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State/Territory Name: OH

State Plan Amendment (SPA) #: 14-0008

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

June 4, 2015

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

RE: TN 14-008

Dear Mr. McCarthy:

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

Transmittal #14-008 - Payment for physicians' services – Academic medical centers
 - Effective Date: April 1, 2014

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Becky Jackson, ODM
Greg Niehoff, ODM
Carolyn Brewer, ODM
Ogbe Aideyman, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-008 Revised	2. STATE OHIO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2014	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1902(a)(30)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY 2014 \$4,193.89 thousands FFY 2015 \$8,337.20 thousands
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Item 5-a, page 2 of 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B Item 5-a, page 2 of 7 (TN 13-019)
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10. SUBJECT OF AMENDMENT: Physicians' services: Payment for services – Academic medical centers

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The State Medicaid Director is the Governor's designee
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: 06/04/2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 6/4/2014	18. DATE APPROVED: 6/4/2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator
23. REMARKS:	

Instructions on Back

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 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.
- Supplemental Upper Payment Limits for Physicians Employed by The Ohio State University's Academic Medical Centers:

Supplemental payments to employees of The Ohio State University's academic medical centers are made for physician services, as defined in 42 C.F.R. 440.50, in the form of payments up to a defined cap. For dates of service 4/1/2014 to 12/31/2014, primary care services as defined in section 1202 of the Patient Protection and Affordable Care Act, 124 Stat. 119 (2010), 42 USC 1396a, are not eligible for the supplemental payments. The supplemental payments are made only to physicians employed by The Ohio State University's academic medical centers on a quarterly basis. The supplemental payments exclude payments from vaccine administration codes. Anesthesiology codes payments are sometimes split between a physician and a Certified Registered Nurse Anesthesiologist (CRNA), therefore all anesthesiology codes will be combined and payments are estimated by using the reduced rate to be conservative.

The supplemental payments and their payment cap are determined with the following methodology:

1. The supplemental payment cap is the average commercial rate for the top five third-party commercial payers within the accounts receivable system(s) of the Ohio State University's academic medical center. The average commercial rate will be updated on an annual basis;
2. The base fee-for-service rate is compared to the supplemental payment cap;
3. The difference between the base fee-for-service rate and the supplemental payment cap is the available supplemental upper payment limit gap.
4. Supplemental payments are made to physicians up to the payment cap for a given year.