

5101:3-13-01.5      **Fee-for-service ambulatory health care clinics (AHCCs): family planning clinics.**

Requirements outlined in rule 5101:3-13-01 apply to all fee-for-service AHCCs.

(A) Definitions.

- (1) "Family planning," in accordance with rule 5101:3-4-07 of the Administrative Code, is the means of enabling individuals of childbearing age, including minors who can be considered to be sexually active, to determine freely the number and spacing of their children.
- (2) "Family planning clinics" are ambulatory health care clinics (AHCCs) whose primary function is to provide family planning services.
- (3) "Family planning services" are defined in accordance with rule 5101:3-4-07 of the Administrative Code.
- (4) "Qualified family planning provider (QFPP)" means any public or nonprofit health care provider that complies with federal guidelines/standards and receives funding for family planning services either under Title X of the Public Health Services Act or from the Ohio Department of Health.

(B) Any organization applying to be a medicaid fee-for-service ambulatory health care family planning clinic provider on and after January 1, 2008 must:

- (1) Meet the criteria for fee-for-service AHCC providers in accordance with paragraph (C) of rule 5101:3-13-01 of the Administrative Code; and
- (2) Meet one or more of the following qualifications:
  - (a) Affiliation with the planned parenthood federation of America (PPFA);
  - (b) Receive a grant award for the provision of family planning services under Title X of the Public Health Services Act; or
  - (c) Receive a grant award through the Ohio department of health for family planning services under the child and family health services program; and/or
  - (d) Receive a grant award through the Ohio department of health's women's health services, in accordance with rule 3701-68-01 of the Administrative Code.

(C) Covered services are family planning services, including medical, consultative, and educational services as specified in accordance with rule 5101:3-4-07 of the Administrative Code.

(D) Coverage limitations set forth in Chapter 5101:3-26 of the Administrative Code apply to AHCCs. Medicaid managed care plan members are permitted to self-refer to any qualified family planning provider (QFPP). In accordance with Chapter 5101:3-26 of the Administrative Code, medicaid managed care plans are responsible for payment of claims for family planning services delivered by non-contracting QFPPs at the lesser of one hundred percent of the Ohio Medicaid program fee-for-service reimbursement rate or billed charges in effect for the date of service.

Replaces: Part of 5101:3-13-01, Part of 5101:3-13-03, Part of 5101:3-13-04, Part of 5101:3-13-05

Effective:

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Certification

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Date

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