

5160-28-12

Establishment of a per-visit payment amount (PVPA) derived from a cost report submitted by a federally qualified health center (FOHC) or rural health clinic (RHC) site affected by a public health emergency (PHE) declaration.

(A) The purpose of this rule is to allow a change to the time period of a cost report from which per-visit payment amounts (PVPAs) are derived. This rule applies to cost report time periods affected by a nationwide federal or Ohio public health emergency (PHE) declaration.

(B) This rule applies to a cost report prepared by an individual federally qualified health center (FOHC) or rural health clinic (RHC) site in accordance with this chapter of the Administrative Code for one of the following reasons:

(1) The FOHC or RHC is newly enrolled as a medicaid provider; or

(2) The FOHC or RHC plans to request the establishment or adjustment of a PVPA based on a change in scope of a prospective payment system (PPS) service.

(C) The time period covered by the applicable cost report may be altered in one of the following ways:

(1) The length of the period is set at not less than eight consecutive months nor more than twelve consecutive months; or

(2) An alternate beginning date of the period is set by the Ohio department of medicaid in collaboration with the FOHC or RHC site.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5162.03, 5164.02