

3. Other Laboratory and X-Ray Services

Payment for laboratory and x-ray service is based on the lesser of the billed charge or the Medicaid maximum for the particular service performed according to the department's procedure code reference file.

TNS # 90-38
SUPERSEDES
TNS # 89-24

APPROVAL DATE 10-12-90
EFFECTIVE DATE 7/1/90

STATE OF OHIO

ATTACHMENT 4.19-8
REFERENCE PRE-PRINT PAGE 2
AND SUPPLEMENT 2
OF ATTACHMENT 3.1-A
ITEM 4, PAGE 1 OF 1

- 4a. Skilled Nursing Facility Services for Individuals Under 21 Years of Age or Older

REFERENCE SUPPLEMENT 2, RULE 5101:3-3-05 AND RULE 5101:3-3-15.

- 4b. Early and Periodic Screening Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

Payment is made according to the provider type rendering service as described elsewhere in this schedule. Environmental assessments performed by the Ohio Department of Health will be reimbursed at a cost based negotiated rate.

- 4c. Family Planning

Payment is made according to the provider type rendering service as described elsewhere in this schedule.

SUBSTITUTE PAGE

TN No. 93-39
SUPERSEDES
TN No. 90-38

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5. Physician Services

Payment is based on the lesser of the billed charge or the Medicaid maximum for the particular service performed according to the department's procedure code reference file. Payment for surgical procedures performed under the in office surgery program will consist of the regular reimbursement plus a \$15, \$25 or \$50 additional payment.

Payment for physician groups, which contract with a hospital to provide physician hospital clinic services in the physician group practice setting and who provide 40 percent of the medicaid physician visits in the county of location and 10 percent of the visits in contiguous counties, is based on the lesser of billed charges or the medicaid maximum for a particular service according to the department's procedure code reference file plus 40 percent of that fee.

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TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)

The purpose of this section of the State Plan is to demonstrate access to primary care. Included in this section is information on our covered services and reimbursement rates for the period July 1, 1995 through June 30, 1996 and our reimbursement rates as of March 30, 1997. Also included is a chart that demonstrates participation rates and our HMO payment methodology.

The department used claims data with a date of service during state fiscal year 1996 to determine an unduplicated count of providers, by county, who rendered OB, pediatric, or family practice services. Only those family practice providers who submitted a claim for an OB service were included in the department's count for OB. The count for pediatric care included all pediatricians who billed plus the family practice physicians who billed.

The department compared paid claims data for SFY 1996 against data from the Ohio State Medical Board, JANUARY 1997 to determine access. There are concerns about the reliability of the Medical Board data, however, it seems to be as current and clean as any other data source we had access to.

The Medical Board data does not include information on family practice and general practice physicians who do obstetrical services. Therefore, we used an approximation of 18.7 percent, based on the American Academy of Family Practice Physicians' assessment of the number of FP physicians providing OB care in Ohio, to determine the population of physicians providing maternity care. The sum of OB doctors and 18.7 percent of the FP doctors were then compared against Ohio Medicaid data. Similarly, the sum of FP and pediatric physicians was compared to the sum of the department's FP and pediatric physicians.

The results of the analysis show that Ohio Medicaid recipients do have access to primary care services. Also, the department is in the process of implementing an 1115 Waiver to expand eligibility and implement managed care for most eligibles. We believe that this will be a positive step toward assuring access to primary care, especially for pregnant women and children.

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5. Physician Services (Continued)

DETERMINATION OF HMO CAPITATION RATES

The base data that will be used for developing HMO rates will be prepared from the Medicaid fee-for-service payment data and will include pediatric and obstetrical practitioner services described and specified in the State Plan Amendment. To that end, the state develops a report of claims and per capita utilization for covered Medicaid services provided to the fee-for-service population in Ohio for a prior 12-month-period.

These data are then adjusted appropriately for inflation, provider fee increases and other pertinent adjustments. The maximum payment rates for obstetrical and pediatric practitioner services requested for the State Plan Amendment are therefore incorporated in the capitation rates for HMOs who have Medicaid contracts.

