



Ohio Administrative Code

Rule 5160-3-39 Payment and adjustment process for nursing facilities (NFs) and intermediate care facilities for the mentally retarded (ICFs-MR).

Effective: January 10, 2013

(A) Forms.

For dates of services preceding July 1, 2005, NFs shall submit the form "Nursing Facility Payment and Adjustment Authorization" (JFS 09400, rev. 10/2012) directly to the Ohio department of job and family services (ODJFS) for the reimbursement of services.

The county department of job and family services (CDJFS) and NFs shall use the "Facility/CDJFS Transmittal" (JFS 09401, rev. 4/2011) form to exchange information necessary to complete the billing process for payment.

(B) Notification of admission.

The facility shall notify the CDJFS using the JFS 09401 form within five business days of admission of a new resident who is medicaid eligible or who has an application for medicaid that is pending even if care may initially be covered under a medicare benefit.

(C) Notification of death.

The NF shall notify the CDJFS of the death of a medicaid resident by completing the JFS 09401 and forwarding it to the CDJFS within five business days following the death of the resident. The CDJFS shall terminate medicaid eligibility within ten days after the receipt of the JFS 09401.

For dates of service preceding July 1, 2005, the CDJFS shall stop vendor payment within ten days after the receipt of the JFS 09401.

(1) The CDJFS shall complete and return the JFS 09401, when appropriate, to the NF within ten days of the receipt of the JFS 09401 for any required payment adjustment.



(2) The NF shall complete the JFS 09400, when appropriate (e.g., final payment adjustment), within thirty days of the receipt of the JFS 09401 and submit it to the address listed on the bottom of form JFS 09400.

(D) Notification of discharge.

Discharge has the same meaning as defined in rule 5101:3-3-16.4 of the Administrative Code. The NF shall notify the CDJFS within five business days of the discharge of a medicaid eligible resident by completing the JFS 09401 identifying the type of discharge, and forwarding the JFS 09401 to the CDJFS. The CDJFS shall adjust medicaid eligibility within ten days after the receipt of the JFS 09401.

For dates of service preceding July 1, 2005, the CDJFS shall stop vendor payment within ten days after the receipt of the JFS 09401.

(1) The CDJFS shall complete and return the JFS 09401, when appropriate, to the NF within ten days after the receipt of the JFS 09401 for any required payment adjustment.

(2) The NF shall complete the JFS 09400, when appropriate (e.g., final payment adjustment), within thirty days of the receipt of the JFS 09401 and submit to the address listed on the bottom of form JFS 09400.

(E) Notification of hospice enrollment.

If a NF resident on medicaid vendor payment elects to receive medicaid hospice services in accordance with rule 5101:3-56-03 of the Administrative Code, the NF shall notify the CDJFS by completing the JFS 09401 and forwarding it to the CDJFS within five business days of receiving notice from the hospice agency that a resident elected hospice services. The CDJFS shall adjust medicaid eligibility within ten days after receipt of the JFS 09401 for the resident enrolled in hospice.

For dates of service preceding July 1, 2005, the CDJFS shall stop vendor payment within ten days after the receipt of the JFS 09401.



(1) The CDJFS shall complete and return the JFS 09401, when appropriate (e.g., final payment adjustment), to the NF within ten days of the receipt of the JFS 09401 for any required payment adjustment.

(2) The NF shall complete the JFS 09400, when appropriate, within thirty days of the receipt of the JFS 09401 and submit it to the address on the bottom of form JFS 09400.