

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

**DATE:** December 14, 2018

**TIME:** 11:00 AM

**LOCATION:** Lazarus Building, Room A501, 50 West Town 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 file as new the rules identified below and of a public hearing thereon.

**OAC Rule 5160-26-01, entitled “Managed health care programs: definitions”** sets forth the definitions used throughout Chapter 5160-26 of the Administrative Code related to the Medicaid managed care program. This rule is being proposed for amendment to clarify policy related to the administration of the managed care program. Changes to the rule include: in paragraph (D), removed the definition of “care management” because care management activities were removed from OAC Rule 5160-26-03.1 and incorporated into the provider agreement; in paragraph (E), removed the definition of “care plan;” in paragraph (R), amended the definition of “managed care plan;” in paragraph (ZZ), added a definition for “waste” related to 42 CFR 438.608. Other grammatical/technical edits were made throughout.

**OAC rule 5160-26-02, entitled “Managed health care program: eligibility and enrollment,”** sets forth the eligibility criteria for individuals who are then enrolled in the managed care program and the enrollment process. This rule is being proposed for amendment to clarify policy related to the administration of the managed care program. Changes to the rule include: in paragraph (B)(2), removed the agreement language related to Title IV-E foster care maintenance and adoption assistance; in paragraph (B)(3) clarified that the individual is enrolled in a home and community-based services waiver that is administered by the Ohio department of developmental disabilities. Other technical edits were made throughout.

**OAC rule 5160-26-03, entitled “Managed health care programs: covered services,”** sets forth the services which must be covered by managed care plans and addresses any exclusions or limitations for those services. This rule is being proposed for amendment to update policy related to the administration of the managed care program. In paragraph (I)(1)(d), the care management program language has been updated to include any care management or coordination arrangement. Other technical edits were made throughout.

**OAC rule 5160-26-05, entitled “Managed health care programs: provider panel and subcontracting requirements,”** sets forth the managed care plan provider panel and subcontracting requirements. The rule is being proposed for amendment to clarify policy related to the administration of the managed care program. Changes to the rule include: added paragraph (A)(2) to require managed care plans to make all provider subcontracts available to ODM upon request; added paragraph (C)(4), which had been inadvertently removed with the previous rule filing; in paragraphs (D)(8), (D)(33) and (D)(34), added gender identity in the non-discrimination lists; in paragraphs (D)(12) and (D)(13), added language requiring network providers to be enrolled with ODM in compliance with 42 CFR 438.602. Other grammatical/technical edits were made throughout.

**OAC Rule 5160-26-06 “Managed health care programs: program integrity – fraud and abuse, audits, reporting, and record retention,”** sets forth the managed care plan requirements related to fraud and abuse prevention, program integrity, audits, reporting and record retention. It is being proposed for amendment to update policy related to the administration of the Medicaid managed care program. Changes to the rule include: In paragraph (A) removed (A)(1) to reduce duplication between the managed care plan provider agreement and the OAC rule; added a reference and link to the provider agreement; added the term “waste” throughout to align terminology with 42 CFR Part 438; in paragraph (F), removed the 8-year record retention period and replaced with 10 years. Other grammatical/technical edits were made throughout.

The proposed rules are 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 Medicaid, Office of Legal Counsel, 50 West Town Street, 4<sup>th</sup> Floor, Columbus, Ohio 43218, by fax at (614) 995-1301, or by e-mail at [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov). Comments received may be reviewed upon request.