

Center for Medicaid and CHIP Services (CMCS)

John McCarthy, 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

FEB 17 2012

RE: Ohio (SPA) 11-011

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-011. Effective for services on or after July 1, 2011, this amendment proposes the continuation of a 5% increase to the inpatient hospital reimbursement rates through December 31, 2013. Additionally, this amendment sets the inpatient hospital adjustment factor for inflation to zero percent through December 31, 2013.

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 regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 11-011 is approved effective July 1, 2011. 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,



Cindy Mann,
Director (CMCS)

Enclosure