

# **OHIO HEALTH CARE ASSOCIATION BOARD OF DIRECTORS**

**May 27, 2025, 10:00 a.m.  
Zoom Meeting**

## **M I N U T E S**

President Shane Craycraft called the meeting to order and thanked everyone for their flexibility in rescheduling. The table at the end of these minutes shows attendance.

The President asked board members to review the OHCA Antitrust Compliance, Conflict of Interest, and Confidentiality Policies that applied to the proceedings.

### **CONSENT AGENDA**

Without objection, the board approved the consent agenda, which consisted of the minutes of the Board of Directors, combined boards, Executive Committee, Reimbursement Committee (two meetings), Regulatory Committee, and SNF Billing Committee.

### **FINANCIAL STATEMENTS**

Secretary/Treasurer Joe Cilone reviewed the financial statements for April. At the end of the month, we had nearly \$13.4 million in net assets, with more than \$3 million in cash and cash equivalents. Income from operations ended the month about \$16,000 under budget. Investments lost \$95,000 in unrealized value. The financial statements and check registers were filed for audit.

### **MEMBERSHIP**

Diane Dietz listed providers up for approval or reinstatement to active membership.

Motion: To approve Indigo at Beaver Creek as an active member and reinstate the active memberships of Springfield Nursing and Independent Living, Tranquility of Copley, Tranquility of Rockford, Springfield Nursing and Independent Living Assisted Living, and Tranquility of Rockford Assisted Living.  
Seconded; motion carried.

Ms. Dietz discussed the active members up for termination. We expected most of them to pay dues eventually. Two had closed.

Motion: To terminate the active memberships of Arlington Court, Harvard Gardens, Hopkins Rehabilitation, Serenity Springs, Spring Creek, Windsor Medical Center, Cranberry Park at Canal Winchester, Our Home Fairborn, Our Home New Albany, Cotter House Worthington, Sunrise of Cuyahoga Falls, Sunrise of Dublin, Sunrise of Gahanna, Sunrise of Findlay, Sunrise of Parma, Free to be You Residential, Attentive Home Health, Christian House Home Health, and Ronald Suprenant Home Health.  
Seconded.

Jerry Schroer asked about Windsor Medical Center.

On the vote, the motion carried.

Ms. Dietz noted the associate membership actions. Jill Herron was surprised that Cleveland Clinic Center for Connected Care was not renewing and said she would talk with Nicole Howard. Ms. Dietz pointed out Dialyze Direct and First Quality Products as other companies board members may have worked with.

Motion: To approve AdvaCare Systems, Ensign Services, Apollo, and Marcus and Millichap as associate members and to terminate the associate memberships of Cleveland Clinic Center for Connected Care, Dialyze Direct, First Quality Products, SambaCare, and SMART Healthcare Services.  
Seconded; motion carried.

## **STATE BUDGET**

Debbie Jenkins reported that contrary to previous expectations, the Senate substitute budget bill would not be released the day of the board meeting, but would come out the following week. The Senate Finance Committee still was holding 4 hearings the week of the board meeting, but testimony for all of them had to be submitted the Friday before the hearings. Amendments for the sub bill were due May 16. We had amendments submitted on our three issues for SNFs. The Senate had some flexibility in their schedule because there had been an extra week between the sub bill and the omnibus amendment. They had not moved the floor date. David Parker asked if the PA1 language was still included.

Pete Van Runkle said we recently learned the Academy had several amendments submitted, some of which dealt with the same topics as our amendments. The were very objectionable and strayed from the things the three associations agreed upon earlier. We communicated to the Senate that we were opposed.

Todd Bergdoll reported he had a brief conversation with President McColley the morning of the board meeting. They were still working through issue areas, which included the Browns stadium, the upper tax bracket, and internet gaming. We were successful in getting a strong set of sponsors for our amendments. We also were circling back with the House with updates.

The board discussed the Academy amendment on private rooms. The President concluded by saying that at the time, we were just informing board members. We would have a deeper conversation if the amendments gained traction.

Mr. Van Runkle pointed out that the meeting agenda included links to two documents related to the budget. One item was a table of our estimates of the July 1, 2025, quality points for each facility, assuming no changes in the methodology. We estimated the 25<sup>th</sup> percentile to be 31.75 points and the value per point to be in a range somewhere around \$1.07. The second item was a calculator that providers could use to estimate the impact of moving from RUGs to either of the two PDPM models under consideration. The calculator included estimated conversion factors to make the PDPM case-mix scores comparable to RUGs, but the actual factors that would be used in January 2026 would be different.

## **FEDERAL BUDGET RECONCILIATION**

Ms. Jenkins discussed the progress of the Congressional budget reconciliation legislation, the One Big Beautiful Bill Act. We previously thought the House wouldn't be able to pass the legislation by Memorial Day, but with several very long days and a great deal of pressure from President Trump, they got it done.

We had some concerns with the House bill. It included a moratorium on provider tax increases, which was potentially a problem because Ohio's Medicaid budget was based on a large increase to the hospital tax. The good news was that OBBBA had language grandfathering tax increases enacted before the federal legislation passed, but there were some questions about implementation. The state legislature also had to pass the budget in advance of OBBBA. The US Senate was looking at the 4<sup>th</sup> of July for passage, which would work with our budget timetable, but if Congress moved sooner, the state could condense the timeline for conference committee. The US Senate also could change OBBBA, maybe by looking at the percentage cap on provider taxes.

Ms. Jenkins said we had more than 20 members signed up for AHCA/NCAL's Congressional Briefing two weeks after the board meeting. We had a number of Hill visits scheduled to advocate on the key issues.

