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State/Territory Name: OH

State Plan Amendment (SPA) #: 23-0044

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) CMS 179 Block 8 Addendum (Deleted Pages Only)

Financial Management Group

February 27, 2024

Maureen Corcoran, Director
Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: Ohio State Plan Amendment (SPA) 23-0044

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid State plan submitted under transmittal number 23-0044 titled “Value-Based Purchasing: Ending Episodes-Based-Payments Program.”

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 implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2024. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at Fredrick.Sebree@cms.hhs.gov.

Sincerely,



Rory Howe
Director

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 4 4

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

January 1, 2024.

5. FEDERAL STATUTE/REGULATION CITATION

Section 1115A(b)(2)9B(xi) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

N/A
All pages listed in Block 8 being removed

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

See attached addendum

9. SUBJECT OF AMENDMENT

Value-Based Purchasing: Ending Episodes-Based-Payments Program

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

[Redacted Signature]

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

December 29, 2023

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

12/29/2023

17. DATE APPROVED

February 27, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS

CMS-179 Addendum for TN 23-044, Value-Based Purchasing: Ending Episodes-Based-Payments Program

Block 7	Block 8
	Atch 4.19-A, Supplement 1 to Item 1, Page 1 of 1 (TN 15-023)
	Atch 4.19-B, Supplement 1 to Item 2-a, Page 1 of 1 (TN 15-023)
	Atch 4.19-B, Supplement 2 to Item 5-a, Page 1 of 1 (TN 15-023)
	Atch 4.19-B, Supplement 1 to Item 6-a, Page 1 of 1 (TN 19-003)
	Atch 4.19-B, Supplement 1 to Item 6-c, Page 1 of 1 (TN 19-003)
	Atch 4.19-B, Supplement 1 to Item 6-d-(5), Page 1 of 1 (TN 19-003)
	Atch 4.19-B, Supplement 1 to Item 6-d-(6), Page 1 of 1 (TN 15-023)
	Atch 4.19-B, Supplement 1 to Item 9-a, Page 1 of 1 (TN 15-023)
-- N/A --	Atch 4.19-B, Supplement 1 to Item 9-b, Page 1 of 1 (TN 15-023)
All pages being	Atch 4.19-B, Supplement 1 to Item 9-c, Page 1 of 1 (TN 15-023)
removed	Atch 4.19-B, Supplement 1 to Item 10, Page 1 of 1 (TN 19-003)
	Atch 4.19-B, Supplement 1 to Item 17, Page 1 of 1 (TN 15-023)
	Atch 4.19-B, Supplement 1 to Item 23, Page 1 of 1 (TN 19-003)
	Atch 4.19-B, Supplement 1 to Item 24-e, Page 1 of 1 (TN 15-023)
	Supplement 1 to Atch 4.19-A, Pages 1, 4 (TN 21-032)
	Supplement 1 to Atch 4.19-A, Pages 2, 3 (TN 20-020)
	Supplement 2 to Atch 4.19- B, Pages 1, 4 (TN 21-032)
	Supplement 2 to Atch 4.19- B, Pages 2, 3 (TN 20-020)