

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:
 The following table describes parts (A), (B) and (C) from Section 4.18 of the State Plan

Services (A)	Nature/Type of Charge (B)			Amount and Basis for Determination (C)
	Deduct.	Coins.	Copay.	
				Exclusions to co-payments will be in accordance with 42CFR 447.53(b).
Dental Services			X	A co-payment of \$3.00 for each date of service for consumers 21 years of age and older. The co-payment is based on the department's average payment of <u>\$158.09</u> per dental claim.
Vision Services			X	A co-payment of \$2.00 for each date of service for consumers 21 years of age and older that receive a general vision examination. A co-payment of \$1.00 for each date of service for consumers 21 years of age and older that are dispensed a set of glasses. The co-payments are based on the department's average payment of <u>\$31.69</u> for vision exams and <u>\$27.06</u> for dispensing of glasses.
Non-emergency emergency department services			X	A co-payment of \$3.00 for each date a non-emergency service(s) is rendered in an emergency department setting. The co-payment is based on the average payment of <u>\$68.77</u> for a hospital emergency department claim.
Pharmacy Prescription Drugs			X	A co-payment of \$3.00 is imposed on prescription medications not found in Appendix A of rule 5101:3-9-12 of the Ohio Administrative Code (OAC). The co-payment is based on the department's average payment amount for medications requiring prior authorization (non Appendix A medications) of \$75.00 per prescription. In addition, a co-payment of \$2.00 is imposed on selected single-source drugs as identified in Appendix A of OAC 5101:3-9-12. The co-payment is based on the average cost of these drugs being <u>\$103.05</u> per prescription.

TN No. 05-014
 Supersedes
 TN No. 03-023

Approval Date NOV 8 7 2005 Effective Date 01/01/2006

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 2
OMB N): 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

D. The method used to collect cost sharing charges for categorically needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

— The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

E. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

If the consumer is unable to pay the co-payment for their medication and/or medical service, he or she may declare to the provider at the time the medication or service is dispensed or rendered that they are unable to pay and the provider will dispense the medication and/or render the medical service without collecting the co-payment.

See additional provisions set forth in paragraph H of this attachment.

TN No. 05-014
Supersedes
TN No. 03-023

Approval Date NOV 07 2004 Effective Date 01/01/2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

F. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

- (1) Policy, rules, and communication documents issued to consumers and providers will set forth that there is no co-payment on any covered service rendered to children. The claims processing system will identify claims submitted for individuals under the age of 21 and will not offset the Medicaid payment with the established co-payment amount.
- (2) Policy, rules, and communication documents issued to consumers and providers will set forth that there is no co-payment on any covered service rendered to a pregnant woman if such service is related to the pregnancy or to any other medical condition which may complicate the pregnancy. It will be presumed that the provision of any dental services, emergency visits, pharmacy services, and medical services for the treatment of medical conditions of the eyes to a woman who is pregnant, whether or not it is directly related to the pregnancy or the treatment of a medical condition which may complicate the pregnancy, minimizes the risks of complications arising during the pregnancy or the postpartum period of a pregnancy. It will be presumed that services for routine eye examinations and eyeglasses are not related to the pregnancy and/or a medical condition which may complicate the pregnancy. The claims processing system will identify claims submitted for individuals who are pregnant and will offset the Medicaid payment with the established co-payment amount only for routine eye examinations and/or the eyeglass dispensing service.
- (3) Policy, rules, and communication documents issued to consumers and providers will set forth that there is no co-payment on individuals living in long term care facilities. The claims processing system will identify all individuals living in a long term care facility and will not offset the Medicaid payment by the established co-payment amount.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

- (4) Policy, rules, and communication documents issued to consumers and providers will set forth that there is no co-payment on emergency services and will include guidelines for the providers to determine when the emergency exclusion applies. The claims processing system will identify all emergency department claims submitted for individuals meeting the emergency exclusion and will offset the Medicaid payment with the established co-payment amount only on those claims determined to be non-emergency visits billed as hospital emergency room visits.

In addition the claims processing system will identify all dental and/or vision services provided in a hospital, clinic, office or other facility when the emergency exclusion applies and will not offset the Medicaid payment by the established co-payment amount.

Medications administered to an eligible consumer during emergency care provided in a hospital, clinic, office, or other facility that is equipped to furnish the required care, after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily part or organ, are not subject to co-payment.

Prescriptions for medication given to an eligible consumer during a medical encounter provided in the emergency department or other hospital setting, clinic, office, or other facility as a result of the evaluation and treatment of the condition, to be filled at a pharmacy located at the facility or at an outside location, are subject to co-payment under the conditions described in paragraphs (A), (B), and (C) of this rule.

TN No. 05-014
Supersedes
TN No. NEW

Approval Date NOV 07 2005 Effective Date 01/01/2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

- (5) Policy and rules will set forth that there is no co-payment on family planning services. The claims processing system will identify all claims submitted for family planning-related services and will not offset the Medicaid payment by any co-payment amount.

G. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

 Cumulative maximums have been established as described below:

H. In addition, the following provisions regarding co-payments on dental, vision, non-emergency emergency department services and prescription medications apply in accordance with rule 5101:3-1-09 of the Ohio Administrative Code:

1. The co-payment program shall provide for all of the following with regard to any providers participating in the Medicaid program:
- a. No provider shall refuse to provide a service to a Medicaid consumer who is unable to pay a required co-payment for the service.
 - b. Paragraph 1a. of this section shall not be considered to do either of the following with regard to a Medicaid consumer who is unable to pay a required co-payment:
 - i. Relieve the Medicaid consumer from the obligation to pay a co-payment;
 - ii. Prohibit the provider from attempting to collect an unpaid co-payment.

TN No. 05-014
Supersedes

Approval Date NOV 6 7 2005 Effective Date 01/01/2006

TN No. NEW

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 6
OMB N): 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

- c. No provider or drug manufacturer, including the manufacturer's representative, employee, independent contractor, or agent, shall pay any co-payment on behalf of a Medicaid consumer.
- d. If it is the routine business practice of the provider to refuse service to any individual who owes an outstanding debt to the provider, the provider may consider an unpaid Medicaid co-payment imposed by the co-payment program as an outstanding debt and may refuse service to a Medicaid consumer who owes the provider an outstanding debt. If the provider intends to refuse service to a Medicaid consumer who owes the provider an outstanding debt, the provider shall notify the individual of the provider's intent to refuse services.

TN No. 05-014
Supersedes
TN No. NEW

Approval Date NOV 07 2005 Effective Date 01/01/2006