



Hospital Handbook Transmittal Letter (HHTL) 3352-19-09

Published on 12/24/2019

**TO: All Hospital Providers
Directors, County Departments of Job and Family Services**

FROM: Maureen M. Corcoran, Director

**SUBJECT: Outpatient Hospital Reimbursement for Services Provided on or after
January 2, 2020**

Summary

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining the payment policies for outpatient hospital services.

Ohio Administrative Code (OAC) rule 5160-2-75 has been amended. Details of the amendments to the rule are noted below.

Rule Changes

Rule 5160-2-75, entitled “Outpatient hospital reimbursement,” sets forth the Medicaid hospital reimbursement methodology for hospitals subject to the Enhanced Ambulatory Patient Grouping (EAPG) prospective payment system. The Department has amended the policy to clarify language and to continue to reform and modernize outpatient hospital reimbursement. The formula used to calculate outpatient payments has not changed. The Department has recalibrated relative weights for outpatient services in order to facilitate the move from EAPG version 3.9 to version 3.14. In addition, the Department has applied a budget neutrality factor to all EAPG types as described in paragraph (F)(3) and a payment neutrality adjustment as described in paragraph (I) to hospital-specific base rates in order to maintain existing payments for Ohio hospitals. Additionally, the amendment clarified existing language regarding payments for dental procedures, durable medical equipment, and observation services. Finally, for administrative reasons, the amendment removed the provisions and methodology for the payment of outpatient hospital behavioral health services, and moved those provisions and methodology into a new rule that preserves the current policies.

Observation Services

Effective with EAPG Version 3.14 only HCPCS code G0378 will be recognized for observation flat payment. Use of 992XX observation CPT codes are grouped to a medical visit in Version 3.14 and will be processed accordingly.

Claim Submissions with Dates of Service Spanning Between 12/31/2019 and 01/02/2020

As standard practice and due to the January 1 CPT and HCPCS code updates, providers cannot submit outpatient claims that span across December 31 and January 1. In addition, for 2020, ODM

will be implementing both EAPG Version 3.14 and the Cost Coverage Add-on effective January 2, 2020. Therefore, it will be necessary that providers submit up to three separate claims for services occurring between December 31, 2019 through January 2, 2020 for the same recipient.

- Claim 1 – Outpatient Services on or before December 31;
- Claim 2 – Outpatient Services on January 1;
- Claim 3 – Outpatient Services on or after January 2.

Access to Rules and Related Material

Stakeholders who want to receive notification when ODM original or final files a rule package may visit JCARR’s RuleWatch at www.rulewatchohio.gov where an account can be created to be notified of rule actions by rule number or department.

Stakeholders can subscribe to receive notification when a clearance or BIA is posted for public comment on the Ohio Business Gateway here:

<https://www.apps.das.ohio.gov/RegReform/enotify/subscription.aspx>.

The main web page of the ODM includes links to valuable information about its services and programs; the address is <http://medicaid.ohio.gov/>.

To access ODM Fee Schedule and Rates, go to medicaid.ohio.gov > Providers > Fee Schedule and Rates > Click “I Agree”:

Additional Information

Questions pertaining to this letter should be addressed to:

hospital_policy@medicaid.ohio.gov

or

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