

State/Territory Name: Ohio

State Plan Amendment (SPA) OH-25-0018

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

April 10, 2026

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

RE: TN OH-25-0018

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-25-0018, which was submitted to CMS on September 15, 2025. The purpose of this plan amendment is to authorize a one-time supplemental payment to freestanding dialysis centers as the final installment of a state-legislated, time-limited provider relief initiative.

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, 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 Robert Bromwell at 410-786-5914 or via email at robert.bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 1 8</u></p> <p>2. STATE <u>OH</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.90 and 42 CFR 494.10</u></p>	<p>4. PROPOSED EFFECTIVE DATE <u>October 1, 2025</u></p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Item 9-a, Page 1 of 2</u></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>1,227,400</u> b. FFY <u>2027</u> \$ <u>0</u></p> <p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Item 9-a, Page 1 of 2 (TN 24-019)</u></p>

9. SUBJECT OF AMENDMENT

Time-Limited Supplemental Payment to Freestanding Dialysis Centers

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

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO</p> <p>Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218</p>
<p>12. TYPED NAME MAUREEN M. CORCORAN</p>	
<p>13. TITLE STATE MEDICAID DIRECTOR</p>	
<p>14. DATE SUBMITTED <u>September 15, 2025</u></p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED <u>September 15, 2025</u></p>	<p>17. DATE APPROVED <u>April 10, 2026</u></p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u></p>	<p>21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u></p>

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) 2026

1. Qualifying Criteria

In SFY 2026, the Ohio Department of Medicaid (ODM) will distribute a one-time, time-limited supplemental payment totaling \$1.9 million in total computable funds across all eligible freestanding dialysis centers. An eligible freestanding dialysis center is one that meets the following criteria: (1) it is currently active with the Ohio Department of Medicaid (ODM) and is in good standing with the Ohio Department of Health; and (2) it previously received a payment from ODM in SFY 2021, as described in OH SPAs TN 23-012, TN 23-027, and TN 24-019. Payments will be distributed during SFY 2026, no later than June 30, 2026.

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 2026.