

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

May 20, 2025, 11:00 a.m.

Erin Hart opened the committee meeting stating that Chair Pam Skryzynski was absent and she would be leading the call. She pointed to the meeting minutes from April 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 to avoid removal from the committee in June. Attendance for this meeting can be found at the bottom of this document.

Diane Dietz then provided updates on Medicare, including the postponement of the off-cycle revalidation deadline to August 1st and encouraged members to start working on it soon. She also mentioned that AHCA/NCAL is pushing for relief on some interpretations. She also pointed to the availability of Part B outpatient therapy fee screens provided by Citron Cooperman for the year 2025, linked in the agenda for this meeting.

Ms. Hart provided an update on Medicaid payments and recoupment issue that the committee has been reporting on for the last several months. She explains that there were errors in March LTC correction payments, resulting in additional overpayments for some providers. Medicaid has issued corrected remittance advice reports for March 13th, and providers should post only the most recent version. The May 8th recoupments were intended to correct the March overpayments, but some discrepancies remain. Medicaid plans to implement a 6-month staggered recoupment plan, taking back 15% of the total overpayment amount each month. Providers will receive a dashboard to review their overpayment amounts before the process begins. She also mentioned that claims recouped due to missing waiver spans can be rebilled with the correct revenue code, even if past timely filing. She pointed to instructions provided by ODM and linked in the agenda.

Ms. Hart discussed the ongoing issue with Medicaid claim reprocessing, noting that many claims were initially paid correctly but then incorrectly adjusted. She advised against manually adjusting claims unless they were denied due to technical issues, recommending instead to wait for the dashboard. She also mentioned that providers can request Medicaid to recoup all overpayments at once if desired. Regarding post-payment audits, she suggested advocating for a delay until the recoupment process is complete. She requested examples of remittance advices with no resident identifying information on recoupments.

Ms. Hart then provided an update on private room claims, stating that CareSource has reprocessed impacted claims from December by April 26th. She highlighted the ongoing issues with Aetna processing of private rooms, even though Aetna had reported the issue fixed. She noted that many providers have been getting claims paid with the add on, but just as many have

not. She mentioned an example where one organization had 7 NPIs pay the add on and 2 NPIs not pay the add on. All were billed from the same system, the same way. She advised providers to consider their cash situation when deciding whether to bill without the private room add-on while the system is being fixed. She also mentioned that some denials may be due to timing issues, as different plans implemented private room processing at different dates. She encouraged providers to send examples of problematic claims and to check denial dates before taking further action. Erin addressed questions about Medicaid pending approvals and private room issues with Humana and Amerihealth, noting that reprocessing projects are underway for some payers.

Ms. Hart discussed ongoing issues with managed care Medicaid claims processing and eligibility verification. She advised that for Buckeye private room denials, claims should be sent to her for processing by Stacey at Buckeye. Regarding CareSource claims, she explained that corrected claims may need to be submitted depending on how they were originally billed.

She also mentioned a multi-factor authentication requirement for PNM that went into effect on May 4th without any reported issues. She highlighted ongoing problems with incorrect managed care enrollment information in the Medicaid system, advising providers to check both PNM and managed care plan systems for accurate eligibility. Lastly, she addressed questions about handling retroactive Social Security payments due to changes in windfall eligibility, recommending that providers follow their individual county's guidance on how to treat this income to avoid residents losing Medicaid eligibility.

Ms. Hart then discussed July 1 rate setting estimates for buildings, emphasizing that these are not final rates and should not be entered into systems yet. She mentioned a PDPM transition calculator published in last week's news bites and upcoming changes to the Medicaid rate setting system, which will be covered in detail during the July billing committee meeting. She also noted a potential new add-on for SNFs providing dialysis services, pending budget approval. She then addressed the Next Gen My Care plan assignments and contracting, explaining that providers need to obtain contracts with the four new plans (Buckeye, CareSource, Molina, and Anthem) that will be effective January 1, 2026, in all 29 My Care counties. She indicated that she would send the contacts to the committee with the follow up email.

Ms. Hart moved to general managed care updates. She indicated that Buckeye is eliminating faxed authorizations from July 1, requiring providers to use their portal instead. She discussed issues with CareSource ventilator claims denials due to level of care requirements and offered assistance to providers facing this problem. Mary Beth Montgomery and Jennifer Krieger shared experiences with Humana's authorization process, noting recent improvements in obtaining final care levels. Jennifer Krieger indicated that Humana changed their process recently to go through "Anna" which they expect to fix the delays in finalization of level approvals that began in January 2025.

The group also addresses concerns about billing Medicaid directly for hospice patients using ventilators, with Ms. Hart clarifying a common misunderstanding among payers. Ms. Hart

announced an upcoming SNF Financial Leadership Conference in August, including a pre-conference session on the Medicaid Quality Incentive program. Hearing no additional business, the meeting was adjourned

Next Meeting: June 17, 11:00 a.m. (Zoom)

First Name	Last Name	5/20/25
A	Pollack	X
Adrienne	W	X
Ann Marie	Riley	X
Amanda	Lichtle	X
Amber	Szymanski	X
Amy	Bryant	X
Amy	Martin	X
Ari	Hanna	X
B	Riddle	X
Breyonna	Walter	X
Becky	Morse	X
Brandis	Kosonovich	X
Brenda	campbell	X
Christina	Boehm	X
Colleen	Fassett	X
Courtney	Fuchs	X
Crystal	Flarida	X
Darlene	Dewey	X
David	Toland	X
Deb	Whims	X
Debra	Moran	X
Denise	Leonard	X
Diana	Kettlewell	X
Diane	Dietz	X
Erin	Hart	X
Gabrielle	Durbin	X
H	Grether	X
Heather	House	X
Heather	Serban	X
Henny	Goldblatt	X
Hollie	Simons	X
Jana	Smith	X
Jason	Dew	X
Jennifer	Butler	X
Jennifer	Kreiger	X

Jennifer	Little	X
Jennifer	May	X
Jennifer	Wiefering	X
Jolynda	Myers	X
Jennifer	Wilson	X
Joe	Rotunda	X
Judy	Cline	X
Julie	Schoster	X
Julie	Uhler	X
K	Lautzenheiser	X
K	Pfeifer	X
K	Wright	X
Karen	Hacker	X
Kathleen	King	X
Kimberly	Farmer	X
Kristen	Massa	X
Kristin	Stivason	X
Kristin	Beckler	X
Kristy	Carroll	X
Lisa	Dryer	X
Lisa	Miller	X
L	Shawley	X
Maria	Burkey	X
Maria	Fears	X
Marty	Collier	X
Mary Beth	Montgomery	X
Michelle	Hardy	X
Miranda	Sparks	X
Nancy	Cain	X
Natalia	Baraby	X
Nicole	Holt	X
Pauline	Siler	X
Pete	Van Runkle	X
Rachel	Eckstein	X
Rebecca	Wheeler	X
Roxie	Howard	X
Sandy	Drabish	X
Sarah	Turkelson	X
Shannon	Adams-Maraldo	X
Shannon	Eller	X
Shannon	Gray	X
Sheila	Hobson	X
Sue	Cannon	X

Tammy	Moyer-Wilson	X
Tabby	Preston	X
Tammy	Davis	X
Tammy	Brubaker	X
Taneisha	Jackson	X
Teresa	Barnett	X
Theresa	Baxter	X
Tiffany	Lockhart	X
Tonja	Johnson	X
Tracey	Zeestraten	X
Tracie	D'Amato	X
Will	Levering	X
Yelena	Koltsova	X