

# Meeting summary for OHCA NF Member Call (03/11/2025)

## Quick recap

Pete provided updates on the recoupment situation with the Department of Medicaid, the budget process and staffing mandate discussions, and several issues affecting skilled nursing facilities. He also discussed the challenges faced with the passar issue, particularly in skilled nursing facilities under a hospital exemption. Lastly, he mentioned the team's efforts to address these issues, including lobbying for skilled nursing issues, seeking clarification from the department, and reaching out to Medicaid to clarify the passar issue.

## Next steps

- Anthony to resend his email to Pete regarding the issue he wanted addressed.
- Pete to check with ACA about potentially pausing or eliminating the revalidation requirement due May 2024.
- Members to validate notices of action received from ODM, checking Ohio Benefits and reaching out to counties if needed.
- Members to report any additional Pnm issues or errors to OHCA.
- Members to ensure their vent programs comply with existing rules and provide appropriate documentation for Molina vent patients.
- Members to reach out to OHCA with concerns about interactions with Molina regarding vent claims documentation.
- Members in Direction Home's area experiencing PASRR/level of care backdating issues to provide examples to Diane.
- Members to notify OHCA if PASRR/level of care backdating issues are occurring in other counties or with other Area Agencies on Aging.

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## Summary

### Medicaid Recoupment Issues and Reversals

Pete provides an update on the recoupment situation with the Department of Medicaid. Initially, there was supposed to be an orderly process for notifying providers of overpayments and allowing them to review and respond. However, many providers received unexpected large take-backs on their remittance advices. The department acknowledged this was a mistake and said they would reverse the recoupments, but new issues have arisen this week with more unexpected recoupments occurring. The association is seeking clarification from the department on the reversals, payment timing, and overall process. They expect the department to release a communication addressing these issues soon. Providers are advised to check their payment management system for accurate payment amounts and watch for updates from the association.

## **Budget Process Update and Staffing Mandate**

Pete provides an update on the budget process and staffing mandate discussions. The Finance Committee is conducting public hearings this week, with amendments due on Friday. A substitute bill is expected on April 1, followed by an omnibus amendment on April 8, and a floor vote on April 9. Pete's team is lobbying for skilled nursing issues, including PDPM transition, private rooms, capital reimbursement, and the REIT ban proposal. Regarding the quality incentive, Pete explains that the 25th percentile calculation remains unchanged due to a pending mandamus case. He shares unofficial estimates of the current 25th percentile based on available data but cautions against relying on these figures. On the federal level, Congress is working on a continuing resolution to fund the government beyond Friday, with political maneuvering between Republicans and Democrats. The staffing mandate is likely to be included in future budget reconciliation, with a court ruling expected soon.

## **Skilled Nursing Facility Updates and Issues**

Pete provides an update on several issues affecting skilled nursing facilities. The American Health Care Association (AHCA) has approached CMS about survey guidance and civil monetary penalty (CMP) enlargements, with the survey guidance implementation delayed until April 28th. Pete notes that the revalidation issue is time-sensitive but was not addressed. Regarding beneficial ownership reporting, Pete believes it does not apply to their members but admits they haven't thoroughly researched it. He also mentions that there are no plans to address transfer quality to new owners upon change of ownership. Pete discusses issues with the PNM software update causing problems for members, including inaccurate notices of action. He notes that prior authorization waivers for skilled nursing facility admissions have expired for Medicaid but are still in place for Aetna Medicare Advantage until Friday. The Department of Medicaid is resuming exception reviews, likely for the 4th quarter of 2024. Lastly, Pete discusses Molina's new guidelines for ventilator claims, which apply to all vent claims and require documentation to support compliance with existing rules.

## **Passar Issue in Skilled Nursing Facilities**

Pete and Diane discussed the challenges faced with the passar issue, particularly in skilled nursing facilities under a hospital exemption. They highlighted the issue of gaps in payment due to delays in the resident review process and the level of care backdating. Diane explained that the issue arises when the local Triple A takes longer to complete the level of care, leading to a delay in payment. She emphasized that the payment should not be stopped as it is already underway. Diane also mentioned that they have reached out to Medicaid to clarify the issue and have requested examples of such cases. The team encouraged members to report any similar issues, especially in the northeast Ohio area.

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