



Ohio Administrative Code

Rule 5160-28-02 FQHC and RHC services: conditions affecting medicaid provider participation.

Effective: July 1, 2022

(A) Unless otherwise noted, any stipulations or limitations specified in the Revised Code or in agency 5160 of the Administrative Code apply to services rendered by a federally qualified health center (FQHC) or rural health clinic (RHC). Provisions of other rules in agency 5160 of the Administrative Code that concern coordination of benefits apply to payment for FQHC and RHC services.

(B) Responsibilities of an FQHC.

(1) When it enrolls or changes its enrollment (e.g., adds a service), an FQHC submits to the Ohio department of medicaid (ODM) a copy of a notice of authorization or notice of look-alike designation it has received from the federal health resources and services administration (HRSA). In particular, two pieces of documentation are needed:

(a) Confirmation that the FQHC satisfies HRSA criteria for providing the PPS services it plans to render (either new services or services added through a change in scope); and

(b) A list of the services approved by HRSA for the FQHC to perform at any of its sites.

(2) Each FQHC site obtains and uses its own medicaid provider number. No FQHC site is allowed to use the provider number of another FQHC site, even if the two share the same parent organization.

(3) The responsibility of an FQHC to pay a health professional for performing a service is described in a written agreement between the FQHC and the health professional.

(4) An FQHC notifies ODM in writing not later than ninety days after any permanent decrease in its scope of service.

(C) Medicaid payment cannot be made before the date listed on the FQHC HRSA notice or before



the RHC certification date.

(D) No provider can be simultaneously enrolled in medicaid as both an FQHC and an RHC.