

## Meeting summary for OHCA NF Member Call (04/15/2025)

### Quick recap

The meeting covered updates on the state budget process, including the House's completion of the budget bill and the Senate's upcoming work on it. Discussions focused on nursing home reimbursement issues, including private rooms, PDPM, and capital reimbursement, as well as proposed changes to the skilled nursing facility prospective payment system rule. Additional topics included Medicare revalidation requirements, challenges with the hospital exemption process, and updates on healthcare plans and managed care implementation.

### Next steps

- Providers to complete off-cycle revalidation by May 1st deadline.
- Providers to use certified mail or other delivery methods requiring signature when mailing revalidation documents.
- Providers to quickly review hospital exemption documentation and request resident reviews early if needed to avoid payment gaps.
- Providers impacted by Aetna Better Health of Ohio's inability to process private room claims to file a complaint with Medicaid.
- OHCA to continue working with managed care plans on resolving private room claim processing issues.
- OHCA to create resources for providers to assist with the transition to the next generation of MyCare Ohio in 2026.
- Providers to consider joining OHCA Quality Partners network for assistance with insurance company contracting.
- OHCA to gather intelligence and develop strategy for addressing PDPM, private rooms, and capital reimbursement issues in the Senate budget process.
- OHCA to provide input on federal regulations that could be reduced in response to OMB's request for information.
- OHCA to review and potentially comment on CMS's proposed Federal Fiscal Year 2026 SNF PPS rule by June 29th deadline.

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### Summary

#### Senate Budget Process Update

Pete provides an update on the state budget process. The House has completed its work on the budget bill, passing it largely along party lines. The Senate is currently on spring break but will resume work on the budget in late April. The Senate process will involve hearings with agency directors, followed by public testimony in standing committees. For skilled nursing facility issues, the Senate Medicaid Committee, chaired

by Senator Mark Romanchuk, will be the key focus. The Senate's final action on the budget is scheduled for June 12th, after which a conference committee will reconcile differences between the House and Senate versions before the bill goes to the Governor for signature.

### **Budget Process and REIT Language**

Pete discussed the ongoing process of the budget, which is expected to be completed by July 1st. He mentioned that the Supreme Court's decision on the mandamus case is still pending and will be communicated as soon as it is made. Pete also discussed the removal of the real estate investment trust (REIT) language from the House's substitute bill, which was a positive development. He also mentioned the increase in the personal needs allowance from \$50 to \$75, which was a step in the right direction. Pete also shared a Comp Doc that provides a detailed comparison of the executive and Senate versions of the budget. He emphasized the need to be vigilant about any changes in the Senate process.

### **Nursing Home Reimbursement Challenges Discussed**

The meeting discusses three main topics related to nursing home reimbursement: private rooms, PDPM (Patient-Driven Payment Model), and capital reimbursement. Pete explains that the House budget process resulted in a cap on private room approvals that is below the current number of approved rooms, which needs to be addressed in the Senate. For PDPM, there are technical issues regarding the CMI (Case Mix Index) freeze and the need for adjustments to make PDPM and RUGs rates comparable. The phase-in process for PDPM is also a concern, with Pete suggesting a more gradual approach to mitigate risks for providers. The group plans to pursue these issues in the Senate, along with capital reimbursement concerns.

### **Skilled Nursing Facility PPS Rule Changes**

Debbie discussed the proposed Federal fiscal year 26 skilled nursing facility prospective payment system rule, which includes a 2.8% net market basket. She also mentioned changes in the rule, such as the removal of social determinant of health measures and the potential addition of new measures like interoperability, well-being, nutrition, and delirium. Debbie encouraged the team to review the rule and provide comments. Diane reminded the team about the upcoming deadline for off-cycle revalidation and provided resources for completing the 855A form. She also clarified that staffing agencies, contract therapists, and dietary personnel are considered additional disclosable parties (ADPs) and need to be reported on.

### **Certified Mail for Timely Delivery**

Diane discussed the importance of using a form of mail that requires a signature for receipt, such as certified mail or priority mail, to ensure timely delivery of important documents. She emphasized the need for providers to revalidate their certification with Medicare to avoid termination of their provider agreement. Diane also addressed

challenges related to the hospital exemption process, where hospitals are using the exemption for both Passar and level of care determination. She advised members to carefully review documentation and request resident reviews early to avoid delays in the process.

### **Healthcare Plan Updates and Revalidation**

Erin provides updates on several topics related to healthcare plans and revalidation. She urges providers not to delay revalidation, as waiting until the last minute will make it harder. Erin reports progress with managed care plans processing private room claims, with some issues still being worked out. She also discusses the implementation of the next generation of My Care Ohio in 2026, explaining the phased rollout across different counties and the importance of providers securing network contracts with the new plans. Pete addresses questions about PA1 and PA2 rates, confirming no changes in the current budget proposal. The discussion concludes with advice on network contracting and an update on efforts to postpone revalidation requirements.

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