

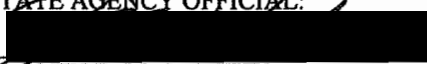
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State/Territory Name: OH

State Plan Amendment (SPA) #: 15-0019

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-019	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 01, 2016	
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 1902(a)(10)(E) of the Social Security Act		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2016 (\$40,300) thousands	
		b. FFY 2017 (\$53,600) thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <i>Supplement 1 to Attachment 4.19-B Page 3a of 6</i> <i>CD</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <i>Supplement 1 to Attachment 4.19-B Page 3a of 6 (TN 13-024)</i> <i>CD</i>	
10. SUBJECT OF AMENDMENT: Payment for services: Removal of the exemption of physicians from the Medicare Part B cost sharing payment methodology			
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		The State Medicaid Director is the Governor's designee	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <i>JOHN B. McCARTHY</i>		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: <i>December 7, 2015</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 7, 2015		18. DATE APPROVED: December 17, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

3. Cost sharing for services 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 were billed, in its entirety, to the department as a Medicaid-only claim.

TN: 15-019
Supersedes:
TN: 13-024

Approval Date: 12/17/15

Effective Date: 01/01/2016