



Ohio Revised Code

Section 5165.25 [Repealed effective 6/30/2021 by H.B. 110 of the 134th General Assembly] Determination of per medicaid day quality payment rate.

Effective: October 17, 2019

Legislation: House Bill 166 - 133rd General Assembly

(A) As used in this section:

(1) "Long-stay resident" means an individual who has resided in a nursing facility for at least one hundred one days.

(2) "Measurement period" means the calendar year immediately preceding the calendar year in which a state fiscal year begins.

(3) "Nurse aide" has the same meaning as in section 3721.21 of the Revised Code.

(4) "Short-stay resident" means a nursing facility resident who is not a long-stay resident.

(B)(1) Using all of the funds made available for a state fiscal year by the rate reductions under division (C) of section 5165.15 of the Revised Code, the department of medicaid shall determine a per medicaid day quality payment rate to be paid for that state fiscal year to each nursing facility that meets at least one of the quality indicators specified in division (B)(2) of this section. The largest quality payment rate for a state fiscal year shall be paid to nursing facilities that meet all of the quality indicators.

(2) The following are the quality indicators to be used for the purpose of division (B)(1) of this section:

(a) Not more than the target percentage of the nursing facility's short-stay residents had new or worsened pressure ulcers for the measurement period.

(b) Not more than the target percentage of long-stay residents at high risk for pressure ulcers had pressure ulcers for the measurement period.



- (c) Not more than the target percentage of the nursing facility's short-stay residents newly received an antipsychotic medication for the measurement period.
- (d) Not more than the target percentage of the nursing facility's long-stay residents received an antipsychotic medication for the measurement period.
- (e) Not more than the target percentage of the nursing facility's long-stay residents had an unplanned weight loss for the measurement period.
- (f) The nursing facility's employee retention rate is at least the target rate for the measurement period.
- (g) The nursing facility obtained at least the target score on the following:
 - (i) For an even-numbered state fiscal year, the department of aging's most recently published resident satisfaction survey conducted pursuant to section 173.47 of the Revised Code;
 - (ii) For an odd-numbered state fiscal year, the department of aging's most recently published family satisfaction survey conducted pursuant to section 173.47 of the Revised Code.
- (3) The department shall specify the target percentage for the purpose of divisions (B)(2)(a) to (e) of this section at the fortieth percentile of nursing facilities that have data for the quality indicators. The department also shall specify the target rate for the purpose of division (B)(2)(f) of this section and the target score for the purpose of division (B)(2)(g) of this section.
- (C) If a nursing facility undergoes a change of operator during a state fiscal year, the per medicaid day quality payment rate to be paid to the entering operator for nursing facility services that the nursing facility provides during the period beginning on the effective date of the change of operator and ending on the last day of the state fiscal year shall be the same amount as the per medicaid day quality payment rate that was in effect on the day immediately preceding the effective date of the change of operator and paid to the nursing facility's exiting operator. For the immediately following state fiscal year, the per medicaid day quality payment rate shall be the mean per medicaid day



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quality payment rate for all nursing facilities for the state fiscal year.