

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: OHIO

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of
1902(a)(13) 42 CFR Part 447, Subpart C, and sections
and 1923 of 1902(a)(13) and 1923 of the Act with respect to
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

Inappropriate level of care days are not covered.

TN No. 91-19
Supersedes 87-18 Approval Date 1-16-92 Effective Date 10/1/91
TN No. 87-18

HCFA ID: 7982E

97

State/Territory: OHIO

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902 (a) (13) (E)
1903 (a) (1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902 (a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the state Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. Attachment 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (e.g. - for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

Attachment 4.19-B describes the methods and standards used for the payment of each of these services.

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Revision: WPA-AT-80-38 (EPP)
May 22, 1980

State OHIO

Citation
42 OR 47.40
AT-78-30

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

TN # 75-2
Supersedes
TN # 77-20

Approval Date 3/10/78 Effective Date 12/1/77

State/Territory: OHIO

- Citation
 42 CFR 447.252
 47 FR 47964
 48 FR 56046
 42 CFR 447.280
 47 FR 31518
 52 FR 28141

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-48
Supersedes
TN No. 84-14

Approval Date 2/10/88

Effective Date 10/15/87

Revision: ~~HRA-AT-80-38~~ (BPP)
May 22, 1980

State OHIO

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-29 And 79-20

Supersedes

TN # ~~79-29~~

Approval Date

2/5/80

9/15/79

Effective Date

8/23/79

7/1/79

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: OHIO

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-18
Supersedes
TN No. 83-18

Approval Date

8-20-87

Effective Date

4-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OHIO

Citation
42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19 (g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

TN # 77-1

Supersedes

TN # ~~77-1~~ 75-41

Approval Date 4/1/77

Effective Date 2/22/77

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State _____

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 77-1
Supersedes
TN # 75-41

Approval Date 4/11/77

Effective Date 2/22/77

Revision: ~~HCRA~~-AT-80-38 (SPP)
May 22, 1980

State OHIO

Citation

42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19 (i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # 77-1

Supersedes

TN # ~~77-1~~ 75-41

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Effective Date 2/22/77

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AUGUST 1991

OMB No.: 0938-

State: OHIO

Citation

42 CFR
447.201
and 447.205

4.19(j)

The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the
Act

(k)

The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

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Supersedes 87-48 Approval Date 1-16-92 Effective Date 10/1/91

HCFA ID: 7982E

Revision: HCFA-PM-94 (MB)
1994

State/Territory: OHIO

Citation
1928(c)(2)
the Act

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

(i) A provider may impose a charge for the administration of (C)(ii) of a qualified Pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall Provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

___ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

___ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

___ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

___ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine: \$15.00

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

The Ohio Department of Medicaid collaborates with the Ohio Department of Health to monitor children's vaccinations by utilizing the statewide automated Immunization Information System (Impact/SIIS). The agencies have an interagency agreement (IAA) that addresses information sharing regarding the provision of vaccines to Medicaid-eligible children. This IAA is included in the State Plan as Attachment 4.16-A.

TN: 19-016
Supersedes:
TN: 09-017

Approval Date: 7/29/19

Effective Date: 04/01/2019

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19 (A)

- Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19-B:

- Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.
- Additional Other Provider-Preventable Conditions identified below (*please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied. For example – 4.19(d) nursing facility services, 4.19(b) physician services*) of the plan:

TN: 11-014
Supersedes:
TN: NEW

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