

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: May 15, 2020
TIME: 11:00 AM

TELECONFERENCE PHONE NUMBER: 614-721-2972

TELECONFERENCE PIN: 355231499#

Pursuant to section 5164.02 and Chapter 119 of the Ohio Revised Code, the director of the Ohio Department of Medicaid (Department) gives notice of the Department's intent to adopt, amend, or rescind the rule as identified below and of a public hearing thereon.

Rule 5160-2-60, entitled Hospital Cost Coverage Add-On, sets forth the methodology in which the Department will provide to hospitals a cost coverage add-on to ensure adequate access for Medicaid recipients to inpatient and outpatient hospital services. This cost coverage add-on, which is case-mix adjusted, is added to a hospital's base rates for each inpatient discharge or outpatient service on or after the effective date of the rule for those hospitals paid under the "All Patient Refined-Diagnosis Related Group" (APR-DRG) inpatient prospective payment system and the "Enhanced Ambulatory Patient Grouping" (EAPG) outpatient prospective payment system. For those hospitals excluded from the prospective payment systems, the cost coverage add-on will be a percentage increase to their prospective inpatient and outpatient cost-to-charge ratios for discharges or services on or after the effective date of the rule. The methodology in this rule does not apply to the Medicaid maximum allowed amount calculation described in OAC 5160-2-25.

This rule is being amended to make technical corrections and to update language regarding how total inpatient and outpatient payments are calculated to ensure the amounts allocated to hospitals excluded from the non-prospective payment systems are using the most recently available cost report data. Additionally, this rule is being amended to add definitions of "total Medicaid inpatient charges" and "total Medicaid outpatient charges", to remove the definition of Medicaid Managed Care Incentive Payments, since it is no longer used in the cost coverage add-on, to remove language that no longer applies, and to update paragraph references.

Pursuant to Section twelve of Am. Sub. H. B. No. 197 ODM will hold the public hearing for this rule package via teleconference. The phone number and pin and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, the Ohio Department of Medicaid asks that protected health information only be included if the information belongs to the person submitting the testimony or a person for which the submitter is a legal guardian. Written testimony sent via email is highly recommended, all testimony received via email will receive a confirmation of receipt.

A copy of the proposed rule is available at the address listed below to any person, without charge. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>.

Requests for a copy of the proposed rule and testimony on the rule should be submitted by mail to the Ohio Department of Medicaid Rule Administrator, Office of Chief Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.