## PUBLIC HEARING NOTICE OHIO DEPARTMENT OF MEDICAID

## DATE:October 9, 2014TIME:10:00-11:00 AMLOCATION:Room b401, Ohio Department of Medicaid, Lazarus Building<br/>50 West Town St., 4<sup>th</sup> Floor, Columbus, Ohio 43215

Pursuant to section 5164.02 and Chapter 119 of the Ohio Revised Code, the Director of the Department of Medicaid gives notice of the Department's intent to consider the amendment of the rule identified below and of a public hearing thereon.

**Rule 5160-1-13.1, Medicaid Consumer Liability**, is being reviewed and amended in accordance with five-year rule review. Rule 5160-1-13.1 establishes under which conditions a provider may or may not bill the Medicaid member for medical services. The creation of the Ohio Department of Medicaid requires the Department references in rule to change from ODJFS to ODM and any rule citations in the Ohio Administrative Code to change from 5101 to 5160. The amendments to 5160-1-13.1 are related to both the Department and the rule references. Another amendment to the rule removes the exemption in the title of the rule for services delivered through the managed care program because the Department. This rule serves as a floor regarding consumer liability for Medicaid covered services across the delivery systems in the Medicaid program.

A copy of the proposed rule is available, without charge, to any person affected by the rule at the address listed below. The rule is also available on the internet at <u>http://www.registerofohio.state.oh.us/</u>. A public hearing on the proposed rule 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 rule and testimony on the rule should be submitted by mail to the Ohio Department of Medicaid Rule Administrator, Office of Legal Counsel, 50 West Town Street, 4th Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-8298, or by e-mail at <u>Rules@Medicaid.Ohio.gov</u>. Testimony received may be reviewed at this address.