

5101:3-2-09 Payment policies for disproportionate share and indigent care adjustments for hospital services.

This rule is applicable for the program year that ends in calendar year ~~2000~~ 2001, for all medicaid-participating providers of hospital services included in the definition of "hospital" as described in paragraph (A)(3) of rule 5101:3-2-08 of the Administrative Code.

(A) Definitions.

- (1) "Total medicaid costs" for each hospital means the sum of the amounts reported in ODHS 2930, schedule H, section I, columns 1 and 3, line 1 and section II, columns 1 and 3, line 13.
- ~~(2)~~ "TOTAL MEDICAID MANAGED CARE PLAN INPATIENT COSTS" FOR EACH HOSPITAL MEANS THE AMOUNT ON ODHS 2930 SCHEDULE I, COLUMN 3, LINE 101.
- ~~(3)~~ "TOTAL MEDICAID MANAGED CARE PLAN OUTPATIENT COSTS" FOR EACH HOSPITAL MEANS THE AMOUNT ON ODHS 2930 SCHEDULE I, COLUMN 5, LINE 101.
- ~~(2)~~~~(4)~~ "Total Title V Costs" for each hospital means the amount on ODHS 2930, schedule H, section I, column 2, line 1 and section II, column 2, line 13.
- ~~(3)~~~~(5)~~ "Total inpatient disability assistance medical costs" for each hospital means the amount on the ODHS 2930, schedule F, columns 4 and 5, line 8.
- ~~(4)~~~~(6)~~ "Total inpatient uncompensated care costs under one hundred percent" for each hospital means the amount on the ODHS 2930, schedule F, columns 4 and 5, line 9.
- ~~(5)~~~~(7)~~ "Total inpatient uncompensated care costs above one hundred per cent WITHOUT INSURANCE" for each hospital means the amount on the ODHS 2930, schedule F, columns ~~4~~ and 5, line 10.
- ~~(6)~~~~(8)~~ "Total outpatient disability assistance medical costs" for each hospital means the amount on the ODHS 2930, schedule F, columns 4 and 5, line 12.
- ~~(7)~~~~(9)~~ "Total outpatient uncompensated care costs under one hundred per cent" for each hospital means the amount on the ODHS 2930, schedule F, columns 4 and 5, line 13.
- ~~(8)~~~~(10)~~ "Total outpatient uncompensated care ~~charges~~ COSTS above one hundred per cent WITHOUT INSURANCE" for each hospital means the amount on the ODHS 2930, schedule F, columns ~~4~~ and 5, line 14.
- ~~(9)~~~~(11)~~ "Total disability assistance medical costs" means the sum of total inpatient disability assistance costs as described in paragraph (A)~~(3)~~~~(5)~~ of this rule, and total outpatient disability assistance costs as described in paragraph (A)~~(6)~~~~(8)~~ of this rule.
- ~~(10)~~~~(12)~~ "Total uncompensated care costs under one hundred per cent" means the sum of total inpatient uncompensated care costs under one hundred per cent as described in paragraph (A)~~(4)~~~~(6)~~ of this rule, and total outpatient uncompensated care costs under one hundred per cent as described in paragraph (A)~~(7)~~~~(9)~~ of this rule.

TN No. 01-010
Supersedes
TN No. 00-012

Approval Date: _____
Effective Date: 11/16/00

- (+1)(13) "Total uncompensated care costs above one hundred per cent WITHOUT INSURANCE" means the sum of total inpatient uncompensated care costs above one hundred per cent WITHOUT INSURANCE as described in paragraph (A)(5)(7) of this rule, and total outpatient uncompensated care costs above one hundred per cent WITHOUT INSURANCE as described in paragraph (A)(8)(10) of this rule.
- (+2)(14) "Managed care plan days" (MCP days) means for each hospital the amount on the ODHS 2930, schedule I, column 1, line 103.
- (+3)(15) "High federal disproportionate share hospital" means a hospital with a ratio of total medicaid days plus MCP days to total facility days greater than the statewide mean ratio of total medicaid days to total facility days plus one standard deviation.
- (+4)(16) "Total medicaid payments" for each hospital means the sum of the amounts reported on the ODHS 2930, schedule H, column 1, lines 8, 19, 24, and 25, and column 3, lines 8, 19, 24 and 25, minus the amounts on schedule H, column 1, lines 6 and 18.
- (+5)(17) "Total medicaid days" means for each hospital the amount on the ODHS 2930, schedule C, column 6, line 35 and column 10, line 35.
- (+6)(18) "Total facility days" means for each hospital the amount reported on the ODHS 2930, schedule C, column 4, line 35.
- (19) "MEDICAID INPATIENT PAYMENT-TO-COST RATIO" FOR EACH HOSPITAL MEANS THE SUM OF THE AMOUNTS REPORTED ON THE ODHS 2930, SCHEDULE H, COLUMNS 1 AND 3, LINE 8, DIVIDED BY THE SUM OF THE AMOUNTS REPORTED ON THE ODHS 2930, SCHEDULE H, SECTION I, COLUMNS 1 AND 3, LINE 1.
- (20) "MEDICAID OUTPATIENT PAYMENT-TO-COST RATIO" FOR EACH HOSPITAL MEANS THE SUM OF THE AMOUNTS REPORTED ON THE ODHS 2930, SCHEDULE H, COLUMNS 1 AND 3, LINE 19, DIVIDED BY THE SUM OF THE AMOUNTS REPORTED ON THE ODHS 2930, SCHEDULE H, SECTION II, COLUMNS 1 AND 3, LINE 13.
- ~~(17) "Medicaid outpatient cost-to-charge ratio" means the amount on the ODHS 2930, schedule F, column 3, line 12.~~
- (+8) (21) "Total medicaid managed care plan (MCP) costs" means the actual cost to the hospital of care rendered to medical assistance recipients enrolled in a managed care plan that has entered into a contract with the department of job and family services and is the amount on ODHS 2930, schedule I, column 3, line 101 and column 5, line 101.

