

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: November 5, 2018
TIME: 11:00 AM
LOCATION: Room A501, Lazarus Government Center
50 West Town Street, Columbus, OH 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid gives notice of the Department's intent to consider the amendment of the rules identified below and to hold a public hearing on these rules.

Rule 5160-4-23, "Covered ambulatory surgery center (ASC) surgical procedures," sets forth coverage and payment policies for professional services provided in ASCs. Two references in the rule are updated, one to the Code of Federal Regulations and one to the Department's webpage where the maximum payment amounts for these procedures are listed.

Rule 5160-1-60, "Medicaid payment," sets forth payment policies for services furnished by many professional, non-institutional providers. The current rule specifies a process by which an initial maximum payment amount is established for certain procedures at the beginning of a calendar year; the rule body is amended to allow the establishment of initial payment amounts more often than annually. The appendix to the rule is amended to incorporate the following changes:

1. The 2018 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding updates are added. These updates—addition of new codes with maximum payment amounts, discontinuation of obsolete codes—were published on a separate table and became effective on January 1, 2018.
2. Medicaid payment amounts are established for colonoscopy procedures represented by three CPT codes. These surgical procedures themselves are currently covered. Recognizing the procedure codes will have an impact only on how these procedures are reported.
3. Separate payment will no longer be made for chronic care management and transitional care management procedures. Providers participating in the expanded comprehensive primary care program will instead receive per member per month (PMPM) payments for providing care management services to attributed members.
4. Coverage is being established for behavioral health management and integration provided by practices that integrate physical and behavioral health services for Medicaid-eligible individuals. This coverage expansion will apply to services rendered by the following provider types:
 - Physicians
 - Advanced practice registered nurses
 - Physician assistants
 - Non-physician licensed behavioral health practitioners
5. Covered dental procedures that were previously listed in Appendix B to OAC rule 5160-5-01 are added to the appendix to rule 5160-1-60.

6. Covered ambulatory surgery procedures are removed because the maximum payment amounts are now obsolete. Current ASC payment amounts are located in a different schedule.

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 accepted at the public hearing, and written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Any person affected by these rules may examine the rules and obtain a copy, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215; or
On the internet at <http://www.registerofohio.state.oh.us>.

Testimony on the proposed rules may also be reviewed at the Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215.

Requests for a copy of the proposed rules or a copy of testimony on the rule should be submitted in any of the following ways:

By mail to the Rule Administrator, Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215;
By fax to (614) 995-1301; or
By e-mail to rules@medicaid.ohio.gov.