

TO BE RESCINDED

5160-3-58

Quality incentive payment for nursing facilities (NFs).

- (A) As used in this rule, "average" means the arithmetic mean.
- (B) For fiscal year 2012 only the rate paid to each NF participating in the medicaid program shall include a quality incentive payment. The amount of a quality incentive payment paid to a provider of a nursing facility that is awarded no points may be zero.
- (C) Points will be awarded to each facility based on the following criteria.
- (1) One point shall be awarded to the facility if its most recent standard survey results, available on or before the last day of the calendar year preceding the fiscal year, include no health deficiencies. ODJFS will collect the most recent standard survey results from the department of health.
 - (2) One point shall be awarded to the facility if its most recent standard survey results, available on or before the last day of the calendar year preceding the fiscal year, include no health deficiencies with a scope and severity level greater than E. ODJFS will collect the most recent standard survey results from the department of health.
 - (3) One point shall be awarded to the facility if its resident satisfaction survey results are above the statewide average as determined by the department of aging, if the results were initially published during the calendar year preceding the fiscal year in which the payment is to be paid.
 - (4) One point shall be awarded to the facility if its family satisfaction survey results are above the statewide average as determined by the department of aging; if the results were initially published during the calendar year preceding the fiscal year in which the payment is to be paid.
 - (5) One point shall be awarded to the facility if the number of hours it employs nurses is above the statewide average. ODJFS will collect the number of hours the facility employs nurses based on "Attachment 6" and the total facility inpatient days based on "Schedule A" as submitted on the facility's calendar year cost report preceding the fiscal year in which the payment is to be paid. The employed hours will be divided by the total inpatient days to determine the facility's average.
 - (a) Employed nursing hours are calculated using the facility's submitted cost report for the calendar year preceding the fiscal year in which the

payment is to be paid for accounts 6105, 6110, 6115, 6120, and 6125 as defined in rule 5101:3-3-42 of the Administrative Code.

- (b) The statewide average will be computed by ODJFS based on all facilities that have a complete and adequate cost report by the thirty-first of May of the year in which the cost report is due.
- (6) One point shall be awarded to the facility if its employee retention rate is above the average for the facility's peer group. The employee retention rate will be calculated using "Attachment 8" as submitted by the facility with its calendar year cost report preceding the fiscal year in which the payment is to be paid.
- (7) One point shall be awarded to the facility if its occupancy rate is above the statewide average. The occupancy rate will be calculated based on "Schedule A, Line 5, column 1" as submitted by the facility with its calendar year cost report preceding the fiscal year in which the payment is to be paid.
- (8) Three points shall be awarded to the facility if its medicaid utilization rate is above the statewide average. Each facility's medicaid utilization rate will be as calculated on "Schedule A, Line 8" of their calendar year cost report preceding the fiscal year in which the payment is to be paid.
- (9) One point shall be awarded for each facility whose annual case-mix score from the calendar year preceding the fiscal year in which the payment is to be paid is above the statewide average. The case-mix scores that will be utilized in calculating the statewide average will be the annual case-mix scores from the calendar year preceding the fiscal year in which the payment is to be paid. The annual case-mix score will be calculated in accordance with rule 5101:3-3-43.3 of the Administrative Code.
- (D) All cost reports used in this section will be year end cost reports that were deemed complete and adequate, as set forth in rule 5101:3-3-20 of the Administrative Code, by ODJFS on or before the thirty-first of May of the year in which the cost report is due.
- (E) The quality incentive payment paid to each nursing facility shall equal the product of the following:
- (1) The total number of points awarded to the facility under paragraphs (C)(1) to (C)(9) of this rule, and;
 - (2) The value per point determined for fiscal year 2012 according to the following

calculation:

- (a) The total dollar amount available shall equal the product of the mean quality incentive payment determined under section 5111.244 of the Revised Code and the total number of medicaid days reported on all cost reports used under paragraph (D) of this rule.
 - (b) The total number of point-days for each facility shall equal the product of the total number of points determined under paragraphs (C)(1) to (C)(9) of this rule and the total number of medicaid days reported on the facility's cost reports used according to paragraph (D) of this rule.
 - (c) The dollar amount determined in paragraph (E)(2)(a) of this rule shall be divided by the sum of all point days for all facilities determined under paragraph (E)(2)(b) of this rule to establish the value per point.
- (F) This quality incentive payment is not subject to recalculation.

Effective: 08/15/2014

R.C. 119.032 review dates: 05/19/2014

CERTIFIED ELECTRONICALLY

Certification

08/05/2014

Date

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