

Meeting summary for OHCA NF Member Call (02/11/2025)

Quick recap

Pete discussed the delay in the release of the state budget bill and its potential impact on the state budget, as well as the ongoing issue of private rooms and their potential cut-off due to budget constraints. He also shared updates on the Board of Nursing's new draft of their rules on medication aids and the recent shift in priorities towards annual inspections. Lastly, Pete addressed concerns about potential cuts to Medicaid and Medicare, the ongoing efforts to defend against potential cuts to Medicaid provider taxes, and the forthcoming initiative to take regulatory issues to the Trump Administration.

Next steps

- OHCA team to monitor and share updates on the State Budget Bill release through news bytes.
- OHCA team to propose addressing the private room program funding cap in the Budget bill legislative process.
- OHCA to conduct a free member webinar on medication aid rules once they are finalized.
- OHCA members to prepare for potentially more rigorous annual surveys from the Department of Health.
- OHCA team to verify if CMS has updated the Care Compare website and data tables for star rating changes.
- AHCA to continue monitoring and defending against potential Medicaid cuts in the federal budget reconciliation process.
- AHCA to prepare and present regulatory reform proposals to the Trump Administration within the next 30 days.

Summary

Weekly Member Call Discussion

In the meeting, Pete welcomed everyone to the weekly member call and shared his experience of having to wear a sweater in Miami due to the freezing room. He encouraged interaction and asked for questions or topics to discuss. Pete also mentioned that there wasn't much on the agenda for the day, so he would be leading the discussion. He ended the conversation by opening up the chat for questions or comments.

State Budget Delay and Medicaid Update

Pete discussed the delay in the release of the state budget bill, which was expected the previous day but had not been released as of the meeting. He mentioned that the team was waiting for the bill to be released in order to provide a more comprehensive view of the state budget. Pete also shared an update from the Department of Medicaid regarding the private room program, which had approved 682 SNFs for category one beds and 129 providers for category two private rooms as of January 23rd. The total approved applications were 811, with a total of 27,959 private rooms approved. Pete also mentioned that the total spend was estimated at \$132,390,975, with 14 million remaining under the 160 million dollars cap.

Private Rooms and Budget Constraints

Pete discussed the ongoing issue of private rooms and their potential cut-off due to budget constraints. He mentioned that the Department of Health had not yet clarified whether providers would be cut off or just new applications would be halted. Pete also highlighted the need to address this issue in the upcoming Budget bill. Furthermore, he shared that the Board of Nursing had issued a new draft of their rules on medication aids, which is still in the public comment phase. He assured that a free member webinar would be organized once the rules are finalized to provide more details.

Annual Inspections and Surveyor Changes

Pete discussed the recent shift in priorities towards annual inspections, which has led to some annoyance among surveyors. He mentioned that these inspections are now more rigorous, with surveyors digging into details. Pete suggested that this could be due to the surveyors not having conducted an annual inspection in a while, and thus being more thorough. He also noted that this change in inspection style seems to be happening, although it was not explicitly stated. He concluded by mentioning that this change could impact events and private rooms, as a 1-star building cannot apply for private rooms and event programs cannot take new admissions for paid event rates.

Reprioritization Impact and CMS Updates

Pete discussed the positive impact of the recent reprioritization on healthcare providers, particularly those who had improved their star ratings. He also mentioned that CMS had not updated the Care Compare website for star rating changes, but this issue seemed to have been resolved. Pete also addressed a concern about some Care Source beneficiaries being disenrolled and reassigned to a different drug plan, assuring that these beneficiaries still have full coverage under Care Source. Lastly, Joe asked about any updates from ACA regarding their priorities, to which Pete promised to investigate and provide more information.

Budget Reconciliation and Medicaid Cuts

Pete discussed the ongoing budget reconciliation process in Congress, which is a preliminary step before the reconciliation package can be finalized. He mentioned that the Senate has released a skeletal budget resolution, while the House is still working on

one. Pete also noted that potential cuts to Medicaid and Medicare are being considered, with bad debt being one of the items on the list. He expressed uncertainty about the success of the reconciliation process, as it would be a significant defeat for the Republicans if they fail to get the necessary votes. Pete also mentioned that the process could drag on into the next year.

Defending Medicaid Provider Taxes and Regulatory Issues

Pete discussed the ongoing efforts to defend against potential cuts to Medicaid provider taxes, which would significantly impact Ohio and other states. He also mentioned a forthcoming initiative to take regulatory issues to the Trump Administration, specifically to the Department of Health and Human Services, and CMS. Pete clarified that the list of issues to be addressed is being kept confidential to prevent the opposing side from gaining an advantage. He also mentioned that some of these issues may be addressed legislatively through reconciliation bills or other legislation. No further questions or topics were raised during the meeting.

AI-generated content may be inaccurate or misleading. Always check for accuracy.