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State Territory Name: OHIO

State Plan Amendment (SPA) #: 23-0034

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



Financial Management Group

December 13, 2023

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

RE: Ohio State Plan Amendment 23-0034

Dear Ms. Corcoran:

We have reviewed the proposed Ohio State Plan Amendment (SPA) to Attachment 4.19-B, OH-23-0034, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 2, 2023. This plan updates the rates for Ambulatory Health Care Clinics (AHCCs), Dialysis Center Services. .

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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.

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 3 4

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

January 1, 2024

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 \$ 304,743
b. FFY 2025 \$ 403,204

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 9-a, Pages 1 and 2 of 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Item 9-a, Pages 1 and 2 of 2 (TN: 23-027)

9. SUBJECT OF AMENDMENT

Payment for Services: Ambulatory Health Care Clinics (AHCCs), Dialysis Center Services

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

[Redacted Signature]

12. TYPED NAME MAUREEN M. CORCORAN

13. TITLE STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
November 2, 2023

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
NOVEMBER 2, 2023

17. DATE APPROVED
December 13, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
JANUARY 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

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 72% of CMS's CY 2023 ESRD prospective payment system base rate. The PVPA for self-care training is 72% of CMS's CY 2023 add-on amount for self-care training. CMS's CY 2023 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 disaster 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 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, 2024, 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.