



July 28, 2025

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Susan Manchester, Senator
Rachel B. Baker, Representative
Jennifer Gross, Representative
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Bill Roemer, Representative
Jada Brady, Joint Medicaid Oversight Committee Executive Director

RE: Fee Assessment Report: Apr-Jun 2025

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: Apr-Jun 2025

Fee	ORC Section	Base	Fee Rate	Q1 Assessment Amount	Q2 Assessment Amount	Q3 Assessment Amount	Q4 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	\$299,646,465	\$299,646,465	\$1,198,585,860	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	\$0	\$233,082,821	\$466,202,821	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 Q4 SFY2025 the rates are \$16.47 for licensed beds and \$9.96 for Medicaid certified beds over 200	\$121,828,099	\$121,828,099	\$121,828,099	\$121,828,099	\$487,312,396	No
ICF/IID Franchise Permit Fee ³	5168.61	Number of ICF/IID inpatient days for quarter determined using the monthly reports submitted to department	\$24.89	\$11,249,981	\$11,182,430	\$10,975,967	\$11,060,145	\$44,878,064	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	\$224,899,276	\$222,381,124	\$203,449,345	\$874,512,638	No
		Cumulative total number of other Ohio member months (collected annually)	\$2, for the first 150,000 \$1, for 150,001 and above	\$30,968	\$0	\$0	\$6,764,411	\$6,795,379	

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. SFY 25 Q3 HAP assessments were not collected but has now been approved and collected in Q4. ³ Updated quarter 1 collections