



Ohio Revised Code

Section 5165.15 Calculation of payments to nursing facility providers.

Effective: October 17, 2019

Legislation: House Bill 166 - 133rd General Assembly

Except as otherwise provided by sections 5165.151 to 5165.157 and 5165.34 of the Revised Code, the total per medicaid day payment rate that the department of medicaid shall pay a nursing facility provider for nursing facility services the provider's nursing facility provides during a state fiscal year shall be determined as follows:

(A) Determine the sum of all of the following:

(1) The per medicaid day payment rate for ancillary and support costs determined for the nursing facility under section 5165.16 of the Revised Code;

(2) The per medicaid day payment rate for capital costs determined for the nursing facility under section 5165.17 of the Revised Code;

(3) The per medicaid day payment rate for direct care costs determined for the nursing facility under section 5165.19 of the Revised Code;

(4) The per medicaid day payment rate for tax costs determined for the nursing facility under section 5165.21 of the Revised Code;

(5) If the nursing facility qualifies as a critical access nursing facility, the nursing facility's critical access incentive payment paid under section 5165.23 of the Revised Code.

(B) To the sum determined under division (A) of this section, add sixteen dollars and forty-four cents.

(C) From the sum determined under division (B) of this section, subtract one dollar and seventy-nine cents.



(D) To the difference determined under division (C) of this section, add the per medicaid day quality payment rate determined for the nursing facility under section 5165.25 of the Revised Code.

(E) To the sum determined under division (D) of this section, add, for the second half of state fiscal year 2020 and all of each state fiscal year thereafter, the per medicaid day quality incentive payment rate determined for the nursing facility under section 5165.26 of the Revised Code.
