

PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
DATE: November 14, 2007
TIME: 10:00 a.m.
LOCATION: Room 3110B, Rhodes State Office Tower
30 East Broad St., Columbus, Ohio 43215

Pursuant to section 5111.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Job and Family Services gives notice of the department's intent to consider the adoption, amendment, and rescission of the rules as identified below and of a public hearing thereon.

Chapter 5101:3-13 of the Administrative Code is being re-organized as part of the five year rule review process. This re-organization will coordinate the review cycle for all rules within the Chapter and simplify future reviews. Rules 5101:3-13-01, 5101:3-13-03, 5101:3-13-04 (including Appendix), 5101:3-13-05, 5101:3-13-06 and 5101:3-13-07 of the Ohio Administrative Code (OAC) are rescinded and replaced with new rules 5101:3-13-01, 5101:3-13-01.1, 5101:3-13-01.2, 5101:3-13-01.3, 5101:3-13-01.4, 5101:3-13-01.5, 5101:3-13-01.6, 5101:3-13-01.7, 5101:3-13-01.8, and 5101:3-13-01.9 (including Appendix).

Rule 5101:3-13-01, entitled "Eligible ambulatory health care clinic provider," is rescinded. This rule outlines the general provisions that apply to all Fee-For-Service Ambulatory Health Care Clinics. This rule specifies the conditions for participation in the medicaid program as an ambulatory health care clinic. This rule is rescinded in to re-organize Chapter 5101:3-13 of the Administrative Code, to coordinate the review cycle for all rules within Chapter 5101:3-13 of the Administrative Code, and to simplify future reviews. This rule is replaced with rule 5101:3-13-01 of the OAC, entitled "Fee-for-service ambulatory health care clinics (AHCCs): general provisions." In addition, new rules 5101:3-13-01.1, 5101:3-13-01.2, 5101:3-13-01.3, 5101:3-13-01.4, 5101:3-13-01.5, 5101:3-13-01.6, 5101:3-13-01.7, 5101:3-13-01.8, and 5101:3-13-01.9 of the Administrative Code address the specific conditions for participation in the medicaid program that are unique for each type of ambulatory health care clinic (primary care, community mental health, public health department, family planning, professional optometry school, professional dental school, speech-language/audiology, diagnostic imaging, and dialysis clinics).

Rule 5101:3-13-03, entitled "Covered primary care clinic services (nonspecialty or multiservice clinics)," is rescinded. This outlines the provisions that are applicable to primary care clinics." This rule specifies services that can be given in an ambulatory clinic setting. This rule is rescinded in to re-organize Chapter 5101:3-13 of the Administrative Code, to coordinate the review cycle for all rules within Chapter 5101:3-13 of the Administrative Code, and to simplify future reviews. This rule is replaced with new rules 5101:3-13-01 of the OAC, entitled "Fee-for-service ambulatory health care clinics (AHCCs): general provisions" and 5101:3-13-01.1 of the OAC, entitled "Fee-for-service ambulatory health care clinics (AHCCs): primary care clinics."

Rule 5101:3-13-04, entitled “Covered specialty clinic services,” is rescinded. This outlines the provisions, including billing instructions, that are applicable to family planning, speech and hearing, community mental health, rehabilitation, dialysis, dental, vision, and child screening clinics. This rule is rescinded in to re-organize Chapter 5101:3-13 of the Administrative Code, to coordinate the review cycle for all rules within Chapter 5101:3-13 of the Administrative Code, and to simplify future reviews. This rule is replaced with rule 5101:3-13-01 of the OAC, entitled “Fee-for-service ambulatory health care clinics (AHCCs): general provisions.” In addition, new rules 5101:3-13-01.2, 5101:3-13-01.3, 5101:3-13-01.4, 5101:3-13-01.5, 5101:3-13-01.6, 5101:3-13-01.7, 5101:3-13-01.8, and 5101:3-13-01.9 of the Administrative Code address specific requirements that are unique for each specialty type of ambulatory health care clinic (community mental health, public health department, family planning, professional optometry school, professional dental school, speech-language/audiology, diagnostic imaging, and dialysis clinics).

