

Center for Medicaid and CHIP Services (CMCS)

John McCarthy, Deputy Director
Office of Ohio Health Plans
Ohio Department of Job and Family Services
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

JUL 18 2012

RE: Ohio (SPA) 11-030

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-030. Effective for services on or after October 1, 2011, this amendment revises reimbursement methodology for outliers for inpatient hospitals subject to the prospective payment system. Specifically, this amendment revises the reimbursement methodology for outlier payments for exceptional cost, extended length of stay, and extraordinary high-charge cases.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 11-030 is approved effective October 1, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,



Cindy Mann,
Director (CMCS)

Enclosure