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State Territory Name: OHIO

State Plan Amendment (SPA) #: 24-0019

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 17, 2024

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

RE: TN 24-0019

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Ohio state plan amendment (SPA) to Attachment 4.19-B 24-0019, which was submitted to CMS on November 18, 2024. This plan amendment provides a one-time supplemental payment for Freestanding Dialysis Centers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or via email at Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 1 9</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.90 and 42 CFR 494.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 2,422,880
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Item 9-a, Page 1 of 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Item 9-a, Page 1 of 2 (TN 23-034)

9. SUBJECT OF AMENDMENT

One-Time Provider Relief Payment to Freestanding Dialysis Centers

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
MAUREEN M. CORCORAN

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
November 18, 2024

15. RETURN TO
**Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

FOR CMS USE ONLY

16. DATE RECEIVED
nOVEMBER 18, 2024

17. DATE APPROVED
December 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

9. Clinic services.

a. Ambulatory Health Care Clinic (AHCC) Services.

i. End-Stage Renal Disease (ESRD) Dialysis Centers

Payment for covered dialysis services furnished at a dialysis center is made on a per-visit basis. The per-visit payment amount (PVPA) for dialysis treatment is 72% of CMS's CY 2023 ESRD prospective payment system base rate. The PVPA for self-care training is 72% of CMS's CY 2023 add-on amount for self-care training. CMS's CY 2023 ESRD prospective payment system base rate and add-on amount can be found on the CMS website at <https://www.cms.gov>. The PVPA for a dialysis treatment service includes all applicable related services, tests, equipment, supplies, and incidental instruction that are designated by Medicare as "subject to consolidated billing."

Separate payment may be made to an ESRD dialysis center for covered professional services of a medical practitioner and for covered laboratory services and pharmaceuticals that are not directly related to dialysis treatment. Payment methods and amounts for such items and services are determined in accordance with paragraph (9)(a)(ii) of this attachment.

Supplemental Payments for State Fiscal Year (SFY) 2025

1. Qualifying Criteria

In SFY 2025, the Ohio Department of Medicaid (ODM) will make a one-time disaster relief payment to each freestanding dialysis center that meets the following criteria: (1) it is in good standing with the Ohio Department of Health; and (2) it received payment from ODM in SFY 2021.

2. Payment Methodology

The percentage of the total budgeted amount allocated to each dialysis center is calculated by dividing (1) the amount paid by fee-for-service Medicaid to the dialysis center for services rendered during the period from 7/1/2020 through 6/30/2021 by (2) the total amount paid by fee-for-service Medicaid to all eligible freestanding dialysis centers during that period. The payment is to be used exclusively for direct care staff compensation, including retention bonus payments, overtime pay and shift differential payments, staff recruitment costs, and incentive payments for new hires. No payment is to be made for services covered under a MCO, PIHP, or PAHP contract. These one-time payments will not cause total payments to exceed the FFS upper payment limit estimate for SFY 2025.