarify that for July 1, 2025, the direct care rate would be based either on a facility's frozen RUGs score or for the unfrozen buildings, the average of the fourth quarter of 2024 and first quarter of 2025. Greg Miller asked if the House supported the Senate's approach on private rooms and if ODM supported the technical amendments.

Mr. Van Runkle added that the Senate took out the House provision increasing the PNA to \$75 for SNF and ICF residents. They did not restore the administration's proposed REIT language. Mr. Chirumbolo asked what the Senate did to make up for the revenue hole from the income tax cut and what the House thought of it. David Parker asked about potential vetoes. The President said we would keep pressing to the finish line. We would have to wait until later to ask for more substantive changes. Mr. Parker asked about the impact of the mandamus case.

FEDERAL BUDGET RECONCILIATION

Debbie Jenkins reported that the first Senate version of the reconciliation bill came out Monday night before the board meeting. It was from the Finance Committee and had not been finalized.

The Senate made multiple distinctions between expansion and non-expansion states. The House put in a moratorium on provider tax increases. We were tracking the timing because the state budget included a big hospital tax increase, which would be grandfathered if the state budget was enacted before the federal bill. The Senate kept the moratorium for non-expansion states, but for expansion states cut the maximum tax rate ½ point per year down to 3.5%. SNF and ICF taxes were excluded, but the Senate's approach was still concerning. Reduced funding from the hospital tax could lead to rate cuts for other providers. The bill did not include a maintenance of effort requirement for SNFs. Elimination of the managed care tax waiver was still in the Senate version and was a concern.

The Senate version was better than the House on minimum staffing. The House had a 10-year moratorium, but the Senate bill permanently prohibited HHS from implementing the rule. On retroactive eligibility, the House cut the current three months to one. The Senate bill had one month for the expansion population and two months for others.

We were in DC earlier the week of the board meeting and heard from AHCA/NCAL and their consultants. Some thought the Senate's provider tax changes were to show budget hawks that there was not enough support for more cuts, but we really didn't know what the motivation was. The Senate Parliamentarian was looking at items in the Senate version under the Byrd Rule. Some could be deemed non-allowable. The media were back and forth about whether the bill would pass by July 4. History would have suggested a longer time, but the House got things done by the deadlines, so it could happen with the Senate too.

While in DC, we shared concerns about the Ohio impact. We met with the majority of the Ohio delegation during Congressional Briefing to discuss the House version. The Senate version went farther, with impacts on the state that the administration and the legislature would have to deal with later. Linda Black-Kurek said she received an email from Sen. Husted saying the Senate would allow an increase in the hospital tax, then it would be frozen and gradually reduced over 10 years. She asked for language to protect SNFs from cuts. President Craycraft said the last he heard was the bill would not pass until the August recess.

MEDICAID ISSUES

Erin Hart discussed recoupments by ODM. We continued to work with members to reconcile the March and May transactions. We were putting together a small group to give ODM a succinct case about errors we expected when they released the recoupment dashboard. We wanted to minimize burden on financial staff and avoid inappropriate takebacks. Members who received recoupments as a result of CHOPs were examples of incorrect takebacks, which Ms. Hart felt may be the reason the dashboard hadn't come out by the time of the board meeting. We were trying to keep ODM from releasing the dashboard until they fixed the anticipated errors, but they could release it at any time.

Mr. Parker said it would take ODM forever to work out the final answers, but the train was running. Mr. Chirumbolo questioned whether all the problems with the process might be related

to our mandamus case. Mr. Schroer asked about involving the legislature. Mr. Van Runkle said the Senate had concerns about the mandamus case. The President said we knew the budget would be a slog. We had to stand up for what we believed in and rebuild in the future. ODM was always difficult to deal with, but he was thankful they were working with us.

Ms. Dietz updated the board on hospital exemptions. ODM had decided that the exemption could substitute for a level of care for the first 30 days after admission. Later they alerted hospitals about new signature requirements that disallowed use of “signature on file” and signatures by physicians other than the attending. Ms. Dietz urged everyone to review their hospital exemptions and try to fix them if they didn’t meet the new requirements. She also suggested sending questions to the PASRR mailbox asking what to do. ODM put compliance with these requirements in the hands of the hospitals, but they affected SNF payments. We sent ODM examples and a strong email. Our concerns were about post-payment audits. The AAAs wouldn’t backdate LOCs because a hospital exemption was not considered compliance with PASRR. Ms. Herron put the PASRR email address in chat and said she had signatures on file. The solution was for the hospitals to do PASSs, but they wouldn’t.

Ms. Dietz reported that the FY 2025 vent rates came out the day before the board meeting. They showed a \$60 decrease, \$70 for weaning. We asked ODM why the rates were going down. There were no changes relating to non-invasive vents, so the current rule still stood.

REGULATORY ISSUES

Tammy Cassidy said she was very excited to be with OHCA. She pointed out our comments on the SNF licensure rules and added that we expected them to be finalized soon after the board meeting. We didn’t know whether they would accept our comments.

CMS issued two new QSOs that would have significant impact on 5-Star and Care Compare. QSO 25-20 had 4 primary elements. Information on chains would be reported more prominently on Care Compare effective July 20. CMS was dropping the third cycle of surveys from the survey points calculation, effective October 29. They would still use three years of complaints and infection control surveys. This change was because many states were behind on annuals. The first cycle would be weighted 75% and all the rest would be 25%. This change could cut either way for different buildings. CMS was adding claims-based data for the antipsychotic QM based on a 2021 OIG report that the MDS didn’t accurately capture antipsychotic use. The new data would be from pharmacy claims. CMS felt it wouldn’t have a significant impact. They also were removing COVID-19 vaccination information from the front page of Care Compare.

