

5101:3-3-64

Nursing facility payment for medicare part A cost sharing.

- (A) For nursing facility services the nursing facility provides on or after January 1, 2012, ~~purposes of this rule, the "medicaid maximum allowable amount"~~ "medicaid maximum allowable amount" means one hundred ~~nine~~ per cent of the nursing facility's facility's medicaid rate on the date that the service was provided.
- (B) For qualified medicare beneficiaries (QMB) including QMB plus as defined in rule 5101:3-1-05.2 of the Administrative Code and medicaid consumers admitted to a nursing facility as a medicare part A benefit, the Ohio department of job and family services (ODJFS) will pay as cost sharing for nursing facility services the lesser of:
- (1) The coinsurance amount as provided by the medicare part A plan; or
 - (2) The medicaid maximum allowable ~~reimbursement rate~~amount for the identified service or services minus the medicare part A plan's payment to a nursing facility for the same service or services. If the medicare part A plan's payment to a nursing facility for a service or services identified is greater than the medicaid maximum allowable amount, ODJFS will pay nothing for the same identified service or services.
- (C) The medicaid provider is ultimately responsible for accurate and valid reporting of medicaid claims submitted for payment. Providers submitting medicare part A crossover claims to the medicaid program must be able to provide upon request documentation that supports that the information provided on the claim matches the information on the part A plan's remittance advice.

Effective:

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Certification

Date

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