STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18-A of this state plan), if applicable, the Medicaid agency uses the following general method of payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments designated with the letter "SP" on page 2.

   For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page __ in item __ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments designated with the letters "MR" on page 2.

3. Payments are up to the amount of a special rate, or according to a special method, described on Pages 3 and 3a under items 1, 2 and 3 of this Supplement, for those groups and payments designated with letters "NR" on page 2.

4. Any exceptions to the general methods used for a particular group or payment are specified on Page __ in item __ of this attachment (see 3 above).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A MR/NR deductibles	MR/NR coinsurance
	Part B MR/NR deductibles	MR/NR coinsurance
Other Medicaid Recipients	Part A MR/NR deductibles	MR/NR coinsurance
	Part B MR/NR deductibles	MR/NR coinsurance
Dual Eligible (QMB Plus)	Part A MR/NR deductibles	MR/NR coinsurance
	Part B MR/NR deductibles	MR/NR coinsurance

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. In order to implement a new Medicaid payment policy for cost sharing for nursing facility (NF) services provided as a Medicare Part A benefit, the Medicaid agency will:

   Establish that Ohio Department of Medicaid will pay as cost sharing the lesser of the coinsurance amount or the Medicaid maximum allowable reimbursement rate for the identified services minus the Medicare Part A plan payment to the nursing facility for the same services. If the Medicare Part A plan payment is more than the Medicaid maximum, the Ohio Department of Medicaid will pay nothing for the services.

2. In order to implement a new Medicaid payment policy for cost sharing for inpatient hospital services provided as a Medicare Part A benefit, the Medicaid agency will reimburse the lesser of:

   a. The sum of the deductible, co-payment and coinsurance amount as provided by Medicare Part A or;

   b. The Medicaid maximum allowed amount minus the total prior payment. The total prior payment includes the amount paid by Medicare and any other applicable third party payments. The Medicaid maximum allowed amount is the amount that would be payable by Medicaid if the hospitalization were billed, in its entirety, to the department as a Medicaid-only claim. The Medicaid maximum allowed amount is calculated as either the applicable DRG prospective payment as described in Attachment 4.19-A, Appendix 5101:3-2-7.11, or as the payment applicable for services reimbursed on a reasonable cost basis as described in Attachment 4.19-A, Appendix 5101:3-2-22.

3. Cost sharing for services provided as a Medicare Part B benefit are reimbursed at the lesser of:

   a. The sum of the deductible, co-payment and coinsurance amount as provided by Medicare Part B or;

   b. The Medicaid maximum allowed amount minus the total prior payment. The total prior payment includes the amount paid by Medicare and any other applicable third party payments. The Medicaid maximum allowed amount is the amount that would be payable by Medicaid if the services were billed, in its entirety, to the department as a Medicaid-only claim.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: Ohio

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part C Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

   For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item A of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".

3. *** Payments are up to the amount of a special rate, or according to a special method, described on Page 6 in item 1. of this attachment, for those groups and payments listed below and designated with the letters "NR".

4. Any exceptions to the general methods used for a particular group or payment are specified an Page 3 in item __ of this attachment (see 3. above).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: Ohio

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part C Deductible/Coinsurance

QMBs:	Part A _ Deductibles _ Coinsurance	
	Part B _ Deductibles _ Coinsurance	
	Part C NR Deductibles NR Coinsurance	
Other Medicaid Recipients	Part A _ Deductibles _ coinsurance	
	Part B _ Deductibles _ coinsurance	
	Part C NR Deductibles NR Coinsurance	
Dual Eligible (QMB Plus)	Part A _ Deductibles _ Coinsurance	
	Part B _ Deductibles _ Coinsurance	
	Part C NR Deductibles NR Coinsurance	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: Ohio

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part C Deductible/Coinsurance

1. For Qualified Medicare Beneficiaries (QMBs) enrolled in Medicare Part C (Medicare Advantage) managed health care plans the department will pay the lesser of the provider's billed charge for the deductible, coinsurance, and/or co-pays, the difference between the Medicare plan's payment to the provider for a service or services identified and the maximum allowable reimbursement rate under the Medicaid State Plan for the same identified service or services, or the Medicaid liability if the service had been rendered under Medicare Part A or Part B.

Nursing Facility Payment for Medicare Part A Cost Sharing.

For a nursing facility service provided by a nursing facility on or after January 1, 2012, "Medicaid maximum allowable amount" means 100% of the nursing facility's Medicaid per diem rate on the date the service was provided.

For qualified Medicare beneficiaries (QMB), including QMB plus and Medicaid beneficiaries admitted to a nursing facility on a Medicare Part A benefit, the lesser of the following will be paid for cost sharing for nursing facility services:

1) The coinsurance amount as provided by the Medicare Part A plan; or

2) The Medicaid maximum allowable amount for the identified service or services minus the Medicare Part A plan's payment to a nursing facility for the same service or services. If the Medicare Part A plan's payment to a nursing facility for an identified service or services is greater than the Medicaid maximum allowable amount, nothing will be paid for the same identified service or services.