

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-025

2. STATE
OHIO

FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
1905(p) of the Social security Act

7. FEDERAL BUDGET IMPACT
a. FFY 04 \$ 18,000,000
b. FFY 05 \$ 20,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 4.19-B, pages **4, 5 and 6.**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT: payments for Medicare Part C

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Governor has delegated signature to ODJFS
Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Tom Hayes, Director

14. TITLE:

15. DATE SUBMITTED:

16. RETURN TO:

Becky Jackson
ODJFS/BHPP
30 East Broad Street 27th floor
Columbus, OH 43215-3414

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **12-24-03**

18. DATE APPROVED: **2/26/04**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: **Cheryl A. Harris**

22. TITLE: **Associate Regional Administrator
Division of Medicaid and Children's
Health**

23. REMARKS:

RECEIVED

12/19/03

DMICH/ARA

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 on Page 3 in item of this attachment (see 3. above).

TN No. 03-025
Supersedes
TN No. new

Effective Date 10/1/03
Approval Date FEB 26 2004

HCFA ID: 7982E

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 Part A _ Deductibles _ coinsurance
 Medicaid
 Recipients Part B _ Deductibles _ coinsurance
 Part C NR Deductibles NR Coinsurance _____

Dual Part A _ Deductibles _ Coinsurance
 Eligible
 (QMB Plus) Part B _ Deductibles _ Coinsurance
 Part C NR Deductibles NR Coinsurance

TN No. 03-025

Approval Date 7/22/03

Supersedes
TN No.

Effective Date 12/1/03

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.

TN No. 03-025

Approval Date _____

Supersedes
TN No. 2300

Effective Date 10/1/03

HCFA ID: 7982E