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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 18-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages



Disabled and Elderly Health Programs Group

March 23, 2018

Ms. Barbara R. Sears
State Medicaid Director
Ohio Department of Medicaid
P.O. Box 182709
Columbus, OH 43218

Dear Ms. Sears:

We have reviewed Ohio's State Plan Amendment (SPA) 18-006, Prescribed Drugs, submitted to the Chicago Regional Office on March 2, 2018. This SPA proposes to bring Ohio into compliance with the provider-administered drug requirements in the Covered Outpatient Drugs final rule with comment period (CMS-2345-FC).

The Centers for Medicare & Medicaid Services (CMS) issued a companion letter with the approval package for SPA 17-023, which required the state to update provider-administered pharmaceutical language. The state has removed language in Attachment 4-19-B, Item 12-a, page 4 that referenced fixed fee schedules on vaccines, toxoids and other provider-administered drugs. The payment amount for covered provider-administered drugs (other than a VCF vaccines) is based on the lesser of the submitted charge or:

1. State Maximum Allowable Cost (MAC);
2. The payment limit shown in the current Medicare part B drug pricing file;
3. 107% of the wholesale acquisition cost (WAC); or
4. 85.6% of the average wholesale price (AWP).


Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 18-006 is approved with an effective date of January 1, 2018. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Ohio's state plan will be forwarded by the Chicago Regional Office. If you have any questions regarding this amendment, please contact Yolonda Williams at (410) 786-6618 or yolonda.williams@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Meagan T. Khau". The signature is fluid and cursive, written over a white background.

Meagan T. Khau
Deputy Director, Division of Pharmacy

CC: Ruth Hughes, ARA, CMS, Chicago Regional Office
Carolyn Humphrey, Ohio Department of Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-006	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, 2018	
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 Parts 440.50, 440.120, and 447	7. FEDERAL BUDGET IMPACT:		
	a. FFY 2018		\$0
	b. FFY 2019		\$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 12-a, Page 4 of 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Item 12-a, Page 4 of 4 (TN 15-016)		
10. SUBJECT OF AMENDMENT: Payment for Services: Clarification of payment for provider-administered pharmaceuticals			
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		
14. TITLE: STATE MEDICAID DIRECTOR	Ohio Department of Medicaid		
15. DATE SUBMITTED: <i>March 2, 2018</i>	P.O. BOX 182709		
	Columbus, Ohio 43218		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 2, 2018	18. DATE APPROVED: March 23, 2018		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/		
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Administrator		
23. REMARKS:			

Instructions on Back

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs (continued)

Determination of allowable pharmaceutical product cost: Drugs administered in the professional provider setting.

The payment amount for a covered provider-administered pharmaceutical (other than a VFC vaccine) is the lesser of the submitted charge or the Medicaid maximum, which is the first applicable item from the following ordered list:

- (1) The state maximum allowable cost (MAC);
- (2) The payment limit shown in the current Medicare part B drug pricing file;
- (3) 107% of the wholesale acquisition cost (WAC); or
- (4) 85.6% of the average wholesale price (AWP).

All maximum payment amounts are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.