

PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

DATE: April 20, 2006
TIME: 10:00 a.m.
LOCATION: Room 3110B, Rhodes State Office Tower
30 East Broad St., Columbus, Ohio 43215

Pursuant to Sections 5111.0112, 5111.02, 5111.16, 5111.162, and 5111.17, and Chapter 119. of the Ohio Revised Code (ORC), the director of the Ohio Department of Job and Family Services (ODJFS) gives notice of the department's intent to consider the amendment, adoption, or rescission of the rules identified below and of a public hearing thereon.

The effective date for the proposed rule changes is June 1, 2006.

The rules identified below are being proposed for amendment in order to implement a statewide expansion of the Ohio Medicaid full-risk managed care program. As mandated by Amended Substitute HB 66, all Covered Families and Children (CFC) consumers with limited exceptions and certain Aged, Blind, and Disabled (ABD) consumers must be enrolled in the full-risk managed care program by December 31, 2006.

Rule 5101:3-26-01, entitled Managed health care programs: definitions, is being proposed for amendment. This rule sets forth definitions for managed health care programs. The changes to the rule add language to clarify certain definitions relevant to statewide managed care expansion.

Rule 5101:3-26-02, entitled Managed health care programs: eligibility, membership and automatic renewal of membership, is being proposed for amendment. This rule sets forth provisions and conditions for eligibility, membership, and automatic renewal of membership in managed health care programs. The changes to the rule add language to describe CFC and ABD individuals eligible for mandatory enrollment. References to preferred option and continuity of care deferments have been deleted to mirror the requirements in the request for applications (RFA) for statewide managed care expansion.

Rule 5101:3-26-02.1, entitled Managed health care programs: termination of membership, is being proposed for amendment. This rule sets forth provisions for termination of membership in managed health care programs. The changes to the rule add language regarding termination of managed care plan (MCP) membership, from the perspective of MCP members in the ABD and CFC categories of assistance to be enrolled under the statewide expansion.

Rule 5101:3-26-03, entitled Managed health care programs: covered services, is being proposed for amendment. This rule sets forth the services that managed care plans are required to provide to Medicaid managed care consumers. The changes to the rule add

language establishing that MCPs are only required to process claims that are submitted by non-contracting providers, when such claims are submitted within one hundred and eighty days from the date of service. Revisions were also made to clarify MCP responsibilities for nursing facility stays and to add language to reflect the exclusion of habilitation services and coverage of services outside the United States.

Rule 5101:3-26-03.1, entitled Managed health care programs: care coordination, is being proposed for amendment. This rule sets forth managed care plan and primary care physician (PCP) responsibilities for care coordination. The changes to the rule add language to clarify utilization management criteria and add a provision which allows prior authorization timeframes to be increased from five working days to fourteen calendar days (except for prior-authorizations of covered outpatient drugs). Federally required timeframes pertaining to the prior-authorization of covered outpatient drugs were also added.

Rule 5101:3-26-04, entitled Managed health care programs: procurement and plan selection, is being proposed for amendment. This rule sets forth provisions for ODJFS managed care plan procurement and plan selection. The changes to the rule remove references to the comprehensive managed care (CMC) program and add a federal citation pertaining to the MCP procurement process.

Rule 5101:3-26-05, entitled Managed health care programs: provider panel and subcontracting requirements, is being proposed for amendment. This rule sets forth requirements for managed care plan provider panels and subcontracts. The changes to the rule add language stating that unless otherwise specified by ODJFS, any information submitted to ODJFS regarding services rendered by a delegated entity, must be submitted directly by the MCP. New language specifying the mechanisms for MCPs to use to ensure that their providers are in good standing was added. Revisions were also made to the provider subcontracting section of the rule to include member notification responsibility in the event of a hospital contract termination. Language was added to clarify that supplemental payments will be made for federally qualified health centers (FQHCs) and rural health clinics (RHCs).

Rule 5101:3-26-05.1, entitled Managed health care programs: provider services, is being proposed for amendment. This rule sets forth requirements for managed care plan provider services. The changes to the rule add language to clarify MCP responsibilities for subcontracting providers.

Rule 5101:3-26-07, entitled Managed health care programs: annual external quality review survey, is being proposed for amendment. This rule sets forth provisions for an annual external quality review survey. The changes to the rule clarify federal requirements regarding non-duplication of mandatory activities and exemption from external quality review activities.

Rule 5101:3-26-08, entitled Managed health care programs: marketing, is being proposed for amendment. This rule sets forth requirements for managed care plan

marketing activities. The changes to the rule add new terminology related to statewide managed care expansion.

Rule 5101:3-26-08.2, entitled Managed health care programs: member services, is being proposed for amendment. This rule sets forth requirements for managed care plan member services. The changes to the rule modify member services requirements needed to implement statewide managed care expansion, such as the provision of extended member services hours and the issuance of a new member letter by MCPs, as described in the RFA.

Rule 5101:3-26-08.4, entitled Managed health care programs: MCP grievance system, is being proposed for amendment. This rule sets forth requirements for a managed care plan grievance system. The changes to the rule add language to clarify standard appeal and state hearing procedures.

Rule 5101:3-26-08.5, entitled Managed health care programs: responsibilities for state hearings, is being proposed for amendment. This rule sets forth managed care plan responsibilities for compliance with applicable state hearing provisions. The changes to the rule add language to clarify the distribution of forms for state hearings notifications.

Rule 5101:3-26-09, entitled Managed health care programs: reimbursement and financial responsibility, is being proposed for amendment. This rule sets forth managed care plan requirements for reimbursement, fiscal responsibility, and reinsurance. The changes to the rule add language to clarify that delivery payments only apply to the CFC category of assistance.

Rule 5101:3-26-11, entitled Managed health care programs: managed care plan non-contracting providers, is being proposed for amendment. This rule sets forth requirements for managed care plan non-contracting providers. The changes to the rule outline the filing timeframe during which non-subcontracting providers are required to submit claims to the MCP. Language has been added to clarify that if an MCP has chosen to require applicable co-payments for certain services, those co-payments will also apply to services provided by non-subcontracting providers.

The rules identified below are being proposed for amendment, adoption, or rescission in order to update and clarify provisions of the rule.

Rule 5101:3-26-06, entitled Managed health care programs: program integrity-fraud and abuse, audits, reporting, and record retention, is being proposed for amendment. This rule sets forth provisions for program integrity (e.g. fraud and abuse, audits, reporting, and record retention). The changes to the rule add language to clarify MCP record retention requirements.

Rule 5101:3-26-09.1, entitled Managed health care programs: third party recovery, is being proposed for amendment. This rule sets forth managed care plan responsibilities with regard to recovery of the cost of medical services from third party payors. The

changes to the rule add a Revised Code citation and remove an Administrative Code citation.

Rule 5101:3-26-12, entitled Managed health care programs: member co-payments, is being proposed for adoption. This rule sets forth provisions for managed care plan member co-payments. This rule will replace rescinded rule 5101:3-26-13, to keep this rule set in numerical order. A typographical error and an erroneous OAC citation have been corrected.

Rule 5101:3-26-13, entitled Managed health care programs: member co-payments, is being proposed for rescission. This rule sets forth provisions for managed care plan member co-payments. This rule will be rescinded and filed as new rule 5101:3-26-12, to keep this rule set in numerical order.

A copy of the proposed rules is available, without charge, to any person affected by the rules, at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rules will be held at the date, time, and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules, or comments on the rules, should be submitted by mail to the Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-8298, or by e-mail at rules@odjfs.state.oh.us.