Rule 5101:3-13-05, entitled “Noncovered services,” is rescinded. This rule specifies medical procedures that are not reimbursable or reimbursable only if certain prerequisites are met. This rule is rescinded in to re-organize Chapter 5101:3-13 of the Administrative Code, to coordinate the review cycle for all rules within Chapter 5101:3-13 of the Administrative Code, and to simplify future reviews. This rule is replaced with new rules 5101:3-13-01 of the OAC, entitled “Fee-for-service ambulatory health care clinics (AHCCs): general provisions.”

Rule 5101:3-13-06, entitled “Fiscal limitations,” is rescinded. This rule specifies medicaid reimbursement principles through references to Chapter 5101:3-1 of the Administrative Code. This rule is rescinded in to re-organize Chapter 5101:3-13 of the Administrative Code, to coordinate the review cycle for all rules within Chapter 5101:3-13 of the Administrative Code, and to simplify future reviews. This rule is replaced with new rules 5101:3-13-01 of the OAC, entitled “Fee-for-service ambulatory health care clinics (AHCCs): general provisions.”

Rule 5101:3-13-07, entitled “Coverage and limitation policies for end-stage renal disease clinics,” is rescinded. This rule outlines the provisions that are applicable to dialysis clinics, including provider qualifications and reimbursement methodologies that are unique to dialysis clinics. This rule is rescinded in to re-organize Chapter 5101:3-13 of the Administrative Code, to coordinate the review cycle for all rules within Chapter 5101:3-13 of the Administrative Code, and to simplify future reviews. This rule is replaced with new rules 5101:3-13-01 of the OAC, entitled “Fee-for-service ambulatory health care clinics (AHCCs): general provisions” and 5101:3-13-01.9 of the OAC, entitled “Fee-for-service ambulatory health care clinics (AHCCs): end-stage renal disease (ESRD) dialysis clinics.”

Amended rule:

Rule 5101:3-10-10, entitled “Dialysis equipment,” specifies that dialysis equipment and supplies are reimbursed according to the department fee schedule contained in appendix

DD to rule 5101:3-1-60 of the Administrative Code and that equipment and medical supplies necessary for home dialysis are covered under the Ohio medicaid program when billed by suppliers/providers, except when the patient/consumer elects to receive dialysis under "Method I." The sole change to this rule is the replacement of a reference to a rescinded rule (5101:3-13-07) with a reference to new rule (5101:3-13-01.9).

New rules:

Rule 5101:3-13-01, entitled "Fee-for-service ambulatory health care clinics (AHCCs): general provisions," outlines the general provisions that apply to all Fee-For-Service Ambulatory Health Care Clinics. No policy changes are intended with the issuance of this rule. This new rule includes an expanded list of definitions used for fee-for-service ambulatory health care clinics and clarifies the required qualifications for medicaid enrollment as a fee for service ambulatory health care clinic. Entities that could be eligible as a medicaid provider as a professional association of physicians, dentists, optometrists, opticians, podiatrists, or limited practitioners such as physical therapists, psychologists, or chiropractors are not eligible to be a an ambulatory health care clinic.

Rule 5101:3-13-01.1, entitled "Fee-for-service ambulatory health care clinics (AHCCs): primary care clinics," outlines the provisions that are applicable to primary care clinics, previously referred to as "comprehensive clinics." No policy changes are intended with the issuance of this rule. This new rule includes an expanded list of definitions used for primary care clinics.

Rule 5101:3-13-01.2, entitled "Fee-for-service ambulatory health care clinics (AHCCs): community mental health, alcohol and drug addiction services clinics," outlines the provisions that are applicable to community mental health and alcohol and drug addiction services clinics. This new rule closes this provider type to new enrollees effective January 1, 2008. Providers enrolled as this provider type prior to January 1, 2008 are to bill medicaid only for services not reimbursed under the community mental health agency program.