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5. Physician Services (Continued)

OB/PED FEDERAL ASSURANCE FOR 1997

<u>Counties</u>	<u>Med Bd OB+ 18.7%</u>	<u>ODHS Total OB</u>	<u>Percent Partici- -pation</u>	<u>Med Bd FPGP + PED</u>	<u>1997 GP + PED</u>	<u>Percent Partici- -pation</u>
1. ADAMS	1	1				
2. ALLEN	17	17	100%	10	10	100%
3. ASHLAND	5	3	60%	54	54	100%
4. ASHTABULA	10	10	100%	15	13	87%
5. ATHENS	14	14	100%	33	33	100%
6. AUGLAIZE	7	7	100%	50	49	98%
7. BELMONT	10	9	90%	23	23	100%
8. BROWN	6	4	67%	27	27	100%
9. BUTLER	34	28	82%	12	12	100%
10. CARROLL	2	2	100%	87	86	99%
11. CHAMPAIGN	2	1	50%	10	10	100%
12. CLARK	15	15	100%	10	10	100%
13. CLERMONT	8	8	100%	44	44	100%
14. CLINTON	8	7	88%	32	32	100%
15. COLUMBIANA	12	12	100%	19	18	95%
16. COSHOCTON	3	3	100%	40	40	100%
17. CRAWFORD	7	4	57%	11	7	64%
18. CUYAHOGA	343	343	100%	20	20	100%
19. DARKE	5	3	60%	842	842	100%
20. DEFIANCE	5	5	100%	18	10	56%
21. DELAWARE	7	7	100%	19	19	100%
22. ERIE	13	13	100%	27	25	93%
23. FAIRFIELD	15	14	93%	42	42	100%
24. FAYETTE	4	4	100%	53	49	92%
25. FRANKLIN	242	215	89%	10	9	90%
26. FULTON	4	4	100%	689	637	92%
27. GALLIA	10	10	100%	20	18	90%
28. GEAUGA	11	8	73%	20	20	100%
29. GREENE	22	15	68%	29	23	79%
30. GUERNSEY	6	5	83%	70	53	76%
31. HAMILTON	247	199	80%	17	17	100%
32. HANCOCK	12	11	92%	637	525	82%
33. HARDIN	2	2	100%	22	22	100%
34. HARRISON	1	1	100%	12	12	100%
35. HENRY	1	1	100%	3	3	100%
				8	8	100%

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5. Physician Services (Continued)OB/PED FEDERAL ASSURANCE FOR 1997 (Continued)

<u>Counties</u>	<u>Med Bd OB+ 18.7%</u>	<u>ODHS Total OB</u>	<u>Percent Partici- pation</u>	<u>Med Bd FPGP + PED</u>	<u>1997 GP + PED</u>	<u>Percent Partici- pation</u>
36. HIGHLAND	5	5	100%	16	16	100%
37. HOCKING	3	3	100%	11	11	100%
38. HOLMES	3	3	100%	12	12	100%
39. HURON	9	9	100%	29	29	100%
40. JACKSON	2	2	100%	12	10	83%
41. JEFFERSON	10	8	80%	25	22	88%
42. KNOX	6	5	83%	20	18	90%
43. LAKE	28	28	100%	83	70	84%
44. LAWRENCE	3	3	100%	19	19	100%
45. LICKING	15	15	100%	49	44	90%
46. LOGAN	6	6	100%	19	19	100%
47. LORAIN	34	34	100%	97	97	100%
48. LUCAS	119	119	100%	359	334	93%
49. MADISON	4	4	100%	18	17	94%
50. MAHONING	50	50	100%	139	139	100%
51. MARION	13	13	100%	23	23	100%
52. MEDINA	17	16	94%	55	51	93%
53. MEIGS	1	1	100%	7	7	100%
54. MERCER	5	5	100%	24	19	76%
55. MIAMI	13	10	77%	46	34	74%
56. MONROE	1	1	100%	4	3	75%
57. MONTGOMERY	151	86	57%	429	339	79%
58. MORGAN	1	1	100%	3	3	100%
59. MORROW	2	2	100%	7	7	100%
60. MUSKINGUM	14	14	100%	38	37	97%
61. NOBLE	1	1	100%	5	4	80%
62. OTTAWA	4	3	75%	18	15	83%
63. PAULDING	1	1	100%	8	6	75%
64. PERRY	2	2	100%	11	9	82%
65. PICKAWAY	3	2	67%	18	18	100%
66. PIKE	2	2	100%	11	11	100%
67. PORTAGE	13	12	92%	37	35	95%
68. PREBLE	2	2	100%	12	12	100%
69. PUTNAM	3	3	100%	16	13	81%
70. RICHLAND	14	14	100%	38	36	95%

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5. Physician Services (Continued)

OB/PED FEDERAL ASSURANCE FOR 1997 (Continued)

