



Ohio Revised Code

Section 5165.15 Calculation of payments to nursing facility providers.

Effective: November 22, 2017

Legislation: House Bill 49 - 132nd 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 the following:

- (1) For state fiscal years 2018 and 2019, sixteen dollars and forty-four cents;
- (2) For state fiscal year 2020 and, except as provided in division (B)(3) of this section, each state fiscal year thereafter, the sum of the following:



- (a) The amount specified or determined for the purpose of division (B) of this section for the immediately preceding state fiscal year;
- (b) The difference between the following:
- (i) The medicare skilled nursing facility market basket index determined for the federal fiscal year that begins during the state fiscal year immediately preceding the state fiscal year for which the determination is being made under division (B) of this section;
 - (ii) The budget reduction adjustment factor for the state fiscal year for which the determination is being made under division (B) of this section.
- (3) For the first state fiscal year in a group of consecutive state fiscal years for which a rebasing is conducted after state fiscal year 2020, the amount specified or determined for the purpose of division (B) of this section for the immediately preceding state fiscal year.
- (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.