

### Nursing Facility (NF) Ventilator Program Ohio Administrative Code Rule 5160-3-18

#### ***Program Summary:***

The Nursing Facility Ventilator Program (program) was implemented on February 1, 2017 and includes an enhanced payment rate for individuals receiving ventilator services in participating nursing facilities (NFs). The purpose of the program is to increase access to care for ventilator dependent individuals by reimbursing approved NFs for the higher costs associated with these services. In January of 2019, the Ohio Department of Medicaid (ODM) expanded the program to include criteria and an enhanced payment rate for ventilator weaning services. The enhanced rates are available to providers who meet the program criteria and are approved to participate in the program.

The program has a quality component which is based on a NF's ventilator-associated pneumonia (VAP) rate. NFs who have a VAP rate above the state-wide VAP rate may have their ventilator only, and ventilator weaning rate if applicable, reduced by up to five percent.

#### ***Payment Rate Update:***

- Per OAC Rule 5160-3-18, ODM will pay eligible NFs an enhanced rate for ventilator dependent residents instead of the facility's regular Medicaid per diem rate. This rate is being revised effective July 1, 2021.
- Effective January 1, 2019, ODM pays eligible NFs an enhanced rate for ventilator weaning for a maximum of 90 days per calendar year. This rate is being revised effective July 1, 2021.
- The enhanced rates apply to fee-for-service, MyCare, and managed care individuals who participate in the NF Ventilator Program, including those receiving hospice services.

#### ***Forms:***

**ODM 10227:** Request to Participate in the ODM Nursing Facility Ventilator Program

- Used to request participation in the NF Ventilator Program

**ODM 10198:** Addendum to ODM Provider Agreement Nursing Facility Ventilator Program

- When approved by ODM, the NF agrees to provide services in accordance with rule 5160-3-18

**ODM 10228:** Nursing Facility Quarterly Ventilator Program Report

- Used to capture quarterly information about each individual receiving ventilator services in a participating NF, including ventilator-associated pneumonia (VAP) episodes necessary for ODM to identify the VAP threshold rate.

***Billing Information:***

- A NF may provide ventilator only services or both ventilator and weaning services as approved by ODM. Upon approval, a NF will be assigned the related provider specialty code(s) according to the table below. This will enable claims to pay at the enhanced rate(s) when the corresponding Revenue Center Code (RCC) and Diagnosis Code are billed on the claim.
- If ODM determines that a NF fails to meet the VAP threshold for two consecutive quarters, provider specialty codes 862 and 867, if applicable, will be end dated. The NF will be assigned the specialty code 864 and, if applicable, 868 until ODM confirms the facility has come into compliance.
- Bed-hold days should be billed using the appropriate leave day revenue center code and will be paid at the NF's per Medicaid day payment rate for reserving beds under section 5165.34 of the Revised Code.

<b>Description of Service</b>	<b>Specialty Code</b>	<b>Revenue Center Code</b>	<b>Diagnosis Code</b>	<b>Rate 7/1/2021</b>
<b>Vent-dependent – full rate for meeting VAP threshold</b>	<b>862</b>	<b>419</b>	<b>Z99.11</b>	<b>\$924.61</b>
<b>Vent weaning – full rate for meeting VAP threshold</b>	<b>867</b>	<b>410</b>	<b>Z99.11</b>	<b>\$1,109.53</b>
Vent-dependent rate – 5% reduction for not meeting VAP threshold	864	419	Z99.11	\$878.38
Vent weaning – 5% reduction for not meeting VAP threshold	868	410	Z99.11	\$1,054.05

***Request to Participate in the NF Ventilator/Ventilator Weaning Program:***

NFs interested in participating in the NF Ventilator/Ventilator Weaning Program must complete form ODM 10227 "Request to Participate in the ODM Nursing Facility Ventilator Program" and email to [NFPolicy@medicaid.ohio.gov](mailto:NFPolicy@medicaid.ohio.gov). To expedite processing, please include "New Vent Request" followed by your provider name and number in the subject line.

**Questions? Contact:** [NFPolicy@medicaid.ohio.gov](mailto:NFPolicy@medicaid.ohio.gov)

**For more information, go online to ODM's [Nursing Facilities Webpage](#).**