

State/Territory Name: Ohio

State Plan Amendment (SPA) OH-25-0029

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

February 19, 2026

Scott Partika
Director Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

RE: TN OH-25-0029

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Ohio state plan amendment (SPA) to Attachment 4.19-B OH-25-0029, which was submitted to CMS on December 31, 2025. The purpose of this plan amendment is to update payment methodology for Ambulatory Surgical Centers by implementing ASC-specific EAPG relative weights, increasing the ASC dental flat rate, and decoupling ASC reimbursement from outpatient hospital rates to increase payments.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at Robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 5 — 0 0 2 9

2. STATE
OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 C.F.R. 416 subparts A-C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 473,485
b. FFY 2027 \$ 632,379

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Item 9-c, Page 1 of 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Item 9-c, Page 1 of 1 (TN 23-039)

9. SUBJECT OF AMENDMENT

Payment for Services: Ambulatory Surgical Centers (ASCs) Rate Increases

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
SCOTT PARTIKA

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
December 31, 2025

15. RETURN TO

**Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

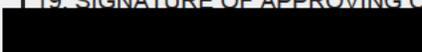
FOR CMS USE ONLY

16. DATE RECEIVED
12/31/2025

17. DATE APPROVED
February 19, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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 Solventum'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 ASCs are assigned the same base rate.

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 \$1,430.00.
- 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 were developed independently from those for hospital services. The ASC base rates and updated relative weights were set as of January 1, 2026, and are effective for services provided on or after that date. The ASC base rate, updated relative weights, and the pharmaceutical and DME fee schedules are published on the agency's website at <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

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

TN: 25-0029

Supersedes:

TN: 23-039

Approval Date: February 19, 2026

Effective Date: 01/01/2026