

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

JUN - 8 2012

RE: Ohio (SPA) 12-002

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 12-002. Effective for services on or after January 1, 2012, this amendment revises reimbursement methodology, for qualified Medicare beneficiaries (QMB) including QMB Plus and Medicaid consumers enrolled in Medicare Part B, applicable to cost-sharing liability for hospital services covered by Medicare Part B.

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 12-002 is approved effective January 1, 2012. 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