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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

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



December 17, 2015

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

RE: TN 15-019

Dear Mr. McCarthy:

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

Transmittal #15-019 - Payment for services: Removal of the Medicare Part B

cost-sharing exemption for physician services

- Effective Date: January 1, 2016

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

Sincerely,

/s/

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

## Enclosure

cc: Sarah Curtin, ODM

Carolyn Humphrey, ODM Becky Jackson, ODM Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-019	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	January 01, 2016	
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:	7. FEDERAL BUDGET IMPACT:	amenament)
Section 1902(a)(10)(E) of the Social Security Act	a. FFY 2016	(\$40,300) thousands
Section 1902(a)(10)(b) of the Social Security Met	b. FFY 2017	(\$53,600) thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Supplement 1 to Attachment 4.19-B Page 3a of 6	Supplement 1 to	c D
Attachment 4.19-B Page 3a of 6	Supplement 1 to Attachment 4.19-B Page 3a of 6 (TN 13-024)	
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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):		
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 STAPE AGENCY OFFICIAL:	16. RETURN TO:	SANOTE STATE OF THE SANOTE STATE STATE OF THE SANOTE STATE STATE OF THE SANOTE STATE
13. TYPED NAME: JOHN B. McCARTHY	Carolyn Humphrey Obio Depositment of Medicaid	
	Ohio Department of Medicaid P.O. BOX 182709	
14. TITLE: STATE MEDICAID DIRECTOR	Columbus, Ohio 43218	
15. DATE SUBMITTED: Day 1000 TI 001		
December 7, 2015		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	15.0015
December 7, 2015	December	17, 2015
PLAN APPROVED - ON		DICT LY
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME:	22. TITLE:	· · · · · · · · · · · · · · · · · · ·
Ruth A. Hughes	Associate Regional A	dministrator
23. REMARKS:		and the second s
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- 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: <u>13-024</u>

Approval Date: 12/17/15

Effective Date: <u>01/01/2016</u>