Rule 5101:3-13-01.3, entitled "Fee-for-service ambulatory health care clinics (AHCCs): public health department clinics," outlines the provisions that are applicable to public health department clinics. No policy changes are intended with the issuance of this rule.

Rule 5101:3-13-01.4, entitled "Fee-for-service ambulatory health care clinics (AHCCs): outpatient rehabilitation clinics," outlines the provisions that are applicable to outpatient rehabilitation clinics. This new rule includes an expanded list of definitions used for outpatient rehabilitation clinics, clarifies required qualifications for medicaid enrollment as an outpatient rehabilitation clinic and includes references to proposed Chapter 5101:3-34 of the Administrative Code that addresses physical therapy, occupational therapy, speech-language pathology/audiology services (currently in development).

Rule 5101:3-13-01.5, entitled "Fee-for-service ambulatory health care clinics (AHCCs): family planning clinics," outlines the provisions that are applicable to family planning clinics. No policy changes are intended with the issuance of this rule. This new rule

includes an expanded list of definitions used for family planning clinics, includes updated references to required qualifications for medicaid enrollment as a family planning clinic and clarifies that Medicaid managed care plan members are permitted to self-refer to any qualified family planning provider (QFPP).

Rule 5101:3-13-01.6, entitled “Fee-for-service ambulatory health care clinics (AHCCs): professional optometry school clinic,” outlines the provisions that are applicable to professional optometry school clinics. No policy changes are intended with the issuance of this rule. Professional optometry school clinics must be accredited by the Accreditation Council on Optometry Education of the American Optometric Association.

Rule 5101:3-13-01.7, entitled “Fee-for-service ambulatory health care clinics (AHCCs): professional dental school clinic,” outlines the provisions that are applicable to professional dental school clinics. No policy changes are intended with the issuance of this rule. Professional dental school clinics must be a training facility accredited by the Commission on Dental Accreditation of the American Dental Association.

Rule 5101:3-13-01.8, entitled “Fee-for-service ambulatory health care clinics (AHCCs): speech-language/audiology and diagnostic imaging clinics,” outlines the provisions that are applicable to speech-language/audiology and diagnostic imaging clinics in Chapter 5101:3-13 of the Administrative Code. Diagnostic clinics are no longer certified by Medicare. This clinic type has been added to allow for inclusions of clinics that exist to provide speech/language/audiology or diagnostic imaging services. This new rule includes an expanded list of definitions used for speech-language/audiology and diagnostic imaging clinics, clarifies the required qualifications for medicaid enrollment as a speech-language/audiology or diagnostic imaging clinic and includes references specific to clinics that provide speech/language/audiology and diagnostic imaging services.

Rule 5101:3-13-01.9, entitled “Fee-for-service ambulatory health care clinics (AHCCs): end-stage renal disease (ESRD) dialysis clinics,” outlines the provisions that are applicable to ESRD dialysis clinics. ESRD dialysis clinics, clarifies the required qualifications for medicaid enrollment as an ESRD dialysis clinic clarifies coverage and limitations of coverage for ESRD dialysis clinics, clarifies that medicaid providers, including fee-for-service ambulatory health care ESRD dialysis clinics, must determine whether medicare or other third party insurers are responsible for the coverage of a medicaid patient's dialysis treatment for the date of treatment (Medicaid is the payer of last resort for ESRD services.), clarifies that ESRD dialysis clinic claims for "clinic facility dialysis services" are payable only if submitted in accordance with national uniform billing committee (NUBC) requirements, using revenue center code(s) and appropriate procedure code(s). This rule utilizes new Appendix A to clarify requirements regarding composite rates.

A copy of the proposed rules is available, without charge, to any person affected by the rules at the address listed below. The rules are also available on the internet at <http://www.registrofohio.state.oh.us/>. A public hearing on the proposed rules will be

held at the date, time, and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony. Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-8298, or by e-mail at rules@odjfs.state.oh.us.