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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 13-005

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS-179 Form/Summary Form
3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

CENTERS FOR MEDICARE & MEDICAID SERVICES

August 14, 2014

John McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: TN 13-005

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #13-005 Medicaid Professional Fee Schedules update January 1, 2013 through March 31, 2013, effective January 1, 2013.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, ODM
Andy Jones, ODM
Becky Jackson, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: **13 -005 (REVISED)**

2. STATE: **OHIO**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2013

5. TYPE OF PLAN MATERIAL *(Check One)*:
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
45 CFR § 162.1000; 45 CFR § 162.1002

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 $0 thousands
b. FFY 2014 $0 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-B, Item 3, Page 1 of 1	Attachment 4.19-B, Item 3, Page 1 of 1 (TN 12-005)
Attachment 4.19-B, Item 5-a, Page 1 of 7	Attachment 4.19-B, Item 5-a, Page 1 of 7 (TN 12-005)
Attachment 4.19-B, Item 5-a, Page 2 of 7	Attachment 4.19-B, Item 5-a, Page 2 of 7 (TN 09-035)
Attachment 4.19-B, Item 5-a, Page 3 of 7	Attachment 4.19-B, Item 5-a, Page 3 of 7 (TN 09-035)
Attachment 4.19-B, Item 5-a, Page 7 of 7	Attachment 4.19-B, Item 5-a, Page 7 of 7 (TN 12-005)
Attachment 4.19-B, Item 6, Page 1 of 6	Attachment 4.19-B, Item 6, Page 1 of 6 (TN 12-005)
Attachment 4.19-B, Item 6, Page 6 of 6	Attachment 4.19-B, Item 6, Page 6 of 6 (TN 09-035)
Attachment 4.19-B, Item 6-d-5, Page 1 of 1	Attachment 4.19-B, Item 6-d-5, Page 1 of 1 (TN 12-010)
Attachment 4.19-B, Item 9-a, Page 1 of 1	Attachment 4.19-B, Item 9-a, Page 1 of 1 (TN 12-005)
Attachment 4.19-B, Item 9-b, Page 9 of 9	Attachment 4.19-B, Item 9, Page 9 of 9 (TN 09-035)
Attachment 4.19-B, Item 9-c, Page 1 of 1 (NEW)	
Attachment 4.19-B, Item 10, Page 1 of 1	Attachment 4.19-B, Item 10, Page 1 of 1 (TN 12-005)
Attachment 4.19-B, Item 17, Page 1 of 3	Attachment 4.19-B, Item 17, Page 1 of 3 (TN 12-005)
Attachment 4.19-B, Item 23, Page 1 of 3	Attachment 4.19-B, Item 23, Page 1 of 3 (TN 12-005)

10. SUBJECT OF AMENDMENT:
Medicaid Professional Fee Schedules update January 1 through March 31, 2013

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Governor has delegated signature authority to the State Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: **John B. McCarthy**

14. TITLE: **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED: 3/28/2013

16. RETURN TO:
Becky Jackson
Office of Medical Assistance
Bureau of Health Plan Policy
P.O. BOX 182709
Columbus, Ohio 43218

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: 08/14/2014

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2013

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME: Alan Freund

22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

3. Other laboratory and x-ray services.

Other laboratory and x-ray services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.30.

Payment for Other laboratory and x-ray services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Other laboratory and x-ray services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for other laboratory and x-ray services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

By-report services are unlisted procedures that require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are a percentage of charges, gap filling, and pricing using a similar service, product, or procedure that has an established reimbursement rate. The specific methodology utilized depends on the service, product, or procedure performed.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

5. a. Physicians' services.

Physicians' services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.50.

Payment for Physicians' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Physicians' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.
The agency's fee schedule was revised with new fees for physicians' services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

Except as otherwise noted in the plan, State-developed fee schedules and rates are the same for both governmental and private providers.

Non-covered services are identified on the State-developed Medicaid fee schedule (jfs.ohio.gov/OHP/provider.stm) by "NC" as the current price.

