

# Hospital Handbook Transmittal Letter (HHTL) No. 3352-18-09 Published on November 1, 2018

**TO:** All Hospital Providers

**Directors, County Departments of Job and Family Services** 

FROM: Barbara R. Sears, Director

**SUBJECT:** Assessment Rates – Hospital Care Assurance Program

### **Summary**

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to the for the Hospital Care Assurance Program assessment for general hospitals.

Rule 5160-2-08.1 entitled Assessment rates. This rule sets forth the assessment rate for HCAP. Each year the assessment rates are re-determined based upon the submitted cost reports, the number of hospitals and stakeholder input. This rule was amended to establish the assessment rates for the HCAP current program year. Hospitals will be assessed 1.5% of a hospital's adjusted total facility costs up to \$216,372,500 and 1% for any amount in excess of \$216,372,500. The sum of the two products will be each hospital's assessment amount for the current program year. This rule was also amended to establish past program years in which the federal disproportionate share allotment has increased, the department shall notify hospitals of an adjusted assessment rate for the past program necessary to collect the necessary state share to expend the additional allotment. The department will notify hospital by rate letter of any adjustments. Finally, the rule was further amended to include definitions of program year, current program year and past program year.

#### Access to Rules and Related Material

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM webpage: <a href="http://www.medicaid.ohio.gov">http://www.medicaid.ohio.gov</a>. Information about hospital payment policies is available on the 'Fee Schedule and Rates' web page, which may be accessed through the main ODM web page (Providers > Fee Schedule and Rates).

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## **Additional Information**

Questions pertaining to this letter should be addressed to:

hospital policy@medicaid.ohio.gov

or

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