

## **Table of Contents**

**State Territory Name: OHIO**

**State Plan Amendment (SPA) #: 23-0027**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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## Financial Management Group

December 8, 2023

Maureen Corcoran, Director  
Ohio Department of Medicaid  
50 West Town Street, Suite 400  
Columbus, Ohio 43215

RE: Ohio State Plan Amendment 23-0027

Dear Director Corcoran:

We have reviewed the proposed Ohio State Plan Amendment (SPA) to Attachment 4.19-B, OH-23-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 26, 2023. This plan provides a one-time provider payment to Freestanding Dialysis Centers..

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 2 7

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

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.90 and 42 CFR 494.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 2,534,500  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 9-a, Page 1 of 2  
Attachment 4.19-B, Item 9-a, Page 2 of 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Item 9-a, Page 1 of 2 (TN 21-020)  
Attachment 4.19-B, Item 9-a, Page 2 of 2 (TN 23-004)

9. SUBJECT OF AMENDMENT

Payment for Services: One-Time Provider Relief Payment to Freestanding Dialysis Centers

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  
September 26, 2023

15. RETURN TO

Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218

**FOR CMS USE ONLY**

16. DATE RECEIVED SEPTEMBER 26, 2023

17. DATE APPROVED  
December 8, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
OCTOBER 2, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
TODD MCMILLION

21. TITLE OF APPROVING OFFICIAL  
DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

## 9. Clinic services.

## a. Ambulatory Health Care Clinic (AHCC) Services.

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

Payment for covered dialysis services furnished at a dialysis center is made on a per-visit basis. The per-visit payment amount (PVPA) for dialysis treatment is 71.1% of CMS's CY 2021 ESRD prospective payment system base rate, rounded to the nearest dollar. The PVPA for self-care training is 22.0% of CMS's CY 2021 add-on amount for self-care training, rounded to the nearest dollar. CMS's CY 2021 ESRD prospective payment system base rate and add-on amount can be found on the CMS website at <https://www.cms.gov>. The PVPA for a dialysis treatment service includes all applicable related services, tests, equipment, supplies, and incidental instruction that are designated by Medicare as "subject to consolidated billing."

Separate payment may be made to an ESRD dialysis center 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.

## Supplemental Payments for State Fiscal Year (SFY) 2024

## 1. Qualifying Criteria

In SFY 2024, the Ohio Department of Medicaid (ODM) will make a one-time provider relief payment to each freestanding dialysis center that meets the following criteria: (1) It is in good standing with the Ohio Department of Health; and (2) it received payment from ODM in SFY 2021.

## 2. Payment Methodology

The total pool amount to be distributed is \$3.7 million. The percentage of the total budgeted amount allocated to each dialysis center is calculated by dividing (1) the amount paid by fee-for-service Medicaid to the dialysis center for services rendered during the period from 7/1/2020 through 6/30/2021 by (2) the total amount paid by fee-for-service Medicaid to all eligible freestanding dialysis centers during that period. The payment is to be used exclusively for direct care staff compensation, including retention bonus payments, overtime pay and shift differential payments, staff recruitment costs, and incentive payments for new hires. No payment is to be made for services covered under a MCO, PIHP, or PAHP contract. These one-time payments will not cause total payments to exceed the FFS upper payment limit estimate for SFY 2024.

9-a Clinic services, Service-Based Ambulatory Health Care Clinic (AHCC) Services, continued.

ii. All Other AHCCs

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

For a newly-covered procedure, service, or supply represented by a new HCPCS procedure code, the initial maximum payment amount is set at 80% of the Medicare allowed amount. Each new AHCC services code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates> until it is moved to the MSRIAP fee schedule.

All Medicaid payment schedules and rates are published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency's MSRIAP fee schedule was set as of January 1, 2023, and is effective for services provided on or after that date.

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.