PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID

DATE: June 5, 2020
TIME: 10:00am
TELECONFERENCE PHONE NUMBER: 614-721-2972
TELECONFERENCE PIN: 859825382#

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 the rules identified below and of a public hearing thereon.

Ohio Administrative Code (OAC) rule 5160-26-01, entitled "Managed health care programs: definitions," sets forth the definitions used throughout Chapter 5160-26 of the Administrative Code regarding the Medicaid managed care program. This rule is being updated to add the definition of "federally qualified health center (FQHC)" and "managed care organization". Other grammatical and technical edits were made throughout.

OAC rule 5160-26-02.1, entitled "Managed health care programs: termination of enrollment", sets forth the reasons why an individual enrolled in the Medicaid managed care program may be terminated from the program and the process for termination. Changes to the rule changing references from "managed care plans" to "managed care organizations" in accordance with OAC rule 5160-26-01, and updated references to United States Code and the Code of Federal Regulations.

OAC rule 5160-26-05, entitled "Managed health care programs: provider panel and subcontracting requirements", sets forth managed care organization (MCO) provider panel and subcontracting requirements. Changes to the rule include: revising paragraph (D) to include single case agreements MCOs hold with providers; clarifying that requirements listed in paragraph (D)(14) regarding provider notification to the MCO of nonrenewal or termination also applies to the termination of any service for which the provider is contracted; changing references from "managed care plan" to "managed care organization" in accordance with OAC rule 5160-26-01; and updating references to United States Code and the Code of Federal Regulations.

OAC rule 5160-26-05.1, entitled "Managed health care programs: provider services", sets forth the requirements for information that MCOs must make available to providers and interested parties. Changes to the rule changing references from "managed care plans" to "managed care organizations" in accordance with OAC rule 5160-26-01, and updated references to United States Code and the Code of Federal Regulations.

OAC rule 5160-26-09, entitled "Managed health care programs: payment and financial responsibility", sets forth the Ohio Medicaid managed care organization payment and financial responsibility guidelines, including reinsurance requirements. This rule is being rescinded to streamline managed care organization requirements. The rule language has been incorporated into the MCO provider agreements.

OAC rule 5160-26-10, entitled "Managed health care programs: sanctions and provider agreement actions", sets forth the sanctions and provider agreement actions for Medicaid MCOs. Changes to the rule changing references from "managed care plans" to "managed care organizations" in accordance with OAC rule 5160-26-01, and updated references to United States Code and the Code of Federal Regulations.

OAC rule 5160-26-12, entitled "Managed health care programs: member co-payments", sets forth requirements for MCOs when they elect to implement a co-payment program. Changes to the rule changing references from "managed care plans" to "managed care organizations" in accordance with OAC rule 5160-26-01, and updated references to United States Code and the Code of Federal Regulations.

Pursuant to Section twelve of Am. Sub. H. B. No. 197 ODM will hold the public hearing for this rule package via teleconference. The phone number, pin, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, the Ohio Department of Medicaid asks that protected health information only be included if the information belongs to the person submitting the testimony or a person for which the submitter is a legal guardian. Written testimony sent via email is highly recommended, all testimony received via email will receive a confirmation of receipt.

A copy of the proposed rules is available to any person at the address listed below, without charge. The rules are also available on the internet at http://www.registerofohio.state.oh.us/. 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 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.