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State/Territory Name: **Ohio**

State Plan Amendment (SPA) #: **OH-22-0021**

- 1) Approval Letter
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- 3) CMS 179 with pen/ink changes



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**Financial Management Group *Division***  
***of Financial Policy & Oversight***

September 21, 2022

Maureen M. Corcoran  
Medicaid Director  
Ohio Department of Medicaid  
50 W. Town Street, Suite 400  
Columbus, Ohio 43215

Dear Ms. Corcoran:

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

Transmittal OH-22-0021:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account 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 FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims (“affected expenditures”) reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.

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,

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. STATE _____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
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5. FEDERAL STATUTE/REGULATION CITATION
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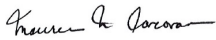
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
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8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT
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10. GOVERNOR'S REVIEW (Check One)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED: <b>The State Medicaid Director is the Governor's designee</b>

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME <b>MAUREEN M. CORCORAN</b>
13. TITLE <b>STATE MEDICAID DIRECTOR</b>
14. DATE SUBMITTED June 30, 2022

15. RETURN TO  <b>Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218</b>
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<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS <u>Pen &amp; Ink Authorizations:</u> <b>Correction to Block 6</b> Block 6a - FFY 2022 \$0 Block 6b - FFY 2023 \$0
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2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
  - Yes. The combined enrollment cap adjustment is described in Attachment C
  - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

**C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology**

1. The state:
  - Applies a special circumstances adjustment(s).
  - Does not apply a special circumstances adjustment.
2. The state:
  - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
  - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

## Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

### ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TN – \_\_\_\_\_

Approval Date – 9/12/2022

Effective Date – \_\_\_\_\_

Supersedes

TN 13-031

**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.

TN: 20-021  
Supersedes:  
TN: NEW

Approval Date: 09/12/2022  
Effective Date: 04/01/2022