



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Sean McCullough, Director

MEMORANDUM

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Jacob Ritzenthaler, Business Advocate

DATE: April 6, 2022

RE: **CSI Review – Federally Qualified Health Centers, Rural Health Clinics, and Outpatient Health Facilities (OAC 5160-28-02, 5160-28-04.1, 5160-28-04.2, 5160-28-04.3, 5160-28-05.1, 5160-28-05.2, 5160-28-05.3, 5160-28-07.1, and 5160-28-13)**

On behalf of Lt. Governor Jon Husted, and pursuant to the authority granted to the Common Sense Initiative (CSI) office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

This rule package consists of four new rules and eight rescinded rules proposed by the Ohio Department of Medicaid (ODM). This rule package was submitted to the CSI Office on February 14, 2022, and the public comment period was held open through February 21, 2022. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on February 14, 2022.

Ohio Administrative Code (OAC) Chapter 5160-28 establishes requirements for federally qualified health centers (FQHC), rural health clinics (RHC), and outpatient health facilities (OHF). OAC 5160-28-02 is a new rule that sets forth the responsibilities and conditions affecting Medicaid provider participation for FQHCs and RHCs. OAC 5160-28-04 concerns the submission of cost reports, including the circumstances requiring submission, review, and adjustment of a per-visit payment amount. OAC 5160-28-07.1 provides guidelines for an alternate payment method for FQHCs, which requires the submission of annual cost reports. OAC 5160-28-13 covers OHF services, including listing comprehensive and other approved medical services, submission of cost

reports, and payment systems.

During early stakeholder outreach, ODM sent the proposed rules to stakeholders for feedback, including the Ohio Association of Community Health Centers and the State Office of Rural Health. In response to stakeholder feedback, ODM expanded RHC language to list allowable and coverable services and removed annual cost reporting requirements and provisions that would require services rendered at FQHCs and RHCs to be billed under those facilities. During the CSI public comment period, ODM received one comment that suggested including MyCare Ohio plan payment responsibilities in the rules and correcting language that would prevent transportation services from being billed. ODM amended the rule to ensure that transportation services would be billed in the current manner, but did not make changes based on MyCare Ohio plans, as the language exists in the current rules.

The business community impacted by the rules includes all FQHCs, RHCs, and OHFs operating in Ohio. ODM notes that there are currently no OHF providers enrolled in the Medicaid program. The adverse impact created by the rules includes submitting documents and cost reports. Late cost reports may be subject to a penalty fee of not more than \$500 per day. ODM states that the adverse impact created by the rules is necessary to sure that services are properly paid for.

Recommendations

Based on the information above, the CSI Office has no recommendations on this rule package.

Conclusion

The CSI Office concludes that the Department should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review