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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 22-0020

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 2, 2022

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) Transmittal Number 22-0020

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0020. This amendment proposes to update state plan language related to the coordination of benefits for hospital services and remove obsolete rules-based language that is no longer pertinent.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 22-0020 was approved on September 1, 2022, with an effective date of June 2, 2022.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine.davidson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Andrea Ormiston, CMCS
Deborah Benson, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 2 0

2. STATE
OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
June 2, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 443 Subpart D


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 4.19-B, Pages 3 & 3a of 6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Supplement 1 to Attachment 4.19-B, Page 3 of 6 (TN 13-024)
Supplement 1 to Attachment 4.19-B, Page 3a of 6 (TN 15-019)
Attachment 4.19-A, Sec. 5101:3-2-25, Pages 1-3 (TN 12-002) (delete)**

9. SUBJECT OF AMENDMENT
Coordination of Benefits for Hospital Services, Obsolete Older State Plan Sections

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME **MAUREEN M. CORCORAN**

13. TITLE **STATE MEDICAID DIRECTOR**

14. DATE SUBMITTED
June 30, 2022

15. RETURN TO
**Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**


FOR CMS USE ONLY

16. DATE RECEIVED
June 30, 2022

17. DATE APPROVED
09/01/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 2, 2022

19. SIG 

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. In order to implement a new Medicaid payment policy for cost sharing for nursing facility (NF) services provided as a Medicare Part A benefit, the Medicaid agency will:

Establish that Ohio Department of Medicaid will pay as cost sharing the lesser of the coinsurance amount or the Medicaid maximum allowable reimbursement rate for the identified services minus the Medicare Part A plan payment to the nursing facility for the same services. If the Medicare Part A plan payment is more than the Medicaid maximum, the Ohio Department of Medicaid will pay nothing for the services.
2. In order to implement a new Medicaid payment policy for cost sharing for inpatient hospital services provided as a Medicare Part A benefit, the Medicaid agency will reimburse the lesser of:
 - a. The sum of the deductible, co-payment and coinsurance amount as provided by Medicare Part A or;
 - b. The Medicaid maximum allowed amount minus the total prior payment. The total prior payment includes the amount paid by Medicare and any other applicable third-party payments. The Medicaid maximum allowed amount is the amount that would be payable by Medicaid if the hospitalization were billed, in its entirety, to the department as a Medicaid-only claim. The Medicaid maximum allowed amount is calculated as either the applicable DRG prospective payment as described in Attachment 4.19-A, Section II, Subsection (C), or as the payment applicable for services reimbursed on a reasonable cost basis as described in Attachment 4.19-A, Section II, Subsection (B).

3. Cost sharing for services provided as a Medicare Part B benefit are reimbursed at the lesser of:
 - a. The sum of the deductible, co-payment and coinsurance amount as provided by Medicare Part B or;
 - b. The Medicaid maximum allowed amount minus the total prior payment. The total prior payment includes the amount paid by Medicare and any other applicable third party payments. The Medicaid maximum allowed amount is the amount that would be payable by Medicaid if the services were billed, in its entirety, to the department as a Medicaid-only claim, determined in accordance with Attachment 4.19-B, Section I, subsection (D) of the State Plan for hospitals subject to EAPG prospective payment or in accordance with Attachment 4.19-B, Section I, subsection (C) for hospitals subject to non-EAPG prospective payment.
4. If a consumer is entitled to hospital insurance benefits other than Medicare including health insurance benefits;
 - a. For inpatient hospital services, if a consumer is entitled to hospital insurance benefits other than Medicare including health insurance benefits, the department pays either the applicable APR-DRG prospective payment as described in Attachment 4.19-A, Section II, subsection (C) of the State plan or the payment applicable for services reimbursed on non-DRG prospective payment as described in rule Attachment 4.19-A, Section II, subsection (B) of the State plan, minus any resources available to the patient for hospital services including health insurance benefits. Such resources may include Medicare part B payments including health insurance benefits.
 - b. For outpatient hospital services, if a consumer is entitled to hospital insurance benefits other than Medicare including health insurance benefits, the department pays either in accordance with Attachment 4.19-B, Section I, subsection (D) of the State Plan for hospitals subject to EAPG prospective payment or in accordance with Attachment 4.19-B, Section I, subsection (C) for hospitals subject to non-EAPG prospective payment, minus any resources available to the patient for hospital services including health insurance benefits. Such resources may include Medicare part B payments including health insurance benefits
5. For both inpatient and outpatient services, if the resources available to a recipient equal or exceed amounts payable in accordance with subsection (4)(a) or subsection (4)(b) of this section, the department makes no payment for the hospital services.