

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-25-25
Baltimore, Maryland 21244-1850



Office of the Administrator

February 5, 2013

John McCarthy, Director
Office of Medical Assistance
P.O. Box 182709
Columbus, Ohio 43218

Dear Mr. McCarthy:

We are pleased to inform you that Ohio's request for a new Medicaid section 1115(a) demonstration, entitled "MetroHealth Care Plus" (Project Number 11-W-00282/5) has been approved for the period starting as of the date of this approval letter through December 31, 2013.

Ohio's new section 1115 demonstration is a safety-net institution based coverage expansion. The demonstration provides coverage to uninsured adults who have family income at or below 133 percent of the Federal Poverty Line, who reside in Cuyahoga County, and who are not otherwise eligible for comprehensive benefits under the Medicaid state plan. These adults will receive benefits through the MetroHealth System (MetroHealth) and its community partner network providers. MetroHealth will give enrollees access to care coordination through primary care medical homes and improve the quality of care for this low income population. The demonstration will also support efforts to develop a provider network in Cuyahoga County that will increase capacity to serve the demonstration population, increase the number of services available to the population, and improve the quality of care provided.

Our approval of this demonstration project is subject to the limitations specified in the attached expenditure authorities, the specification of title XIX requirements not applicable to the expenditure authorities, and the attached special terms and conditions (STCs) applicable to the demonstration. The state may deviate from Medicaid state plan requirements only to the extent that those requirements have been specified as not applicable to the expenditure authorities. The demonstration is authorized through December 31, 2013, upon which date, all authorities granted to operate this demonstration will expire.

The award is subject to our receipt of your written acknowledgement of the award, and acceptance of the STCs and expenditure authorities within 30 days from the date of this letter.

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Your project officer for this demonstration is Ms. Julie Sharp. She is available to answer any questions concerning your section 1115 demonstration, and may be contacted as follows:

Ms. Julie Sharp
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Email: Juliana.Sharp@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Catherine Song and Ms. Verlon Johnson, Associate Regional Administrator in our Chicago Regional Office. Ms. Johnson's address is:

Ms. Verlon Johnson
Associate Regional Administrator
Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health Operations
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601

We extend our congratulations to you on this award, and we appreciate your collaboration through the review process. If you have any questions regarding this correspondence, please contact Ms. Jennifer Ryan, Acting Director, Children and Adults Health Programs Group, Center for Medicaid and CHIP Services, (410) 786-5647.

We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Marilyn Tavenner
Acting Administrator

Enclosures

cc: Verlon Johnson, Associate Regional Administrator, Chicago Regional Office
Julie Sharp, Project Officer
Jennifer Ryan, Acting CAHPG Director, CMCS