

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #315412

Ohio Administrative Code

Rule 5160-3-32 Nursing facilities (NFs): debt estimation methodology. Effective: March 11, 2024

(A) The Ohio department of medicaid (ODM) uses the debt estimation methodology set forth in this rule to estimate the exiting operator's actual and potential debts to ODM and the United States centers for medicare and medicaid services (CMS) under the medicaid program in cases of a change of operator, facility closure, voluntary termination, involuntary termination, or voluntary withdrawal.

(B) ODM totals the value of all of the following that are determined applicable in calculating the debt estimate:

(1) Overpayments determined due to ODM pursuant to section 5165.108 of the Revised Code, including the following:

(a) Overpayments owed to ODM for adjudicated final fiscal audit periods.

(b) Overpayments identified in proposed adjudication orders that have been issued but not adjudicated.

(c) Overpayment amounts for any outstanding periods where a final fiscal audit has not yet been issued. Such amounts are estimated by generating preliminary reports of amounts owed by the exiting operator for the applicable periods.

(2) Overpayments determined by ODM pursuant to section 5165.49 of the Revised Code, including the following:

(a) Overpayments identified in the post-payment review summary that have been issued but not collected.

(b) Overpayment amounts for any outstanding periods where a post-payment review summary has



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not yet been issued. Such amounts are estimated by generating preliminary reports of amounts owed by the exiting operator for the applicable periods.

(3) Monies owed to ODM and CMS resulting from penalties authorized by federal and state law, including but not limited to the following:

(a) Civil monetary penalties (CMPs) imposed by CMS that CMS has requested ODM to collect.

(b) Penalties assessed pursuant to section 5165.42 of the Revised Code for lack of proper notice of a change of operator, facility closure, or voluntary withdrawal from the medicaid program, or when a provider fails to furnish invoices or other documentation that ODM requests during an audit.

(c) Late cost report filing penalties assessed pursuant to rule 5160-3-20 of the Administrative Code.

(4) Interest monies owed to ODM pursuant to section 5165.41 of the Revised Code, and to CMS pursuant to 42 C.F.R. 488.442 (October 1, 2020) that CMS has requested ODM to collect.

(5) Monies owed to ODM and CMS pursuant to sections 5165.52 and 5165.525 of the Revised Code, including a final fiscal audit for the last fiscal year or portion thereof that the exiting operator participated in the medicaid program.

(6) Franchise permit fee (FPF) owed to ODM pursuant to section 5168.47 of the Revised Code. FPF owed to ODM includes unpaid FPF for the following:

(a) Amounts due for periods assessed or to be assessed but for which payment is not yet required pursuant to section 5168.47 of the Revised Code.

(b) Amounts due that are certified to the Ohio attorney general's office for collection, including penalties assessed pursuant to section 5168.51 of the Revised Code for failure to pay the full amount when due.

(7) Monies owed due to a credit balance.



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(8) Monies owed pursuant to successor liability or assumption of liability agreements the exiting operator entered into.

(9) Other amounts ODM determines are applicable.

(C) The sum of the amounts determined owed, or estimated to be owed, to ODM and CMS pursuant to paragraphs (B)(1) to (B)(9) of this rule is the total estimated debt.

(D) ODM may release a portion of funds withheld pursuant to division (A) of section 5165.521 of the Revised Code if the funds withheld are materially greater than the debt calculated by the department in the initial debt summary report issued pursuant to section 5165.525 of the Revised Code.