



## Ohio Administrative Code

### Rule 5160-1-97 One-time medicaid provider relief payments.

Effective: [May 27, 2023](#)

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The department of medicaid (ODM) will make relief payments available to Ohio medicaid hospitals defined in paragraph (A) of this rule, as authorized under Section 270.15 of Amended Substitute House Bill 45 of the 134th General Assembly:

(A) ODM will make available a one-time lump sum payment to the following hospital types:

(1) "Critical access hospitals," as defined in rule 5160-2-05 of the Administrative Code.

(2) "Rural hospitals," as defined in rule 5160-2-05 of the Administrative Code.

(B) The payment will be established in the following manner:

(1) The total sum to be made available to all eligible Ohio medicaid hospitals as defined in paragraph (A) of this rule is sixty-two million dollars less the amount described in paragraph (B)(2) of this rule.

(2) Any hospital located in a county in the Northwest region as defined in the appendix of rule 5160-2-05 of the Administrative Code with a population of less than forty-two thousand residents and less than three hundred square land miles according to the United States census bureau (July 1, 2021) will qualify for an additional payment of two million one hundred thousand dollars.

(3) No individual hospital will receive a total calculated payment that exceeds three million dollars.

(4) For each hospital, the value of the final one-time payment will be calculated as follows:

(a) Base payment data to be utilized for establishing provider payment amounts are fee-for-service (FFS) payments for state fiscal year 2022 and reflected in the ODM management information technology system (MITS) on January 31, 2023.



(b) Each payment is the product of the ratio of each hospital's total FFS payments to the total FFS payments for all eligible hospitals as defined in paragraph (A) of this rule, multiplied by the amount listed in paragraph (B)(1) of this rule.

(c) For each hospital, if the total calculated payment in paragraph (B)(4)(b) of this rule exceeds the amount described in paragraph (B)(3) of this rule, the hospital's payment amount is limited to the amount defined in (B)(3) of this rule.

(d) For hospitals with a payment amount limited as described in paragraph (B)(4)(c) of this rule:

(i) Subtract the amount calculated in paragraph (B)(4)(c) of this rule from the amount determined in paragraph (B)(4)(b) of this rule then sum these amounts for these hospitals.

(ii) Distribute the sum of the amounts determined in paragraph (B)(4)(d)(i) of this rule, to all hospitals that have not exceeded the payment amount calculated in paragraph (B)(3) of this rule, using the same methodology described in paragraph (B)(4)(b) of this rule until all remaining funds from the amount calculated in paragraph (B)(4)(d)(i) of this rule are expended.

(5) If a hospital's calculated payment amount in paragraph (B)(4)(b) of this rule is less than four thousand dollars, no payment will be made to that hospital.