

**FEDERAL MEDICAID NOTICE AND PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: November 12, 2014
TIME: 1:00 p.m.
LOCATION: Room A401, Lazarus Government Center
50 West Town Street, Columbus, OH 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code and 42 CFR 447.205, the director of the Ohio Department of Medicaid gives notice of the Department's intent to consider the amendment, rescission, or adoption of the rules identified below and to hold a public hearing on these rules. The public hearing will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be accepted at the public hearing, and written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Rule 5160-1-60 of the Ohio Administrative Code, "Medicaid reimbursement," sets forth payment policies for services furnished by many professional, non-institutional providers. This rule and its appendix (designated DD for historical reasons) are being proposed for rescission and replacement by new rule 5160-1-60, retitled "Medicaid payment," with a new Appendix DD. These changes take effect for dates of service beginning December 31, 2014.

The body of the rule is reorganized, streamlined, and clarified.

- Terminology is brought up to date. In particular, the words *reimburse* and *reimbursement* are replaced by the more accurate terms *pay* and *payment*.
- Redundant, vague, or self-evident statements that have no impact on Medicaid payment policy are struck.
- Language is added to clarify that although the appendix to the rule lists the Medicaid maximum payment amounts for many services and items, specific payment amounts or payment formulas set forth in other rules in agency 5160 of the Ohio Administrative Code take precedence. Explicit references to those portions of the Administrative Code are omitted.
- A new provision is added to establish the initial maximum payment amount for a covered procedure, service, or supply represented by a new HCPCS procedure code that takes effect at the beginning of a calendar year. For convenience, a list of such initial maximum payment amounts will be posted no later than January first on the department's web site.

Note: For many years, the department has implemented the annual HCPCS update through the emergency rule-filing process, the nature of which leaves only one or two opportunities over the course of a year to make other changes unrelated to HCPCS, such as adjustments in maximum payment amounts. These new provisions obviate that problem and allow for much more flexibility in the maintenance of a payment schedule that is used by the majority of non-institutional Medicaid providers.

The appendix to the rule is restructured.

- Pursuant to section 5164.70 of the Ohio Revised Code and paragraph (D) of current rule 5160-1-60, the maximum payment amounts for certain procedures, services, or supplies are reduced so that they do not exceed the corresponding maximum Medicare allowed amounts.
- Medicaid maximum payment amounts for molecular pathology procedures and for the transportation of portable X-ray equipment are increased in response to comments made by stakeholders.
- The professional/technical split indicators for radiology and diagnostic medicine procedures are revised to reflect Medicare payment ratios.
- Initial Medicaid maximum payment amounts are established for adult preventive medicine procedures covered under the Medicaid program.
- Payment information for six groups of procedures, services, or supplies is relocated to separate sections of the appendix:
 - ✓ Laboratory-related services that are payable under the Medicare physician fee schedule or under the clinical laboratory fee schedule
 - ✓ Transportation services
 - ✓ Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)
 - ✓ Dentistry services
 - ✓ Eyeglass frames, ocular lenses, and eye prostheses
 - ✓ Facility procedures performed by an ambulatory surgery center (ASC)

It is estimated that the changes to this rule will result in a total increase in annual aggregate Medicaid expenditures of approximately \$3 million.

Any person affected by these rules may examine them and obtain a copy, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Fourth Floor, Columbus, Ohio 43215;
Any county department of job and family services; or
On the internet at <http://www.registerofohio.state.oh.us/>.

Testimony on the proposed rules may also be reviewed at the Ohio Department of Medicaid, 50 West Town Street, Fourth Floor, Columbus, Ohio 43215.

Requests for a copy of the proposed rules or a copy of testimony on the rules should be submitted in any of the following ways:

By mail to the Rule Administrator, Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Fourth Floor, Columbus, OH 43215;
By fax to (614) 752-3986; or
By e-mail to rules@medicaid.ohio.gov.