

OS Notification

State/Title/Plan Number: Ohio 12-011
Type of Action: SPA Approval
Required Date for State Notification: August 1, 2012
Fiscal Impact: FY 2012 \$0
FY 2013 \$0

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0

Number of Potential Newly Eligible People: 0

Eligibility Simplification: No

Provider Payment Increase: No

Delivery System Innovation: No

Number of People Losing Medicaid Eligibility: No

Reduces Benefits: No

Detail: Effective for services on or after April 1, 2012, this amendment proposes to eliminate extra inpatient hospital supplemental payment language. The Ohio State plan provides for supplemental inpatient upper limit payments for public hospitals, state hospitals, private hospitals, and children's hospitals. The current State plan has extra language for these payment methodologies that is not necessary. This amendment just eliminates that extra language. They are not eliminating these supplemental payment methodologies.

Historically, Ohio has used language from their Administrative Code to set methods and standards for reimbursement rates, even using the same Administrative Code rule numbers in the State plan. The methodologies for these supplemental payments were originally set using language from Ohio Administrative Code. Since then, the State has re-written those supplemental methodologies elsewhere in Attachment 4.19-A while still leaving the old plan language in as extra language. This amendment finally removes that old plan language.

Other Considerations: This plan amendment drew interest from Senator Sherrod Brown from Ohio. The senator's office is hearing from Ohio constituents about the status and expected approval.

Recovery Act Impact:

The Regional office has reviewed this state plan amendment in conjunction with the Recovery Act and, based on the available information provided by the State regarding 1) MOE; 2) local match; 3) prompt pay; 4) rainy day funds, and 5) eligible expenditures, the Regional Office believes that the State is not in violation of the Recovery Act requirements noted above.

CMS Contact:

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