

- (8) "TRANSPORTATION SERVICES" ARE THOSE INSTANCES OF TRANSPORTATION TO AND/OR FROM A MEDICAID SERVICE SITE OF AN FOHC. THE TRANSPORTATION MUST BE PROVIDED ON THE SAME DATE AS ANOTHER MEDICAID COVERED ENCOUNTER OCCURS.
- (C) IN ADDITION TO ANY SERVICE LIMITATIONS PLACED ON CORE AND NONCORE SERVICES, THE PROVISIONS REGARDING OUTPATIENT HOSPITAL SERVICES IDENTIFIED IN RULE 5101:3-2-03 OF THE ADMINISTRATIVE CODE ALSO APPLY TO FEDERALLY QUALIFIED HEALTH CENTERS.

EFFECTIVE DATE: APR 10 1991
CERTIFICATION: Kathryn T. Flynn (JS)
MAR 29 1991
DATE

PROMULGATED UNDER RC SECTION 119.03

STATUTORY AUTHORITY RC SECTION 5111.02

RULE AMPLIFIES RC SECTIONS 5111.01, 5111.02 AND 5111.04

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5101:3-28-04 BILLABLE SERVICES.

- (A) "BILLABLE SERVICES FOR A FEDERALLY QUALIFIED HEALTH CENTER (FOHC) ARE THOSE CORE AND NONCORE SERVICES IDENTIFIED IN RULE 5101:3-28-02 OF THE ADMINISTRATIVE CODE WHICH ARE PROVIDED IN ACCORDANCE WITH CHAPTER 5101:3-28 OF THE ADMINISTRATIVE CODE.
- (B) SERVICES SHALL BE BILLED ON AN ENCOUNTER BASIS. AN "ENCOUNTER" IS DEFINED AS FACE-TO-FACE CONTACT BETWEEN A PATIENT AND PROVIDER OF CORE OR NONCORE SERVICES EXCEPT FOR TRANSPORTATION SERVICES. THE SERVICES OF A REGISTERED NURSE SHALL BE BILLED ON AN ENCOUNTER BASIS.
- (1) ENCOUNTERS WITH MORE THAN ONE HEALTH PROFESSIONAL FOR THE SAME TYPE OF SERVICE (I.E., A NURSE AND A PHYSICIAN PROVIDE THE SAME TYPE OF SERVICE WHICH IS A MEDICAL SERVICE) AND MULTIPLE ENCOUNTERS WITH THE SAME HEALTH PROFESSIONAL THAT TAKE PLACE ON THE SAME DAY AND AT A SINGLE LOCATION CONSTITUTE A SINGLE ENCOUNTER EXCEPT WHEN THE PATIENT AFTER THE FIRST ENCOUNTER SUFFERS ILLNESS OR INJURY REQUIRING ADDITIONAL DIAGNOSIS AND TREATMENT.
- (2) "BILLABLE ENCOUNTERS" ARE THE FOLLOWING:
- (a) THOSE ENCOUNTERS WHICH TAKE PLACE AT A SERVICE SITE APPROVED BY PUBLIC HEALTH SERVICES AS PART OF AN FOHC.
- (b) THOSE ENCOUNTERS WHICH TAKE PLACE IN A PATIENT'S HOME OR A HOSPITAL FOR THE PURPOSE OF PROVIDING SERVICES TO FOHC PATIENTS.
- (C) ENCOUNTERS WITH PROFESSIONALS WHO PROVIDE DIFFERENT TYPES OF SERVICES AS SET FORTH IN PARAGRAPHS (E) (1) TO (E) (8) OF RULE 5101:3-28-05 OF THE ADMINISTRATIVE CODE ARE SEPARATELY BILLABLE REGARDLESS OF WHETHER THE ENCOUNTER OCCURS ON SEPARATE DAYS OR THE SAME DAY (I.E., A PHYSICIAN AND A PHYSICAL THERAPIST PROVIDE DIFFERENT TYPES OF SERVICES).
- (D) CONSULTATIONS WITH ANYONE OTHER THAN THE PATIENT ARE NOT BILLABLE.

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- (E) TRANSPORTATION SERVICES SHALL BE BILLED ON A UNIT BASIS. EACH TRIP TO OR FROM THE SERVICE SITE SHALL BE COUNTED AS A UNIT OF TRANSPORTATION SERVICE.

