OHIO HEALTH CARE ASSOCIATION
BOARD OF DIRECTORS

August 21, 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 meeting minutes from Board of Directors, Assisted Living Board, Regulatory Committee, Workforce Committee and Life Safety Committee.

MEMBERSHIP

Diane Dietz provided the August membership report.

Motion: To approve Barnesville Healthcare, Cambridge Healthcare and Cambridge Assisted Living which are now part of CCH, approve Blue Ash, Lincoln Knolls and Trotwood Health & Rehab which is part of a new ownership called Rise SNF Management out of North Carolina, and reinstate Spring Creek. Seconded and motion carried.

Motion: To terminate 7 Arden Court assisted living communities which are now owned by Evergreen as well as Close to Home Assisted Living. Seconded and motion carried.

Motion: To approve 1 new Industry Partner, 2 renewals and unfortunately terminate 7 who have not paid dues. Seconded and motion carried.

SEARCH COMMITTEE

Search Committee Chair, Greg Miller, gave a brief update on the search for a new CEO. OHCA has been soliciting for candidates via various social media platforms including LinkedIn for which additional dollars were spent to boost the ad for greater visibility. The committee also informed the staff that applications are being accepted and OHCA announced the opportunity via NewsBites. To date, the committee has received more than 100 resumes. Some have association management experience and some are from out of state. Everything will remain confidential. In addition, the search firm has interviewed executive search firms which they did not want to engage until candidates obtained through our sources were received for once a search firm is engaged, all candidates will be required to go through them. If OHCA engages an executive search firm to broaden our candidate pool, the costs will be very high and the

process will take approximately 16 weeks. Board members who have questions are encouraged to reach out to Greg.

AHCA DUES INCREASE

Diane Dietz gave a brief overview of the AHCA dues discussion that occurred at a recent ASHCAE meeting. In a nut shell, Cliff Porter presented why the dues increase was needed. It centered around keeping pace with inflation, building reserves to a 1-year level, and recent wins AHCA achieve via the BBBA. The request that is going before the Council of State in October would be a 3% annual increase over the next three years. That amount would average approximately $67 per facility next year. Diane told the Board that Cliff said a simple majority was needed to pass this dues increase in October and he offered to speak to any state board to encourage their support. In a show of hands, Diane said it appeared there was at least 20 states in attendance at the ASHCAE meeting that raised their hand in support. Washington and Minnesota were two states that expressed opposition for various reasons. A couple other states like Oregon and Ohio said their board and membership would need greater justification. Bill Weisberg then said a simple majority was not needed and Cliff told him that if a large number of states opposed, AHCA would not go forward with it. Bill shared his reasoning for opposition and discussion ensured. Diane said she would reach out to Cliff to get a meeting on the books beginning with the Executive Committee so Clif can personally share why he believe this 3-year dues increase is necessary. Shane concluded by saying this issue would be further discussed at the in-person September Board meeting so we can formally declare our vote on this issue. Remember, the Council of States will vote on this proposed 3-year, 3% annual increase at the October Convention.

WRIT OF MANDAMUS

Debbie Jenkins began with an overview of the states most recent motion to dismiss on the ground of the mandamus being moot. She explained the Department once again tied their entire argument to appropriations and, because the biennium budget concluded on June 30, 2025, there was no appropriation to give. Once again, our legal team vigorously appealed their motion. Aric Martin once again emphasized in our appeal that the mandamus never centered around appropriation but rather the language in the statute. Aric went on to say while we remain hopeful, one never can predict the outcome of the courts. He also indicated that should we win, the dollars will not be immediate and we will have to work through those aspects which will take some time.

Diane Dietz then presented a couple strategies that Executive Committee has asked staff to pursue. The first is a member communication that was created explaining more about what a hopeful mandamus victory could potentially do, and not do. This communication was shared with attendees at the Financial Managers Conference and will be sent to members via the forthcoming NewsBites. Diane then went on to discuss another strategy which is having Plante & Moran run calculations for the back tranche which we identified as the four rating cycles beginning July 1, 2023 and running through June 30, 2025. Plante was exploring ways to get actual CHOP dates and with that, could calculate by NPI, Medicaid # and facility name, the difference owed for each rating cycle. We plan to share those calculations with the other accounting firms and be prepared to share them with ODM when the time is right. The goal is to push for immediate recalculation of rates going forward and have data in our back pocket to help ODM expedite the back calculations as well.

Shane then discussed our next strategy related to going forward. With the budget being over, a new administration coming soon and a reimbursement system with many flaws, now might be the time to develop something new. His goal was to develop something that would be easy to understand, rewards quality, and also fixes some of the problematic issues of our current reimbursement system. Was there simple fixes we can make or was now the time to create a new reimbursement system? As a result,

Shane has asked Diane to get a workgroup underway to begin examining a new and improved reimbursement system that could sit on the shelf for years or be brought out during the next administration.