In the event the hospital cannot identify the costs associated with recipients enrolled in a health maintenance organization, the department shall add the payments made or charges incurred for the recipient, as reported by the health maintenance organization and verified by the department, to total medicaid managed care costs.

- (22) "MEDICAID MANAGED CARE PLAN (MCP) INPATIENT PAYMENTS" FOR EACH HOSPITAL MEANS THE AMOUNT DEFINED IN PARAGRAPH (A)(2) OF THIS RULE

TN No. 01-010
Supersedes
TN No. 00-012

Approval Date: 7/1/00
Effective Date: 8/3/00

MULTIPLIED BY THE RATIO CALCULATED IN PARAGRAPH (A)(19) OF THIS RULE.

(23) "MEDICAID MANAGED CARE PLAN (MCP) OUTPATIENT PAYMENTS" FOR EACH HOSPITAL MEANS THE AMOUNT DEFINED IN PARAGRAPH (A)(3) OF THIS RULE MULTIPLIED BY THE RATIO CALCULATED IN PARAGRAPH (A)(20) OF THIS RULE.

(24) "TOTAL MEDICAID MANAGED CARE PLAN (MCP) PAYMENTS" FOR EACH HOSPITAL IS THE SUM OF THE AMOUNT CALCULATED IN PARAGRAPH (A)(22) OF THIS RULE, AND THE AMOUNT CALCULATED IN PARAGRAPH (A)(23) OF THIS RULE.

(19)(25) "Adjusted total facility costs" means the amount described in paragraph (D)(1) of rule 5101:3-2-08 of the Administrative Code.

~~(20) "Total uncompensated care costs above one hundred percent with insurance" means for each hospital the sum of the amounts on the ODHS-2930, schedule F, column 5, line 10 and line 14.~~

(26) "RURAL HOSPITAL" MEANS A HOSPITAL THAT IS CLASSIFIED AS A RURAL HOSPITAL BY THE HEALTH CARE FINANCING ADMINISTRATION, OR THAT IS CLASSIFIED AS A RURAL HOSPITAL IN ACCORDANCE WITH PARAGRAPHS (A)(3) AND (A)(5) OF RULE 5101:3-2-072 OF THE ADMINISTRATIVE CODE, AND RECONCILED WITH THE OHIO DEPARTMENT OF HEALTH'S, ANNUAL HOSPITAL REGISTRATION REPORT.

(27) "CRITICAL ACCESS HOSPITAL (CAH)" MEANS A HOSPITAL THAT IS CERTIFIED AS A CRITICAL ACCESS HOSPITAL BY THE HEALTH CARE FINANCING ADMINISTRATION, AND THAT HAS NOTIFIED THE OHIO DEPARTMENT OF HEALTH AND THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES OF SUCH CERTIFICATION.

(B) Applicability.

The requirements of this rule apply as long as the United States health care financing administration determines that the assessment imposed under section 5112.06 of the Revised Code is a permissible health care related tax pursuant to section 1903(w) of the Social Security Act, 49 stat 620 (1935), 42 U.S.C.A. 1396b(w), as amended. Whenever the department of job and family services is informed that the assessment is an impermissible health care related tax, the department shall promptly refund to each hospital the amount of money currently in the hospital care assurance program fund that has been paid by the hospital, plus any investment earnings on that amount.

(C) Source data for calculations.

(1) The calculations described in this rule will be based on cost-reporting data described in rule 5101:3-2-23 of the Administrative Code which reflect the hospital's cost reporting period ending in state fiscal year 2000-1999.

(2) For new hospitals, the first available cost report filed with the department in accordance with rule 5101:3-2-23 of the Administrative Code will be used until a cost report which

TN No. 01-010
Supersedes
TN No. 00-012

Approval Date: SEP 21 2001
Effective Date: 8/3/00

meets the requirements of this paragraph is available. If, for a new hospital, there is no available or valid cost report filed with the department, the hospital will be excluded until valid data is available. For hospitals which have changed ownership, the cost reporting data filed by the previous owner which reflects that hospital's cost reporting period ending in state fiscal year 2000 ~~1999~~ will be used. Cost reports for hospitals involved in mergers during the program year that result in the hospitals using one provider number will be combined and annualized by the department to reflect one full year of operation. ~~For hospitals that close during the program year, no cost report data will be used.~~

(3) CLOSED HOSPITALS WITH UNIQUE MEDICAID PROVIDER NUMBERS.

