



October 28, 2024

Mark Romanchuk, Joint Medicaid Oversight Committee Chair
Adam Holmes, Vice-Chair
Beth Liston, Ranking Minority Member
Stephen A. Huffman, Senator
Catherine D. Ingram, Senator
Michele Reynolds, Senator
Kent Smith, Senator
Jennifer Gross, Representative
P. Scott Lipps, Representative
Cecil Thomas, Representative
Jada Brady, Joint Medicaid Oversight Committee Executive Director

RE: Fee Assessment Report: July-September 2024

Dear Sirs and Madams:

Attached please find the quarterly Fee Assessment Report as required by Section 5168.90 of the Ohio Revised Code. This report details rates, aggregate fees and pending changes for fees assessed by the Medicaid program. The report includes fee information for hospitals, nursing facilities, ICF/IID, and health insuring corporations as required by statute.

Feel free to contact the Ohio Department of Medicaid through our legislative office with any questions or concerns regarding the information in the attached report.

Sincerely,

A handwritten signature in black ink, appearing to read "Maureen M. Corcoran".

Maureen M. Corcoran, Director

JMOC Fee Report - ORC 5168.90

Fees Assessed: July-Sept 2024

Fee	ORC Section	Base	Fee Rate	Q1 Assessment Amount	SFY2025 Total YTD	Pending Rate Increase ¹
Hospital - Hospital Franchise Fee (HFF) ²	5168.20 - 5168.28	Adjusted Total Facility Costs (ATFC) = Total Costs less: Skilled Nursing, Hospice, Home Health, Ambulance, Durable Medical Equipment, Cost of Care to Medicare Recipients	3.25660%	\$ 299,646,465	\$ 299,646,465	No
Hospital (HAP) - HFF Incremental Assessment ²	Am. Sub. HB 310, Section 333.4, 135th GA	Adjusted Total Facility Costs (ATFC) = Total Costs less: Skilled Nursing, Hospice, Home Health, Ambulance, Durable Medical Equipment, Cost of Care to Medicare Recipients	1.26679%	\$ 116,560,000	\$ 116,560,000	No
Nursing Home and Hospital LTC Unit Franchise Fee	5168.41	(Est Total Net Patient Rev from all NH & Hospital LTC Units/# Days in FY)/(Total # of beds in NH and Hosp LTC units subject to FF + Total # of NH Beds exempt from FF for FY)	For Q1 SFY2025 the rates are \$16.47 for licensed beds and \$9.96 for Medicaid certified beds over 200	\$ 121,828,099	\$ 121,828,099	No
ICF/IID Franchise Permit Fee	5168.61	Number of ICF/IID inpatient days for quarter determined using the monthly reports submitted to department	\$24.89	\$ 11,129,788	\$ 11,129,788	No
Health Insuring Corporation Franchise Fee	5168.76	Cumulative total number of Ohio Medicaid member months	\$56, for the first 250,000 \$45, for 250,001 to 500,000 \$26, for 500,001 and above	\$ 223,782,893	\$ 223,782,893	No
		Cumulative total number of other Ohio member months	\$2, for the first 150,000 \$1, for 150,001 and above	\$ 30,968	\$ 30,968	

¹ Reported in compliance with ORC Section 5168.90 (A) (2)

² The HFF and HAP rates change each year based on the base costs that are used in the calculation and the amount of funds needed to run each program.