

Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 13-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

May 2, 2014

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

RE: TN 13-012

Dear Mr. McCarthy:

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

Transmittal #13-012 Home health services reimbursement: Medical supplies, equipment, and appliances suitable for use in the home – diabetic testing supplies.

Our review of this SPA also included a review of the state's February 27, 2014 request for CMS' approval of a selective contracting program for diabetes testing and injection supplies. CMS accepts the state's assurances that adequate services and devices are available to Ohio Medicaid consumers under this program in accordance with section 1915(a)(1)(B) of the Social Security Act and regulations at 42 CFR 431.51(d) and 431.54(d). Also enclosed, please find CMS' approval for this selective contracting program.

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

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

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

May 2, 2014

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

RE: Selective contracting program for diabetes testing and injection supplies

Dear Mr. McCarthy:

This letter is in response to the Ohio Department of Medicaid's (ODM) February 27, 2014 request to implement a selective contracting program for diabetes testing and injection supplies. The Centers for Medicare & Medicaid Services (CMS) requested this letter from the state during our review of OH SPA TN 13-012 (Home health services reimbursement: Medical supplies, equipment, and appliances suitable for use in the home-diabetic testing supplies).

The CMS accepts the state's assurances that adequate services and devices are available to Ohio Medicaid consumers and approves this selective contracting program in accordance with section 1915(a)(1)(B) of the Social Security Act and regulations at 42 CFR 431.51(d) and 431.54(d).

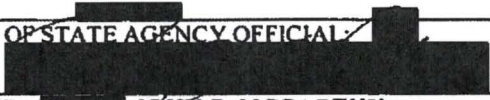
Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13 - 012	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905 (a)(7) of the Social Security Act 42 CFR 440.70 (b)(3)		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ (339) thousands b. FFY 2014 \$ (1,344) thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 7-c, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Item 7-c, Page 1 of 1 (TN 11-002)	
10. SUBJECT OF AMENDMENT: Home health services reimbursement: Medical supplies, equipment, and appliances suitable for use in the home - diabetic testing supplies			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has delegated signature authority <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to Medicaid Director			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: JOHN B. MCCARTHY			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 9-30-2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/30/13		18. DATE APPROVED: 5/2/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

7. Home health services, continued.

c. Medical supplies, equipment, and appliances suitable for use in the home.

Payment for enteral nutrition products is the lesser of the billed charge or an amount based on the Medicaid maximum for the product. The Medicaid maximum is the amount listed on the Department's Durable Medical Equipment fee schedule. Where no Medicaid maximum is specified, payment is the average wholesale price (AWP) minus 23 per cent.

Payment for blood glucose monitors, test strips, lancets, lancing devices, needles including pen needles, calibration solution/chips, and syringes with a needle less than or equal to 1 milliliter will be based on wholesale acquisition cost (WAC) plus seven per cent. In the event that WAC cannot be determined, reimbursement will be AWP minus 14.4 per cent. The Medicaid maximum is the amount listed on the Department's Pharmacy fee schedule.

For all other items, payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service or item. The Medicaid maximum is the amount listed on the Department's Durable Medical Equipment fee schedule. Where no Medicaid maximum is specified, payment is 72 per cent of the list price or, if no list price is available, 147 per cent of the invoice price.

All rates are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx. The agency's Durable Medical Equipment fee schedule was set as of July 1, 2013, and is effective for services provided on or after that date. The agency's diabetic testing and injection supplies fee schedule (under the Pharmacy fee schedule) was set as of July 1, 2013, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

TN: 13-012
Supersedes:
TN: 11-002

Approval Date: 5/2/14
Effective Date: 7/1/2013