

OHIO HEALTH CARE ASSOCIATION REIMBURSEMENT COMMITTEE

**February 19, 2025, 10:00 a.m.
Zoom Meeting**

M I N U T E S

In the absence of Chair Denise Leonard, Pete Van Runkle called the meeting to order. He asked anyone who called into the meeting to email him. The table at the end of these minutes shows attendance.

Mr. Van Runkle said the OHCA Antitrust Compliance, Conflict of Interest, and Confidentiality Policies linked to the agenda applied to this and all OHCA meetings.

The minutes of the previous meeting were adopted by consent.

Mr. Van Runkle said the Governor announced the executive budget at the beginning of February, and the administration released the blue book and other materials. The budget bill itself came out the week before the committee meeting. Mr. Van Runkle and Debbie Jenkins explained how the budget affected SNF reimbursement.

For the PDPM transition, the administration proposed to use 100% nursing, with a case-mix freeze for the first six months. The freeze would be followed by a one-year phase-in period. The first six months would be 1/3 PDPM and 2/3 the provider's previous RUGs CMI. The second 6 months would be 2/3 and 1/3. It was only a proposal and was definitely subject to change. No one should assume it would be the final result.

We planned to seek 4 changes to the executive budget in the legislature. One would be to replace nursing only with a blend of PDPM components that would include SLP and NTAs. The second would be to clarify that the freeze applied to the CMI for the first 6 months of 2025, not the June 2025 quarterly CMI. Most facilities would not have a quarterly score, and for those that did, it would not be final on June 30. The third was to change the phase-in from a model that would result in some providers taking a significant cut to one that did not cut anyone for a year. The fourth was to make sure the direct care prices were increased to account for the fact that PDPM CMIs were much lower than RUGs CMIs.

If there ended up being a CMI freeze during the second half of 2025, the fourth quarter 2024 and first quarter 2025 scores never would be used. The January 2026 PDPM score would be set using the second and third quarters of 2025. Although the scenario could change during the legislative process, it would be a good idea for providers to begin focusing on PDPM assessments for

Medicaid residents starting in April. At the same time, providers who were doing OSAs should continue doing them because it was not guaranteed that they would not be used.

Eli Coury went over the timing of the proposed changes and the need to adjust the prices. He asked if a percentile would be applied like in rebasing and if there would be a rate increase as part of the process. He also went over which quarterly assessments would be used for which rate periods. Katie Tira asked if facilities that froze their CMI would keep that score under the executive budget. Joe Abraham said ensuring an accurate price level under PDPM was critical. Then facilities could just focus on their own scores. Mr. Coury asked if OSAs needed to be done through December 31, 2025, and which score would be used for the RUGs portion of the phase-in.

Mr. Van Runkle said the administration did not propose any changes to the quality incentive payments in any areas affected by the mandamus action. We had not expected them to propose anything, and we did not intend to do so either. We did know when the court would decide the case or even if it would happen during the budget process. If it did, both sides undoubtedly would want to make changes to the statute. The executive budget contained one amendment that touched on the quality incentive. It would repeal that language that subjected a change of ownership to loss of the incentive if the new landlord imposed a greater financial burden on the operator.

The executive budget did not include any changes to the private room statute, which was not in the bill at all. That meant the \$160 million cap would still be in place. ODM put in their private room fact sheet that they would stop payments to all facilities for private rooms if Medicaid utilization in FY 2026 turned out to be higher than 50% and the cap was breached. At the time of the committee meeting, however, there was still space for 2,000 more private rooms under the cap with the 50% utilization assumption. The statute actually did not provide for a payment cutoff for approved private rooms, it only said no more rooms could be approved, but the state extended it to cut off payments. We wanted to remove the cap in the budget bill so there would be no question. We also did not want to restrict additional private rooms from coming on board.

The bill did not address fair rental value, which we were now calling environmental quality. Our idea was to put in place an appraisal-based fair rental system during the coming biennium to take effect in the following biennium. There could be some portion of the rate that would be based on other environmental quality features not accounted for in the appraisal.

A surprising aspect of the executive budget was a proposal to prohibit leasing from a REIT under certain circumstances. This proposal applied to both SNFs and hospitals. Current leases would be grandfathered, but changes could lead to denial of a license to operate. We were very concerned about this proposal. We were trying to get a handle on which SNFs in Ohio were leased from REITs. Mr. Van Runkle asked committee members to email Erin Hart with this information.

Ms. Jenkins discussed federal developments with the new administration and Congress. There was drama early on in the Trump Administration with the OMB directive to freeze federal

spending on certain programs and whether it applied to Medicaid, but it was quickly resolved. New actions continued to come frequently.

