



## Ohio Administrative Code

### Rule 5160-3-65.1 Nursing facilities (NFs): rates for providers that change provider agreements.

Effective: February 14, 2019

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(A) An entering operator's initial rate shall be the rate the exiting operator would have received had the exiting operator continued to participate in the medicaid program.

(B) The rate determined in paragraph (A) of this rule shall not be subject to adjustment until the following state fiscal year.

(C) After the end of the state fiscal year in which the entering operator began participation in the medicaid program, the rates for subsequent state fiscal years for other than direct care costs shall be set in accordance with sections 5165.01 to 5165.49 of the Revised Code.

(D) After the end of the state fiscal year in which the entering operator began participation in the medicaid program, the rate for direct care costs for the second state fiscal year shall be redetermined to reflect the entering operator's actual semiannual case mix score determined under section 5165.192 of the Revised Code after the NF submits its first two quarterly assessment data that qualify for use under paragraph (E) of rule 5160-3-43.3 of the Administrative Code. If the entering operator's quarterly submissions do not qualify for use in calculating a case-mix score, the median annual average case-mix score for the entering operator's peer group shall be used to calculate a case-mix score in lieu of the entering operator's actual semiannual case-mix score until the entering operator submits two consecutive quarterly assessment data that qualify for use under paragraph (E) of rule 5160-3-43.3 of the Administrative Code. The rate for direct care costs for subsequent state fiscal years shall be set in accordance with sections 5165.01 to 5165.49 of the Revised Code.

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