FOR A HOSPITAL FACILITY, IDENTIFIABLE TO A UNIQUE MEDICAID PROVIDER NUMBER, THAT CLOSURES DURING THE PROGRAM YEAR DEFINED IN PARAGRAPH (A) OF RULE 5101:3-2-08 OF THE ADMINISTRATIVE CODE, THE COST REPORT DATA USED SHALL BE ADJUSTED TO REFLECT THE PORTION OF THE YEAR THE HOSPITAL WAS OPEN DURING THE PROGRAM YEAR. THAT PARTIAL YEAR DATA SHALL BE USED TO DETERMINE THE DISTRIBUTION TO THAT CLOSED HOSPITAL. THE DIFFERENCE BETWEEN THE CLOSED HOSPITAL'S DISTRIBUTION BASED ON THE FULL YEAR COST REPORT AND THE PARTIAL YEAR COST REPORT SHALL BE REDISTRIBUTED TO THE REMAINING HOSPITALS IN ACCORDANCE WITH PARAGRAPH (H) OF THIS RULE.

FOR A HOSPITAL FACILITY IDENTIFIABLE TO A UNIQUE MEDICAID PROVIDER NUMBER THAT CLOSED DURING THE IMMEDIATE PRIOR PROGRAM YEAR, THE COST REPORT DATA SHALL BE USED TO DETERMINE THE DISTRIBUTION THAT WOULD HAVE BEEN MADE TO THAT CLOSED HOSPITAL. THIS AMOUNT SHALL BE REDISTRIBUTED TO THE REMAINING HOSPITALS IN ACCORDANCE WITH PARAGRAPH (H) OF THIS RULE.

(4) REPLACEMENT HOSPITAL FACILITIES.

IF A NEW HOSPITAL FACILITY IS OPENED FOR THE PURPOSE OF REPLACING AN EXISTING (ORIGINAL) HOSPITAL FACILITY IDENTIFIABLE TO A UNIQUE MEDICAID PROVIDER NUMBER AND THE ORIGINAL FACILITY CLOSURES DURING THE PROGRAM YEAR DEFINED IN PARAGRAPH (A) OF RULE 5101:3-2-08 OF THE ADMINISTRATIVE CODE, THE COST REPORT DATA FROM THE ORIGINAL FACILITY SHALL BE USED TO DETERMINE THE DISTRIBUTION TO THE NEW REPLACEMENT FACILITY IF THE FOLLOWING CONDITIONS ARE MET: (i) BOTH FACILITIES HAVE THE SAME OWNERSHIP, (ii) THERE IS APPROPRIATE EVIDENCE TO INDICATE THAT THE NEW FACILITY WAS CONSTRUCTED TO REPLACE THE ORIGINAL FACILITY, (iii) THE NEW REPLACEMENT FACILITY IS SO LOCATED AS TO SERVE ESSENTIALLY THE SAME POPULATION AS THE ORIGINAL FACILITY, AND (iv) THE NEW REPLACEMENT FACILITY HAS NOT FILED A COST REPORT FOR THE CURRENT PROGRAM YEAR.

FOR A REPLACEMENT HOSPITAL FACILITY THAT OPENED IN THE IMMEDIATE PRIOR PROGRAM YEAR, THE DISTRIBUTION FOR THAT FACILITY WILL BE BASED ON THE COST REPORT DATA FOR THAT FACILITY AND THE COST

TN No. 01-010

Supersedes

TN No. 00-012

Approval Date: NOV 21 2001

Effective Date: 8/3/00

REPORT DATA FOR THE ORIGINAL FACILITY, COMBINED AND ANNUALIZED BY THE DEPARTMENT TO REFLECT ONE FULL YEAR OF OPERATION.

(5) Cost report data used in the calculations described in this rule will be the cost report data described in this paragraph subject to any adjustments made upon departmental review prior to final determination which is completed each year and subject to the provisions of paragraphs (G) to ~~(G)(5)~~ AND (H) of rule 5101:3-2-08 of the Administrative Code.

(D) Determination of indigent care pool.

(1) The "indigent care pool" means the sum of the following:

- (a) The total assessments paid by all hospitals less the assessments deposited into the legislative budget services fund described in paragraph (F) of rule 5101:3-2-08 of the Administrative Code.
- (b) The total amount of intergovernmental transfers required to be made by governmental hospitals less the amount of transfers deposited into the legislative budget services fund described in paragraph (F) of rule 5101:3-2-08 of the Administrative Code.
- (c) The total amount of federal matching funds that will be made available in the same program year as a result of payments made under paragraph ~~(H)~~(J)(4) of this rule.

(E) Distribution of funds through the indigent care payment pools

The funds are distributed among the hospitals according to indigent care payment pools described in paragraphs (E)(1) to (E)(3) of this rule.

(1) Hospitals meeting the high federal disproportionate share hospital definition described in paragraph ~~(A)(13)~~(15) of this rule shall receive funds from the high federal disproportionate share indigent care payment pool.

