

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: 10/21/2021

TIME: 11:00 AM

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin: 1198752303#

Link to Microsoft Teams Meeting for Hearing: [Click here to join the meeting](#)

In-Person Location: Room A501 of the Lazarus building, 50 W. Town Street, Suite 400,
Columbus, Ohio 43215

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

TO BE RESCINDED

Ohio Administrative Code Rule 5160-1-60.2, entitled "Direct reimbursement for out-of-pocket expense incurred for medicaid covered service", has been reviewed as part of the five-year review process and is being proposed for rescission as more than fifty percent is being amended. The rule describes the department's coverage policies for direct reimbursement to individuals who have erroneously incurred medical costs. The rule defines the criteria applicants for reimbursement must meet in order to be eligible for reimbursement consideration as well as the steps the applicants must follow in order to receive reimbursement for expenses for Medicaid covered services.

TO BE ADOPTED

Ohio Administrative Code Rule 5160-1-60.2, entitled "Direct reimbursement for out-of-pocket expenses incurred for medicaid covered services during approved eligibility periods", is being proposed to replace the existing rule. The rule will continue to describe the department's coverage policies for direct reimbursement to individuals who have erroneously incurred medical costs. The rule will define the criteria applicants for reimbursement must meet in order to be eligible for reimbursement consideration as well as the steps the applicants must follow in order to receive reimbursement for expenses for Medicaid covered services.

The rule is being updated to include direct reimbursement eligibility for any retroactive eligibility period where Medicaid covered services are rendered as well as incorporate the requirements for direct reimbursement upon the managed care entities (MCE). The definition of a 'Medicaid covered service' is revised to better define the services eligible for direct reimbursement as well as include providers and services delivered under a MCE. Language throughout the rule referring only to ODM is revised to incorporate MCEs. Language is also added to clarify that reimbursement is only eligible for covered physician and dental services pursuant to 42 C.F.R. 447.25. For better clarity, the timeframe for a non-responsive provider that agrees to reimburse

the individual but fails to do so is explicitly stated to be ninety days. Restrictions are added for direct reimbursement that require applicants to meet timely filing requirements, prohibit direct reimbursement for Medicare Part A out-of-pocket expenses, and require that third party reimbursement is not available for the service. Clarification that direct reimbursements will not exceed the Medicaid maximum fee is stated. Finally, the provision regarding notice and hearing rights is reworded for clarity.

ODM will hold the public hearing for this rule package via teleconference and in-person. All in-person attendees are required to follow ODM health and safety protocols, including temperature checks, wearing a face mask, and practicing social distancing when inside the ODM office. 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), and 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. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but do not yet appear on the witness list.

Written comments submitted 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 which 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.

Copies of the proposed rules are 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 proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.