



## Ohio Administrative Code

### Rule 5160-3-58 Nursing facilities (NFs): quality indicators and quality payment rate.

Effective: October 10, 2020

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(A) In accordance with section 5165.25 of the Revised Code, this rule describes the criteria for each of the quality indicators that nursing facilities need to meet to earn quality points, and the method by which the Ohio department of medicaid (ODM) determines the per medicaid day quality payment rate.

(B) Measurement period.

For purposes of this rule, "measurement period" means the calendar year immediately preceding the calendar year in which the state fiscal year begins.

(C) Quality indicators.

A nursing facility may earn a maximum of one point for each of the following quality indicators during the measurement period. For the pressure ulcer quality indicator and the antipsychotic medication quality indicator, nursing facilities may earn a maximum of one point each for rates for short-stay residents and a maximum of one point each for rates for long-stay residents. Based on the number of quality indicator points earned, ODM will calculate a per medicaid day quality payment rate for each nursing facility. To earn a point for each of the indicators, the nursing facility needs to meet the following criteria:

(1) Pressure ulcers.

Score no more than the fortieth percentile for pressure ulcer rates. ODM obtains the pressure ulcer rates from the centers for medicare and medicaid services (CMS) website at <https://data.medicare.gov> using the CMS quality measure for short-stay residents with post-acute pressure ulcer/pressure injury changes in skin integrity, and the CMS quality measure for long-stay residents with pressure ulcers.



(2) Antipsychotic medications.

Score no more than the fortieth percentile, as established by ODM, for antipsychotic medication use rates.

(3) Unplanned weight loss.

Score no more than the fortieth percentile for long-stay nursing facility residents' unplanned weight loss rate. ODM obtains the unplanned weight loss rate from the CMS website using the CMS quality measure for long-stay residents who lose too much weight.

(4) Employee retention.

Attain an employee retention target rate of at least the seventy-fifth percentile. ODM calculates the percentile using the employee retention rates from section eight of all ODM nursing facility annual cost reports.

(5) Satisfaction survey.

(a) For even-numbered state fiscal years, attain a target rate of at least the fiftieth percentile of the overall score for all participating nursing facilities on the department of aging's most recently published resident satisfaction survey conducted pursuant to section 173.47 of the Revised Code.

(b) For odd-numbered state fiscal years, attain a target rate of at least the fiftieth percentile of the overall score for all participating nursing facilities on the department of aging's most recently published family satisfaction survey conducted pursuant to section 173.47 of the Revised Code.

(D) Religious nonmedical health care institutions (RNHCIs).

RNHCIs will receive one point for each of the quality indicators described in paragraphs (C)(1), (C)(2), and (C)(3) of this rule.

(E) Reasons for which no quality indicator points will be awarded.



(1) For the pressure ulcer, antipsychotic medication, and unplanned weight loss quality indicators described in paragraphs (C)(1) to (C)(3) of this rule, no points will be awarded when there is insufficient data to calculate a rate, as determined by ODM.

(2) For the employee retention rate quality indicator described in paragraph (C)(4) of this rule, no point will be awarded when a nursing facility fails to complete section eight of the ODM nursing facility annual cost report.

(F) Calculation of the per medicaid day quality payment rate.

(1) Determine the number of inpatient medicaid days reported by each nursing facility on the ODM nursing facility annual cost report for the calendar year preceding the fiscal year in which the quality payment will be paid.

(2) Determine the total number of inpatient medicaid days reported by all nursing facilities on the ODM nursing facility annual cost report for the calendar year preceding the fiscal year in which the quality payment will be paid.

(3) Determine the number of quality points earned by each nursing facility during the applicable measurement period.

(4) For each nursing facility, multiply the number of inpatient medicaid days as determined in paragraph (F)(1) of this rule for the nursing facility by the number of quality points earned by the nursing facility as determined in paragraph (F)(3) of this rule. This product is the point days earned by each nursing facility.

(5) Determine the total number of point days for all nursing facilities.

(6) Multiply one dollar and seventy-nine cents by the total number of medicaid days determined in paragraph (F)(2) of this rule. This product is the total amount of quality funds to be paid to nursing facilities by ODM in the applicable fiscal year.



(7) Divide the total amount of quality funds to be paid as calculated in paragraph (F)(6) of this rule by the total number of point days for all nursing facilities as determined in paragraph (F)(5) of this rule.

(8) Multiply the amount calculated in accordance with paragraph (F)(7) of this rule by the quality points earned by each nursing facility as determined in paragraph (F)(3) of this rule. This product is the per medicaid day quality payment for each nursing facility.

(G) Appeals.

The calculation of the quality payment rate is not subject to appeal under Chapter 119. of the Revised Code.