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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 20-0010

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Division of Reimbursement Review

June 8, 2020

Maureen Corcoran, Director
Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: Ohio State Plan Amendment 20-0010

Dear Ms. Corcoran:

We have reviewed the proposed Ohio State Plan Amendment (SPA) to Attachment 4.19-B, OH-20-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2020. This plan amendment updates the payment for Ambulatory Surgery Centers implementation of Enhanced Ambulatory Patient Grouping (EAPG) 3.14.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 14, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

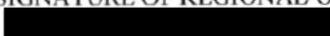
If you have any questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-010	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 March 14, 2020	
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 2020 \$ 927 thousands b. FFY 2021 \$ 1,248 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-B:</u> Item 9-c, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : <u>Attachment 4.19-B:</u> Item 9-c, Page 1 of 1 (TN 19-006)	
10. SUBJECT OF AMENDMENT: Payment for Services: Ambulatory Surgery Centers Implementation of EAPG 3.14			
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: MAUREEN M. CORCORAN		15. DATE SUBMITTED: 3/30/2020	
14. TITLE: STATE MEDICAID DIRECTOR			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 30, 2020		18. DATE APPROVED: 06/08/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 14, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Reimbursement Review	
23. REMARKS:			

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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 EAPG 00233 is increased by 145% and EAPG 00485 is increased by 233%.

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.
- Payment for claims assigned to a dental service EAPG type will be \$953.60.
- Pharmaceutical, DME and dental are paid outside of the EAPG but 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 I. The ASC base rate is 90% 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 January 2, 2020 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 <https://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: 20-010
Supersedes:
TN: 19-006

Approval Date: 6/8/2020

Effective Date: 03/14/2020