



Ohio Administrative Code

Rule 5160-28-02 Cost-based clinics: medicaid provider requirements and limitations.

Effective: October 1, 2016

(A) No provider may be simultaneously enrolled in medicaid as more than one type of cost-based clinic.

(B) Unless otherwise noted, any limitations or requirements specified in the Revised Code or in agency 5160 of the Administrative Code apply to services rendered by a cost-based clinic.

(C) Federally qualified health center (FQHC).

(1) An FQHC must submit to the department a copy of the notice of grant award authorization from the federal health resources and services administration (HRSA) confirming that its service sites meet FQHC requirements.

(2) An FQHC may be paid only for services provided on or after the date on which this notice is received by the department.

(3) Each FQHC service site must obtain and use its own medicaid provider number. No FQHC service site may use the provider number of another FQHC service site, even a service site within the same parent organization. Claims for services provided away from an FQHC service site (e.g., in an individual's home) must specify the FQHC service site responsible for providing the services.

(4) The responsibility of an FQHC to pay a health professional performing an FQHC medical service must be spelled out in a written agreement between the FQHC and the health professional.

(5) An FQHC must notify the department in writing not later than ninety days after any permanent decrease in its scope of service.

(D) Outpatient health facility (OHF).



(1) An entity that operates more than one service site may choose to enroll them under a single provider number if both of the following requirements are met:

(a) The entity provides written assurance that each service site independently meets all the requirements for an OHF.

(b) The entity has a single, central, uniform accounting and record-keeping system for all of its participating service sites.

(2) Any entity that is erroneously enrolled as both an OHF and another type of cost-based clinic must not submit claims as an OHF.

(E) Rural health clinic (RHC).

(1) A physician must be available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral.

(2) Extraordinary circumstances in which no physician is available must be documented in the records of the RHC.