The following payment scenarios also exist:

By-report services are unlisted procedures that require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are a percentage of charges, gap filling, and pricing using a similar service, product, or procedure that has an established reimbursement rate. The specific methodology utilized depends on the service, product, or procedure performed.

The maximum reimbursement for surgical procedures performed under the in-office surgery program is the lesser of the billed charge or the Medicaid maximum for the particular service, plus a $15, $25, or $50 additional payment. The criteria that trigger the payment are place of service and procedure code.

The maximum reimbursement for physician groups that contract with a hospital to provide physician hospital clinic services in the physician group practice setting and who provide 40 percent of the Medicaid physician visits in the county of location and 10 percent of the visits in contiguous counties, is the lesser of billed charges or the Medicaid maximum for a particular service according to the Department's fee schedule, plus 40 percent of that fee.

The maximum reimbursement for physician evaluation and management office services, when provided in a hospital setting (i.e., inpatient, outpatient or emergency department), is the lesser of the provider's billed charge or 80 percent of the Medicaid maximum.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, continued.

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5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, continued.

The maximum reimbursement for services delivered by a physician assistant employed by or under contract with a physician is the lesser of the provider's billed charge or eighty-five per cent of the Medicaid maximum, except for services delivered by a physician assistant when a physician also provided distinct and identifiable services during the visit or encounter and services that are usually provided by medical personnel below the physician assistant and/or advanced practice nurse level of education (e.g., collection of specimens, immunizations), which are reimbursed at the lesser of the billed charge or an amount based on the Medicaid maximum for the particular service.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere. (Continued)

Optometrists' Services

Optometrists' services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 42 CFR 441.30.

Payment for Optometrists' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Optometrists' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for physicians' (including optometrists') services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

Except as otherwise noted in the plan, State-developed fee schedules and rates are the same for both governmental and private providers.

Optometrists' services are subject to a co-payment as referenced in Attachment 4.18-A of the State Plan.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Podiatrists' services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.60.

Payment for Podiatrists' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Podiatrists' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for podiatrists' services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

By-report services are unlisted procedures that require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are a percentage of charges, gap filling, and pricing using a similar service, product, or procedure that has an established reimbursement rate. The specific methodology utilized depends on the service, product, or procedure performed.

Except as otherwise noted in the plan, State-developed fee schedules and rates are the same for both governmental and private providers.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law, continued.

d. Other practitioners' services, continued.

(2) Psychologists' services.

Psychologists' services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.60.

Payment for Psychologists' services is the lesser of the billed charge or eighty-five percent of the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Psychologists' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for psychologists' services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

d. Other practitioners' services

5. Physician assistants' services

Physician assistants' services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.60.

Payment for Physician assistants' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Physician assistants' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for physician assistants' services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

The following payment scenarios applicable to physicians also apply to physician assistants:

The maximum reimbursement for physician groups that contract with a hospital to provide physician hospital clinic services in the physician group practice setting and who provide 40 percent of the Medicaid physician visits in the county of location and 10 percent of the visits in contiguous counties, is the lesser of billed charges or the Medicaid maximum for a particular service according to the Department's fee schedule, plus 40 percent of that fee.

The Department will reimburse for services provided by a physician assistant the lesser of the billed charge or eighty-five per cent of the Medicaid maximum, utilizing a modifier that indicates the provider and services are subject to an adjusted rate, unless the service is the type usually provided by medical personnel below the physician assistant and/or advanced practice nurse level of education (e.g., collection of specimens, immunizations). The Department will reimburse for services provided by a physician assistant either the lesser of the billed charge or one hundred per cent of the Medicaid maximum.

9. Clinic services.

a. Free-standing ambulatory health care clinics (AHCCs).

AHCCs' services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.90.

Payment for AHCCs' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's AHCCs' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for AHCCs' services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

By-report services are unlisted procedures that require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are a percentage of charges, gap filling, and pricing using a similar service, product, or procedure that has an established reimbursement rate. The specific methodology utilized depends on the service, product, or procedure performed.

Except as otherwise noted in the plan, State-developed fee schedules and rates are the same for both governmental and private providers.

Outpatient health facilities (OHFs).

