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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-002

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



May 22, 2017

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

RE: State Plan Amendment Transmittal Number 17-002

Dear Ms. Sears:

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

- Transmittal #17-002
- Coverage & Limitations and Payment for Services:
Other Licensed Practitioners-Advanced Practice Nurses'
Services
 - Effective Date: January 1, 2017
 - Approval Date: May 22, 2017

If you have any questions regarding this State Plan Amendment, 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
Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-002	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 (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 502 thousands b. FFY 2018 \$ 670 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 6-d-6, p 1 of 1 Attachment 4.19-B, Item 6-d-(6) pp 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Item 6-d-6 pp 1 through 4 of 4 (TN 12-019) Attachment 4.19-B, Item 6-d-(6), pp 1, 3, 5 (TN 13-019) Attachment 4.19-B, Item 6-d-(6), pp 2, 4 (TN 16-016)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: OLP: Advanced Practice Nurses' Services: Removing restrictions on scope of practice			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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: BARBARA R. SEARS		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: March 9, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 9, 2017		18. DATE APPROVED: May 22, 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

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(6) Advanced practice nurses' (APNs') services, other than described elsewhere in this plan.

The services of an advanced practice registered nurse (APRN), other than described elsewhere in this plan, are covered by Ohio Medicaid in accordance with 42 CFR 440.60.

Ohio law defines four types of APRN:

- Certified registered nurse anesthetist (CRNA);
- Clinical nurse specialist (CNS);
- Certified nurse-midwife (CNM), which is addressed in Attachment 3.1-A, Item 17; and
- Certified nurse practitioner (CNP) other than certified pediatric and family nurse practitioner, which is addressed in Attachment 3.1-A, Item 17.

A service rendered by an APRN to an individual recipient can be covered only if (a) the service is rendered in a state in which the APRN is licensed or authorized to practice; and (b) the service is within the scope of practice of the APRN's specialty.

Supervision of non-licensed personnel is within the scope of practice of a CNS under Ohio law. A CNS must be able to perform every service rendered by a supervised non-licensed practitioner. For any service rendered by a supervised non-licensed practitioner, a CNS assumes professional responsibility and submits the claim for payment.

Services determined by the single state agency not to be medically necessary will not be covered.

Recipients younger than age twenty-one can access APRNs' services without limitation when such services are medically necessary.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services.

(6) Advanced practice nurses' (APNs') services, other than described elsewhere in this plan.

For dates of service on or after January 1, 2017, payment for anesthesia services furnished by a certified registered nurse anesthetist (CRNA) is the lesser of the provider's submitted charge or the Medicaid maximum, which is determined by the following formula:

$$\text{Maximum payment amount} = (\text{Base unit value} + \text{Time unit value}) \times \text{Conversion factor} \times \text{Multiplier}$$

The base unit value is assigned by the American Society of Anesthesiologists in its "Relative Value Guide"; the time unit value is the number of fifteen-minute increments, rounded to the nearest tenth. Effective for dates of service on or after January 1, 2017, the conversion factor and multiplier are listed on the agency's Anesthesia fee schedule at [http://medicaid.ohio.gov/ProvidersFee ScheduleandRates.aspx](http://medicaid.ohio.gov/ProvidersFeeScheduleandRates.aspx).

Unless otherwise specified, the maximum payment amount for a service furnished by a clinical nurse specialist (CNS) or certified nurse practitioner (CNP) in a non-hospital setting is the lesser of the submitted charge or the Medicaid maximum listed on the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule; for a service furnished in a hospital setting, the maximum payment amount is 85% of the Medicaid maximum listed on the agency's MSRIAP fee schedule.

Payment for services rendered by a hospital-employed CNS or CNP will be made to the hospital.

The maximum payment amount for a procedure performed bilaterally on the same patient by the same provider is the lesser of the submitted charge or 150% of the Medicaid maximum allowed for the same procedure performed unilaterally.

The maximum payment amount for designated surgical procedures performed on the same patient by the same provider is the lesser of (1) the submitted charges or (2) for the primary procedure (the procedure having the highest Medicaid maximum payment), 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the secondary procedure, 50%; and for each additional procedure, 25%.

TN: 17-002

Supersedes:

TN: 13-019

Approval Date: 5/22/17

Effective Date: 01/01/2017

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services.

(6) Advanced practice nurses' (APNs') services, other than described elsewhere in this plan.

The maximum payment amount for maternity delivery is the lesser of (1) the submitted charge or (2) for a single delivery or the first delivery of a multiple birth, 100% of the Medicaid maximum from the agency's MSRIAP fee schedule; for the second delivery of a multiple birth, 50%; for the third delivery of a multiple birth, 25%; and for each additional delivery of a multiple birth, zero.

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 listed on the agency's MSRIAP fee schedule is set at 80% of the Medicare allowed amount.

By-report services require manual review by the appropriate agency staff. Payment for these services is determined on a case-by-case basis. The specific method used depends on the service; examples include comparison with a similar service that has an established maximum payment rate and application of a percentage of charges.

The agency's fee schedules are published on the agency's website at <http://medicaid.ohio.gov/Providers/FeeScheduleandRates.aspx>.

The agency's Anesthesia fee schedule was set as of January 1, 2017, and is effective for services provided on or after that date.

The agency's MSRIAP fee schedule was set as of January 1, 2017, and is effective for services provided on or after that date.

Except as otherwise noted in the plan, State-developed fee schedules and rates are the same for both governmental and private providers.

Specific physician groups

The maximum payment amount for a service is the lesser of the submitted charge or 140% of the Medicaid maximum listed on the agency's MSRIAP fee schedule if the provider is a physician group that (1) contracts with a hospital to provide physician hospital clinic services in the physician group practice setting and (2) provides 40% of the Medicaid physician visits in the county of location and 10% of the visits in contiguous counties.