Description	Revised Code	Administrative	Fee	Authority to raise	Recurring
Franchise permit fee rate on nursing homes and hospital long-term care units*	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 1 participating member, not less than $40.00. For a family with 2 participating members, not less than $80.00. For a family with 3 or more participating members, not less than $120.00.	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 nonemergency emergency department services copayment*	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*	5162.20	5160-1-09 and 5160-5-01	$3.00/visit	Yes, by statute	As Needed

Description	Revised Code	Administrative	Fee	Authority to raise	Recurring
Fee-for-service Medicaid vision services copayment*	5162.20	5160-1-09 and 5160-6-01	$2.00 for medical exam and evaluation service and comprehensive service; $1.00 for fitting of spectacles, bifocals, or multifocals (excluding aphakia; monofocal)	Yes, by statute	As Needed
Fee-for-service Medicaid pharmacy services copayment*	5162.20	5160-1-09 and 5160-9-09	Nonformulary drugs: $3.00 Selected trade-name formulary drugs: $2.00	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 2 times the current average bank prime rate. Otherwise, the interest rate is not to exceed 2.5 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

Description	Revised Code	Administrative	Fee	Authority to raise	Recurring
Medicaid provider agreement application fee*	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
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*	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	Yes, with limits	Annually
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

Description	Revised Code	Administrative	Fee	Authority to raise	Recurring
Civil penalty charged a Medicaid provider for receiving a Medicaid payment through deceipt 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 3 times the amount of the excess payments, (3) at least $5,000.00 and not more than $10,000.00, 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) $1,000.00 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 2 monthly Medicaid payments	No	Per violation

Description	Revised Code	Administrative	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 $500.00 nor more than $1,000.00 for the first offense; not less than $1,000.00 nor more than $5,000.00 for each subsequent violation	No	Per violation
Health insurance corporation plan franchise fee*	5168.76, 5168.75-5168.86		Varies. Based in two statutory formulas.	Yes, with limits	One part is collected monthly. Other part is colle