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Subject: ARPA HCBS Provider Relief Payments

Follow Up Flag: Follow up
Flag Status: Flagged

The Ohio Department of Medicaid (ODM) is pleased to announce that it has received approval from the Centers for Medicare and Medicaid Services (CMS) for the managed care portion of provider relief payments as appropriated by the Ohio General Assembly in H.B. 169. This latest approval impacts the following categories:

- MyCare
- Hospice
- Home Health
- Community behavioral health
- Non-institutional durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)

This portion of payments does not require an Executive Order or an emergency rule.

For reference: the distribution methodology for these payments is as follows:

- MyCare: Payment is equal to approximately 10% of paid claims, using claim period from November 1, 2020, through October 31, 2021, as the basis, and distributed to providers as a lump sum.
- Hospice: Payment is equal to approximately 10% of paid claims, using claim period from July 1, 2020, through June 30, 2021, as the basis, and distributed to providers as a lump sum.
- Home Health: Payment is equal to approximately 10% of paid claims, using claim period from July 1, 2020, through June 30, 2021, as the basis, and distributed to providers as a lump sum.
- Community Behavioral Health: Payment is equal to approximately 10% of paid claims, using claim period from July 1, 2020, through June 30, 2021, as the basis, and distributed to providers as a lump sum.
- Non-institutional DMEPOS: Payment is equal to approximately 10% of paid claims, using claim period from July 1, 2020, through June 30, 2021, as the basis, and distributed to providers as a lump sum.

Unlike previous payments, the Medicaid managed care plans will process these payments directly to providers. We are working with them to distribute these funds as quickly as possible.

Please Note: Providers will almost certainly receive multiple checks from multiple plans. Here is how you can get information about HOW MUCH you should be receiving and from WHICH MCO:

PROVIDER RELIEF DASHBOARD ENSURES TRANSPARENCY, ACCURACY AND ACCOUNTABILITY

ODM is pleased to introduce a dashboard tool that allows providers to ENTER THEIR MEDICAID BILLING ID and view ALL payments that will be dispersed to them from FFS, Managed Care, and MyCare per H.B. 169. The dashboard details all categories of provider relief from H.B. 169 (ARPA HCBS and non-ARPA/GRF funds) **EXCEPT** for Assisted living (RCFs), PACE, and DODD waiver providers. Providers can access the tableau through the ARPA HCBS page of our website by clicking the LAUNCH button. Linked here: [ARPA HCBS Update | Medicaid \(ohio.gov\)](#)

VERY IMPORTANT - PLEASE NOTE:

- The managed care preprint relief payment is calculated as 10% of claims, however the amount providers will receive with this first payment is 50% of the total.
- This was required by CMS in order to avoid a situation where a provider may be “overpaid”.

- At the end of calendar year (CY) 2022, ODM will reconcile a provider's total claims to actual CY22 claims experience and a final relief payment will be calculated.
- There is no action required on the part of the provider during this reconciliation process.
- ODM will work with the plans at the end of the year on this final installment of relief.
- ODM will send out an announcement when the final installments are prepared, and post the final amount of payment to the dashboard.
- We apologize for the complexity of this process and appreciate your understanding.

Community provider relief payments are contained in Ohio's American Rescue Plan Act Home- and Community-Based Services (ARPA HCBS) plan. Additional information about the Ohio plan can be found here: [ARPA HCBS Update | Medicaid \(ohio.gov\)](#)

For questions about any of these provider payments, please email ProviderReliefInquiries@medicaid.ohio.gov

Maureen

