

**OHIO HEALTH CARE ASSOCIATION
SKILLED NURSING FACILITY BILLING COMMITTEE
MEETING MINUTES**

June 17, 2025, 11:00 a.m.

Chair Pam Skrzynski opened the call and welcomed committee members to the meeting. She pointed to the meeting minutes from May and the OHCA Antitrust, Conflict of Interest and Confidentiality policies sent earlier in the morning, along with the agenda. She also urged committee members who called in to email their attendance. Attendance for this meeting can be found at the bottom of this document.

Erin Hart discusses several updates relating to Medicare claims, starting with a recent notice in a Medicare Learning Networks article alerting providers that Medicare would begin recouping claims for dates of service that should have been paid by Veteran's Affairs. She discussed how this would be difficult to track and apply, since VA services are authorized by local VA offices, and asked that committee members inform OHCA if they see this activity occurring. Next, she stated that CGS Administrators, the Medicare Administrative Contractor (MAC) for the area, had recently posted a claims bulletin for all Part A and Part B that Medicare Secondary Payer (MSP) claims were denying in error for reason code U6802. She advised the committee to monitor the claims issue page for updates. She also pointed to a new MLN article published on May 23 updating Chapter 15 for speech language pathologists. She noted that this is not a new policy, but rather just a manual update for a policy that has been in effect for a decade. Lastly, Ms. Hart summarized the recently released Medicare denial trends report from CMS. She highlighted the SNF claims had the highest improper payment rate at over 14%. She also pointed to the top three reasons for improper payments, specifically the HIPPS code change. She suggested that billers could prevent these denials by ensuring MDS assessment completion with the timing of claim submission. She encouraged members of the committee to review the full report for insights into the audit activity of CMS.

Ms. Hart then moved to discuss ongoing issues with Ohio Medicaid. She first discussed the state budget, which had passed the Senate and was now in Conference committee. At this last stage of the budget, it seems extremely likely that the new case-mix grouper will be based on the nursing only component of PDPM, and the transition will begin with January 1, 2026 rates. She also mentioned that OHCA continues to pursue stop loss/stop gain provisions for the PDPM transition to ensure stability in the industry. She mentioned that the dialysis add on for nursing facility residents persisted in the senate version and that OHCA was currently researching applicability to SNF providers as well as implementation details. She reminded providers that the finalized July 1 rates, including metrics for the 25th percentile cut points on the Ohio Medicaid Quality Incentive Program, would be released in July.

Ms. Hart turned to the ongoing issues with the recoupment project for overpayments stemming from 2023. She recapped the history of the claim's payments from March through May 2025, pointing committee members to the recording of the webinar posted in Chat on how to reconcile payments. In summary, providers should only have the remits that currently exist in PNM posted in their accounts. New remits were issued for the March 13 payments in May, and those must be posted to reconcile. She also stated that there have been several new developments since the last call.

1. There was a system-wide failure in PNM the week of March 6, which caused transactions made not to generate a remittance advice report. Those reports were posted in PNM on May 9. These should also be posted.
2. Providers who received an 835 on March 6 that resulted in a net negative number to cash should not post those remits.
3. Providers experienced takebacks between March and May for 3 reasons. Waiver spans, non-covered days, and claims spanning multiple months. Providers must submit corrected claims to receive payments. If the claim is past timely filing, ODM provided instructions for each circumstance, and they are linked in the agenda.
 - a. The committee held a robust discussion about the process of using the forms (6653s) to get claims paid, with varying levels of success. Key takeaways are that the providers must correct the original claim (no "R" or "A" on the end of the claim number) and the claim will take a manual review to pay. Committee members report that this process can take about 30 days.
4. OHCA has sent examples to ODM where the payment from MITS on the RA do not match the resident account details in PNM. This is now a CPSE.
5. OHCA has sent examples where the transactions on the remittance advice do not appear in PNM.

ODM has been responsive to these inquiries and Ms. Hart stated that this is likely leading to the delay in the release of the recoupment dashboard. She underscored the desire of the association to ensure accuracy and reduce administrative burden for providers. Ms. Hart also asked for volunteers of a sub-committee to catalogue aging issues resultant from the March-May transactions for ODM to research further to assist in this effort. She urged committee members to send her an email if they wish to participate

Note: The sub-committee is now full and we are no longer accepting additional volunteers.

Ms. Hart then moved to general issues with PNM. She stated that retroactive eligibility changes and managed care election discrepancies was on the CPSE report and only 10% completed. She encouraged members to continue checking both PNM and the managed care portals for eligibility. When they do not match, she advised committee members to contact both the managed care plan and the Integrated Help Desk (IHD). She stated that if this was not successful, they should submit complaints using the managed care complaint form. Diane Dietz posted a link to this form in the chat at the committee's request.

Ms. Hart said that OHCA also confirmed that the lump sum deduction (value code 31) was now operational. She mentioned that ODM had insisted that it was working correctly. However, in May, many providers reported double deductions of patient liability. Upon further review, we discovered that they were still reporting patient liability with value code 31. It had not impacted them previously because the lump sum code was not working. Ms. Hart advised members to no longer use this code for patient liability and encouraged members to submit older lump sum claims that they could not get processed previously.

Ms. Hart then discussed a recent communication from ODM that was causing some confusion among all areas of OHCA membership. Last week, ODM sent an email informing providers that on August 1, the edit to deny claims without prior authorization would be turned on. The communication included links to training opportunities. Ms. Hart clarified that this communication went to all Medicaid providers, but the edit would only apply to services that require prior authorization. She reminded providers that SNF

services do not require prior authorization. Lastly, she said she contacted ODM to confirm that our interpretation was correct and would update the committee when they responded.

