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State/Territory Name: OH

State Plan Amendment (SPA) #: 14-025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

14-025

2. STATE

OHIO

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

4. PROPOSED EFFECTIVE DATE
3/1/2015

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:

42 C.F.R. 416 subparts A to C

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$ 0

b. FFY 2016 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 9-c, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Item 9-c, Page 1 (TN 09-035)

10. SUBJECT OF AMENDMENT: Ambulatory Surgical Centers Covered Services and Limitations

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:

The State Medicaid Director is the Governor's designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **JOHN B. MCCARTHY**

14. TITLE: **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED:

12/29/2014

16. RETURN TO:

Becky Jackson
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

17. DATE RECEIVED:

12/29/2014

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

1/27/15

19. EFFECTIVE DATE OF APPROVED MATERIAL:

3/1/2015

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

Instructions on Back

9. Clinic services, continued.

c. Ambulatory surgical centers (ASCs).

An ambulatory surgical center (ASC) is an entity that has a valid agreement with the Centers for Medicare and Medicaid Services (CMS) to provide ASC services in the Medicare program. ASCs are eligible to become Medicaid providers upon execution of the "Ohio Medicaid Provider Agreement."

Covered "ASC facility services" are items and services furnished by an ASC in connection with a covered ASC surgical service. ASC facility services include but are not limited to:

Nursing, technician, and related services;

Use of the ASC facility;

Drugs, biologicals (e.g., blood), surgical dressings, splints, casts and appliances, and equipment directly related to the provision of the surgical procedure;

Diagnostic or therapeutic services or items directly related to the provision of a surgical procedure;

Administrative, recordkeeping, and housekeeping items and services;

Materials for anesthesia;

Intraocular lenses; and

Supervision of the services of an anesthetist by the operating surgeon.

TN: 14-025

Supersedes:

TN: 09-035

Approval Date: 1/27/15

Effective Date: 3/1/15