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# **State/Territory Name: OH**

## State Plan Amendment (SPA) #: 23-0030

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
Approved SPA Pages



#### **Financial Management Group**

December 11, 2023

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

RE: Ohio State Plan Amendment (SPA) 23-0030

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 4.19-A of your Medicaid State plan submitted under transmittal number 23-0030 titled "Payment for Services: Inpatient Hospital: Institutions for Mental Disease – Disproportionate Share Hospital (IMD-DSH) Payment Update."

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of September 28, 2023. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at Fredrick.Sebree@cms.hhs.gov.

Sincerely,

Rory Howe

Director

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-0193					
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES						
CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 28, 2023					
5. FEDERAL STATUTE/REGULATION CITATION Section 1923 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 0 b. FFY 2024 \$ 0					
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4 .19-A, Page 22	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> Attachment 4.19-A, Page 22 (TN 21-017)					
9. SUBJECT OF AMENDMENT						
Payment for Services: Inpatient Hospital: Institutions for Mental Diseas	eDisproportionate Share Hospital (IMD-DSH) Payment Update					
10. GOVERNOR'S REVIEW (Check One) O 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	15. RETURN TO					
12. TYPED NAME MAUREEN M. CORCORAN	Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218					
13. TITLE STATE MEDICAID DIRECTOR						
14. DATE SUBMITTED September 29, 2023						
FOR CMS USE ONLY						
16. DATE RECEIVED 9/29/2023	17. DATE APPROVED December 11, 2023					
PLAN APPROVED - ONE COPY ATTACHED						
18. EFFECTIVE DATE OF APPROVED MATERIAL	9. SIGNATURE OF APPROVING OFFICIAL					
9/28/2023						
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL					
Rory Howe	Director, FMG					
22. REMARKS						

#### Disproportionate share and indigent care payment policies for psychiatric hospitals

This section applies to psychiatric hospitals eligible to participate in Medicaid in accordance with Attachment 4.19-A, Section I, Subsection (A), that are certified by Medicare for reimbursement of services, and are licensed by the Ohio Department of Mental Health and Addiction Services or operated under the state mental health authority.

A. Source data for calculations

The calculations described in determining disproportionate share psychiatric hospitals and in making disproportionate share and indigent care payments will be based on financial data and patient care data for psychiatric inpatient services provided for the hospital fiscal year ending in the state fiscal year that ends in the federal fiscal year preceding each program year.

B. Determination of disproportionate share hospitals

The department makes additional payments to hospitals that qualify for a disproportionate share adjustment. Hospitals that qualify are those that meet the requirements in Attachment 4.19-A. page 13, subsection (B)(3), and meet both of the criteria described in subsection (B)(1) and (B)(2) of this section.

(1) The hospital's Medicaid inpatient utilization rate is greater than or equal to 1%.

The Medicaid inpatient utilization rate is the ratio of the hospital's number of inpatient days attributable to patients who were eligible for medical assistance in accordance with Attachment 4.19-A, Section I, subsections (A)(2) to (A)(4), divided by the hospitals total inpatient days.

(2) The hospital's uncompensated care costs is at least 60% of the hospital's total allowable inpatient costs.

Uncompensated care costs are defined as total inpatient allowable costs less insurance revenues, self-pay revenues, total Medicaid revenues and uncompensated care costs rendered to patients with insurance for the service provided.

C. Distribution of funds

The funds available are distributed among hospitals according to the payment formula described below. Hospitals will be distributed a payment amount based on the lesser of their uncompensated care costs or their disproportionate share payment. Each hospital's disproportionate share payment is calculated as follows:

Hospital specific uncompensated		Sum of uncompensated care	$\mathbf{v}$	Disproportionate share funds available
care costs	·	costs for all hospitals	Λ	for distribution

(1) Funds available for distribution by tier.

Each hospital will be distributed a payment amount based on the lesser of their:

- (a) Uncompensated care costs; or
- (b) Disproportionate share payment amount
- D. Disproportionate share funds

The maximum amount of disproportionate share funds available for distribution to psychiatric hospitals will be determined by subtracting the funds distributed in accordance with Attachment 4.19-A, pages 13 to 14 from the state's disproportionate share limit as described in subparagraph (f) of section 1923 of the Social Security Act, 49 Stat. 620 (1935), 42 USC 1396-r-4 (f), as amended.