

5160-2-69

Adjustments to payments for hospital services.

- (A) This rule sets forth the adjustments to payments for inpatient and outpatient hospital services. The adjustments to payments for inpatient hospital services shall only apply to services with a date of discharge on or after the effective date of this rule. The adjustments to payments for outpatient hospital services shall only apply to services provided on or after the effective date of this rule.
- (B) Notwithstanding rules 5160-2-22, 5160-2-65 and 5160-2-75 of the Administrative Code, payments for inpatient and outpatient hospital services shall be reduced as follows:
- (1) for hospital-specific rates and flat payment rates expressed as dollars, the reduction shall be five per cent;
 - (2) for inpatient payment rates expressed as a percentage, the reduction shall be five percentage points; and
 - (3) for outpatient payment rates expressed as a percentage, the reduction shall be five per cent.
 - (4) The adjustments to payments apply to hospital services that are both included in and excluded from the prospective payment system.
- (C) The adjustments to payments shall be applied specifically to the following:
- (1) The prospective cost-to-charge ratios for non-diagnosis related group (non-DRG) reimbursed services;
 - (2) The hospital base rates for inpatient services;
 - (3) The outlier payment percentage for inpatient services;
 - (4) The capital cost percentage for inpatient services;
 - (5) The medical education allowance payments for inpatient services;
 - (6) The hospital specific base rates for outpatient services;
 - (7) The flat payment amounts for outpatient observation and dental services; and
 - (8) The per cent multiplier for independently billed drugs, medical supplies and devices.

(D) The provisions of this rule do not apply to payments for services described in rule 5160-22-01 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates:

WITHDRAWN ELECTRONICALLY

Certification

11/13/2017

Date

Promulgated Under:	119.03
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