Turning to the federal budget, Ms. Jenkins said President Trump had commented the night before the committee meeting that Medicaid, along with Medicare and Social Security, would not be cut except for fraud. But Congress needed to find big savings to finance the President's priorities, which would not be possible without Medicaid cuts.

The federal government was currently funded by a continuing resolution that would run out March 14. There would be activity around that.

The most attention was on the reconciliation process. It started with a budget resolution, which was a high-level outline setting spending levels by committee. The House and Senate were going in different directions. The House wanted one big, beautiful bill with tax cuts and other spending. It was taking this direction because Republicans had a slim majority, and leadership felt they may not get the votes for two bills. The House Budget Committee passed their resolution the week before the Reimbursement Committee meeting, after the Senate Budget Committee passed theirs.

The Senate wanted two bills, putting off the tax cuts because they were more costly. They argued this approach would get funding out quicker for the border, energy, and defense. It would result in much lower cuts.

The House resolution had a \$1.5 trillion floor for cuts, but they wanted \$2 trillion in spending reductions or the tax cuts would be reduced. The Energy and Commerce Committee, which had jurisdiction over Medicaid, had a floor of at least \$880 billion in cuts. There was a link in the committee's agenda to a list of reconciliation options. They included good and bad in the health area. The good were repealing the minimum staffing rule (\$22 billion) and the Medicaid access rule (\$121 billion). Other things were problems, such as reducing provider taxes, reducing FMAP for the expansion population, and per capita caps. Many organizations had reached out with concerns, which probably led to the President's comments.

The Senate bill, which included much less spending, had a target of \$1 billion in cuts for the HELP Committee. The Senate was targeting the end of the week of the committee meeting for a floor vote on their resolution. Eventually, though, there had to be agreement between the House and the Senate. The questions were which version and what would be the impact on Medicaid. Mr. Abraham asked if the expansion population was served in SNFs. Ms. Jenkins pointed out that Ohio's executive budget included a trigger to eliminate eligibility if FMAP was reduced.

Ms. Hart reported on timing of fee-for-service Medicaid billing. Medicaid had always had a policy of not billing until after the end of the month. In practice, MITS and PNM allowed early billing. This timing became an issue on Friday, January 31, resulting in member concerns when they had to wait an extra week to be paid. ODM gave a cryptic response suggesting that claims would not be processed until the first business day after month-end. Providers could bill weekly, but that

could lead to patient liability being taken out each time. Bill Levering asked whether billing on the 31st meant payment on the 6th or the 13th.

Ms. Hart said she was not seeing a lot of issues with fee-for-service billing of SNF claims for private rooms, but hospices had a 2-week delay. There were a lot of problems with managed care. Aetna was not accepting claims with the add-on, so she recommended submitting claims without the add-on until the issue was resolved. Buckeye was hit-or-miss. CareSource was finally paying the add-on but applying patient liability to both lines on the claim. United Healthcare had fixed their issues. We were waiting for them to reprocess December claims. Molina seemed to have no issues except for correcting claims that had been billed wrong. There were problems with hospices billing managed care. They couldn't bill at all in January. Ms. Hart would gather more information from the hospice billing workgroup.

Diane Dietz said members continued to ask about the status of billing for the vent rate. There had been no change since the last committee meeting. The current rule did not distinguish between invasive and non-invasive vents. We encouraged billing appropriately for NIVs – to avoid hospitalization, intubation, or death. We had no news from ODM and no news on the audit results.

In other business, Mr. Van Runkle said a direct message in chat asked about potential elimination or delay of the off-cycle revalidation.

He said the next meeting was tentatively scheduled for March 19, but was subject to change based on what was going on with the state budget.

The meeting was adjourned.

Attendance:

First Name	Last Name	7/25/24	8/22/24	9/18/24	10/16/24	11/21/24	12/18/25	1/15/25	2/19/25
Joe	Abraham				P	P	P	P	P
Jacqueline	Altier					P			
Josh	Anderson	P	P	P	P	P		P	
Steve	Anderson	P	P	P	P	P			
Edward	Beatrice	P	P	P	P	P	P		P
Kayla	Bell							P	P
Donna	Bicker								P
Jennifer	Bidka	P	P		P	P	P	P	P
Stephanie	Blakeman			P	P	P	P		P
Shlomo	Brisk		P	P	P		P		

