## **Table of Contents**

**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

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



January 18, 2017

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

RE: TN 16-031

Dear Ms. Sears:

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

Transmittal #16-031 - Payment for Services: Wheelchairs, parts, accessories,

& related services

- Effective Date: January 1, 2017

If you have any questions regarding this SPA, 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 ADDROXAL OF	1. TRANSMITTAL NUMBER:	O COLATE
TRANSMITTAL AND NOTICE OF APPROVAL OF		2. STATE
STATE PLAN MATERIAL	16-031	ОНЮ
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 1, 2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>, .,</b>	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	TONGED TO A CAMPANA	M
	CONSIDERED AS NEW PLAN	<b> ☐</b> AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	NOMEN I (Separate Transmittal for each	amendment)
42 CFR Part 447	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$0	
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2018 \$0  9. PAGE NUMBER OF THE SUPERSE	EDED DI ANI GEOTIONI
THE PROPERTY OF THE PERIOD OF THE PROPERTY.	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Item 7-c, Page 1 and 2 of 2	Attachment 4.19-B, Item 7-c, Page 1 of 1 (TN 16-016)	
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10. SUBJECT OF AMENDMENT: Payment for Services: Wheelchairs,	narts accessories and related services	
the continuity,	parts, accessories, and related services	
11 COVERNOR'S REVIEW (CL. 1 O. )		
11. GOVERNOR'S REVIEW (Check One):  ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	Maryun .aanaa	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SPECI	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Directo	r is the Governor's designee
THO MADE ROSCEIVED WITHIN 45 DATS OF SOBWITTAL		
12. SIGNATURE ORSTATE AGENCY OFFICIAL	16. RETURN TO:	
	10. Id.10KW 10.	
13. TYPED NAME: JOHN B. McCARTHY	Carolyn Humphrey	
13. TYPED NAME: JOHN B. McCARTHY	Ohio Department of Medicaid	
14 DITLE COATER ALERICAND DAYS CHOOL		
	P.O. BOX 182709	
14. TITLE: STATE MEDICAID DIRECTOR	P.O. BOX 182709	
15 DATE CUDMITTED.	P.O. BOX 182709 Columbus, Ohio 43218	
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- 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.

TN: 16-031 Approval Date: <u>1/18/17</u>

Supersedes
TN: <u>16-016</u>
Effective Date: <u>01/01/2017</u>

State of Ohio Attachment 4.19-B
Item 7-c

Page 2 of 2

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: <u>16-031</u> Approval Date: <u>1/18/17</u>

Supersedes TN:  $\underline{\text{New}}$  Effective Date:  $\underline{01/01/2017}$