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**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 22-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 28, 2022

Maureen M. Corcoran, Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) Transmittal Number 22-0025

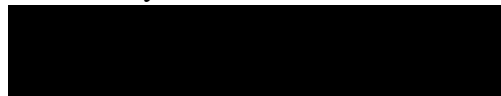
Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0025. This amendment proposes to update the state plan to clarify the recipient direct reimbursement program and specify the conditions for payment.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 22-0025 was approved on October 27, 2022 with an effective date of July 1, 2022.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Tiffany Williams, ODM  
Deborah Benson, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 2 5

2. STATE

OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.25

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 2,800  
b. FFY 2023 \$ 5,200

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4.20, Page 67  
Attachment 4.20-A Page 1 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 4.20, Page 67 (TN 78-1)

9. SUBJECT OF AMENDMENT

Update Section 4.20 to clarify the Recipient Direct Reimbursement program and add Attachment 4.20-A to specify conditions for payment.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Maureen M. Corcoran*

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

August 18, 2022

15. RETURN TO

Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED

August 18, 2022

17. DATE APPROVED

10/27/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State: Ohio

Citation  
42 CFR 447.25 (b)  
AT-78-90

4.20 Direct Payments to Certain Recipients for  
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

Yes, for  physicians' services

dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

Not applicable. No direct payments are made to recipients.

TN: 22-025  
Supersedes  
TN: 78-1

Approval Date: 10/27/2022  
Effective Date: 07/01/2022

Ohio Medicaid recipients can obtain direct reimbursement for state plan-covered physician or dental services' out-of-pocket medical expenses or copayments from Ohio Medicaid or its designee if the following requirements are met:

1. The Medicaid recipient, or person who paid on behalf of the recipient (applicant) while not legally obligated to do so, seeking reimbursement meets one of the following criteria:
  - a. The individual was determined eligible for Ohio Medicaid coverage either through retroactive eligibility determination or state hearing decision.
  - b. The individual was erroneously charged a Medicaid copayment.
2. The applicant contacts the provider and requests reimbursement, but the provider either refuses or agrees to do so yet does not reimburse within 90 days of the request.
3. Within 90 days of the provider's failure to reimburse, the applicant submits documentation verifying their eligibility for direct reimbursement to Ohio Medicaid or its designee.
4. The date of service or hospital discharge for the eligible services are within 365 days of the request for direct reimbursement.
5. No third party reimbursement for these medical expenses is available.