Stephanie	Browning	P	P	P	P	P	P	P	P
Eric	Buls	P	P		P	P	P	P	P
Nancy	Burden						P	P	P
Tim	Cahill								
Jennifer	Campbell	P		P	P	P	P	P	P
Nathan	Carder	P	P			P			
Bruce	Carpenter			P				P	P
Steven	Carrico	P	P	P	P	P		P	P
Jennifer	Cidila		P		P				P
Brian	Coil							P	
Kimberly	Corrigan	P	P				P		
Gabrielle	Corwin		P	P	P	P	P	P	
Russell	Corwin	P	P	P	P		P	P	P
Scott	Cunningham	P		P	P	P	P	P	P
Tracie	D'Amato	P	P	P	P	P	P	P	P
Tammy	Davis		P	P	P	P			P
Tammi	DeSimone								P
Diane	Dietz	P		P	P	P	P	P	P
Titus	Donnell				P				
Josh	Dorn							P	
Mike	Driver	P	P						
Matthew	Duddy	P	P	P	P	P	P	P	P
David	Elmore	P	P		P	P	P	P	P
John	Fleischer	P	P	P			P	P	P
Junior	Foster								
Austin	Gerber		P						P
Michelle	Gill	P	P	P	P	P	P		P
Priscilla	Glidewell					P	P	P	P
Brad	Granger	P		P	P	P	P	P	P
Curtis	Green	P							
Nikita	Grimes						P		P
Tiffany	Hall					P	P	P	P
Moriel	Hamui						P		
Emily	Hand	P	P	P	P	P	P		P
Janet	Harris	P		P	P	P		P	P
Erin	Hart	P	P		P	P		P	P
Scott	Heichel			P			P		
Nick	Hicks	P	P	P	P	P	P	P	P
Sarah Jane	Horvath								P
Deb	Ifft	P	P	P	P	P	P	P	P
Nicole	Jablonski			P					
Patty	Jackson								

Debbie	Jenkins	P	P	P	P				P
Elizabeth	Jones		P		P				
Brian	Karpodinis	P	P				P	P	P
Steve	Katona	P	P	P	P	P	P	P	P
Ben	Kiss	P		P		P	P		P
Chase	Kohn								
Boris	Kushnir		P	P	P	P		P	P
Tonya	Lambert					P	P	P	
Liz	Lane	P	P	P		P	P	P	P
Paul	Lang		P	P	P	P		P	P
Matt	Larsh								P
Tim	Lehman	P	P		P			P	P
Denise	Leonard	P	P	P	P		P	P	
Will	Levering			P	P	P	P		P
William	Levering			P	P		P		P
Beth	Lind	P	P	P		P	P	P	P
Tiffany	Lockhart	P		P	P	P	P		
Brian	Marrie			P	P	P	P	P	
Heidi	Mays						P		
Eileen	McCain								
Heidi	McCoy				P			P	P
Emily	Miller				P				
Tracy	Mitchell	P	P	P	P	P	P	P	
Angie	Moore	P	P				P		P
Tammy	Moyer-Wilson		P						
Matt	Murray					P			P
Bob	Nedrich	P	P	P	P	P	P	P	P
Jeanna	Neiheisel			P					
Rey	Nevarez			P		P			
Brian	Newman						P		
Daniel	Newman	P				P			
Karen	Nofziger	P							
Barb	Notardonato-Cole	P	P			P	P		P
Rosemary	Orlando, CPA	P	P		P		P		P
Erin	Overla								
Matthew	Pool								
Derrick	Ratliff	P			P	P			
Paula	Reape	P	P		P	P		P	P
Auston	Reaser	P	P	P	P		P	P	
Todd	Rice	P		P		P	P	P	
Jennifer	Richter	P							
Chanda	Robson	P	P	P		P	P	P	P
Dominic	Romeo								P

Rick	Russo								
Cheryl	Schermerhorn	P	P	P	P	P	P	P	P
Jane	Schoof	P	P				P		
Hemant	Shah	P				P			P
Bob	Sharon								
Tony	Shaw	P	P			P	P	P	P
Dwayne	Shepherd	P		P	P			P	P
Dean	Shipman								
Mike	Shoffner	P	P	P		P	P	P	
Pauline	Siler	P	P	P	P			P	P
Jessica	Siu	P	P				P		P
Pamela	Skrzynski						P	P	P
Jana	Smith	P	P	P	P	P	P	P	P
Sravani	Tallapaneni				P				
Cindy	Thomas					P			P
Katie	Tira			P	P	P			P
Gina	Toigo	P	P	P	P	P	P		P
Stephanie	Trainer	P	P	P	P	P	P	P	P
Julie	Uhler					P		P	P
Pete	Van Runkle	P	P	P	P	P	P	P	P
Megan	Wahl	P	P	P	P		P	P	P
Anastasia	Waltz							P	
Jessi	Wells				P	P	P		
Matthew	Wine	P	P	P	P		P	P	P
Morgan	Wright	P	P	P		P	P	P	P
Valerie	Youell								P
Dave	Zabo	P	P						