

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE:	MAY 3, 2024
TIME:	11:00 A.M.
TELECONFERENCE DIAL-IN PHONE NUMBER:	614-721-2972
TELECONFERENCE PIN:	481917057#
LINK TO MEETING (MICROSOFT TEAMS) FOR HEARING:	<u>JOIN THE MEETING NOW</u>
IN-PERSON LOCATION:	ROOM A501, LAZARUS GOVERNMENT CENTER 50 WEST TOWN STREET COLUMBUS, OH 43215

Pursuant to Chapter 119. and section 5164.02 of the Ohio Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the amendment of the rule identified below and to hold a public hearing thereon.

In accordance with budget provisions of Am. Sub H.B. 33 (135th G.A.), Ohio Administrative Code (OAC) rules 5160-28-05, 5160-28-06.1, and 5160-28-07.1 are being amended to allow ODM to increase Federally Qualified Health Center (FQHC) rates by \$31,170,000 in state fiscal year 2025. ODM is simultaneously conducting five-year review.

Rule 5160-28-05 sets forth the method for determining a per-visit payment amount (PVPA) for an FQHC service under a prospective payment system (PPS). ODM is adding language to the rule delineating the FQHC rate increase for each FQHC PPS service.

Rule 5160-28-06.1 sets forth the method for determining a PVPA for an FQHC service. In amended rule 5160-28-06.1, the title is modified because the FQHC PVPA for transportation services is not determined by a cost report. The limit for transportation services is increased to \$35. The ceilings for all FQHC services except transportation services are set at 120% of the statewide sixtieth percentile PVPA. The PVPA for transportation services is made in accordance with rule 5160-28-05 because FQHCs are not required to submit a cost report for transportation services. Therefore, allowable costs, limits, and ceilings do not apply when determining the PVPA for transportation services.

Rule 5160-28-07.1 sets forth an Alternate Payment Method (APM) for government-operated FQHCs. Under this APM, a government-operated FQHC may receive payment in addition to payment amounts established under the PPS method described in rule 5160-28-05. This rule is being amended to clarify provisions concerning the optional preliminary cost report, increase the number of days an FQHC has to submit a fully audited cost report to 500 days, update the definition of "total Medicaid variance" and add a definition of "aggregate add-on" in order to exclude the FQHC rate increase from the APM payment calculation (i.e., the FQHC rate increase—also known as the "FQHC PVPA add-on payment"—is a payment made in addition to the APM payment), and set forth a 90-day timeframe for payment if the total expenditure derived from the fully audited cost report differs from the total expenditure derived from the optional preliminary cost report.

ODM will hold the public hearing for this rule package via teleconference and in person. ODM will not require protective masks for individuals attending in person. However, visitors are welcome to wear masks if they prefer to do so.

The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), link for teleconference attendance, and location for in-person attendance.

All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to rules@medicaid.ohio.gov no later than one hour before the hearing to be added to the witness list. Those attending in person can be added to the witness list at the hearing. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted in person or by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for whom the submitter is a legal guardian. Written testimony sent by e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of the proposed rules is available, without charge, to any person at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the rules, as well as comments on the rule, may be submitted by mail to Ohio Department of Medicaid, Office of 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.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in a certain format (large print, audio, accessible electronic format, other format), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator by phone at 614-995-9981 Voice / 711 TTY, by fax to (614) 644-1434, or by e-mail to ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three business days before the scheduled hearing. If you believe that ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator; and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information about these processes and ODM's compliance with civil rights laws and other applicable laws can be found here: [Notice of Nondiscrimination](#).