

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid and State Operations (CMSO)**

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Ms. Tracy Plouck, Deputy Director  
Office of Ohio Health Plans  
Ohio Department of Job and Family Services  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

MAR 15 2010

RE: Ohio 09-027

Dear Ms. Plouck:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 09-027. Effective for services on or after November 30, 2009, this amendment revises dates and filing requirements for the hospital cost report for reporting periods ending in State fiscal year 2009.

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 are pleased to inform you that Medicaid State plan amendment 09-027 is approved effective November 30, 2009. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

A handwritten signature in black ink that reads "Cindy Mann". The signature is written in a cursive style.

Cindy Mann  
Director  
Center for Medicaid and State Operations