

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

**DATE:** August 23, 2019  
**TIME:** 11:00am  
**LOCATION:** Room A501, Lazarus Building.  
50 W Town St., Columbus, Ohio 43215

Pursuant to sections 5164.02, and 5164.32 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid (Department) gives notice of the Department's intent to consider the rescission, adoption or amendment of the rules as identified below and of a public hearing thereon.

**Rule to be rescinded: Ohio Administrative Code (OAC) rule 5160-1-17.4**, entitled "Conversion to time-limited provider agreements and re-enrollment," is being proposed for rescission as more than 50% of the language is being amended. This rule defines time-limited and open-ended provider agreements and lists entities excluded from requirements of time-limited provider agreements under this rule. This rule identifies agreements that are time-limited or will be converted to time-limited agreements. It sets forth the responsibilities of the Ohio Department of Job and Family Services (ODJFS) in selecting provider agreements to be converted and the methods in which the provider will be notified. This rule describes the discretion in which ODJFS has to convert provider agreements and change the length of time-limited agreements for all providers within like provider types. If a provider files an application for re-enrollment in the time and manner required but the provider agreement expires before the Department acts on the re-enrollment application, this rule states the provider may continue operating under the terms of the expired agreement until the effective date of the Department's decision.

This rule defines re-enrollment and describes the actions ODJFS will take in notifying providers when the time-limited agreement is close to expiration, when re-enrollment is required, and what actions are needed. It describes the re-enrollment process, requires providers to meet all conditions of participation as an eligible provider and to submit all required information before the re-enrollment date specified. This rule prohibits providers from initiating re-enrollment prior to the receipt of a re-enrollment notification. For providers who fail to re-enroll, this rule indicates what actions ODJFS may take including denying the re-enrollment application, terminating the provider agreement, or denying claims for payment. This rule requires providers to notify ODJFS within thirty days of approval or rejection of an application for renewal of licensure, certification, accreditation, or registration when that decision was delayed by a government entity.

This rule indicates when the new provider agreement will take effect, when a provider agreement may be made retroactive, and the exceptions to approving a twelve month retroactive period. This rule provides information about provider hearing rights in accordance with Chapter 119. of the Revised Code. Additionally, this rule states that ODJFS may conduct on-site review of provider facilities and place of business as deemed necessary to ensure program integrity.

This rule will be replaced with new proposed rule 5160-1-17.4 which is described below.

**Proposed for adoption: OAC rule 5160-1-17.4, entitled “Revalidation of provider agreements,”** is being proposed for adoption as a result of the five-year rule review process. This new rule is proposed to replace existing rule, 5160-1-17.4, entitled “Conversion to time-limited provider agreements and re-enrollment” which is being rescinded as more than 50% of the rule language required amending.

The rule sets forth substantive and procedural policies for how and when a provider will revalidate its provider agreement with the department and the consequences for failure to revalidate in a timely manner. This rule also addresses how a delay by a governmental entity impacts a revalidation application, the effective date of the new provider agreement, hearing rights and on-site reviews.

This rule provides the process ODM follows when notifying providers that revalidation is required, identifies the methods in which the provider will be contacted and what type of information will be included in the notice. This rule requires the provider to submit all required information and any applicable fees before the revalidation deadline specified in the notice. This rule prohibits providers from revalidating their agreement prior to receiving a revalidation notice and confirms the reporting of changes is the provider’s responsibility and does not constitute the initiation of revalidation.

This rule addresses the potential penalties when the provider fails to revalidate or does not revalidate in a timely manner. This rule describes circumstances under which providers may continue operating under an expired provider agreement, and the impact of not timely obtaining renewal of licensure, certification, accreditation or registration due to delay in processing renewals by another government entity.

Related topics such as how agreement effective dates are determined, provider hearing rights afforded, and on-site reviews of providers are addressed in this proposed rule.

This rule states that for providers whose professional license or certification expires less than five years from the effective date of its provider agreement, the provider agreement must be revalidated prior to the expiration of the license or certification. This rule requires provider agreements to be revalidated when the risk level of a provider changes, if a provider’s license or certification expires less than five years from the effective date of the provider agreement, or no later than five years from the effective date of the most current provider agreement.

Additionally, this new rule removes outdated language from the previous rule, updates references to the OAC, Ohio Revised Code, and the Department, updates terminology, clarifies fees and removes an unnecessary provision regarding denial of claims when a provider fails to revalidate.

A copy of the proposed rules is available, without charge, to any person at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rule(s) 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 and testimony on the rules should be submitted by mail to the Ohio Department of Medicaid Rule Administrator, Office of Chief Legal Counsel, 50 W. Town St., Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov). Testimony received may be reviewed at this address.