

*****DRAFT - NOT FOR FILING*****

4123-6-37.3 Payment of ambulatory surgical center services.

Unless an MCO has negotiated a different payment rate with an ambulatory surgical center pursuant to rule 4123-6-08 of the Administrative Code, reimbursement for ambulatory surgical center services with a date of service of May 1, ~~2018~~2019 or after shall be equal to the lesser of the ambulatory surgical center's allowable billed charges or the fee schedule amount indicated in the appendix ~~A~~ to this rule, developed with provider and employer input and effective May 1, ~~2018~~2019.

Ambulatory surgical centers determined as of the effective date of this rule by the centers for medicare and medicaid services (CMS) to not meet quality requirements for the calendar year 2019 full payment update under the CMS ambulatory surgical center quality reporting (ASCQR) program, established by 42 U.S.C. 1395l as in effect as of the effective date of this rule and 42 C.F.R. Part 416, Subpart H as published in the October 1, 2018 Code of Federal Regulations, shall be subject to a two per cent reduction to the BWC 2019 ambulatory surgical center fee schedule amounts indicated in the appendix to this rule.

However, if such an ambulatory surgical center, upon reconsideration, is subsequently determined by CMS to meet quality requirements for the calendar year 2019 full payment update under the CMS ASCQR program, upon the ambulatory surgical center's request the ambulatory surgical center shall no longer be subject to the two per cent reduction, and the bureau shall adjust any bills for dates of service on or after the effective date of this rule that were previously reduced pursuant to this rule.