12. Based on the filing of calendar quarterly utilization evaluation reports, adjustments will be made in the rates. Quarterly reports for utilization evaluation must be filed within 30 days of calendar quarter end. This filing will result in a utilization adjustment of rates, if variances in utilization would result in a five percent or greater increase or decrease in the prospective rate, with 60 days of due-date. The approved rates will be adjusted to reflect the four most current calendar quarters of reported utilization. During the initial four quarters of participation of an OHF, the utilization factors will be adjusted by substituting the reporting quarterly utilization for the average quarterly utilization factors report. Failure to file the quarterly utilization evaluation report (see paragraph (6) will result in suspension of payment for eligible services rendered until such time as the quarterly report is received, evaluated, and adjusted by the Division of Fiscal Affairs. The OHF will then be notified of any adjustment and any new rates applicable. If the quarterly utilization evaluation report is not received within 60 days after suspension, termination will be recommended.

9. Clinic services, continued.

c. Ambulatory surgery centers (ASCs).

Payment for ASCs' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's ASCs' services fee schedule.

Covered ASC surgical services are listed under the column headings "Current ASC Group" and "Previous ASC Group" on the agency's fee schedule, identified by number one, two, three, four, five, six, seven, eight, or nine.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new ASC fees effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

10. Dental services.

Dental services under this section are covered by Ohio Medicaid in accordance with 42 CFR § 440.100.

Payment for Dental services is the lesser of the billed charges or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Dental services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for dental services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

By-report services are unlisted procedures that require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are a percentage of charges, gap filling, and pricing using a similar service, product, or procedure that has an established reimbursement rate. The specific methodology utilized depends on the service, product, or procedure performed.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

Selected dental services are subject to a co-payment as specified in Attachment 4.18-A of the State plan.

17. Nurse-midwife services.

Nurse-midwife services under this section are covered by Ohio Medicaid in accordance with 42 CFR §§ 440.165 and 441.21.

Payment for Nurse-midwife services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the agency's Nurse-midwife services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for nurse-midwife services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

The following payment scenarios also exist:

The maximum reimbursement for certified nurse-midwife services is the lesser of the provider's billed charge or the percentage listed below, multiplied by the site differential percentage rate, whichever is less:

eighty-five per cent of the medicaid maximum when services are provided in the following places: an inpatient hospital, outpatient hospital, or hospital emergency department; or

one hundred per cent of the medicaid maximum when services are provided in any non-hospital place of service.

For Rural Health Clinic (RHC)-based, Federally Qualified Health Center (FQHC)-based and Outpatient Health Facility (OHF)-based practices, reimbursement for services is the medicaid maximum set forth in Section III of Attachment 4.19-B, Item 2c.

23. Certified pediatric and family nurse practitioners' services.

Certified pediatric and family nurse practitioners' services under this section are covered by Ohio Medicaid in accordance with 42 CFR §§ 440. 166 and 441.22.

Payment for Certified pediatric and family nurse practitioners' services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the agency's Certified pediatric and family nurse practitioners' services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's fee schedule was revised with new fees for certified pediatric and family nurse practitioners' services effective:

For services on or after 01/01/2013, the fee schedule was posted on 12/31/2012.

By-report services are unlisted procedures that require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are a percentage of charges, gap filling, and pricing using a similar service, product, or procedure that has an established reimbursement rate. The specific methodology utilized depends on the service, product, or procedure performed.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

The following payment scenarios also exist:

The maximum reimbursement for certified pediatric and family nurse practitioners' services is the lesser of the provider's billed charge or the percentage listed below, multiplied by the site differential percentage rate, whichever is less:

eighty-five per cent of the medicaid maximum when services are provided in the following places: an inpatient hospital, outpatient hospital, or hospital emergency department; or

one hundred per cent of the medicaid maximum when services are provided in any non-hospital place of service.

For Rural Health Clinic (RHC)-based, Federally Qualified Health Center (FQHC)-based and Outpatient Health Facility (OHF)-based practices, reimbursement for services is the medicaid maximum set forth in Section III of Attachment 4.19-B, Item 2c.