## PUBLIC HEARING NOTICE OHIO DEPARTMENT OF MEDICAID

**DATE:** September 26, 2014

TIME: 11:30 AM

LOCATION: Room A401, 50. W. Town Street, Columbus, Ohio 43215

Pursuant to Sections 5164.02, 5166.02, 5167.02, and Chapter 119. of the Ohio Revised Code (ORC), the director of the Ohio Department of Medicaid gives notice of the office's intent to consider the new rules identified below and of a public hearing thereon.

Rule 5160-58-08.4, entitled Appeals and grievances for MyCare Ohio, sets forth the appeals, grievances and state hearing provisions for MyCare Ohio plan members. This rule requires a MyCare Ohio plan to have three avenues allowing a member to challenge certain actions taken by the MyCare Ohio plan: (1) a grievance process, (2) an appeal to the MyCare Ohio plan, and (3) a process allowing members to access the State's hearing system through the Ohio Department of Job and Family Services (ODJFS). The rule sets forth detailed requirements for each of these three avenues, and prescribes the manner in which members must be advised of actions by the MyCare Ohio plan, so that the members receive clear and timely notice of plan actions that will affect the services they receive. It also describes the circumstances under which benefits may be continued while an appeal is pending. Changes to the rule update language regarding the obligations of the MCPs with respect to the State's hearings system. Additional amendments to the rule update form references and a cross-reference.

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 <a href="http://www.registerofohio.state.oh.us/">http://www.registerofohio.state.oh.us/</a>. A public hearing on the proposed rules will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be taken at the public hearing. Written testimony 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 Medicaid Rule Administrator, Office of Legal Counsel, 50 W. Town Street, Fourth Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-3986, or by e-mail at Rules@Medicaid.Ohio.gov. Testimony received may be reviewed at this address.

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