

**LEGAL NOTICE  
STATE OF OHIO  
OHIO DEPARTMENT OF MEDICAID**

Pursuant to section 1902(a)(13)(A) of the Social Security Act, the director of the Ohio Department of Medicaid (department) gives final notice of the department's action to modify provisions relating to the inpatient hospital reimbursement methodology for hospitals participating in the Medicaid program.

An initial notice was issued on October 17, 2023 to inform the public of the department's intent to modify inpatient hospital reimbursement methodology for hospitals participating in the Medicaid program. This final notice reflects the result of the public and legislative processes.

The cost coverage add-on, which is case-mix adjusted, will be added as a component to a hospital's payment for each inpatient discharge for those hospitals paid under the "All Patient Refined-Diagnosis Related Group" (APR-DRG) inpatient prospective payment system. For those hospitals excluded from the prospective payment systems, the cost coverage add-on is a percentage increase to their prospective cost-to-charge ratio for discharges. This methodology does not apply to the Medicaid maximum allowed amount calculation.

The department will remove from the payment methodology Psychiatric Emergency Departments (PED) since the only hospital to qualify has since closed and no other hospital meets the definition of having a PED.

If, as an interested party, you need further information regarding the rates for a specific hospital under these methodologies, you may email a request to the Hospital Section of the Bureau of Policy and Health Plan Services at: [hospital\\_policy@medicaid.ohio.gov](mailto:hospital_policy@medicaid.ohio.gov).

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