



**Medicaid Transmittal Letter (MTL) No. 3354-21-01**

DATE: September 1, 2021

TO: Federally Qualified Health Centers (FQHCs)  
Rural Health Clinics (RHCs)  
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: Emergency Update for the Establishment of Per-Visit Payment Amounts (PVPAs) Derived from a Cost Report Submitted by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) Site Affected by a Public Health Emergency (PHE)

In response to fluctuations in costs during the COVID-19 PHE, the Ohio Department of Medicaid (ODM) adopted emergency rule 5160-28-12, "Establishment of Per-Visit Payment Amounts (PVPAs) Derived from a Cost Report Submitted by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) Site Affected by a Public Health Emergency (PHE)." This rule became effective on August 19 and will be in effect for 120 days.

The purpose of this emergency rule is to allow a change to the time period of a cost report from which PVPAs are derived during any future PHEs. Without cost reporting flexibilities, the potential impact to an affected FQHC or RHC is a permanent PVPA being set that does not reflect the costs of the FQHC or RHC during a non-PHE period.

While this emergency rule is in effect, an FQHC or RHC may request a change to the time period of a cost report in accordance with new rule 5160-28-12. The time period covered by the applicable cost report may be altered in one of the following ways: (1) The length of the period is set at not less than eight consecutive months nor more than twelve consecutive months; or (2) An alternate beginning date of the period is set by ODM in collaboration with the FQHC or RHC site.

**Additional Information**

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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