

| Medicaid (Active Fees) | | | | | |
|---|-----------------------------|-----------------------------|--|--------------------|-----------|
| Fee Description | R.C. | O.A.C | Fee (\$) | Authority to raise | Recurring |
| Franchise permit fee rate on nursing homes and hospital long-term care units*1 | 5168.40, 5168.41 to 5168.56 | 5160-3-30.1 and 5160-3-30.4 | Determined in accordance with statutory formula | Yes, by statute | Other |
| Franchise permit fee rate on nursing homes and hospital long-term care units Penalty charged a nursing home or hospital long-term care unit for failure to pay franchise permit fee | 5168.51 | | 5% of amount due | No | Other |
| State Children's Health Insurance Program Part II premium/deductible/copayment | 5161.24 | | Determined in accordance with federal law | Yes, by statute | As needed |
| State Children's Health Insurance Program Part III premiums | 5161.25 | | For a family with one participating member, not less than \$40. For a family with two participating members, not less than \$80. For a family with three or more participating members, not less than \$120. | Yes, by statute | Monthly |
| Medicaid resource assessment with no Medicaid application | 5163.02 | 5160:1-3-35(D) (10) | \$50.00 | Yes, by rule | As needed |
| Fee-for-service Medicaid non-emergency emergency department services copayment*2 | 5162.20 | 5160-1-09 and 5160-2-21.1 | \$3.00/visit | Yes, by statute | As needed |
| Fee-for-service Medicaid dental services copayment*3 | 5162.20 | 5160-1-09 and 5160-5-01 | \$3.00/visit | Yes, by statute | As needed |
| | | | | | |

1. ODJFS may raise the fee to make up for revenue lost when the

*Contact LSC for more information about this fee.

| Medicaid (Active Fees) | | | | | |
|---|------------------|-------------------------|--|--------------------|---------------|
| Fee Description | R.C. | O.A.C | Fee (\$) | Authority to raise | Recurring |
| Fee-for-service Medicaid vision services copayment*1 | 5162.20 | 5160-1-09 and 5160-6-01 | \$2 for medical exam and evaluation service and comprehensive service; \$1 for fitting of spectacles, bifocals, or multifocals (excluding aphakia; monofocal) | Yes, by statute | As needed |
| Fee-for-service Medicaid pharmacy services copayment*2 | 5162.20 | 5160-1-09 and 5160-9-09 | Nonformulary drugs: \$3 Selected trade-name formulary drugs: \$2 | Yes, by statute | As needed |
| Interest due on Medicaid overpayment made to a nursing facility | 5165.41 | | If the overpayment is not more than 1% of total Medicaid payments paid to the facility for the year, the interest rate is not to exceed two times the current average bank prime rate. Otherwise, the interest rate is not to exceed two and one-half times the current average bank prime rate. | No | As needed |
| Penalty on nursing facility for a late cost report | 5165.523 | | \$100.00/day | No | Per violation |
| Medicaid provider agreement application fee*3 | 5164.31, 5164.02 | 5160-1-17.8 | Equal to the Medicare provider enrollment fee set by the U.S. Centers for Medicare and Medicaid Services | Yes, by statute | Other |
| | | | | | |

1. The Medicaid reimbursement for vision services is reduced by

*Contact LSC for more information about this fee.

| Medicaid (Active Fees) | | | | | |
|--|-----------------------------|-----------------|---|---|----------------------------------|
| Fee Description | R.C. | O.A.C | Fee (\$) | Authority to raise | Recurring |
| Medicaid Buy-In for Workers with Disabilities Program premium for individuals with income exceeding 150% of the federal poverty guidelines | 5163.094 | 5160:1-5-30(E) | Determined in accordance with a statutorily prescribed formula | Internal decision made by division director | Annually |
| Hospital Care Assurance Program (HCAP) assessment*1 | 5168.06, 5168.01 to 5168.14 | | Varies | Yes, by rule | Other |
| HCAP assessment late fee | 5168.99(B) | | 10% of amount due | No | Other |
| Hospital assessment | 5168.20, 5168.21 to 5168.28 | | Based on hospital's total facility costs (repealed effective October 1, 2015) | Yes, with limits | Annual, but ends October 1, 2013 |
| Penalty for late report of information needed for HCAP | 5168.99(A), 5168.02 | 5160-2-09(L)(1) | \$1,000.00/day | Yes, by statute | Per violation |
| Penalty for late payment of hospital assessment | 5168.99(C) | | 10% of amount due | No | Per violation |
| Fine charged a nursing facility if its cost report includes adverse findings that exceed (1) 3% of the total amount of Medicaid-allowable costs reported in the cost report or (2) 20% of Medicaid-allowable costs for a particular cost center reported in the cost report. | 5165.1010 | | Varies, depending on the amount of the adverse findings. | No | Per violation |
| | | | | | |

1. The assessment is based on each hospital's total facility costs

*Contact LSC for more information about this fee.

| Medicaid (Active Fees) | | | | | |
|--|------------------------|-------|---|--------------------|---------------|
| Fee Description | R.C. | O.A.C | Fee (\$) | Authority to raise | Recurring |
| Civil penalty charged a Medicaid provider for receiving a Medicaid payment through deceit or falsifying a Medicaid report or document | 5164.35 | | Provider must pay (1) interest on the amount of the excess payments, (2) an amount equal to three times the amount of the excess payments, (3) at least \$5,000 and not more than \$10,000, and (4) all reasonable expenses that a court determines the state incurred in the enforcement of this statute | No | Per violation |
| Fine charged a nursing facility for failure to timely furnish an invoice or other documentation requested during an audit | 5165.42(A), 5165.45 | | Greater of (1) \$1,000 per audit and (2) 25% of the cumulative amount by which the costs for which documentation was not furnished increased the nursing facility's Medicaid payments | No | Per violation |
| Fine charged a nursing facility for failure to provide notice of closure, voluntary withdrawal of participation in Medicaid, or change of operator | 5165.42(B), 5165.45 | | Not more than the current average bank prime rate plus 4% of the nursing facility's last two monthly Medicaid payments | No | Per violation |
| | | | | | |

| Medicaid (Active Fees) | | | | | |
|--|---|-------|--|--------------------|---------------|
| Fee Description | R.C. | O.A.C | Fee (\$) | Authority to raise | Recurring |
| Fine charged a nursing facility related to a survey conducted for Medicaid-certification purposes | 5165.83, 5162.66, 5165.72, 5165.73, 5165.74, 5165.75, 5165.76, and 5165.77 | | Varies, depending on severity of the deficiency or cluster of deficiencies | No | Per violation |
| Fine charged a nursing facility for (1) violating Medicaid provider agreement obligations or (2) reporting fines in its Medicaid cost report | 5165.99, 5165.08(E) and 5165.102 | | Not less than \$500 nor more than \$1,000 for the first offense; not less than \$1,000 nor more than \$5,000 for each subsequent violation | No | Per violation |