- (a) For each hospital which meets the high federal disproportionate share definition, calculate the ratio of the hospital's total medicaid costs and total medicaid MCP costs to the sum of total medicaid costs and total medicaid MCP costs for all hospitals which meet the high federal disproportionate share definition.
- (b) For each hospital which meets the high federal disproportionate share definition, multiply the ratio calculated in paragraph (E)(1)(a) of this rule by thirty FIVE million dollars. This amount is the hospital's federal high disproportionate share hospital payment amount.

(2) Hospitals shall receive funds from the medicaid indigent care payment pool.

- (a) For each hospital, calculate medicaid shortfall by subtracting from total medicaid costs, as defined in paragraph (A)(1) of this rule, the total medicaid payments, as defined in paragraph ~~(A)(14)~~(16) of this rule. For hospitals with a negative medicaid shortfall, the medicaid shortfall amount is equal to zero.

TN No. 01-010
Supersedes
TN No. 00-012

Approval Date: _____
Effective Date: 8/3/00

- (b) FOR EACH HOSPITAL, CALCULATE MEDICAID MCP INPATIENT SHORTFALL BY SUBTRACTING FROM THE TOTAL MEDICAID MANAGED CARE PLAN INPATIENT COSTS, AS DEFINED IN PARAGRAPH (A)(2) OF THIS RULE, MEDICAID MCP INPATIENT PAYMENTS, AS DEFINED IN PARAGRAPH (A)(22) OF THIS RULE. FOR HOSPITALS WITH A NEGATIVE MEDICAID MCP INPATIENT SHORTFALL, THE MEDICAID MCP INPATIENT SHORTFALL AMOUNT IS EQUAL TO ZERO.
- (c) FOR EACH HOSPITAL, CALCULATE MEDICAID MCP OUTPATIENT SHORTFALL BY SUBTRACTING FROM THE TOTAL MEDICAID MANAGED CARE PLAN OUTPATIENT COSTS, AS DEFINED IN PARAGRAPH (A)(3) OF THIS RULE, MEDICAID MCP OUTPATIENT PAYMENTS, AS DEFINED IN PARAGRAPH (A)(23) OF THIS RULE. FOR HOSPITALS WITH A NEGATIVE MEDICAID MCP OUTPATIENT SHORTFALL, THE MEDICAID MCP OUTPATIENT SHORTFALL AMOUNT IS EQUAL TO ZERO.
- (d) FOR EACH HOSPITAL, CALCULATE MEDICAID MCP SHORTFALL AS THE SUM OF THE AMOUNT CALCULATED IN PARAGRAPH (E)(2)(b) OF THIS RULE, AND THE AMOUNT CALCULATED IN PARAGRAPH (E)(2)(c) OF THIS RULE.
- (b)(e) For each hospital, sum the hospital's medicaid shortfall as calculated in paragraph (E)(2)(a) of this rule, MEDICAID MCP SHORTFALL AS CALCULATED IN PARAGRAPH (E)(2)(d) OF THIS RULE, total medicaid costs, total medicaid MCP costs, and total Title V costs.
- (c)(f) For all hospitals, sum all hospitals medicaid shortfall as calculated in paragraph (E)(2)(a) of this rule, MEDICAID MCP SHORTFALL AS CALCULATED IN PARAGRAPH (E)(2)(d) OF THIS RULE, total medicaid costs, total medicaid MCP costs, and total Title V costs.
- (d)(g) For each hospital, calculate the ratio of the amount in paragraph (E)(2)(b)(e) of this rule to the amount in paragraph (E)(2)(c)(f) of this rule.
- (e)(h) For each hospital, multiply the ratio calculated in paragraph (E)(2)(d)(g) of this rule by \$90,810,067 to determine each hospital's medicaid indigent care payment amount.
- (3) Hospitals shall receive funds from the disability assistance medical and uncompensated care indigent care payment pool.
- (a) FOR EACH HOSPITAL, SUM TOTAL DISABILITY ASSISTANCE MEDICAL COSTS DEFINED IN PARAGRAPH (A)(11) OF THIS RULE AND TOTAL UNCOMPENSATED CARE COSTS UNDER ONE HUNDRED PER CENT DEFINED IN PARAGRAPH (A)(12) OF THIS RULE.
- (b) EACH HOSPITAL'S DISABILITY ASSISTANCE MEDICAL AND UNCOMPENSATED CARE UNDER ONE HUNDRED PER CENT PAYMENT AMOUNT IS EQUAL TO THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(a) OF THIS RULE.