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REIMBURSEMENT.

- (A) PAYMENT FOR CORE AND NONCORE SERVICES SHALL BE IN ACCORDANCE WITH CHAPTER 5101:3-28 OF THE ADMINISTRATIVE CODE. ALLOWABLE AND REASONABLE COSTS SHALL BE DETERMINED AS SET FORTH IN PARAGRAPHS (D) TO (G) OF THIS RULE.
- (B) SEPARATE RATES SPECIFIC TO MEDICAL AND CLINICAL SOCIAL WORK/PSYCHOLOGY SERVICES WILL BE REIMBURSED TO EACH FEDERALLY QUALIFIED HEALTH CENTER (FOHC). A RATE SPECIFIC TO EACH NONCORE SERVICE WILL BE REIMBURSED TO EACH FOHC. IF AN FOHC HAS MORE THAN ONE SERVICE SITE AND HAS NOT RECEIVED AN EXEMPTION FROM THE SEPARATE COST REPORTING REQUIREMENT DESCRIBED IN PARAGRAPH (G) OF THIS RULE, RATES WILL BE DEVELOPED FOR EACH SITE.
- (C) IF AN FOHC OPERATES MORE THAN ONE QUALIFIED SERVICE SITE AS SET FORTH IN RULE 5101:3-28-01 OF THE ADMINISTRATIVE CODE, A SINGLE FOHC PROVIDER NUMBER MAY BE ASSIGNED, AT THE FOHCS OPTION. IF AN FOHC ELECTS A SINGLE PROVIDER NUMBER, THE FOHC WILL RECEIVE A REIMBURSEMENT RATE FOR EACH TYPE OF CORE AND NONCORE SERVICE WHICH REFLECTS THE ALLOWABLE FOHC REIMBURSEMENT RATES DETERMINED FROM COST REPORTS SUBMITTED FOR EACH OF THE FOHC'S QUALIFIED SITES.
- (D) GENERAL PROVISIONS FOR ALLOWABLE AND REASONABLE COSTS.

"COSTS WHICH ARE REASONABLE AND RELATED TO PATIENT CARE" ARE THOSE CONTAINED IN THE FOLLOWING REFERENCE MATERIAL IN THE FOLLOWING PRIORITY: "42 CFR PART 413 PRINCIPLES OF REASONABLE COST REIMBURSEMENT," "HEALTH INSURANCE MANUAL 15-1 PROVIDER REIMBURSEMENT MANUAL," AND "GENERALLY ACCEPTED ACCOUNTING PRINCIPLES"; EXCEPT THAT:

- (1) COSTS RELATED TO PATIENT CARE AND SERVICES THAT ARE NOT COVERED UNDER THE FOHC PROGRAM AS DESCRIBED IN CHAPTER 5101:3-28 OF THE ADMINISTRATIVE CODE ARE NOT ALLOWABLE.
- (2) THE STRAIGHT LINE METHOD OF COMPUTING DEPRECIATION IS REQUIRED FOR COST FILING PURPOSES, AND IT MUST BE USED FOR ALL DEPRECIABLE ASSETS.

