



Ohio Administrative Code

Rule 5160-28-06.2 Cost-based clinics: determination of a PVPA for an OHF service on the basis of a medicaid cost report.

Effective: October 1, 2016

(A) Separate PVPAs are established for the following services:

- (1) Medical services;
- (2) Dental services;
- (3) Mental or behavioral health services provided by a clinical psychologist or a clinical social worker;
- (4) Vision services provided by a licensed optometrist, optician, or ocularist;
- (5) Speech and hearing services provided by an audiologist or speech pathologist;
- (6) Physical medicine services;
- (7) Laboratory services;
- (8) Radiology services; and
- (9) Transportation services.

(B) Allowable costs are calculated in accordance with the instructions for the OHF cost report. Certain restrictions apply:

- (1) Costs related to patient care are not allowable.
- (2) Procedures or items that are not outpatient health facility (OHF) services are not allowable.



- (3) The straight-line method of computing depreciation must be used for all depreciable assets.
- (4) The cost claimed for services, facilities, and supplies furnished by a related organization must not exceed the lesser of two figures:
 - (a) The cost to the related organization; or
 - (b) The price of comparable services, facilities, or supplies generally available.
- (5) Total allowable administrative and general overhead costs must not exceed fifteen per cent of the costs of the services to which they are applied.
- (C) Tests of reasonableness are applied to the allowable costs to establish limits.
 - (1) PVPAs established for any of the indicated services must not exceed the lesser of two numbers:
 - (a) The quotient obtained by dividing the reported allowable cost by the reported number of visits; or
 - (b) The quotient obtained by dividing the reported allowable cost by the product of the actual number of direct hours worked by the professional and the applicable number of encounters per hour from the following list:
 - (i) Medical services 2.4;
 - (ii) Dental services 1.85;
 - (iii) Mental or behavioral health services 0.8;
 - (iv) Vision services 2.3;
 - (v) Speech pathology and audiology services 1.8; and
 - (vi) Physical medicine services 2.0.



(2) Any adjustment is to be computed on an annualized base of thirty hours per week and must not exceed one hundred per cent.