TN No. 01-010
 Supersedes
 TN No. 00-012

Approval Date: 7/15/00
 Effective Date: 8/3/00

- (c) FOR ALL HOSPITALS, SUM THE AMOUNTS CALCULATED IN PARAGRAPH (E)(3)(b) OF THIS RULE.
- ~~(a)~~(d) For each hospital, multiply a factor of 0.30 by the hospital's total uncompensated care costs above one hundred percent without insurance, as described in paragraph (A)~~(20)~~(13) of this rule.
-
- ~~(a)~~ For each hospital, sum total disability assistance medical costs, total uncompensated care costs under one hundred per cent, and the amount calculated in paragraph (E)(3)(a) of this rule.
- ~~(c)~~(e) For all hospitals, sum ~~total disability assistance medical costs, total uncompensated care costs under one hundred per cent,~~ and the amounts calculated in paragraph (E)(3)~~(a)~~(d) of this rule.
- ~~(d)~~(f) For each hospital, calculate the ratio of the amount in paragraph (E)(3)~~(b)~~(d) of this rule to the amount in paragraph (E)(3)~~(c)~~(e) of this rule.
- (g) SUBTRACT THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(c) FROM THREE HUNDRED TEN MILLION DOLLARS.
- ~~(e)~~(h) For each hospital, multiply the ratio calculated in paragraph (E)(3)~~(d)~~(f) of this rule, by THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(g) OF THIS RULE, ~~three hundred ten million dollars~~ to determine each hospital's ~~disability assistance medical and uncompensated care~~ ABOVE ONE HUNDRED PER CENT WITHOUT INSURANCE indigent care payment amount.
- (i) FOR EACH HOSPITAL, SUM THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(b) OF THIS RULE, AND THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(h) OF THIS RULE. THIS AMOUNT IS THE HOSPITAL'S DISABILITY ASSISTANCE MEDICAL AND UNCOMPENSATED CARE INDIGENT CARE PAYMENT AMOUNT.

(F) Distribution of funds through the disproportionate share limit pool.

- (1) For each hospital, calculate the hospital's specific disproportionate share limit as defined in paragraph (D) of rule ~~5101:3-2-075~~ 5101:3-2-07.5 of the Administrative Code.
- (2) For each hospital, sum the hospital's total payments allocated in paragraphs (E)(1)(b), (E)(2)~~(c)~~(h), and (E)(3)~~(c)~~(i) of this rule.
- (3) For each hospital, multiply a factor of 0.50 by the amount calculated in paragraph (D)(2) of rule 5101:3-2-08 of the Administrative Code.
- (4) For each hospital, sum the amounts calculated in paragraphs (F)(2) and (F)(3) of this rule.
- (5) Funds in the disproportionate share limit pool will be distributed as described in paragraphs (F)(5)(a) to (F)(5)(c) of this rule.

TN No. 01-010
 Supersedes
 TN No. 00-012

Approval Date: _____
 Effective Date: 8/3/00

- (a) For each hospital, if the amount calculated in paragraph (F)(2) of this rule is greater than the amount calculated in (F)(1) of this rule, the hospital will receive no payment from the disproportionate share limit pool.
- (b) For each hospital, if the amount calculated in paragraph (F)(4) of this rule is less than the amount calculated in paragraph (F)(1) of this rule, the amount in paragraph (F)(3) will be the hospital's disproportionate share limit pool payment amount.
- (c) For each hospital, if the amount calculated in paragraph (F)(4) of this rule is greater than the amount calculated in paragraph (F)(1) of this rule and the amount calculated in paragraph (F)(2) of this rule is less than the amount calculated in paragraph (F)(1) of this rule, then the hospital's disproportionate share limit pool payment amount will be the difference between the amounts in paragraphs (F)(1) and (F)(2) of this rule.

(G) DISTRIBUTION OF FUNDS THROUGH THE RURAL AND CRITICAL ACCESS PAYMENT POOLS

THE FUNDS ARE DISTRIBUTED AMONG THE HOSPITALS ACCORDING TO RURAL AND CRITICAL ACCESS PAYMENT POOLS DESCRIBED IN PARAGRAPHS (G)(1) TO (G)(2) OF THIS RULE.

(1) HOSPITALS MEETING THE DEFINITION DESCRIBED IN PARAGRAPH (A)(27) OF THIS RULE, SHALL RECEIVE FUNDS FROM THE CRITICAL ACCESS HOSPITAL (CAH) PAYMENT POOL.

- (a) FOR EACH HOSPITAL WITH CAH CERTIFICATION, CALCULATE THE MEDICAID SHORTFALL AS DESCRIBED IN PARAGRAPH (E)(2)(a) OF THIS RULE.
- (b) FOR EACH HOSPITAL WITH CAH CERTIFICATION, EACH HOSPITAL'S CAH PAYMENT AMOUNT IS EQUAL TO THE AMOUNT CALCULATED IN PARAGRAPH (G)(1)(a) OF THIS RULE.
- (c) FOR ALL HOSPITALS WITH CAH CERTIFICATION, SUM THE AMOUNTS CALCULATED IN PARAGRAPH (G)(1)(b) OF THIS RULE.
- (d) FOR EACH HOSPITAL WITH CAH CERTIFICATION, IF THE AMOUNT DESCRIBED IN PARAGRAPH (G)(1)(a) OF THIS RULE IS EQUAL TO ZERO, THE HOSPITAL SHALL BE INCLUDED IN THE RAH PAYMENT POOL DESCRIBED IN PARAGRAPH (G)(2)(a) OF THIS RULE.

(2) HOSPITALS MEETING THE DEFINITION DESCRIBED IN PARAGRAPH (A)(26) OF THIS RULE BUT DO NOT MEET THE DEFINITION DESCRIBED IN PARAGRAPH (A)(27) OF THIS RULE, SHALL RECEIVE FUNDS FROM THE RURAL ACCESS HOSPITAL RAH PAYMENT POOL.