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- (3) FOR PURPOSES OF DETERMINING ALLOWABLE AND REASONABLE COST IN THE PURCHASE OF GOODS AND SERVICES FROM A RELATED PARTY, THE FOLLOWING DEFINITION OF RELATED SHALL BE USED: "RELATED" IS ONE WHO ENJOYS, OR HAS ENJOYED WITHIN THE PREVIOUS FIVE YEARS, ANY DEGREE OF ANOTHER BUSINESS RELATIONSHIP WITH THE OWNER OR OPERATOR OF THE FACILITY, DIRECTLY OR INDIRECTLY, OR ONE WHO IS RELATED BY MARRIAGE OR BIRTH TO THE OWNER OR OPERATOR OF THE FACILITY.
- (4) UPPER LIMITS FOR COSTS ASSOCIATED WITH RELATED PARTY TRANSACTIONS ARE SET FORTH IN PARAGRAPH (G)(4) OF THIS RULE.
- (5) TESTS OF REASONABLENESS, CEILINGS AND UPPER LIMITS AS IDENTIFIED IN PARAGRAPHS (D) TO (F) OF THIS RULE SHALL BE APPLIED IN DETERMINING ALLOWABLE AND REASONABLE COST.
- (E) CEILINGS ON ADMINISTRATIVE AND GENERAL COSTS.
- A THIRTY PER CENT CEILING FOR TOTAL ALLOWABLE ADMINISTRATIVE AND GENERAL AND OVERHEAD COSTS SHALL BE APPLIED TO ALL SERVICES. TOTAL ALLOWABLE ADMINISTRATIVE AND GENERAL AND OVERHEAD COSTS ARE DEFINED AS COSTS REPORTED ON THE ODHS 3420, SCHEDULE B-1, PARTS II, III AND IV, PLUS ANY ALLOWABLE COSTS TO THESE COSTS AREAS FROM SCHEDULE B-1, PART I OF THE ODHS 3420.
- (1) AN ANNUAL EXEMPTION OF THIRTY THOUSAND DOLLARS PER YEAR PER ENTITY FROM THE CEILING ON ADMINISTRATIVE AND GENERAL COSTS IS ALLOWABLE FOR THE RECRUITMENT COSTS OF CORE PROVIDERS.
- (2) SHOULD LESS THAN THE FULL RECRUITMENT COST EXEMPTION BE USED DURING THE CALENDAR YEAR, THE REMAINDER OF THE EXEMPTION WOULD ROLLOVER TO THE NEXT CALENDAR YEAR. THE EXEMPTION WILL NOT ROLLOVER FURTHER THAN THE NEXT CALENDAR YEAR.
- (3) THE USE OF THE EXEMPTION SET FORTH IN PARAGRAPH (E)(1) OF THIS RULE MAY INCREASE THE REIMBURSEMENT RATE BEYOND THE CEILING SET FORTH IN PARAGRAPHS (H)(1) AND (H)(2) OF THIS RULE.
- (F) TESTS OF REASONABLENESS FOR PROFESSIONAL SERVICES AND TRANSPORTATION.

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ALLOWABLE COSTS REPORTED TO THE DEPARTMENT IN ACCORDANCE WITH THE INSTRUCTIONS FOR THE ODHS 3420 WILL BE ADJUSTED BASED ON MINIMUM REQUIRED EFFICIENCY STANDARDS CALCULATED AS ENCOUNTERS PER HOUR. NEITHER THE FINAL SETTLEMENT NOR THE RATE ESTABLISHED FOR THE FOLLOWING SERVICE COMPONENTS WILL EXCEED THE LOWER OF THE RATES AS DETERMINED BY DIVIDING ALLOWABLE COSTS BY ALLOWABLE ENCOUNTERS OR ALLOWABLE COSTS DIVIDED BY THE PRODUCT OF DIRECT HOURS WORKED BY THE PROFESSIONAL AND THE ENCOUNTERS PER HOUR AS SHOWN BELOW:

- (1) MEDICAL SERVICES WHICH INCLUDE PHYSICIAN, PHYSICIAN ASSISTANT, NURSE MIDWIFE, AND REGISTERED NURSE -- 2.4 ENCOUNTERS PER HOUR PER PHYSICIAN;
 - (2) CLINICAL SOCIAL WORKER AND PSYCHOLOGY SERVICES -- .7 ENCOUNTERS PER HOUR;
 - (3) PHYSICAL THERAPY SERVICES -- 2.0 ENCOUNTERS PER HOUR;
 - (4) SPEECH PATHOLOGY AND AUDIOLOGY SERVICES -- 1.8 ENCOUNTERS PER HOUR;
 - (5) DENTAL SERVICES -- 1.8 ENCOUNTERS PER HOUR;
 - (6) PODIATRY SERVICES -- 2.4 ENCOUNTERS PER HOUR;
 - (7) OPTOMETRIC/OPTICIAN SERVICES -- 2.3 ENCOUNTERS PER HOUR; AND
 - (8) CHIROPRACTOR SERVICES -- 2.4 ENCOUNTERS PER HOUR;
 - (9) TRANSPORTATION REIMBURSEMENT SHALL NOT EXCEED FIFTEEN DOLLARS PER ONE WAY UNIT OF SERVICE TO AND/OR FROM A MEDICAID COVERED FOHC SERVICE.
- (G) COST REPORT FILING.

