



Ohio Administrative Code Rule 5160-2-30 Hospital franchise fee program.

Effective: [October 14, 2025](#)

This rule sets forth the assessment rate for the hospital franchise fee program implemented under sections 5168.20 to 5168.28 of the Revised Code.

(A) Definitions

For purposes of this rule, "total facility costs" are as defined in section 5168.20 of the Revised Code, and excludes a hospital's costs associated with providing care to recipients of the medicare program as shown on the cost-reporting data used for purposes of determining the hospital's assessment under section 5168.21 of the Revised Code.

(B) Assessment

(1) For the program year that ends in calendar year 2020, the amount of each hospital's franchise fee assessment is 3.1965 per cent of the hospital's total facility costs as defined in paragraph (A) of this rule.

(2) For the program year that ends in calendar year 2021, the amount of each hospital's franchise fee assessment is 3.35 per cent of the hospital's total facility costs as defined in paragraph (A) of this rule.

(3) For the program year that ends in calendar year 2022 through calendar year 2025, the amount of each hospital's franchise fee assessment is 3.37 per cent of the hospital's total facility costs as defined in paragraph (A) of this rule.

(4) For the program year that ends in calendar year 2026, and for each program year thereafter, the amount of each hospital's franchise fee assessment will be 4.37 per cent of the hospital's total facility costs as defined in paragraph (A) of this rule.



(5) In addition to the assessment in paragraph (B)(4) of this rule and for the purpose of supporting a statewide hospital directed payment program, hospitals will be assessed 3.641923 per cent of the hospital's total facility costs as defined in paragraph (A) of this rule for the program year that ends in calendar year 2026, and for each program year thereafter.

(6) The department may establish a rate higher or lower than the rates described in paragraphs (B)(1) to (B)(5) of this rule based on the franchise fee assessment needed to operate the current program year.

(7) The amounts collected in paragraphs (B)(4) to (B)(6) of this rule, and the amounts collected in rule 5160-2-08.1 of the Administrative Code for each program year and any other related hospital provider tax will not exceed the indirect hold harmless guarantees prescribed by the United States centers for medicare and medicaid services under the "Social Security Act," section 1903(w) and 42 C.F.R. 433.68 effective as of October 1, 2024.

(C) Hospitals not enrolled as medicaid providers

(1) Hospitals, as defined in section 5168.20 of the Revised Code, that are not enrolled in the medicaid program will, upon request, submit to the department an electronic copy of the hospital's medicare cost report (CMS 2552-10) or audited financial statements for the period described in section 5168.21 of the Revised Code.

(2) Hospitals not enrolled as medicaid providers will be assessed a hospital franchise fee as described in paragraph (B) of this rule.

(3) Each hospital that is not enrolled as a medicaid provider will pay the assessment according to a schedule established by the department at the time the department mails its written notice of the final determination of the hospital's assessment.