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State/Territory Name: OH

State Plan Amendment (SPA) #: 16-0031

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: 16-031	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, 2017	
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: 42 CFR Part 447		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$0 b. FFY 2018 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 7-c, Page 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Item 7-c, Page 1 of 1 (TN 16-016)	
10. SUBJECT OF AMENDMENT: Payment for Services: Wheelchairs, parts, accessories, and related 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		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: December 22, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 22, 2016		18. DATE APPROVED: January 18, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		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 an enteral nutrition product is the lesser of the submitted charge or an amount based on the Medicaid maximum for the product. The Medicaid maximum is listed on the agency's Durable Medical Equipment payment schedule. Where no Medicaid maximum is specified, payment is 77% of the average wholesale price (AWP).

Payment for blood glucose monitors, test strips, lancets, lancing devices, needles including pen needles, calibration solution/chips, and needle-bearing syringes with a capacity up to one milliliter is the lesser of the submitted charge or 107% of the wholesale acquisition cost (WAC); if the WAC cannot be determined, payment is the lesser of the submitted charge or 85.6% of the AWP. Maximum payment amounts are listed on the agency's Pharmacy payment schedule.

Payment for a wheelchair, part, accessory, or related service is determined in the following manner:

For a wheelchair (either a manual wheelchair or a power mobility device) and any related part or accessory, it is the lesser of the submitted charge or a percentage of the amount allowed under fee-for-service Medicare for the jurisdiction that includes Ohio.

For an evaluation and related services, it is the lesser of the submitted charge or a percentage of the amount established by the Medicare Physician Fee Schedule.

For labor provided for a covered repair or covered maintenance, it is the lesser of the submitted charge or a number derived by formula from wage figures reported by the United States Bureau of Labor Statistics and from the federal standard mileage rate.

Maximum payment amounts are listed in the Wheelchair section of the agency's Durable Medical Equipment payment schedule.

For any other service or item, payment is the lesser of the submitted charge or an amount based on the Medicaid maximum for the service or item. The Medicaid maximum is the amount listed on the agency's Durable Medical Equipment payment schedule. Where no Medicaid maximum is specified, payment is 72% of the list price; if no list price is available, it is 147% of the invoice price.

For a covered procedure, service, or supply represented by a new HCPCS procedure code that takes effect at the beginning of a calendar year, the initial maximum payment amount is set at 80% of the Medicare allowed amount.

Medicaid maximum payment amounts are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx.

The agency's Durable Medical Equipment payment schedule was set as of January 1, 2017, and is effective for services and items provided on or after that date. The agency's Diabetic Testing and Injection Supplies payment schedule (part of the Pharmacy payment 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 payment schedules and amounts are the same for both governmental and private providers.

TN: 16-031
Supersedes
TN: New

Approval Date: 1/18/17
Effective Date: 01/01/2017