Intermediate care facilities - rate recalculations, interest on overpayments, penalties, repayment of overpayments, and deposit of repayment of overpayments.

(A) If a provider properly amends its medicaid cost report under rule 5123:2-7-12 of the Administrative Code, the Ohio office of medical assistance makes a finding based on an audit under section 5111.27 of the Revised Code, or the department makes a finding based on an exception review of resident assessment information conducted under section 5111.27 of the Revised Code after the effective date of the rate for direct care costs that is based on the assessment information any of which results in a determination that the provider has received a higher rate than it was entitled to receive, the department shall recalculate the provider's rate using the revised information. The department shall apply the recalculated rate to the periods when the provider received the incorrect rate to determine the amount of the overpayment. The provider shall refund the amount of the overpayment. In addition to requiring a refund under this rule, the department may charge the provider interest at the applicable rate specified in this rule from the time the overpayment was made.

1. The interest shall be no greater than two times the average bank prime rate if the overpayment was equal to or less than one per cent of the total medicaid payments to the provider for the fiscal year for which the incorrect information was used to establish a rate.

2. The interest shall be no greater than two and one-half times the average bank prime rate if the overpayment was greater than one per cent of the total medicaid payments to the provider for the fiscal year for which the incorrect information was used to establish a rate.

3. The department shall determine the average bank prime rate using statistical release H.15, "Selected Interest Rates," a weekly publication of the federal reserve board (available at www.federalreserve.gov/releases/H15/), or any successor publication. If statistical release H.15, or its successor ceases to contain the bank prime rate information or ceases to be published, the department shall request a written statement of the average bank prime rate from the federal reserve bank of Cleveland or the federal reserve board.

(B) The department also may impose the following penalties and fines:

1. If a provider does not furnish invoices or other documentation that the Ohio office of medical assistance requests during an audit within sixty days after the request, no more than the greater of one thousand dollars per audit or twenty-five per cent of the cumulative amount by which the costs for which documentation was not furnished increased the total medicaid payments to the provider during the fiscal year for which the costs were used to establish a rate.
(2) If an owner or operator fails to provide notice of facility closure, voluntary withdrawal or voluntary termination of participation in the medicaid program, or change of operator as required by the Revised Code, no more than the current average bank prime rate plus four per cent of the last two monthly payments.

(C) If the provider continues to participate in the medicaid program, the Ohio office of medical assistance shall deduct any amount that the provider is required to refund under this rule, and the amount of any interest charged or penalty imposed under this rule, from the next available payment from the department to the provider. The department and the provider may enter into an agreement under which the amount, together with interest, is deducted in installments from payments from the department to the provider.

(D) The Ohio office of medical assistance shall transmit all refunds and penalties issued under this rule to the treasurer of state for deposit in the general revenue fund.
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Certification

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