- (a) FOR EACH HOSPITAL WITH RAH CLASSIFICATION, AS QUALIFIED BY PARAGRAPH (G)(2) AND (G)(1)(d) OF THIS RULE, SUM THE HOSPITAL'S TOTAL PAYMENTS ALLOCATED IN PARAGRAPHS (E)(1)(b), (E)(2)(h), AND (E)(3)(i), AND (F)(5)(c) OF THIS RULE.

TN No. 01-010 Approval Date: _____
 Supersedes
 TN No. 00-012 Effective Date: 8/3/00

- (b) FOR EACH HOSPITAL WITH RAH CLASSIFICATION, AS QUALIFIED BY PARAGRAPH (G)(2) AND (G)(1)(d) OF THIS RULE SUBTRACT THE AMOUNT CALCULATED IN PARAGRAPH (G)(2)(a) OF THIS RULE, FROM THE AMOUNT CALCULATED IN PARAGRAPH (F)(1). IF THIS DIFFERENCE FOR THE HOSPITAL IS NEGATIVE, THEN FOR THE PURPOSE OF THIS CALCULATION SET THE DIFFERENCE EQUAL TO ZERO.
- (c) FOR ALL HOSPITALS WITH RAH CLASSIFICATION, AS QUALIFIED BY PARAGRAPH (G)(2) AND (G)(1)(d) OF THIS RULE, SUM THE AMOUNTS CALCULATED IN PARAGRAPH (G)(2)(b) OF THIS RULE.
- (d) FOR EACH HOSPITAL WITH RAH CLASSIFICATION, AS QUALIFIED BY PARAGRAPH (G)(2) AND (G)(1)(d) OF THIS RULE, DETERMINE THE RATIO OF THE AMOUNTS IN PARAGRAPH (G)(2)(b) AND (G)(2)(c) OF THIS RULE.
- (e) SUBTRACT THE AMOUNT CALCULATED IN PARAGRAPH (G)(1)(c) FROM \$8,098,914.
- (f) FOR EACH HOSPITAL WITH RAH CLASSIFICATION, AS QUALIFIED BY PARAGRAPH (G)(2) AND (G)(1)(d) OF THIS RULE, MULTIPLY THE RATIO CALCULATED IN PARAGRAPH (G)(2)(d) OF THIS RULE, BY THE AMOUNT CALCULATED IN PARAGRAPH (G)(2)(e) OF THIS RULE, TO DETERMINE EACH HOSPITAL'S RURAL ACCESS HOSPITAL PAYMENT POOL AMOUNT.
- (g) FOR EACH HOSPITAL, SUM THE AMOUNT CALCULATED IN PARAGRAPH (G)(1)(b) OF THIS RULE, AND THE AMOUNT CALCULATED IN PARAGRAPH (G)(2)(f) OF THIS RULE. THIS AMOUNT IS THE HOSPITAL'S RURAL AND CRITICAL ACCESS PAYMENT AMOUNT.

(H) DISTRIBUTION OF FUNDS THROUGH THE COUNTY REDISTRIBUTION OF CLOSED HOSPITALS PAYMENT POOLS.

IF FUNDS ARE AVAILABLE IN ACCORDANCE WITH PARAGRAPH (C) OF THIS RULE, THE FUNDS ARE DISTRIBUTED AMONG THE HOSPITALS ACCORDING TO THE COUNTY REDISTRIBUTION OF CLOSED HOSPITALS PAYMENT POOLS DESCRIBED IN PARAGRAPHS (H)(1) TO (H)(3) OF THIS RULE.

- (1) IF A HOSPITAL FACILITY THAT IS IDENTIFIABLE TO A UNIQUE MEDICAID PROVIDER NUMBER CLOSURES DURING THE CURRENT PROGRAM YEAR, THE PAYMENTS THAT WOULD HAVE BEEN MADE TO THAT HOSPITAL UNDER PARAGRAPHS (E), (F), (G), AND (I) OF THIS RULE FOR THE PORTION OF THE YEAR IT WAS CLOSED, LESS ANY AMOUNTS THAT WOULD HAVE BEEN PAID BY THE CLOSED HOSPITAL UNDER PROVISIONS OF RULE 5101:3-2-08 OF THE ADMINISTRATIVE CODE FOR THE PORTION OF THE YEAR IT WAS CLOSED, SHALL BE DISTRIBUTED TO THE REMAINING HOSPITALS IN THE COUNTY WHERE THE CLOSED HOSPITAL IS LOCATED. IF ANOTHER HOSPITAL DOES NOT EXIST IN SUCH A COUNTY, THE FUNDS SHALL BE DISTRIBUTED TO HOSPITALS IN BORDERING COUNTIES WITHIN THE STATE.

