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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-033

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 14, 2017

Barbara R. Sears, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 17-033

Dear Ms. Sears:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-033 - Payment for Services: Ambulatory Surgery Center
 - Effective Date: August 1, 2017
 - Approval Date: December 14, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.


Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17 - 033	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 1, 2017	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 416 subparts A to C		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$847 b. FFY 2018 \$5,117	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 9-c, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B, Item 9-c, Page 1 of 1 (TN 13-019)	
10. SUBJECT OF AMENDMENT: Payment for Services: Ambulatory Surgery Center (ASC)			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The State Medicaid Director is the Governor's designee <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: BARBARA R. SEARS			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: September 28, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 28, 2017		18. DATE APPROVED: December 14, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

9. Clinic services, continued.

c. Ambulatory surgery centers (ASCs).

Payment for ASCs' services is the Medicaid maximum for the service. The Medicaid maximum is an amount based on the Enhanced Ambulatory Patient Group (EAPG) and any discounting, consolidation or packaging factors assigned by 3M's EAPG software. These factors are defined in Attachment 4.19-B, Item 2-a, section E. Payment for laboratory and radiology services is the lesser of billed charges or the payment calculated under EAPG. Payment for all laboratory services will be no more than the Medicare fee schedule amount.

For each date of service every CPT/HCPCS code on a claim is assigned an EAPG. An EAPG groups together services that are similar in nature, have similar costs and utilizes similar material. For each EAPG there is a relative weight, which reflects the cost of the services in that EAPG. The payment for the detail is the product of the EAPG relative weight and the ASC base rate. All ASC are assigned the same base rate. Payment for EAPGs 00134 and 00149 is increased by 10%.

The following services are paid outside of EAPG and are paid as specified below:

- Payment for pharmaceuticals is the lesser of the billed charge or the amount in the provider administered pharmaceutical fee schedule.
- Payment for durable medical equipment (DME) is the lesser of the billed charge or the amount in the DME fee schedule.
- Pharmaceutical and DME are paid outside of the EAPG are subject to discounting, consolidation and packaging factors as determined by the EAPG software.

ASCs may only bill for the technical component of laboratory, radiology, and diagnostic and therapeutic services.

The relative weights that apply to ASC services are the same ones developed for outpatient hospital services, which are described in Attachment 4.19-B, Item 2-a, section H. The ASC base rate is 80% of the outpatient base rate which is described in Attachment 4.19-B, Item 2-a, section G. The ASC base rates and relative weights were set as of August 1, 2017 and are effective for services provided on or after that date. The ASC base rate, relative weights, pharmaceutical fee schedule and DME fee schedule are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

TN: 17-033

Supersedes:

TN: 13-019

Approval Date: 12/14/17

Effective Date: August 1, 2017