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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-024

This file contains the following documents in the order listed:

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

January 13, 2014

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

RE: TN 13-024

Dear Mr. McCarthy:

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

Transmittal #13-024 Payment for Medicare Part B deductibles and coinsurance, other than
for physicians' services, effective January 1, 2014.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13 - 024	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 January 1, 2014	
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: Sections 1902(n)(1), 1902(n)(2), & 1902(n)(3) of the Social Security Act 42 CFR §431.625		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ (20,151) Thousands b. FFY 2013 \$ (24,098) Thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B, Page 3 of 6 Supplement 1 to Attachment 4.19-B, Page 3a of 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B, Page 3 of 6 (TN 05-017) Supplement 1 to Attachment 4.19-B, Page 3a of 6 (TN 12-002)	
10. SUBJECT OF AMENDMENT: Payment of Medicare Part B deductibles and coinsurance, other than for physicians' services.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: John B. McCarthy		Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 10/23/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 23, 2013		18. DATE APPROVED: 1/13/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. In order to implement a new Medicaid payment policy for cost sharing for nursing facility (NF) services provided as a Medicare Part A benefit, the Medicaid agency will:

Establish that Ohio Department of Medicaid will pay as cost sharing the lesser of the coinsurance amount or the Medicaid maximum allowable reimbursement rate for the identified services minus the Medicare Part A plan payment to the nursing facility for the same services. If the Medicare Part A plan payment is more than the Medicaid maximum, the Ohio Department of Medicaid will pay nothing for the services.

2. In order to implement a new Medicaid payment policy for cost sharing for inpatient hospital services provided as a Medicare Part A benefit, the Medicaid agency will reimburse the lesser of:
 - a. The sum of the deductible, co-payment and coinsurance amount as provided by Medicare Part A or;
 - b. The Medicaid maximum allowed amount minus the total prior payment. The total prior payment includes the amount paid by Medicare and any other applicable third party payments. The Medicaid maximum allowed amount is the amount that would be payable by Medicaid if the hospitalization were billed, in its entirety, to the department as a Medicaid-only claim. The Medicaid maximum allowed amount is calculated as either the applicable DRG prospective payment as described in Attachment 4.19-A, Appendix 5101:3-2-7.11, or as the payment applicable for services reimbursed on a reasonable cost basis as described in Attachment 4.19-A, Appendix 5101:3-2-22.

TN: 13-024
Supersedes:
TN: 05-017

Approval Date: 1/13/14

Effective Date: 01/01/2014
HCFA ID: 7982E

3. Cost sharing for services, other than physician, provided as a Medicare Part B benefit are reimbursed at the lesser of:
 - a. The sum of the deductible, co-payment and coinsurance amount as provided by Medicare Part B or;
 - b. The Medicaid maximum allowed amount minus the total prior payment. The total prior payment includes the amount paid by Medicare and any other applicable third party payments. The Medicaid maximum allowed amount is the amount that would be payable by Medicaid if the services, other than physician, were billed, in its entirety, to the department as a Medicaid-only claim.

TN: 13-024
Supersedes:
TN: 12-002

Approval Date: 1/13/14

Effective Date: 01/01/2014
HCFA ID: 7982E