

5101:3-3-64

**Nursing facility payment for medicare part A cost sharing.**

- (A) For purposes of this rule, the “medicaid maximum allowable amount” means one hundred nine per cent of the nursing 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 5101:3-1-052 of the Ohio 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 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, 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:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under:	119.03
Statutory Authority:	5111.02
Rule Amplifies:	5111.01, 5111.02