

Meeting summary for OHCA NF Member Call (07/01/2025)

Quick recap

The meeting covered several administrative updates including the cancellation of next week's skilled nursing facility member call and a schedule change for news bytes due to the 4th of July holiday. Key budget decisions were discussed regarding the state budget finalization, including implications for skilled nursing facilities and the personal needs allowance, though some concerns remained about provider coverage and Medicaid funding. The meeting also addressed changes to payment systems, including the transition from OSAs to PDPM for calculating rates, and discussed issues with a dashboard showing reprocessed claims, while concluding with updates on 5-star ratings and the passage of the "One Big Beautiful Bill Act" in the Senate.

Next steps

- Providers to continue working on revalidations and submit documentation to support reconsideration requests before the deadline.
- Providers to check for and utilize the new download option with instructions on the overpayment dashboard.
- OHCA to follow up with the Department of Medicaid on the specific timeline extension for reconsideration request submissions.
- OHCA to share any updates on the overpayment reconsideration process in the upcoming news bytes.
- OHCA to provide an update on the most recent survey data in the Thursday news bytes.
- OHCA to release a new top line report with projected survey scores in the coming week.
- Providers to review the new 5-star rating calculations and assess potential impacts on their facilities.
- OHCA to monitor and provide updates on the federal budget bill's progress through the House.

Summary

Meeting Schedule and Policy Updates

Pete announced that the weekly skilled nursing facility member call would not be held next week, returning on the 15th, and reminded attendees to look out for weekend notifications about cancellations. He also mentioned that news bytes would be released on Thursday instead of their usual Friday slot, due to the 4th of July holiday. Pete noted that while there is no current policy against AI recording devices in meetings, such devices would be turned off if detected, and a formal policy may be established in the future.

State Budget and PNA Resolution

The state budget was finalized and signed by the governor, with 67 line item vetoes, none of which affected skilled nursing facilities. The conference committee bill maintained the existing law for private rooms with a \$160 million cap and included a \$75 monthly personal needs allowance, resolving a difference between the House and Senate versions. The governor vetoed the personal needs allowance language due to potential

retroactive issues and concerns about rule-making authority, leaving the administration to determine how to proceed with the PNA increase.

SNF Budget and Provider Implications

Pete discussed the implications of recent budget decisions on SNF providers, noting that while the administration has committed to increasing the personal needs allowance, questions remain about which providers will be covered and how much the increase will be. He also mentioned that the veto of dialysis language in the budget could impact SNF residents on Medicaid, as the lower Medicaid rates for dialysis in SNFs compared to free-standing centers may not be sufficient to attract providers. Additionally, Pete explained that the administration now has access to the Health and Human Services Reserve Fund to address potential Medicaid funding shortfalls, and he warned that the department may eventually limit the number of private rooms approved if utilization exceeds the 50% threshold, potentially affecting current and future claims.

PDPM Transition and Rate Updates

Pete explained the transition from OSAs to PDPM for calculating the CMI and direct care rates, noting that the July 2025 rates will use a combination of PDPM and RUGS scores, with PDPM becoming fully applicable by July 2027. He clarified that PA1 and PA2 residents will continue to receive the \$115 rate and their scores will not be included in the CMI calculation, and advised facilities to follow their normal assessment practices for identifying PA1 and PA2 residents. Pete also addressed questions about the case mix calculation periods and conversion factors, stating that the conversion factor will be calculated by the Department of Medicaid in late December, using data available by mid-October.

Dashboard Reconsideration Period Discussion

The meeting discussed concerns about a dashboard that was released showing March and May claims that were inadvertently reprocessed in February and March, leading to provider complaints and a 30-day response period for reconsideration requests. Julie Davis from Medicaid confirmed that these claims were included in the dashboard to allow providers to review and address any overpayments, though providers claimed most of these claims did not represent current overpayments as they had already been taken back. Medicaid agreed to provide additional time for providers to submit documentation for reconsideration requests, though the exact duration and timing of an upcoming email notification remained unclear.

Data Verification and Quality Updates

The meeting covered several key topics. Pete confirmed the availability of a download option for data and emphasized the importance of verifying information, especially regarding the Ohio Department of Medicaid. Diane discussed the ongoing issue of revalidations, urging members to begin the process as the deadline approaches, and highlighted the need to document attempts to obtain ownership information from ADPs. Tammy provided an update on changes to 5-star ratings, explaining the impact of survey cycle reweighting and projecting minimal changes for most communities. She also mentioned upcoming updates on

antipsychotic quality measures and new survey data. The conversation ended with a brief mention of the federal budget, which Pete briefly touched on due to Debbie's absence.

[Medicaid Provider Tax Bill Passage](#)

The Senate passed the "One Big Beautiful Bill Act" with JD Vance breaking a 50-50 tie, sending it back to the House where it needs to be passed by July 4th. The bill includes changes to provider tax rates, with reductions starting October 1, 2027, affecting expansion states like Ohio, while non-expansion states have a moratorium on increases. The Senate version includes a 10-year moratorium on staffing mandates rather than complete repeal, and maintains a 2-month retroactive eligibility period for most Medicaid populations except expansion populations which remain at 1 month. The skilled nursing provider tax remains exempt from reductions, though this doesn't fully address funding needs for skilled nursing facility rates.