

PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

DATE: August 5, 2008
TIME: 10:00 a.m.
LOCATION: Room 3110B, Rhodes State Office Tower, 30 East Broad St.,
Columbus, Ohio 43215

Pursuant to Sections 5111.02, 5111.16, 5111.162, 5111.17, and 5111.176, 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 adoption, amendment, or rescission of the rules identified below and of a public hearing thereon.

The effective date for the proposed rule changes is September 15, 2008.

The rules identified below are being proposed for adoption, amendment, or rescission in order to add and revise definitions, update and clarify provisions, update cross-references, and correct typographical errors.

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 revise language for consistency throughout the rule, revise the definition of "third party payer," change the term "case management" to "care management," and add and define the following terms: "coordination of benefit claim," "controlled substances and member management program," "explanation of benefits," "protected health information," "third party," "third party benefit," "third party claim," "third party liability," and "Title V."

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 revise language to clarify managed care plan responsibilities for hospital in-patient coverage upon termination of a member's managed care plan membership.

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 the termination of membership in managed health care programs. The changes to the rule revise language to clarify managed care plan responsibilities for hospital in-patient coverage upon termination of a member's managed care plan membership.

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 update cross-references and change the term "case management" to "care management."

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 care coordination responsibilities. The changes to the rule add language to allow managed care plans to implement controlled substances and member management programs, and change the term "case management" to "care management."

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 change the term "case management" to "care management."

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 change the term "case management" to "care management."

Rule 5101:3-26-07.1, entitled Managed health care programs: quality assessment and performance improvement program, is being proposed for amendment. This rule sets forth requirements for a managed care plan quality assessment and performance improvement program. The changes to the rule revise language to clarify the required components of managed care plan performance improvement projects.

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 programs and member materials. The changes to the rule change the term "case management" to "care management."

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 revise language to clarify the definition of a managed care plan "action" for member appeals, and add additional managed care plan state hearing member notification requirements.

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 update references to Ohio Department of Job and Family Services (ODJFS) forms, and add language to clarify managed care plan responsibilities when a member requests a hearing as a result of proposed enrollment in the controlled substances and member management program.

Rule 5101:3-26-09.1, entitled Managed health care programs: third party recovery, is being proposed for rescission. This rule sets forth provisions for managed care plan responsibilities with regard to ODJFS recovery from third party payers of the cost of medical services rendered to managed care plan members. ODJFS is proposing the adoption of new rule 5101:3-26-09.1 which will replace the text of this rule.

Rule 5101:3-26-09.1, entitled Managed health care programs: third party recovery, is being proposed for adoption. This rule will set forth provisions for managed care plan responsibilities with regard to ODJFS recovery from third party payers of the cost of medical services rendered to managed care plan members. This rule will replace rescinded rule 5101:3-26-09.1. The difference between the rescinded rule and the new rule is the addition of language to the new rule that clarifies managed care plan responsibilities for the coordination of benefits. The new rule also corrects typographical errors, and updates cross-references.

Rule 5101:3-26-09.2, entitled Managed health care programs: franchise permit fee, is being proposed for adoption. This rule will set forth the percentage to be used in calculating the franchise permit fee to be paid by Medicaid health insuring corporations pursuant to section 5111.176 of the Revised Code.

Rule 5101:3-26-10, entitled Managed health care programs: sanctions and provider agreement actions, is being proposed for amendment. This rule sets forth sanctions and corrective actions that may be imposed upon managed care plans for failure to fulfill contractual and/or legal obligations. The changes to the rule revise language to clarify managed care plan responsibilities following the amendment, termination, or nonrenewal of the managed care plan's provider agreement.

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.