



Ohio Revised Code

Section 5165.15 Calculation of payments to nursing facility providers.

Effective: September 15, 2014

Legislation: House Bill 483 - 130th General Assembly

(A) 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 fiscal year shall equal 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;
- (6) The quality incentive payment paid to the nursing facility under section 5165.25 of the Revised Code.

(B) In addition to paying a nursing facility provider the nursing facility's total rate determined under division (A) of this section for a fiscal year, the department shall pay the provider a quality bonus under section 5165.26 of the Revised Code for that fiscal year if the provider's nursing facility is a qualifying nursing facility, as defined in that section, for that fiscal year. The quality bonus shall not be part of the total rate.



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