Another concerning provision in OBBBA related to waivers of the provider tax requirements to be broad-based and uniform. We were one of 7 states that had such a waiver that allowed charging a higher tax on Medicaid MCOs than on non-Medicaid MCOs. We estimated the impact of losing the MCO tax at \$2.5 billion per year. Together with the hospital tax, it could be a total of \$5-6 billion in lost revenue. CMS also proposed a rule to do away with the waivers.

We also were following the community engagement requirement. The House moved it up to December 2026. It did not affect people served but could help with workforce. The House-passed version addressed minimum staffing rule. Instead of repeal, it called for a 10-year moratorium. It

applied to the whole rule, while the court decision was just on the staffing component. The moratorium also included the payment transparency and facility assessment requirements. The House-passed bill only reduced FMAP for the expansion population if the state had a health care program for illegal immigrants.

In the Senate, some Senators were concerned about Medicaid and SNAP cuts, while others wanted more cuts or had problems with the debt ceiling increase. There also was an issue with PAYGO sequestration, although that had been waived in the past. President Trump expected the Senate to make changes, but Speaker Johnson didn't want them.

## **MEDICAID RECOUPMENTS**

Erin Hart said in May, providers received remittance advice reports with recoupments, then the next week got their April payments. We were concerned about lack of notice. We met with Medicaid, and they explained what they were trying to do. They tried to stop the March recoupments, but the LTC correction payment created more overpayments. Then on May 8, they tried to take back the March 13 overpayments. This created confusion because there were multiple RAs. Only one was right, the one issued in May. This RA unfortunately was only posted to PNM as a pdf, not provided as an electronic file, and was huge. The transactions were not clean, but the cash was close. We would be holding two webinars to explain this situation, one on cash posting and one on the impact on the balance sheet.

ODM still had not addressed the original recoupments. They said a dashboard showing the amounts to be recouped was imminent a week before the board meeting, but it had not appeared. They said they would provide an opportunity to review and dispute the amounts, then they would take the money back over 6 months at 15% per month. The President commented on our efforts on this issue.

## **REGULATORY**

Mr. Van Runkle said ODH original-filed the proposed SNF licensure rule changes. They previously went through many drafts and comment periods over a two-year period. Original filing meant the rules were nearing finalization. There was one last opportunity for comment through a public hearing scheduled two days after the board meeting. We intended to submit comments even though ODH probably had arrived at the final version. We expected final rules around July 1 and would provide a member webinar to explain the changes.

The Trump Administration posted multiple requests for information asking for ideas about deregulation. The RFIs followed up on the Presidents' executive orders calling for deregulation, particularly one requiring ten regulations to be removed for every new one. We submitted deregulatory suggestions in response to OMB's RFI earlier in May. AHCA/NCAL and others also provided comments.

## **NEXT GENERATION MYCARE OHIO**

Ms. Hart said at the time of the board meeting, the Next Generation plans – Anthem, Buckeye, CareSource, and Molina - were enrolling providers for their networks. We published a News Bites article listing contracting contacts for each plan. OHCAQP was handling contracting for network members. People who currently were in Aetna or UHC would have to change plans. There was no any willing provider requirement, so Ms. Hart suggested getting in early.

## **PEOPLE WORTH CARING ABOUT**

Ms. Hart discussed the marketing and advocacy plan for the docuseries. Participating organizations were receiving clips. We could share them with anyone. The advocacy piece was targeted at the budget but also to attracting workforce. Peter Murphy Lewis was creating handbooks on how to use each episode and had launched a public campaign. We would do an internal launch about a week after the board meeting. Everything would be on our website. We were meeting in DC in June about a national launch. We appreciated board members helping push the web page out once it was up. Mr. Chirumbolo praised the program and asked about getting links to the clips and episodes. Ms. Hart added that three premiere showings had generated really positive feedback.

President Craycraft said the DD community that participated brought people who starred in it to the premiere in Columbus. Ms. Herron said 120 people attended her premiere. It was a huge success. One of the stars came again.

The President then commented on our social media efforts in general. We were well exceeding the original goal of one post a week and were getting more hits than AHCA/NCAL. It gave us an extra advocacy voice. He invited suggestions on how to use it going forward.

## **OTHER BUSINESS**

Jerry Schroer expressed concern about the unknowns with the budget. He felt many providers were starting to teeter on the edge of success or failure. Robin Hillier asked how the recoupments happened in the first place and whether ODM understood what went wrong. She suggested a formal written communication to Medicaid explaining the administrative burden on providers. Ms. Hillier also asked about the state's progress catching up on surveys. David Parker commented on both late surveys and recoupments.

President Craycraft said the Executive Committee discussed what to do about the recoupments. We looked at various options and ended up with the meeting with ODM. We would continue to monitor the situation and consider next steps depending on what unfolded.

Ms. Herron spoke highly of the convention and the effort that went into it.

The meeting was adjourned.

Attendance:

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

Sherry	Rinck	IDB	P	
Becky	Sharp	IDB	P	
Jo	Spargo	IDB	P	
Bill	Arfaras	HCHB	P	
Bryan	Casey	HCHB	P	
Gina	Covelli	HCHB	P	
Laura	Dales	HCHB	P	
Andrea	Henderson	HCHB		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
David	Parker	Gst		P
Deanne	Sprenger	Gst	P	
Todd	Bergdoll	Stf	P	P
Kathy	Chapman	Stf		P
Diane	Dietz	Stf	P	P
Erin	Hart	Stf	P	P
Debbie	Jenkins	Stf	P	P
Heidi	McCoy	Stf		P
Jason	Umstot	Stf	P	P
Peter	Van Runkle	Stf	P	P

Certified:

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Joe Cilone, Secretary/Treasurer

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Date