TN No. 01-010 Approval Date: _____
 Supersedes
 TN No. 00-012 Effective Date: 8/3/00

FOR EACH HOSPITAL IDENTIFIABLE TO A UNIQUE MEDICAID PROVIDER NUMBER THAT CLOSED DURING THE IMMEDIATE PRIOR PROGRAM YEAR, THE PAYMENTS THAT WOULD HAVE BEEN MADE TO THAT HOSPITAL UNDER PARAGRAPHS (E), (F), (G), AND (I) OF THIS RULE, LESS ANY AMOUNTS THAT WOULD HAVE BEEN PAID BY THE CLOSED HOSPITAL UNDER PROVISIONS OF RULE 5101:3-2-08 OF THE ADMINISTRATIVE CODE, SHALL BE DISTRIBUTED TO THE REMAINING HOSPITALS IN THE COUNTY WHERE THE CLOSED HOSPITAL WAS LOCATED. IF ANOTHER HOSPITAL DOES NOT EXIST IN SUCH A COUNTY, THE FUNDS SHALL BE DISTRIBUTED TO HOSPITALS IN BORDERING COUNTIES WITHIN THE STATE.

IF THE CLOSED HOSPITAL'S PAYMENTS UNDER PARAGRAPHS (E), (F), (G), AND (I) OF THIS RULE DOES NOT RESULT IN A NET GAIN, NOTHING SHALL BE REDISTRIBUTED UNDER PARAGRAPHS (H)(2) AND (H)(3) OF THIS RULE.

- (2) REDISTRIBUTION OF CLOSED HOSPITAL FUNDS WITHIN THE COUNTY OF CLOSURE.
- (a) FOR EACH HOSPITAL WITHIN A COUNTY WITH A CLOSED HOSPITAL AS DESCRIBED IN PARAGRAPH (H)(1) OF THIS RULE, SUM THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(a) OF THIS RULE, AND THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(d) OF THIS RULE.
- (b) FOR ALL HOSPITALS WITHIN A COUNTY WITH A CLOSED HOSPITAL, SUM THE AMOUNTS CALCULATED IN PARAGRAPH (H)(2)(a) OF THIS RULE.
- (c) FOR EACH HOSPITAL WITHIN A COUNTY WITH A CLOSED HOSPITAL, DETERMINE THE RATIO OF THE AMOUNTS IN PARAGRAPH (H)(2)(a) AND (H)(2)(b) OF THIS RULE.
- (d) FOR EACH HOSPITAL WITHIN A COUNTY WITH A CLOSED HOSPITAL, MULTIPLY THE RATIO CALCULATED IN PARAGRAPH (H)(2)(c) OF THIS RULE, BY THE AMOUNT CALCULATED IN PARAGRAPH (H)(1) OF THIS RULE, TO DETERMINE EACH HOSPITAL'S COUNTY REDISTRIBUTION OF CLOSED HOSPITALS PAYMENT AMOUNT.
- (3) REDISTRIBUTION OF CLOSED HOSPITAL FUNDS TO HOSPITALS IN A BORDERING COUNTY.
- (a) FOR EACH HOSPITAL WITHIN A COUNTY THAT BORDERS A COUNTY WITH A CLOSED HOSPITAL WHERE ANOTHER HOSPITAL DOES NOT EXIST, AS DESCRIBED IN PARAGRAPH (H)(1) OF THIS RULE, SUM THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(a) OF THIS RULE, AND THE AMOUNT CALCULATED IN PARAGRAPH (E)(3)(d) OF THIS RULE.
- (b) FOR ALL HOSPITALS WITHIN COUNTIES THAT BORDER A COUNTY WITH A CLOSED HOSPITAL WHERE ANOTHER HOSPITAL DOES NOT EXIST, SUM THE AMOUNTS CALCULATED IN PARAGRAPH (H)(3)(a) OF THIS RULE.

TN No. 01-010
 Supersedes
 TN No. 00-012

Approval Date: 8/3/00
 Effective Date: 8/3/00

- (c) FOR EACH HOSPITAL WITHIN A COUNTY THAT BORDERS A COUNTY WITH A CLOSED HOSPITAL WHERE ANOTHER HOSPITAL DOES NOT EXIST, DETERMINE THE RATIO OF THE AMOUNTS IN PARAGRAPH (H)(3)(a) AND (H)(3)(b) OF THIS RULE.
- (d) FOR EACH HOSPITAL WITHIN A COUNTY THAT BORDERS A COUNTY WITH A CLOSED HOSPITAL WHERE ANOTHER HOSPITAL DOES NOT EXIST, MULTIPLY THE RATIO CALCULATED IN PARAGRAPH (H)(3)(c) OF THIS RULE, BY THE AMOUNT CALCULATED IN PARAGRAPH (H)(1) OF THIS RULE, TO DETERMINE EACH HOSPITAL'S COUNTY REDISTRIBUTION OF CLOSED HOSPITALS PAYMENT AMOUNT.

~~(G)~~(I) Distribution model adjustments and limitations through the statewide residual pool.