Ms. Hart wrapped up this session informing members that about a dozen providers experienced a delay in May room and board payments. There was no commonality to clearinghouse and there did not appear to be any delay in transmission of claim files to PNM. She recalled that ODM did not issue a claims payment calendar in 2025 and providers can no longer count on claims being paid the next week. She also said that OHCA was communicating with ODM that providers needed stability and predictability in their payment cycles.

Diane Dietz discussed the updated spousal impoverishment standards from CMS linked in the agenda, increasing the individual monthly maximum needs allowance and community spouse maximum resource standards. Ms. Dietz then discussed the ODM signature requirements on hospital exemptions. OHCA has received a number of member inquiries stating that "signature on file" was indeed the signature listed on the 07000 form in HENS and, as a result, were asking what they are to do to avoid survey citations and/or payment recoupments. The hospital exemption is not only an exemption to PASRR level 1 requirements for the first 30 days, it now stands in the shoes of a level of care determination, by the Area Agencies on Aging (AAA), authorizing Medicaid payment. If their hospital-exempted patient did not have a valid physician signature in HENS. She recommended providers examine all hospital exemptions and not accept a patient for admission unless the ODM 07000 form was actually signed by the attending physician, or in lieu of the actual signed 07000 form, clearly see a physician signed attestation, within the supporting documentation, that says the individual meets the requirements of a PASRR hospital exemption. The "physician signature on file" is no longer acceptable. Ms. Dietz highlighted the significant payment risk this could have on our members.

Ms. Hart shifted the conversation to managed care. She started with an update on the payment of the private room add on for various payors. Aetna Better Health of Ohio is now processing all claims with the add on and a turn around time of about 20 days. She encouraged members to submit adjustment claims with the add on if they billed the claims previously without it. Caresource continues to struggle with reprocessing December and January claims correctly and a project has been initiated to catch all remaining claims. David Toland stated he was having issues with caresource denying the add on for prior authorization. Ms. Hart asked him to provide examples for further research via email. She also said that Humana has created two CPSEs (225 and 242) to track the issue with coordination of benefit edits on the private room add on. Claims are being manually held and reviewed.

Ms. Hart pointed to a new medical records policy from Molina on NF Ventilator services with some specific requirements on non-invasive vents. She also pointed to a link in the agenda detailing the new overpayment recovery process from AmeriHealth Caritas. She then asked the committee to send examples of two occurrences for additional escalation. The first is for residnets who were not provided 48 hour notice on the NOMNC notice for Buckeye and Molina. The second was for providers receiving denials for medically necessary wheelchair services from any MyCare plan.

With the meeting at time, Ms. Hart pointed to the link in the agenda for the financial management conference and encouraged members to review. The meeting was adjourned at time.

Next meeting: July 15, 2025, 11:00 a.m. (Zoom)

First Name	Last Name	6/17/25
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Ann Marie	Riley	X
Amanda	Lichtle	X
Amanda	Ratliff	X
Amber	Szymanski	X
Amy	Bryant	X
Anna	Shane	X
B	Wireman	X
Breyonna	Walter	X
Becky	Morse	X
Beth	Neu	X
Brandis	Kosonovich	X
Brenda	campbell	X
Brittany	Lawrence	X
Candie	Mayer	X
Cassandra	Wolfe	X
Catherine	Stearns	X
Christina	Boehm	X
Courtney	Fuchs	X
Darlene	Dewey	X
David	Melton	X
David	Toland	X
Deb	Whims	X
Debra	Moran	X
Debbie	Jenkins	X
Denise	Leonard	X
Diana	Kettlewell	X
Diane	Dietz	X
Edgar	Silalahi	X
Erin	Hart	X
Gina	Toigo	X
H	Grether	X
Heather	House	X
Heather	Serban	X
J	ankney	X
J	Metz	X
Jana	Smith	X
Janet	Harris	X
Jenny	Dawson	X
Jennifer	Butler	X
Jennifer	Kreiger	X
Jennifer	Letera	X
Jennifer	May	X
Jennifer	Wiefering	X

Jennifer	Wilson	X
Joe	Rotunda	X
Judy	Cline	X
Julie	Schoster	X
Justin	Tolliver	X
Kim	Wright	X
Karen	Hacker	X
Katherine	Rohrbacher	X
Kathleen	King	X
Kelly	Sorensen	X
Kevin	Finney	X
Kimberly	Farmer	X
Kristen	Massa	X
Kristin	Stivason	X
Kristin	Beckler	X
Lashae	Allgood	X
Lisa	Dryer	X
Lisa	Miller	X
L	hettesheimer	X
L	Phillips	X
L	Whitlock	X
L	Shawley	X
Mandy	Adam	X
Marcy	Gray	X
Maria	Burkey	X
Marty	Collier	X
Mary Beth	Montgomery	X
Michael	Becker	X
Michelle	Hardy	X
Miranda	Sparks	X
Misty	Fitch	X
Nancy	Cain	X
Natalia	Baraby	X
Nicole	Holt	X
Pamela	Skrzynski	X
Pauline	Siler	X
Pete	Van Runkle	X
R	Wonner	X
Rachel	Eckstein	X
Rebecca	Wheeler	X
Renee	Jackson	X
Roxie	Howard	X
Sarah	Turkelson	X

Shannon	Eller	X
Shannon	Gray	X
Sharon	Kershaw	X
Sheila	Hobson	X
Sue	Cannon	X
Tabby	Preston	X
Tammy	Cassidy	X
Tammy	Davis	X
Tammy	Brubaker	X
Taneisha	Jackson	X
Tara	Villareal	X
Tate	Schmid	X
Teresa	Barnett	X
Terri	Whitt	X
Theresa	Baxter	X
Tiffany	Lockhart	X
Tracey	Zeestraten	X
Tracie	D'Amato	X
Yelena	Koltsova	X