

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: March 14, 2016
TIME: 11:00 a.m.
LOCATION: Room A501, Lazarus Government Center
50 West Town Street, Columbus, OH 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid gives notice of the Department's intent to consider the amendment, rescission, or adoption of the rules identified below and to hold a public hearing on these rules.

Rules concerning the delivery of services in federally qualified health centers (FQHCs), outpatient health facilities (OHFs), and rural health clinics (RHCs) are currently set forth respectively in Chapters 5160-28, 5160-29, and 5160-16 of the Ohio Administrative Code. These rules are being rescinded and their provisions consolidated into a new chapter, numbered 5160-28, that addresses all three types of cost-based clinics.

The text of the rules is being reorganized, streamlined, and clarified. On the whole, the intent remains the same, but a few differences should be noted:

- In the definition of "outpatient health facility (OHF)," a lengthy enumeration of qualifying criteria is replaced with a single reference to the Ohio Revised Code.
- In the definition of "rural health clinic (RHC)," explicit reference to the Ohio Department of Health (ODH) is removed to allow enrollment not only of RHCs certified in Ohio but also of RHCs certified in other jurisdictions.
- An outdated provision concerning Medicare crossover claims is removed.
- Under the new rules, an FQHC (either a "participating" FQHC or an FQHC look-alike) seeking to enroll as a Medicaid provider must submit to the Department a copy of the letter from the United States Secretary of Health and Human Services (HHS) confirming that its service sites meet the requirements for receiving grant funding under section 330 of the Public Health Service Act (PHSA). The existing requirement that an FQHC submit documentation from the Health Resources and Services Administration (HRSA) is dropped.
- Occupational therapy is added to the list of FQHC services for which payment may be made.
- One new provision permits (but does not require) the imposition of a penalty for cost reports submitted after the deadline.
- An FQHC includes data in cost reports to document its productivity level. Tests of reasonableness, in the form of numerical standards, are applied to some of this information. For vision services, the benchmark figure is changed from 2.3 to 1.9 encounters per hour.
- Provisions are added requiring FQHCs and RHCs to report coordination-of-benefits information, such as adjustment reason codes, on supplemental payment claims for services provided to managed care plan (MCP) enrollees.
- An extension of prescriptive and supervisory authority has been added for advanced practice registered nurses.

- The initial per-visit payment amount (PVPA) for an FQHC service is normally established in relation to a reference figure. A new provision includes a formula by which a PVPA can be established if no reference figure is available. A specification of a formula for developing the initial PVPA has been added for a service when no current PVPA at the applicable statewide sixtieth percentile is available.

The public hearing will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be accepted at the public hearing, and written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Any person affected by these rules may examine them and obtain a copy, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215;
Any county department of job and family services; or
On the internet at <http://www.registerofohio.state.oh.us/>.

Testimony on the proposed rules may also be reviewed at the Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215.

Requests for a copy of the proposed rules or a copy of testimony on the rules should be submitted in any of the following ways:

By mail to the Rule Administrator, Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215;
By fax to (614) 995-1301; or
By e-mail to rules@medicaid.ohio.gov.