State/Territory Name: Ohio

State Plan Amendment (SPA) OH-25-0014

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

July 9, 2026

Scott Partika
Director, Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

RE: TN OH-25-0014

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Ohio state plan amendment (SPA) to Attachment 4.19-B OH-25-0014, which was submitted to CMS on August 13, 2025. The purpose of this plan amendment is to create a voluntary supplemental payment for government-owned or operated emergency medical service providers for transportation services.

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 July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0014

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, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 431.53, 42 CFR 433.51

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 0
b. FFY 2026 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Item 24-a, Pages 1 through 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, Item 24-a, Page 1 of 1 (TN 23-042)

9. SUBJECT OF AMENDMENT

Payment for Services: Transportation: Establishing a supplemental payment program for Emergency Medical Services

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]

12. TYPED NAME
MAUREEN M. CORCORAN

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
August 13, 2025

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
08/13/2025

17. DATE APPROVED
July 9, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2025

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

Instructions on Back

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-a. Transportation.

Payment on a claim is the lesser of the submitted charge or the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the department's fee schedule.

All rates are published on the agency's website at https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

The agency's transportation fee schedule was set as of January 1, 2024, and is effective for services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

Supplemental Medicaid payment for eligible ground emergency medical transportation service providers

This voluntary program provides annual supplemental payments to qualified organizations that provide eligible ground ambulance services. Supplemental payments, as outlined here, apply only to services rendered to Ohio fee-for-service Medicaid beneficiaries on or after July 1, 2025.

An emergency medical service (EMS) organization may voluntarily apply to become a "qualified ambulance provider (QAP)" and receive supplemental payments if the organization meets two criteria:

1. It is enrolled as a Medicaid provider of ground ambulance services; and
2. It is owned or operated by a government entity, such as a state, city, county, fire protection district, community services district, health care district, or any unit of government as defined in Section 1903(w)(7)(G) of the Social Security Act.

For participating QAPs, "eligible services" include ground ambulance services provided to individuals who are eligible for fee-for-service Medicaid. Supplemental payments may be made for the following ground ambulance services:

1. Ground mileage (A0425)

2. Advanced life support, level 1, provided in a non-emergency (A0426)
3. Advanced life support, level 1, provided in an emergency (A0427)
4. Basic life support, provided in a non-emergency (A0428)
5. Basic life support, provided in an emergency (A0429)
6. Advanced life support, level 2 (A0433)
7. Specialty care transport (A0434)

Calculation of the Supplemental Payment

i. Each state fiscal year, beginning with the state fiscal year starting July 1, 2026, the agency will query its Medicaid management information system for paid Medicaid claims for QAPs for the preceding state fiscal year.

ii. The agency calculates the amount Medicare would have paid for those claims with the Medicare fee schedule by the applicable ground ambulance code. The Medicare fee will be the most currently available ground ambulance fee for Ohio based upon the date of service. Each provider will be classified as rural or urban based upon their ZIP code, with the applicable Medicare rural or urban fee schedule rate being used to calculate the total Medicare allowed amount for each service by provider.

iii. The Medicare allowed amount for each service is compared to the fee-for-service Medicaid maximum payment amount. The difference between these two amounts is the "payment gap." This payment gap for each service is then multiplied by the QAP's fee-for-service utilization of each service. The agency will determine the fee-for-service utilization for each QAP in six-month increments, which will account for the different time periods used by Medicare during the calendar year and Medicaid during the state fiscal year. The utilization will be based upon the number of units paid for each service by fee-for-service Medicaid during the given time period.

iv. Once the supplemental payment amount is calculated for each eligible service, as outlined above, the total supplemental payment amount will be calculated. This total supplemental payment amount is the sum of all supplemental payment amounts for each QAP and each eligible service.

v. The final payment in the first year of the program (state fiscal year starting July 1, 2025) will be made to providers by the end of calendar year 2026. Final payments will be made to each QAP by the end of the calendar year in which the state fiscal year for the applicable claims data collection ends.