

TABLE OF CONTENTS

State/Territory Name: **Ohio**

State Plan Amendment (SPA) #: **OH-24-0020**

- 1) Approval Letter
- 2) CMS 179
- 3) Approved Postpartum Attachment D plan page



Financial Management Group
Division of Financial Policy & Oversight

November 26, 2024

Maureen M. Corcoran
Director
50 W. Town St
Suite 400
Columbus, Ohio 43215

Dear Maureen Corcoran:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal OH 24-0020:

- This SPA provides assurance in Attachment D that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs) and that no treatment limitations that are more restrictive than the Alternative Benefit Plan (ABP).
- This SPA is effective October 1, 2024

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely,

A redacted signature, consisting of two black rectangular boxes covering the text.

Charlie Arnold
Director
Division of Financial Policy & Oversight

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

1. TRANSMITTAL NUMBER

2 4 — 0 2 0

2. STATE

O H3. 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

10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 433.204(a)(1), 42 CFR 433.206(g)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment D to Supplement 18 to Attachment 2.6-A, Special
Circumstances Adjustment and Other Adjustments to the Adult
Group FMAP Methodology8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment D to Supplement 18 to Attachment 2.6-A,
Special Circumstances Adjustment and Other Adjustments
to the Adult Group FMAP Methodology (TN 22-021)

9. SUBJECT OF AMENDMENT

Eligibility: State assurances regarding benefits for newly eligible individuals receiving extended postpartum coverage

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



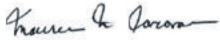
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

November 4, 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 4, 2024

17. DATE APPROVED

November 26, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Charlie Arnold

21. TITLE OF APPROVING OFFICIAL

Director of Financial Policy

22. REMARKS

**Attachment D to
Supplement 18 to Attachment 2.6A**

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective April 1, 2022, Ohio has elected the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy-related deaths and severe maternal morbidity, and will improve continuity of care for chronic health conditions.

Ohio requests continuous enhanced federal financial participation (FFP) for individuals who remain on a Medicaid category under the new extended postpartum coverage for 12 months, who would have otherwise moved to the adult coverage group and been determined newly eligible, as described in 42 CFR 435.119, after the original 60-day period. This proxy methodology accounts for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Social Security Act.

Prior to April 1, 2022, postpartum individuals with income at or below 133% but above 90% of the Federal Poverty Level (FPL), who were at least nineteen years old but less than sixty-five years old, no longer pregnant, not disabled, and not enrolled in Medicare Part A or Part B, would have been determined newly eligible and moved to the adult coverage group after receiving 60 days of postpartum coverage. Once moved to the adult coverage group, Ohio would have received enhanced FMAP for these individuals.

Based on 2018 data, 78,548 individuals in Ohio received postpartum coverage. Out of those individuals, 10,628 moved to the adult coverage group at some point within the ten months after 60 days postpartum. That count includes individuals who moved from any other category (not exclusive to the MAGI Pregnant Category) into the adult category at any time in the twelve months post-partum. For the individuals who moved to the adult coverage group after the 60-day postpartum period in 2018, they remained on that category for an average of 6.2 months. Ohio estimates that $(10,628/78,564) * (6.2/10) = 0.135278 * 0.62 = 0.083873$, or 8.4%, of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the 60-day postpartum period, but for the state's election of the extended postpartum coverage option.

Out of the 78,548 individuals who received postpartum coverage in 2018, approximately 21,919 were discontinued from all coverage categories within the first 12 months following delivery, though under the postpartum extension coverage, they will now have coverage.

The State attests that individuals enrolled during the Medicaid postpartum 12-month continuous enrollment period shall receive a package of Medicaid services comparable to the state's Alternative Benefit Plan benefit package.