

Am. Sub. H. B. No. 96
As Passed by the House
MCD36

_____ moved to amend as follows:

After line 112019, insert:

"**Sec. 5165.19.** (A) (1) Semiannually, except as provided in division (A) (2) of this section, the department of medicaid shall determine each nursing facility's per medicaid day payment rate for direct care costs by multiplying the facility's semiannual case-mix score determined under section 5165.192 of the Revised Code by the cost per case-mix unit determined under division (C) of this section for the facility's peer group.

(2) Beginning January 1, 2024, during state fiscal years 2024 and 2025, the department shall determine each nursing facility's per medicaid day payment rate for direct care costs by multiplying the cost per case-mix unit determined under division (C) of this section for the facility's peer group by the case-mix score specified in division (A) (2) (a) or (b) of this section, as selected by the nursing facility not later than October 1, 2023. If the nursing facility does not make a selection by October 1, 2023, the case-mix score specified in division (A) (2) (a) of this section shall apply. The case-mix score may be either of the following:



(a) The semiannual case-mix score determined for the 20
facility under division (A)(1) of this section; 21

(b) The facility's quarterly case-mix score from March 31, 22
2023, which shall apply to the facility's direct care rate from 23
January 1, 2024, to June 30, 2025. 24

(B) For the purpose of determining nursing facilities' 25
rates for direct care costs, the department shall establish 26
three peer groups. 27

(1) Each nursing facility located in any of the following 28
counties shall be placed in peer group one: Brown, Butler, 29
Clermont, Clinton, Hamilton, and Warren. 30

(2) Each nursing facility located in any of the following 31
counties shall be placed in peer group two: Allen, Ashtabula, 32
Champaign, Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, 33
Franklin, Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, 34
Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, 35
Montgomery, Morrow, Ottawa, Pickaway, Portage, Preble, Ross, 36
Sandusky, Seneca, Stark, Summit, Trumbull, Union, and Wood. 37

(3) Each nursing facility located in any of the following 38
counties shall be placed in peer group three: Adams, Ashland, 39
Athens, Auglaize, Belmont, Carroll, Columbiana, Coshocton, 40
Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, Harrison, 41
Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, 42
Lawrence, Logan, Meigs, Mercer, Monroe, Morgan, Muskingum, 43
Noble, Paulding, Perry, Pike, Putnam, Richland, Scioto, Shelby, 44
Tuscarawas, Van Wert, Vinton, Washington, Wayne, Williams, and 45
Wyandot. 46

(C)(1) The Except as provided in division (C)(4) of this 47
section, the department shall determine a cost per case-mix unit 48

for each peer group established under division (B) of this 49
section. The cost per case-mix unit determined under this 50
division for a peer group shall be used for subsequent years 51
until the department conducts a rebasing. To determine a peer 52
group's cost per case-mix unit, the department shall do both of 53
the following: 54

(a) Determine the cost per case-mix unit for each nursing 55
facility in the peer group for the applicable calendar year by 56
dividing each facility's desk-reviewed, actual, allowable, per 57
diem direct care costs for the applicable calendar year by the 58
facility's annual average case-mix score determined under 59
section 5165.192 of the Revised Code for the applicable calendar 60
year; 61

(b) Subject to division (C)(2) of this section, identify 62
which nursing facility in the peer group is at the seventieth 63
percentile of the cost per case-mix units determined under 64
division (C)(1)(a) of this section. 65

(2) In making the identification under division (C)(1)(b) 66
of this section, the department shall exclude both of the 67
following: 68

(a) Nursing facilities that participated in the medicaid 69
program under the same provider for less than twelve months in 70
the applicable calendar year; 71

(b) Nursing facilities whose cost per case-mix unit is 72
more than one standard deviation from the mean cost per case-mix 73
unit for all nursing facilities in the nursing facility's peer 74
group for the applicable calendar year. 75

(3) The department shall not redetermine a peer group's 76
cost per case-mix unit under this division based on additional 77

information that it receives after the peer group's per case-mix unit is determined. The department shall redetermine a peer group's cost per case-mix unit only if it made an error in determining the peer group's cost per case-mix unit based on information available to the department at the time of the original determination.

(4) The department shall multiply each cost per case-mix unit determined under division (C) (1) of this section by the peer group average case-mix score in effect on December 31, 2025, divided by the peer group average blended case-mix score determined under section 5165.192 of the Revised Code for the semiannual period beginning January 1, 2026. The product determined under this division for each nursing facility's peer group shall be the cost per case-mix unit used to determine the nursing facility's per medicaid day payment rate for direct care costs under division (A) (1) of this section for the period beginning January 1, 2026, and ending on the day before the department's next rebasing conducted after that date takes effect."

Delete lines 134658 through 134660

In line 134661, delete "31" and insert "For the period beginning July 1, 2025, and ending December 31, 2025, the Department of Medicaid shall determine each nursing facility's per medicaid day payment rate for direct care costs by multiplying the cost per case-mix unit determined under division (C) of section 5165.19 of the Revised Code for the facility's peer group by the following case-mix score:

(A) If the facility's case-mix score during fiscal year 2025 is the case-mix score specified in division (A) (2) (b) of section 5165.19 of the Revised Code, that case-mix score;

(B) If the facility's case-mix score during fiscal year 2025 is the
 semiannual case-mix score determined for the facility under division (A)
 (1) of section 5165.19 of the Revised Code, the semiannual case-mix score
 determined under that division for the semiannual period beginning July 1"
 Update the title, amend, enact, or repeal clauses accordingly

The motion was _____ agreed to.

SYNOPSIS

Nursing facility direct care costs and case-mix scores

R.C. 5165.19; Section 333.280

Modifies Executive-added provisions that provide for a
 gradual implementation of PDPM to calculate nursing facility
 direct care cost rates:

- Provides for calculating a nursing facility's rate for
 direct care costs for the first half of FY 2026 (July 1, 2025,
 until December 31, 2025).

- Provides an adjustment including blended case-mix scores
 to be used to calculate a nursing facility's per medicaid day
 payment rate for direct care costs from January 1, 2026, until
 ODM's next rebasing takes effect.