<u>Counties</u>	<u>Med Bd OB+ 18.7%</u>	<u>ODHS Total OB</u>	<u>Percent Participation</u>	<u>Med Bd FPGP + PED</u>	<u>1997 GP + PED</u>	<u>Percent Participation</u>
71. ROSS	11	11	100%	27	27	100%
72. SANDUSKY	7	7	100%	22	22	100%
73. SCIOTO	10	10	100%	29	29	100%
74. SENECA	10	9	90%	21	18	86%
75. SHELBY	6	6	100%	16	16	100%
76. STARK	75	74	99%	174	157	90%
77. SUMMIT	123	98	80%	312	272	87%
78. TRUMBULL	32	32	100%	96	96	100%
79. TUSCARAWAS	7	7	100%	27	27	100%
80. UNION	6	6	100%	17	17	100%
81. VANWERT	3	3	100%	9	9	100%
82. VINTON	0	0	NA	1	1	100%
83. WARREN	12	7	58%	54	33	61%
84. WASHINGTON	9	9	100%	34	30	88%
85. WAYNE	11	11	100%	38	36	95%
86. WILLIAMS	4	4	100%	16	15	94%
87. WOOD	21	11	52%	50	43	86%
88. WYANDOT	3	3	100%	12	12	100%
TOTALS	2,021	1,798	89%	5,714	5,221	91%

MED BD OB + 18.7% This is the Ohio State Medical Board data from JANUARY 1997. It is the sum of physicians who listed their primary specialty as OB/GYN plus 18.7% of the total number of family practice and general practice physicians. The 18.7% represents the approximate number of FP/GP physicians that provide prenatal care.

ODHS TOT OB This is the total number of physicians with an OB specialty who billed the department in SFY 96 for services, plus all the general physicians who billed the department for prenatal services. When the department number exceeded the Med Bd number, due to the calculated 18.7%, the department number was reduced to match the Med Bd number.

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5. Physician Services (Continued)

MED BD FPGP + PED This is the total number of family practice, general practice, and pediatric physicians listed on the Med Bd tape.

ODHS GP + PED This is the sum of all general practice and pediatric physicians who billed the department in SFY 1996.

The rates listed below were average payment rates to providers between July 1, 1995 and June 30, 1996. There were no variations by geographic region, provider specialty or provider type.

<u>Delivery, Antepartum and Postpartum Care</u>		<u>PRICE</u>
59420	Prenatal visit	\$ 40.00
59420IF	First prenatal visit, first trimester	70.00
59420IV	First prenatal visit, weeks 15 to 36	50.00
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	N.C.

Maternity Care and Delivery

59409	Vaginal delivery only (new code for 1 Month of time period)	544.00
59410	Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	601.20
59412	External cephalic version, with or without tocolysis	98.58
59414	Delivery of placenta (separate procedure)	93.31
59425	Antepartum care only; 4-6 visits	N.C.
59426	Antepartum care only; 7 or more visits	N.C.
59430	Postpartum care only (separate procedure)	57.20

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5. Physician Services (Continued)

The rates listed below were average payment rates to providers between July 1, 1995 and June 30, 1996. There were no variations by geographic region, provider specialty or provider type.

<u>Cesarean Delivery</u>		<u>PRICE</u>
59510	Routine obstetric care including antepartum care, Cesarean delivery, and postpartum care	N.C.
59514	Cesaren delivery only (new code for 1 Month of time period)	563.09
59515	Cesarean delivery only including postpartum care	620.29
59525	Subtotal or total hysterectomy after Cesarean delivery	286.22

PEDIATRIC PRACTITIONER SERVICES**EVALUATION AND MANAGEMENT****Office or Outpatient or Other Ambulatory Facility (Visit)**New Patient

99201	Physicians typically spend 10 minutes	16.12
99202	Physicians typically spend 20 minutes	25.79
99203	Physicians typically spend 30 minutes	35.46
99204	Physicians typically spend 45 minutes	52.19
99205	Physicians typically spend 60 minutes	65.49

Established Patient

99211	Typically 5 minutes are spent supervising or performing these services	10.10
99212	Physicians typically spend 10 minutes	17.86

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5. Physician Services (Continued)

The rates listed below were average payment rates to providers between July 1, 1995 and June 30, 1996. There were no variations by geographic region, provider specialty or provider type.

PEDIATRIC PRACTITIONER SERVICES (Continued)

Office or Outpatient or Other Ambulatory Facility (Visit) (Cont'd) PRICE

Established Patient

99213	Physicians typically spend 15 minutes	25.11
99214	Physicians typically spend 25 minute	39.09
99215	Physicians typically spend 40 minutes	61.35

Preventive Medicine Services

New Patient

99381	Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under 1 year)	42.95
99382	Early childhood (age 1 through 4 years)	43.74
99383	Late childhood (age 5 through 11 years)	44.00
99384	Adolescent (age 12 through 17 years)	49.27

Established Patient

99391	Periodic re-evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under 1 year)	33.46
99392	Early childhood (age 1 through 4 years)	35.05
99393	Late childhood (age 5 through 11 years)	35.05
99394	Adolescent (age 12 through 17 years)	37.94

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