Discussion then ensued on messaging and legislative activity and it was concluded that we need to have consistent, objective, third-party data on Medicaid underfunding of nursing facilities, along with key talking points to share with legislators should they be pressed by the administration to take away any of this mandamus money that will hopefully be awarded for quality. That information is being developed by staff and will be shared with the Board as soon as it is available.

MEDICAID ISSUES

Diane Dietz then provided a report on the July 1 rates and concerns with rate letters (some of which were pulled from PNM after they were issued, then reissued again with changes) along with the final rate file that ODM produced on July 18. This rate file was different than the rates Pete worked on with ODM, and saw in late June and again right before the July 4th holiday. Concern was mostly centered around CHOPS. In the new rate file, it appears that some CHOPS received the quality incentive payment while others did not which is in line with our interpretation of the budget bill. Plante & Moran and staff are taking a deeper dive to determine what is actually going on for reconsiderations are being filed my many providers and we are awaiting determinations on those. Another issue that seems to be glaring in this rate calculation is the small denominator issue which we can't fix at this time but it is something that needs to be addressed going forward. Under the CMS 5-star program, if a provider does not have enough records in the denominator to render a score, an imputed score is developed for 5-star purposes. However, for Ohio's QIP program, the provider gets a zero which is nearly impossible to overcome particularly as our 25% percentile continues to get higher and higher. Should we continue using CMS QM data in our QIP program, this must be addressed for the future.

Erin Hart then discussed the actions we have taken with respect to the recoupment dashboard. Many are aware that OHCA has engaged several different legislators with respect to discrepancies in the dashboard. As a result, a letter was penned and sent to ODM by 7 legislators outlining the issues, burden to providers, and continued concerns over further overpayments that are occurring which cannot be returned via the normal claims adjustments process. Representative Schmidt had a discussion with ODM on the issues and was told that the 60-day deadline was not set in stone and was just used to keep providers on track. A subsequent FAQ they drafted somewhat inferred as such but also said that providers had until their review date (which is not outlined in the FAQ) to submit documentation challenging improper recoupments. During the Rep Schmidt meeting, it was also communicated that another tool is forthcoming that will assist with some of the provider issues. We emphasized that no future tools should be introduced unless the tool is thoroughly vetted by providers on a pilot basis before being introduced statewide. OHCA staff will continue to press on the issues but it appears for now that reviews will soon be underway and providers will be able to submit additional documentation challenging the proposed take back at that time.

Erin then discussed another Medicaid issue that is affecting many of our members and that is an apparent accidental disenrollment of many dual eligible beneficiaries from the MyCare program. The disenrollment affects both their Medicaid and Medicare benefits, which mean some beneficiaries were disenrolled from the MA plans. ODM is aware of this issue and are working to quickly correct it. We are staying close to our plan partners to see how these issues will be resolved.

MEDICARE

Debbie Jenkins provided an overview of the FY26 SNF Proposed payment rule which was highlighted in an analysis done by AHCA. CMS finalized a net market basket update of 3.2 percent, based on the finalized SNF market basket of 3.3%, plus a 0.6% market basket forecast error adjustment, and a negative 0.7% productivity adjustment. Of note, the final net market basket, and underlying figures, increased from the proposed net update of 2.8 percent. Debbie also highlighted the changes to the SNF Quality Report Program noting there were no proposed changes to any quality measures. However, CMS is looking to amend the SNF QRP reconsideration policy whereby they will now allow SNFs to request an extension to file a request for reconsideration and is updating the bases on which CMS can grant a reconsideration request. Related to the SNF Value-Based Purchasing (VBP) Program, there are no changes for the upcoming FY 2026 program year but they set final performance standards for the FY 2028 and FY 2029 program years to comply with the Program's statutory notice deadline. In addition, in the proposed rule, CMS issued requests for information on a number of issues. This could provide some insight into what CMS may be considering in future proposed rules.

Robin Hillier than weighed in stating that over the past few rule cycles, CMS has established a revalidation program for quality measures whereby CMS would pick 1500 facilities a year and they will be required to send in records on 10 cases. CMS has been concerned for a number of years with accurate MDS coding by nursing facility staff. Related to this new program, a recent memo on the program stated that providers will need to go out to iQEIS and look into their provider reports section to see if their facility has been selected for this revalidation. These notifications are apparently going to occur "in the fall" so Robin is encouraging members to go into iQEIS at least weekly beginning in early September to see if they have been selection for revalidation. It is important because a selected facility only have 45 days to respond and it is going to take some time to gather the records. There is also a FAQ guidance that documents how to submit the records. According to the FAQ, all personal information will need to be redacted in the pdf of the records, so again, this is going to take some time to complete. Tammy emphasized the penalty for non-compliance or for being late is the 2% reduction in their Medicare Part A rate. We posted information in NewsBites for further reference and will re-run a reminder article as we move into fall.