AS A CONDITION FOR PARTICIPATION IN THE TITLE XIX PROGRAM, ALL FOHCS MUST SUBMIT A COST REPORT FOR EACH SITE IN ACCORDANCE WITH THE INSTRUCTIONS FOR THE ODHS 3420. SHOULD AN FOHC OPERATE A SITE WITH LESS THAN FIVE THOUSAND TOTAL ENCOUNTERS, IT MAY REQUEST AN EXEMPTION FROM FILING A SEPARATE COST REPORT FROM ODHS.

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- (1) ANNUAL COST REPORTS MUST BE FILED, EXCEPT FOR THE INITIAL PROGRAM YEAR, BY APRIL FIRST OF EACH YEAR FOR THE PERIOD BEGINNING JANUARY FIRST AND ENDING DECEMBER THIRTY-FIRST OF THE PRECEDING CALENDAR YEAR. THE DEPARTMENT MAY AUTHORIZE EXTENSION OF COST REPORT FILING DATES FOR JUST CAUSE. EXTENSION REQUESTS MUST BE MADE IN WRITING TO ODHS, HOSPITAL RATES AND AUDITS, PRIOR TO THE DUE DATE AND INCLUDE DOCUMENTATION JUSTIFYING THE NEED FOR AN EXTENSION. THE DEPARTMENT WILL NOT GRANT A FILING EXTENSION IF THE EXTENSION WOULD DELAY TIMELY IMPLEMENTATION OF INTERIM PAYMENT RATES OR INTERIM SETTLEMENT AMOUNTS.
- (2) FAILURE TO FILE A COMPLETE AND ADEQUATE ANNUAL COST REPORT BY APRIL FIRST OF EACH YEAR OR ASK FOR AND RECEIVE AN EXTENSION WILL RESULT IN THE SUSPENSION OF CLAIMS PAYMENT. THE SUSPENSION OF PAYMENTS SHALL OCCUR THIRTY DAYS AFTER THE REPORT WAS DUE. SUSPENDED CLAIMS SHALL BE RELEASED UPON DETERMINATION BY THE DEPARTMENT THAT A COMPLETE AND ADEQUATE COST REPORT HAS BEEN RECEIVED BY THE DEPARTMENT.
- (3) THE ACCRUAL METHOD OF ACCOUNTING SHALL BE USED FOR ALL COST REPORTS FILED EXCEPT THE GOVERNMENTAL INSTITUTIONS OPERATING ON A CASH METHOD MAY FILE ON THE CASH METHOD OF ACCOUNTING. THE "ACCRUAL METHOD OF ACCOUNTING" MEANS THAT REVENUE IS REPORTED IN THE PERIOD WHEN IT IS EARNED, REGARDLESS OF WHEN IT IS COLLECTED, AND EXPENSES ARE REPORTED IN THE PERIOD IN WHICH THEY ARE INCURRED, REGARDLESS OF WHEN THEY ARE PAID. THE "CASH METHOD OF ACCOUNTING" MEANS THAT REVENUES ARE RECOGNIZED ONLY WHEN CASH IS RECEIVED, AND EXPENDITURES FOR EXPENSES AND ASSET ITEMS ARE NOT RECORDED UNTIL CASH IS DISBURSED FOR THEM.
- (4) FOHCS ARE REQUIRED TO IDENTIFY ALL RELATED ORGANIZATIONS; I.E., RELATED TO THE FOHC BY COMMON OWNERSHIP OR CONTROL. THE COST CLAIMED ON THE COST REPORTS FOR SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY THE RELATED ORGANIZATION SHALL NOT EXCEED THE LOWER OF:
 - (a) THE COST TO THE RELATED ORGANIZATION; OR
 - (b) THE PRICE OF COMPARABLE SERVICES, FACILITIES, OR SUPPLIES GENERALLY AVAILABLE.

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(H) IMPLEMENTATION OF FOHC REIMBURSEMENT.

