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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

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



January 27, 2015

John McCarthy, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: TN 14-025

Dear Mr. McCarthy:

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

Transmittal #14-025 - Ambulatory Surgical Center (ASC) covered services

and limitations

-Effective March 1, 2015

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/

Alan Freund

Acting Associate Regional Administrator

Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM

Becky Jackson, ODM Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF	1 TRANSMITTERAL	Terror Object
STATE PLAN MATERIAL		STATE DHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE SOCIAL SECURITY ACT (MEDICAID	
TO: REGIONAL ADMINISTRATOR		
CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE 3/1/2015	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	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 AME	NDMENT (Separate Transmittal for each am	endment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 416 subparts A to C	7. FEDERAL BUDGET IMPACT:	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
42 C.P.S.C. 410 subparts A to C	a. FFY 2015 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2016 \$0	
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Attachment 3.1-A, Item 9-c, Page 1	Attachment 3.1-A, Item 9-c, Page 1 (TN 09-035)	
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10. SUBJECT OF AMENDMENT: Ambulatory Surgical Centers Covere		
10. 00 Balbot of Alminophibiat. Announatory Surgical Centers Covere	o Services and Limitations	
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11 COVERNORS PROPERTY OF 1 O		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	M OFFICE A CONTRACTOR	• .
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SPECIFIED:	25 I I I
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Director is the	Governor's designee
12. SIGNATURE OKSTATE AGENCY DEFICIAL.	16. RETURN TO:	
13. TYPED NAME JOHN B. MCCARTHY	Becky Jackson Ohio Department of Medicaid	
14. TITLE: STATE MEDICAID DIRECTOR	P.O. BOX 182709	
	Columbus, Ohio 43218	
15. DATE SUBMITTED: 12/29/2014		
7. DATE RECEIVED: FOR REGIONAL OF	FICE USE ONLY	
7. DATE RECEIVED: 12/29/2014	18. DATE APPROVED:	
	1/27/15	
9. EFFECTIVE DATE OF APPROVED MATERIAL:	COPY ATTACHED	The second secon
ATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFIC	IAL:
3/1/2015 1. TYPED NAME:		
Alan Freund	22. TITLE:	
B. REMARKS:	Acting Associate Regional A	dministrator

- 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: <u>14-025</u> Supersedes: TN: <u>09-035</u> Approval Date: 1/27/15

Effective Date: 3/1/15