

**FEDERAL MEDICAID NOTICE**  
**OHIO DEPARTMENT OF MEDICAID**

Pursuant to 42 CFR 447.57, the director of the Ohio Department of Medicaid (department) gives notice of the department's intent to remove the premium payment requirement and the premium calculation methodology for eligibility groups described at Sections 1902(a)(10)(A)(ii)(XIII), (XV), and (XVI) of the Social Security Act.

Written comments regarding these changes may be sent to the Ohio Department of Medicaid, Attn.: Bureau of Health Plan Policy, 50 West Town Street, Fourth Floor, Columbus, Ohio 43215-3414 and may be reviewed at the same location. Comments may also be provided by e-mail at the following address: [MBIWDQuestions@medicaid.ohio.gov](mailto:MBIWDQuestions@medicaid.ohio.gov). Comments must be received by **December 30, 2025**.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov). If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator or Section 1557 Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).