- (1) A COMPLETE AND ACCURATE ODHS 3420 MUST BE RECEIVED BY ODHS, HOSPITAL RATES AND AUDITS, BY MAY 25, 1991 FOR THE MONTHS OF JANUARY, FEBRUARY AND MARCH 1991 TO ESTABLISH INTERIM RATES FOR CORE AND NONCORE SERVICES EFFECTIVE JULY 1, 1991. INTERIM REIMBURSEMENT RATES SHALL NOT EXCEED THE APPROPRIATE MEDICARE CEILING FOR THE FEDERALLY FUNDED HEALTH CENTER PROGRAM, EXCEPT THAT THE CEILING SHALL BE INCREASED BY ONE DOLLAR IF THE FOHC SITE PROVIDES THE AT-RISK PREGNANCY PROGRAM AS SET FORTH IN RULES 5101:3-4-08, 5101:3-4-10, AND 5101:3-4-11 OF THE ADMINISTRATIVE CODE.
- (2) THE ODHS 3420 FOR CALENDAR YEAR 1991 WILL BE USED TO SET INTERIM REIMBURSEMENT RATES EFFECTIVE JULY 1, 1992 IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN PARAGRAPH (G) OF THIS RULE. THE INTERIM REIMBURSEMENT RATES EFFECTIVE JULY 1, 1992 FOR CORE AND NONCORE SERVICES SHALL NOT EXCEED THE HIGHER OF THE APPROPRIATE MEDICARE CEILING AS SET FORTH IN PARAGRAPH (H) (1) OF THIS RULE OR THE WAGE ADJUSTED CEILINGS ON REIMBURSEMENT RATES ESTABLISHED AS FOLLOWS:
 - (a) USING AS FILED THE ODHS 3420 FOR EACH ELIGIBLE FOHC SITE, AN ALLOWABLE COST PER ENCOUNTER FOR CORE AND NONCORE SERVICES SHALL BE CALCULATED. TESTS OF REASONABLENESS, CEILINGS, AND UPPER LIMITS IDENTIFIED IN PARAGRAPHS (D) TO (F) OF THIS RULE SHALL BE APPLIED TO THE AS FILED COST OF EACH ELIGIBLE FOHC SITE PRIOR TO CALCULATION OF THE COST PER ENCOUNTER. THE STATEWIDE URBAN MEAN COST PER ENCOUNTER IS THE AVERAGE OF THE VALUES OF ALL URBAN FACILITIES' ALLOWABLE COST PER ENCOUNTER. THE STATEWIDE RURAL MEAN COST PER ENCOUNTER IS THE AVERAGE OF THE VALUES OF ALL RURAL FACILITIES' ALLOWABLE COST PER ENCOUNTER.
 - (b) THE FINAL CEILINGS ON CORE AND NONCORE SERVICE REIMBURSEMENT FOR EACH RURAL FACILITY IS THE STATEWIDE MEAN FOR RURAL FACILITIES. THE FINAL CEILINGS ON CORE AND NONCORE SERVICE REIMBURSEMENT FOR EACH URBAN FACILITY IS CALCULATED BY MULTIPLYING STATEWIDE MEAN COST PER ENCOUNTER BY AN ADJUSTMENT FACTOR DETERMINED FROM THE "OHIO AREA WAGE INDEX FOR HEALTH CARE" THROUGH SEPTEMBER 30, 1991 PUBLISHED IN THE FEDERAL REGISTER AS FOLLOWS:

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<u>LOCATION</u>	<u>WAGE INDEX</u>	<u>ADJUSTMENT FACTOR</u>
RURAL	.8431	1.0000
AKRON	.9459	1.1219
CANTON	.8721	1.0344
CINCINNATI	.9840	1.1671
CLEVELAND	1.0760	1.2762
COLUMBIANA CO.	.9087	1.0778
COLUMBUS	.9692	1.1496
DAYTON/ SPRINGFIELD	.9684	1.4862
HAMILTON/ MIDDLETOWN	.9403	1.1153
HUNTINGTON W. VA./ ASHLAND KY.	.9456	1.1216
LIMA	.8108	.9617
LORAIN/ELYRIA	.8968	1.0637
MANSFIELD	.8409	.9974
MORROW CO.	.8431	1.0000
PARKERSBURG/ MARIETTA	.8551	1.0149
STEUBENVILLE/ WEIRTON	.8729	1.0353
TOLEDO	1.0101	1.1988
VAN WERT CO.	.8431	1.0000
WHEELING W. VA.	.7849	.9310
YOUNGSTOWN/ WARREN	.9885	1.1725

THE ADJUSTMENT FACTOR INDICATED IN THE ABOVE TABLE IS DETERMINED BY DIVIDING THE WAGE INDEX FOR EACH LOCATION BY THE RURAL WAGE INDEX OF .8431.