- (1) For each hospital, sum the payment amounts as calculated in paragraphs (F)(2), (F)(5), (G)(2)(g) and (H)(2)(d) AND (H)(3)(d) of this rule. THIS IS THE HOSPITAL'S CALCULATED PAYMENT AMOUNT.
- (2) For each hospital, subtract the ~~amount~~ HOSPITAL'S DISPROPORTIONATE SHARE LIMIT AS calculated in paragraph (F)(1) of this rule from the payment amount as calculated in paragraph ~~(G)~~(I)(1) of this rule to determine if a hospital's calculated payment amount is greater than its disproportionate share limit. IF THE HOSPITAL'S CALCULATED PAYMENT AMOUNT AS CALCULATED IN PARAGRAPH (I)(1) OF THIS RULE IS GREATER THAN THE HOSPITAL'S DISPROPORTIONATE SHARE LIMIT CALCULATED IN PARAGRAPH (F)(1) OF THIS RULE, THEN THE DIFFERENCE IS THE HOSPITAL'S RESIDUAL PAYMENT FUNDS.
- (3) If a hospital's calculated payment amount, as calculated in paragraph ~~(G)~~(I)(1) of this rule, is greater than its disproportionate share limit DEFINED IN PARAGRAPH (F)(1) OF THIS RULE, then the hospital's payment is equal to the hospital's disproportionate share limit.
- (a) ~~The portion of the calculated amount above the disproportionate share limit, referred to as residual payment funds,~~ HOSPITAL'S RESIDUAL PAYMENT FUNDS AS CALCULATED IN PARAGRAPH (I)(2) OF THIS RULE is subtracted from the hospital's calculated payment amount AS CALCULATED IN PARAGRAPH (I)(1) OF THIS RULE and is applied to and distributed as the statewide residual payment pool as described in paragraph ~~(G)~~(I)(4) of this rule.
- (b) The total amount distributed through the statewide residual pool will be the sum of the hospital care assurance fund described in paragraph ~~(H)~~(J)(4) minus the sum of the lessor of each hospital's CALCULATED payment amount calculated in ~~(G)~~(I)(1) OF THIS RULE or the hospital's disproportionate share limit CALCULATED IN PARAGRAPH (F)(1) OF THIS RULE.
- (4) Redistribution of residual payment funds in the statewide residual payment pool.
- (a) For each hospital with a calculated payment amount that is not greater than the disproportionate share limit, as described in paragraph ~~(G)~~(I)(3) of this rule, subtract the amount in paragraph ~~(G)~~(I)(1) of this rule from the amount in paragraph (F)(1) of this rule.

TN No. 01-010
Supersedes
TN No. 00-012

Approval Date: _____
Effective Date: 8/3/00

- (b) For all hospitals with calculated payment amounts that are not greater than the disproportionate share limit, sum the amounts calculated in paragraph ~~(G)~~(I)(4)(a) of this rule.
- (c) For each hospital with a calculated payment amount that is not greater than the disproportionate share limit, determine the ratio of the amounts in paragraph ~~(G)~~(I)(4)(a) and ~~(G)~~(I)(4)(b) of this rule.
- (d) For each hospital with a calculated payment amount that is not greater than the disproportionate share limit, multiply the ratio calculated in paragraph ~~(G)~~(I)(4)(c) of this rule by the total amount distributed through the statewide residual pool described in paragraph ~~(G)~~(I)(3)(b) of this rule. This amount is the hospital's statewide residual payment pool payment amount.

~~(H)~~(J) Payments and adjustments.

- (1) Every hospital that must make payments of assessments and/or intergovernmental transfers to the department of job and family services under the provisions of rule 5101:3-2-08 of the Administrative Code shall make the payments in accordance with the payment schedule as described in this rule. If the final determination that the hospital must make payments was made by the department, the hospitals shall meet the payment schedule developed by the department after consultation with the hospitals or a designated representative thereof.

If the final determination that the hospital must make payments was made by the court of common pleas of Franklin county, the hospital shall meet the payment schedule developed by the department after consultation with the hospital or a designated representative thereof. Delayed payment schedules for hospitals that are unable to make timely payments under this paragraph due to financial difficulties will be developed by the department.

The delayed payments shall include interest at the rate of ten per cent per year on the amount payable from the date the payment would have been due had the delay not been granted until the date of payment.

- (2) Except for the provisions of paragraph (F) of rule 5101:3-2-08 of the Administrative Code, all payments of assessments and intergovernmental transfers, when applicable, from hospitals under rule 5101:3-2-08 of the Administrative Code shall be deposited to the credit of the hospital care assurance program fund. All investment earnings of the fund shall be credited to the fund. The department shall maintain records that show the amount of money in the fund at any time that has been paid by each hospital and the amount of any investment earnings on that amount. All moneys credited to the hospital care assurance program fund shall be used solely to make payments to hospitals under the provisions of this rule.
- (3) All federal matching funds received as a result of hospital payments of assessments and intergovernmental transfers the department makes to hospitals under paragraph ~~(H)~~(J)(4) of this rule shall be credited to the hospital care assurance match fund. All investment earnings of the fund shall be credited to the fund. All money credited to the hospital care assurance match fund shall be used solely to make payments to hospitals under the provisions of this rule.
- (4) The Department shall make payments to each hospital meeting the definition in paragraph (A)(3) of rule 5101:3-2-08 of the Administrative code. The payments shall be based on amounts that reflect the sum of amounts in the hospital care assurance program fund

10/10/09