

PUBLIC HEARING NOTICE

OHIO DEPARTMENT OF MEDICAID

DATE: April 22, 2024

TIME: 11:00 A.M.

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

Teleconference Pin: 4515544675#

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

In-Person Location: 50 W. Town St., Columbus, Ohio 43215, Room A501

Pursuant to Chapter 119. and section 5164.02 of the 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 of a public hearing thereon.

Ohio Administrative Code rule 5160-1-29, titled Medicaid fraud, waste, and abuse, provides Ohio Department of Medicaid (ODM) definitions and examples of fraud, waste, and abuse, and describes ODM's program to detect, prevent, and address fraud, waste, and abuse.

The rule was reviewed as part of the five year rule review and was proposed for amendment to update definitions, language, and citations, add clarifying language, and remove regulatory restrictions in accordance with Ohio Revised Code section 121.95. The amended rule utilizes the federal regulation definitions for fraud and abuse and incorporates language to define waste. New examples are included to clarify that failure to comply with service requirements as defined in agency 5160 of the Administrative Code, actions to falsely obtain Medicaid eligibility, and seeking additional payments from other providers would constitute as fraud, waste, or abuse.

ODM will hold the public hearing for this rule package via teleconference and in-person. ODM will not require masks for individuals attending in person. However, visitors are welcome to wear masks if that is their preference.

The phone number, PIN (access code), link for teleconference attendance, location for in-person attendance, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email 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 those who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted in-person or via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information 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 via email is highly recommended. All testimony received via email will receive a confirmation of receipt.

A copy of the proposed rule is available, without charge, to any person at the address listed below. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rule or comments on the rule 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.

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 other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three (3) business days prior to the scheduled hearing. If you believe 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 on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).