

2. a. Outpatient Hospital Services

Outpatient hospital services shall be based upon fee-schedule payments and prospectively determined rates for procedures performed in the outpatient hospital setting. Fee-schedule payments based upon both the Healthcare Common Procedure Coding System (HCPCS) and Physician's Current Procedural Terminology (CPT) codes are established for most outpatient hospital procedures for dates of service on or after October 1, 2009. Except as otherwise noted in the plan, state-developed fee schedule rates of the same for both governmental and private providers. All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

Reimbursement for some outpatient hospital services such as chemotherapy, emergency room trauma treatment, and unlisted laboratory services, are made at the hospital specific cost to charge ratio. Unlisted surgical procedures, unlisted ancillary and radiology procedures, independently billed pharmacy and medical supplies, and pharmacy billed with IV therapy are based upon a fixed percent of charges for dates of service on or before December 31, 2011. For dates of service on or after January 1, 2012, reimbursement for unlisted surgical procedures, unlisted ancillary and radiology procedures, independently billed pharmacy and medical supplies, and pharmacy billed with IV therapy will be based upon multiplying the hospital specific outpatient cost to charge ratio from the interim settled Medicaid cost reports during the calendar year preceding the rate year by charges associated with claims processed through MMIS.

For dates of services on or after January 1, 2006, hospitals will be required to charge a \$3.00 co-payment to Medicaid patients utilizing the emergency department for non-emergency services. As a result, for claims submitted for services indicated as non-emergent use of the emergency department, hospitals will receive reimbursement based upon their FFS payment minus any applicable co-payment.

Outpatient Hospital Services, continued:

The agency's fee schedule increased as of October 1, 2009 for ambulatory surgery groups and emergency room services and is effective for services provided on or after that date. The five percent rate increase was later expanded across all outpatient services performed for dates of services on or after January 1, 2010. Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The rates available at this website include all annual or periodic adjustments to the fee schedule.

TN: 11-027
Supersedes:
TN: 09-034

Approval Date DEC 22 2011

Effective Date: 07/01/2011

- 2-b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

Services billed by a rural health clinic (RHC) are reimbursed through an all-inclusive rate, determined by Medicare, cost related reimbursement system. All RHC services are to be billed on the all inclusive rate basis and include laboratory services furnished by the clinic.

For services rendered on or after January 1, 2011, RHCs shall be paid in accordance with the methodology described in Section III of Attachment 4.19-B, Item 2-c.

TN: 11-027

Supersedes:

TN: NEW

Approval Date DEC 22 2011

Effective Date: 07/01/2011