QSO 25-19 specified that CMS would release and post 2567s immediately, before the provider submitted a plan of correction. This change would take effect with the July data refresh.

Ms. Hillier asked if providers would get a preview of the impact of adding the claims data to the antipsychotic measure. The President thought CMS was posting the 2567s quicker because they started using an AI model that compared citations across states and looked for things like copy-

and-paste. Dropping the third survey did not fix the root issues with 5-Star – there were other, more significant problems.

Mr. Van Runkle said the federal government had issued a number of requests for information on deregulatory topics. We recently responded to one from CMS. Another was coming up from HHS in July. Some of our issues addressed 5-Star.

President Craycraft said CMS was allowing meetings again. The AHCA/NCAL group he was on would be meeting with them in July. Many of the deregulatory issues were on the agenda. No one had been able to meet with Dr. Oz, so we did not know his policy or process for addressing deregulation. One of our top items was strict liability. Many of these citations were IJs. CMS consistently denied strict liability existed. A second key item was that the federal budget included more money for surveyors and emphasized complaint surveys. This would be an issue for 5-Star and could give Ohio cover for again pushing back annuals. Our list included other items such as EBPs. OHCA submitted a strong list to CMS. Gwynn Ryder commented that the issue with strict liability went beyond 5-Star. In litigation, an IJ abatement plan could be argued as an admission of liability. President Craycraft said in Ohio, surveys generally couldn't be used in court, but the plan of correction could be used as a standard of practice.

Mr. Van Runkle said ODA was getting ready to bring back the resident and family satisfaction surveys in August. They were changing the process to do both the resident and family surveys of each facility at the same time. They also planned to do the surveys and release the results in 6-month batches instead of waiting until they were all completed. The survey instruments would remain mostly the same, with tweaks to the wording of some of the questions. ODA said they would convene a stakeholder advisory group. One of the group's tasks would be to help design more robust feedback reports for providers.

PEOPLE WORTH CARING ABOUT

Ms. Hart reported that the docuseries was live on YouTube and our website. We were preparing guides for using the episodes in schools and recruitment efforts. We had a promotional plan for social media and would be recording three podcasts in the next 30 days. President Craycraft said the social media numbers looked fantastic.

OTHER BUSINESS

The President reminded the board that the July meeting would be in person.

Attendance:

First	Last	Status	5/7	5/27	6/19
Shane	Craycraft	P-ATL	P	P	P
Michael	Scharfenberger	1	P	P	P
Kenn	Daily	2		P	
Scott	Unverferth	3	P	P	P
Jim	Taylor	4	P	P	P
Jill	Herron	5	P	P	P
Bill	Levering	6	P	P	P
Ronnie	Wilheim	7		P	P
Bill	Weisberg	8			P
Scott	Sprenger	IPP-9	P	P	P
Janet	Harris	10	P	P	P
Dan	D'Amico	11	P	P	P
Nicole	Sprenger	12	P	P	P
Michael	Coury	13	P	P	P
Robin	Hillier	14	P	P	P
Shane	Stewart	15	P	P	P
Linda	Black-Kurek	ATL	P		P
Chris	Chirumbolo	ATL	P	P	P
Joe	Cilone	ATL	P	P	P
Chase	Kohn	ATL		P	P
Diane	Liliestedt	ATL			
Greg	Miller	ATL	P	P	P
Jerry	Schroer	ATL	P	P	P
Danielle	Russo	AL	P	P	P
Gen	Stelzer	HCH	P		
Joe	Kowalski	ID	P		
John	Renner	NP		P	
Sarah	Koch	13A	P	P	P
Victoria	Barkin	ALB	P		
Brent	Classen	ALB	P	P	P
Amy	Francis	ALB	P		
Charlotte	Kister	ALB	P		
Matt	Pool	ALB	P		
Gwynn	Ryder	ALB	P	P	P
Kyle	Schmidlapp	ALB	P		
Tim	Dotson	IDB	P		
Chelsea	Pozderac	IDB	P	P	P
Sherry	Rinck	IDB	P		
Becky	Sharp	IDB	P		
Jo	Spargo	IDB	P		

Bill	Arfaras	HCHB	P		
Bryan	Casey	HCHB	P		P
Gina	Covelli	HCHB	P		
Laura	Dales	HCHB	P		
Andrea	Henderson	HCHB		P	P
Mark	Knepper	HCHB	P		
John	Fleischer	Gst		P	
Brian	Hennis	Gst		P	
David	Hennis	Gst		P	
Tadd	Hunt	Gst		P	
Denise	Leonard	Gst	P	P	
Aric	Martin	Gst		P	P
David	Parker	Gst		P	P
Deanne	Sprenger	Gst	P		
Todd	Bergdoll	Stf	P	P	P
Tammy	Cassidy	Stf			P
Kathy	Chapman	Stf		P	
Diane	Dietz	Stf	P	P	P
Erin	Hart	Stf	P	P	P
Debbie	Jenkins	Stf	P	P	P
Heidi	McCoy	Stf		P	
Jason	Umstot	Stf	P	P	P
Peter	Van Runkle	Stf	P	P	P

Certified:

Joe Cilone, Secretary/Treasurer

Date