

Meeting summary for OHCA NF Member Call (05/20/2025)

Quick recap

The meeting covered updates on state and federal budget processes, including discussions about skilled nursing facility payments and potential changes to the Patient-Driven Payment Model. Key administrative matters were addressed, including changes to Medicaid overpayment recoupments, third-party guarantee language in resident agreements, and discharge notice requirements. The team also discussed staffing updates, regulatory compliance matters, and upcoming educational webinars to help providers navigate various policy changes and technical challenges.

Next steps

- Erin to schedule and conduct webinars next week on how to reconcile Medicaid recoupments, with separate sessions for billers and non-billers.
- Erin to write an article in this week's news bytes about the Medicaid recoupment issue and upcoming webinars.
- Providers to review their resident admission agreements for any language suggesting 3rd party guarantees and update if necessary.
- Providers to report ongoing issues with getting private room add-ons paid by Aetna to Erin.
- OHCA to continue monitoring for guidance from CMS regarding discharge notice requirements and share any updates with members.
- Providers to review and consider their approach to discharge notices based on the new Appendix PP language and their individual risk tolerance.

Summary

Budget and PDPM Updates

Pete provides an update on the state budget process and federal developments related to skilled nursing facilities. The Senate is currently reviewing amendments to the budget bill, with a substitute bill expected next Tuesday. A provision for a dialysis payment add-on of \$110 per treatment was included in the House version, though its origin and likelihood of remaining in the final bill are unclear. Pete also discusses the potential transition to the Patient-Driven Payment Model (PDPM), sharing that OHCA has created an estimator tool for providers to approximate the impact, while cautioning that it is based on year-old data and actual outcomes may vary. On the federal level, Pete mentions ongoing developments but does not provide specific details in this segment.

Medicaid Bill Faces Committee Challenges

Pete provides an update on the progress of a bill through various committees in Congress. The bill has passed the Energy and Commerce Committee and the Budget Committee, but faces opposition from hardliners who want more concessions, particularly on Medicaid cuts and green energy programs. President Biden met with House Republicans, urging them not to "F with Medicaid" and to accept the current deal on state and local tax deductions. Pete also highlights concerns about potential changes to provider taxes, particularly in Ohio, which could significantly impact Medicaid funding in the state.

Revalidation Deadline and Fee Updates

Diane provides updates on two key issues. First, she informs that the off-cycle revalidation deadline has been pushed back to August 1st, and advises providers to start working on it but consider holding off on submission to CGS due to potential further changes. She emphasizes that while some aspects may change, the revalidation requirement itself is unlikely to go away completely. Second, Diane announces that Citron Cooperman (formerly Howard Werschbale) has provided the Part B outpatient therapy fee screens for the current calendar year, which are now available in news bytes and the chat. Erin then begins to discuss Medicaid recoupments issued on May 8th and a recent meeting with the Department of Medicaid.

Medicaid Overpayment Correction Process

Erin explains that Medicaid issued correction payments for overpayments from 2023, resulting in additional overpayments and multiple versions of the March 13th remittance advice report. She advises providers to post only the latest version of the report issued between May 5th and 9th, despite its length and the need for manual posting. Erin also mentions that Medicaid attempted to recoup and correct overpayments in May, causing confusion in account aging. She plans to provide guidance through a newsletter and webinar on how to reconcile these issues. Additionally, Medicaid confirmed they will soon provide a dashboard with claim-level details for providers to review overpayments before initiating a 6-month recoupment process at 15% of the total amount.

Medicaid Remit Processing Challenges

Erin and Pete discuss the challenges with Medicaid overpayments and the importance of accurate record-keeping. Erin explains that the new 3-13 remits may be split into multiple PDF files, which could cause balancing issues if not all files are considered. She mentions a request for an electronic version of the remit to reduce manual posting errors. Erin plans to schedule two separate webinars next week to address both technical and business aspects of the issue, which will be announced in the news bytes and recorded for those who cannot attend.

Third-Party Guarantee Rule Changes

Erin discusses changes to the third-party guarantee language in resident agreements for skilled nursing facilities, effective April 28, 2025. She emphasizes that facilities

cannot require a third-party guarantee for personal payment as a condition of admission, and advises reviewing and updating resident agreements to comply with this rule. Erin also addresses ongoing issues with private room add-on claims for managed care plans, particularly with Aetna, and recommends reporting any payment problems. Pete announces that Tammy Cassidy will be joining the team full-time on June 2nd to handle regulatory and survey-related questions.

OSA Completion and Discharge Notice Updates

Pete addresses two main topics in this segment. First, he advises against stopping the completion of OSAs for unfrozen buildings, stating it's not safe to do so until everything is done on June 30th. Second, he discusses changes to discharge notice requirements, explaining that the language in Appendix PP has been revised to remove distinctions between facility-initiated and resident-initiated discharges. Pete notes that while the intent may not be to penalize providers for all discharges, ODH may still cite facilities during annual surveys if proper paperwork is not in order. He suggests that providers must weigh their risk tolerance in deciding whether to provide notices for all discharges. The segment concludes with Joe Abraham thanking Erin for her work on recoupment issues, and Pete mentioning a potential increase in patient funds to \$75.

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