- (3) AN INTERIM SETTLEMENT FOR CALENDAR YEAR 1991 WILL BE CALCULATED USING THE ODHS 3420 FOR THAT TIME PERIOD. PAYMENT RATE FOR INTERIM SETTLEMENT SHALL NOT EXCEED THE HIGHER OF THE MEDICARE CEILING DESCRIBED IN PARAGRAPH (H) (1) OF THIS RULE OR THE WAGE ADJUSTED CEILINGS ON REIMBURSEMENT RATES FOR CORE AND NONCORE SERVICES AS SET FORTH IN PARAGRAPH (H) (2) OF THIS RULE.

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- (4) AN FOHC WHICH IS AN AMBULATORY HEALTH CENTER IN ACCORDANCE WITH CHAPTER 5101:3-13 OF THE ADMINISTRATIVE CODE AND IS NEITHER AN OUTPATIENT HEALTH FACILITY IN ACCORDANCE WITH CHAPTER 5101:3-29 OF THE ADMINISTRATIVE CODE NOR A RURAL HEALTH CENTER IN ACCORDANCE WITH CHAPTER 5101:3-16 OF THE ADMINISTRATIVE CODE MAY BE REIMBURSED FOR CORE SERVICES AT FORTY DOLLARS AND FIFTY CENTS PER ENCOUNTER UNTIL THE INTERIM RATE IDENTIFIED IN PARAGRAPH (H) (1) OF THIS RULE IS ESTABLISHED. NONCORE SERVICES WILL CONTINUE TO BE REIMBURSED ON AN INTERIM BASIS IN ACCORDANCE WITH RULE 5101:3-1-60 OF THE ADMINISTRATIVE CODE.
- (5) IN SUBSEQUENT YEARS, FOR ALL FOHC SITES, THE ODHS 3420 FOR THE PREVIOUS CALENDAR YEAR WILL BE USED TO CALCULATE INTERIM SETTLEMENTS FOR THAT YEAR AND TO SET INTERIM REIMBURSEMENT RATES EFFECTIVE JULY FIRST OF THE CURRENT YEAR. FOR THESE SUBSEQUENT INTERIM SETTLEMENTS AND INTERIM REIMBURSEMENT RATE SETTINGS, THE WAGE ADJUSTED CEILINGS ON REIMBURSEMENT RATES FOR CORE AND NONCORE SERVICES SHALL BE UPDATED USING THE APPLICABLE AS FILED ODHS 3420 IN THE MANNER SET FORTH IN PARAGRAPH (H) (2) OF THIS RULE.
- (6) FOR NEW PROVIDERS THE TIME PERIOD PRIOR TO ESTABLISHING THE INTERIM RATE EFFECTIVE JULY FIRST, THE ONGOING RATE OF REIMBURSEMENT SHALL NOT EXCEED THE MEAN REIMBURSEMENT OF THE APPROPRIATE URBAN OR RURAL PARTICIPATING FOHCs. A PROVIDER SPECIFIC RATE WILL BE CALCULATED FROM AN ODHS 3420 FILED AFTER ONE QUARTER OF MEDICAID COVERED FOHC EXPERIENCE. FAILURE TO FILE A COMPLETE AND ADEQUATE ODHS 3420 BY THE END OF THE FIRST MONTH FOLLOWING THE INITIAL QUARTER OF EXPERIENCE OR ASK FOR AND RECEIVE AN EXTENSION WILL RESULT IN THE SUSPENSION OF CLAIMS PAYMENT AS SET FORTH IN PARAGRAPH (G) (2) OF THIS RULE. THE ODHS 3420 WILL BE USED TO ESTABLISH INTERIM REIMBURSEMENT RATES EFFECTIVE WITHIN TWO MONTHS OF RECEIPT BY THE DEPARTMENT.

(I) AUDITS AND FINAL SETTLEMENTS.

- (1) PAYMENTS FOR CORE AND NONCORE SERVICES DELIVERED BY AN FOHC ARE SUBJECT TO FINAL COST SETTLEMENT USING COSTS FOR THE TIME PERIOD IN WHICH SERVICES WERE RENDERED AS SET FORTH IN CHAPTER 5101:3-28 OF THE ADMINISTRATIVE CODE.

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