REGULATORY UPDATES

Tammy Cassidy covered a number of MDS updates that occurred this past week. Covered were issues related to form revisions and changes to entire sections of the MDS. CMS also announced that they are pausing the Nursing Home Compare updates until October due to the transition to the cloud version of iQEIS. Staff can still access the data in Nursing Home Compare using facility level and resident level reports so the information is still available but will not be posted on Care Compare. Tammy also mentioned a concerning miscommunication that seemed to be generated by ODM whereby providers were getting a request to complete a data use agreement. That communication was sent in error whereby data use agreements are only required for entities, like OHCA, for which they share MDS data. And finally, Tammy covered the small denominator issue that was discussed earlier. We are seeing a significant increase in this issue and we need to work out the timing on when we wish to approach this with ODM for we do not want to current 25% percentile but we need to sensitize ODM to this so hopefully we can rectify it in the future.

Tammy and Erin than covered the medication aide rules and NATCAP program. Tammy began with an overview of the proposed medication rule and some key items that were removed. The most notable change was the reduction in med aide training hours from 120 hours down to 30 which make this

position much more attainable for more individuals. Another notable change related to where the clinical practice component of the med aide program can be delivered. Previous rules stated that any NF or AL that had any deficiencies related to medication administration in the two most recent annual survey were not permitted to conduct the clinicals. The rules now state that a facility would only be prohibited from providing the clinicals if they were found to be in real and present danger; however if the facility had a plan of correction, they could still conduct the clinicals.

FEDERAL ISSUES

Erin provided a brief overview of our advocacy efforts related to a managed care tax issue that was part of the One Big Beautiful Bill that eliminated a waiver that allowed states to changed managed care plan a high tax on their Medicaid beneficiaries than their other beneficiaries. This waiver allowed the states, and there are 7 of these, to draw down more federal dollars to not only pay plans covering Medicaid beneficiaries, but also fund other Medicaid services. As OBBB was being debated, CMS came out with a proposed rule eliminating this waiver and offering a transition period that was actually less than what was permissible under OBBB. OHCA submitted comments on the proposed rule and part of the comments centered around allowing states the full three year that was granted under OBBB to transition away from this. As a result, we have been working to build congressional support around this issue and have done some congressional visits in our facilities. The goal is to give Ohio the full three years to transition giving Ohio time to find revenue to fill this gap so we don't see downstream rate cuts or funding pressures to Ohio Medicaid providers.

WORKFORCE

Erin then discussed our contract with Thumbprint Consulting to assist OHCA is pursing various private grants. A couple in particular center around helping us (and more importantly our members) fund upskilling certifications for their employees. In September, we are requesting $1.2M in funding for this program and overall we are seeking a total of $4M for this initiative. We hope to get half of that. We have asked for letters of support from our members to help bolter our grant applications. The letters of support are not binding but those members who issue them will have first dibs on any grant funding we receive. We anticipate winners of these grant opportunities will be announced in early 2026.

ASSOCIATION UPDATES

Diane and Erin then provided a brief update on OHCA's to a new Association Management System (AMS) and new communication platform. In a nut shell, OHCA has executed an agreement to move to a new AMS system and implementation is currently underway. It is our goal to transition to this new system prior to the opening of convention. A number of key member benefits were highlighted to the Board. In addition, staff decided to execute the movement to our new communication platform that originally was going to occur post AMS release. OHCA is moving forward with system implementation in order to streamline staff recourses in executing all member communications including NewsBites. This transition will be a huge lift for staff but staff is confident it will lead to big efficiencies for staff and improvements related to the member experience.

OTHER BUSINESS

With the no other issues before the group, the meeting adjourned. The next meeting will be held in-person on Wednesday Sept 10 at 9:00 am at The Exchange at Bridge Park.

ATTENDANCE ROSTER

Name	Status	24-Jul	21-Aug
Shane Craycraft	P-ALT	P	P
Michael Scharfenberger	1	P	P
Kenn Daily	2	P	P
Scott Unverferth	3	P	P
Jim Taylor	4	P	P
Jill Herron	5	P	P
Bill Levering	6	P	
Ronnie Wilheim	7		P
Bill Weisberg	8	P	P
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
Robin Hillier	14	P	P
Shane Stewart	15	P	P
Linda Black-Kurek	ALT	P	P
Chris Chirumbolo	ALT	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	P
Joe Kowalski	ID		P
John Renner	NP	P	P
Sarah Koch	13A	P	
Victoria Barkin	AL B		
Brent Classen	AL B	P	P
Amy Francis	AL B		
Charlotte Kister	AL B		
Matt Pool	AL B	P	
Gwynn Ryder	AL B	P	P
Kyle Schmidlap	AL B		P
Tim Dotson	ID B		
Chelsea Pozderac	ID B	P	P
Sherry Rinck	ID B		

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

Certified:

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Joe Cilone, Secretary/Treasurer Date