

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: November 17, 2017
TIME: 11:00 AM
LOCATION: Rhodes State Office Tower, Lobby Hearing Room
30 East Broad Street
Columbus, Ohio 43215

Pursuant to Chapter 119 and section 5167.02 of the Revised Code, the director of the Ohio Department of Medicaid (ODM) gives notice of the Department's intent to amend, or rescind and file as new of the rules identified below and of a public hearing thereon.

Rule 5160-26-02, entitled "Managed health care programs: eligibility and enrollment," sets forth the eligibility criteria for individuals who are then enrolled in the managed care program and the enrollment process. It is being proposed for amendment to update policy related to the administration of the Medicaid managed care program. In paragraph (B)(2) the January 1, 2017 effective date was removed. Paragraph (B)(4)(b) was incorporated into paragraph (B)(6). Paragraph (C)(2), related to voluntary service areas was removed. Other grammatical and technical edits were made.

Rule 5160-26-03, entitled "Managed health care programs: covered services," sets forth the services which must be covered by MCPs and addresses any exclusions or limitations for those services. It is being proposed for amendment to update policy related to the administration of the Medicaid managed care program. In paragraph (A), ODM clarified that plans must cover Ohio Medicaid state plan services. The prior authorization language in paragraph (A)(3) was updated to prevent plans from imposing "hard limits" on services. The medical necessity language in paragraph (B)(1) was updated to be member specific. In paragraph (E)(7), a requirement was added that the MCP must reimburse for emergency services until the member is stabilized and can safely be discharged or transferred. In paragraph (H)(12), language was added to include reference to payment for IMD stays when a member is no longer eligible for managed care. In paragraph (I), language was updated to allow plans to prior authorize additional services after the 100 hour limit has been reached and the respite payment language was removed. Healthchek language was updated to remove notification requirements. Other grammatical and technical edits were made.

Rule 5160-26-03.1, entitled "Managed health care programs: primary care and utilization management," sets forth the requirements for MCPs related to members' primary care providers (PCPs) and utilization management. It is being proposed for amendment to update policy related to the administration of the managed care program. The prior authorization timeframes were updated in compliance with ORC 5160.34 (SB 129). In paragraph (B)(3)(h), language related to pharmacy prior authorization decision timeframes was removed. Duplicative language in paragraph (B)(5) related to the Coordinated Services Program was removed. Other grammatical and technical edits were made.

Rule 5160-26-08.3, entitled “Managed health care programs: member rights,” sets forth the rights of a managed care plan enrollee. It is being proposed for amendment in compliance with five year rule review and to update policy related to the administration of the managed care program. Gender identity is being added as a prohibited basis for discrimination in paragraph (A)(21) in accordance with 42 C.F.R. 438.3. A reference to 42 C.F.R. 438.100 regarding member rights has been added. Other grammatical and technical edits were made.

Rule 5160-26-09, entitled “Managed health care programs: payment and financial responsibility” sets forth the policy for ODM payment to MCPs and the MCP financial responsibility. It is being proposed for amendment in accordance with five year rule review and to update CFR references.

Rule 5160-26-11, entitled “Managed health care programs: managed care plan non-contracting providers” sets forth the requirements for managed care plan payment to non-contracting providers for services provided to members. This rule is being proposed for amendment in accordance with five year rule review. Changes include: in paragraph (H), updated the record retention period from eight years to ten years in compliance with 42 C.F.R. 438.3 and other grammatical/technical edits.

A copy of each of the proposed rules is available at the address listed below and without charge, to any person affected by the rules and at the county department of job and family services. The proposed 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. Written and/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 Medicaid, Office of Legal Counsel, 50 West Town Street, 4th Floor, Columbus, Ohio 43218, by fax at (614) 995-1301, or by e-mail at rules@medicaid.ohio.gov. Comments received may be reviewed upon request.