

Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 13-004

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

July 11, 2014

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

RE: TN 13-004

Dear Mr. McCarthy:

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

Transmittal #13-004 Medicaid outpatient hospital fee schedule update,
effective January 1, 2013.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.


Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, ODM
Andy Jones, ODM
Becky Jackson, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13 -004 (REVISED)	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 1/1/2013	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447, Subpart C 42 CFR Part 491		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 2-a, Page 1 of 8 Attachment 4.19-B, Item 2-a, Page 2 of 8		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Item 2-a, Page 1 of 8 (TN 12-005) Attachment 4.19-B, Item 2-a, Page 2 of 8 (TN 11-027)	
10. SUBJECT OF AMENDMENT: Medicaid outpatient hospital fee schedule update January 1, 2013			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The State Medicaid Director is the Governor's designee <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: March 28, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 28, 2013		18. DATE APPROVED: 7/11/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

2. a. Outpatient Hospital Services

Outpatient hospital services under this section are covered by Ohio Medicaid in accordance with 42 CFR 440.20.

Outpatient hospital services shall be based upon fee-schedule payments and prospectively determined rates for procedures performed in the outpatient hospital setting. Fee-schedule payments based upon both the Healthcare Common Procedure Coding System (HCPCS) and Physician's Current Procedural Terminology (CPT) codes are established for most outpatient hospital procedures.

Reimbursement for unlisted surgical procedures, unlisted ancillary and radiology procedures, independently billed pharmacy and medical supplies, and pharmacy billed with IV therapy will be based upon multiplying the hospital specific outpatient cost to charge ratio from the interim settled Medicaid cost reports during the calendar year preceding the rate year by charges associated with claims processed through the Ohio Medicaid claims system.

Payment for all other Outpatient hospital services is the lesser of the billed charges or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Outpatient hospital services fee schedule.

All rates are published on the agency's website at jfs.ohio.gov/OHP/provider.stm.

The agency's Outpatient hospital services fee schedule was set as of January 1, 2013, and is effective for Outpatient hospital services provided on or after that date.

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

TN: 13-004
Supersedes:
TN: 12-005

Approval Date 7/11/2014
Effective Date: 01/01/2013

2. a. Outpatient Hospital Services

Outpatient Hospital Services, continued:

Outpatient Hospital Services are subject to a co-payment as referenced in Attachment 4.18-A of the State plan.

TN: 13-004

Supersedes:

TN: 11-027

Approval Date: 7/11/2014

Effective Date: 01/01/2013