

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 17-020**

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



September 8, 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 17-020

Dear Ms. Sears:

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

- Transmittal #17-020
- Coverage and Limitations, and Payment for Services:  
Ambulatory Health Care Clinic Services
  - Effective Date: July 1, 2017
  - Approval Date: September 8, 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](mailto: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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>17 - 020</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 <b>July 1, 2017</b>	
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"/> <b>AMENDMENT</b> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.90 42 CFR 494.10		7. FEDERAL BUDGET IMPACT: a. FFY 2017                      \$8 thousands b. FFY 2018                      \$20 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 9-a, Pages 1-2 Attachment 4.19-B, Item 9-a, Page 1 Attachment 4.19-B, Item 9-a, Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-A, Item 9-a, Pages 1-2 (TN: 13-009) Attachment 4.19-B, Item 9-a, Page 1 (TN: 17-010) New	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Ambulatory Health Care Clinic Services			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED:</b> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The State Medicaid Director is the Governor's designee</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Carolyn Humphrey</b> <b>Ohio Department of Medicaid</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>	
13. TYPED NAME: <b>BARBARA R. SEARS</b>			
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <b>June 29, 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>June 29, 2017</b>		18. DATE APPROVED: <b>September 8, 2017</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2017</b>		20. SIGNATURE OF REGIONAL OFFICIAL:                      /s/	
21. TYPED NAME: <b>Ruth A. Hughes</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

**Instructions on Back**

9. Clinic services.

a. Service-Based Ambulatory Health Care Clinic (AHCC) Services.

Clinic services provided at an AHCC are covered by Ohio Medicaid in accordance with 42 CFR 440.90.

A service-based AHCC is an entity that meets all of the following criteria: (1) it renders clinic services on an outpatient basis under the direction of a physician or dentist; (2) it operates from a fixed location, a specifically designed mobile unit, or both; (3) it is freestanding—administratively, organizationally, and financially independent of an institution such as a hospital or long-term care facility (it may be physically located in a hospital or long-term care facility so long as it remains independent); and (4) it does not provide overnight accommodations.

The following types of Ohio Medicaid providers may enroll as service-based AHCCs and render clinic services:

An End-Stage Renal Disease (ESRD) Dialysis Clinic, defined in 42 CFR 494.10, that meets the following criteria: (a) it is certified by Medicare as a dialysis facility; and (b) it is licensed by the Ohio Department of Health, or if it is located outside of Ohio, is licensed by its respective state's authority.

A Family Planning Clinic that meets the following criteria: (a) it is a public or nonprofit organization; (b) it complies with federal guidelines set forth in 42 U.S.C. 300; and (c) it receives funding for pregnancy prevention services through Title X of the Public Health Services Act.

An Outpatient Rehabilitation Clinic that delivers rehabilitation services at a Medicare-certified rehabilitation agency, defined in 42 CFR 485.703, or at a Medicare-certified comprehensive outpatient rehabilitation facility (CORF), defined in 42 CFR 485.51.

A Primary Care Clinic that meets either of the following criteria: (a) it receives state or federal grant funds for the provision of health services; or it provides primary care services by virtue of certification or accreditation by one of the following entities: Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC), American Osteopathic Association (AOA), or Community Health Accreditation Program (CHAP).

A Professional Dental School Clinic associated with an accredited dental school.

A Professional Optometry School Clinic associated with an accredited optometry school.

A Public Health Department Clinic that meets the standards set forth in Ohio Revised Code (section 3701.342) and has legal status as a local health department created by a city health district, general health district, or combined health district and/or meets standards for boards of health and local health departments in Ohio.

A Speech-Language-Audiology Clinic that specializes in and provides speech, language, or audiology services delivered by professionals who have been certified by the American speech-language-hearing association (ASHA).

## 9. Clinic services.

## a. Service-Based Ambulatory Health Care Clinic (AHCC) Services.

## i. End-Stage Renal Disease (ESRD) Dialysis Clinics

Payment for covered dialysis services rendered by an ESRD dialysis clinic is made as an all-inclusive composite amount per visit. This composite amount includes all related services, tests, equipment, supplies, and training furnished on the same date.

The Medicaid maximum composite payment amount for a covered dialysis service is the product of two figures: (a) The calendar year 2016 ESRD prospective payment system (PPS) base rate published by the Centers for Medicare and Medicaid services (CMS), which can be found on the CMS website at <http://www.cms.gov>; and (b) The applicable percentage from the following list: (i) chronic maintenance dialysis performed in an ESRD dialysis clinic – fifty-eight and three quarters per cent; (ii) chronic maintenance dialysis performed in a home setting – three sevenths of the percentage for chronic maintenance dialysis performed in an ESRD dialysis clinic; (iii) dialysis support services – thirty-three and three quarters per cent; or (iv) dialysis with self-care training – sixty-seven and three quarters per cent.

Separate payment may be made to an ESRD dialysis clinic for covered professional services of a medical practitioner and for covered laboratory services and pharmaceuticals that are not directly related to dialysis treatment. Payment methods and amounts for such items and services are determined in accordance with paragraph (9)(a)(ii) of this attachment.

## ii. All Other Service-Based AHCCs

Medicaid makes a separate payment for each service or item provided at a service-based AHCC.

Unless otherwise specified, the maximum payment amount for an AHCC service 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. The agency's MSRIAP fee schedule is published on the agency's website at <http://medicaid.ohio.gov/Providers/FeeScheduleandRates.aspx>.

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.

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

The agency's clinic rates found on the MSRIAP fee schedule were set as of January 1, 2017 and are effective for services provided on or after that date.

TN: 17-020  
Supersedes:  
TN: NEW

Approval Date: 9/8/17

Effective Date: 07/01/2017