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Hearing Date: 5/16/2022

Today's Date: 6/8/2022

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-58-01, 5160-58-01.1, 5160-58-02, 5160-58-02.1, 5160-58-03, 5160-58-03.1

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Brooke Cheney; Ohio Emergency Medical Physicians Alliance; 5160-58-03(C)(3)(f)
2. Amanda Sines; Ohio American College of Emergency Physicians; 5160-58-03(C)(3)(f)
3. B. Bryan Graham, DO, FACEP; Cleveland Clinic; 5160-58-03(C)(3)(d), 5160-58-5160-58-03(C)(3)(f), 5160-58-03(C)(3)(i)
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Hearing Summary Report

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

The American College of Emergency Physicians (ACEP), Cleveland Clinic, and Ohio Emergency Medical Physicians Alliance (OEMPA) submitted written testimony against the removal of language regarding the coverage of emergency services from rule 5160-58-03(C)(3)(f) of the Administrative Code. The language proposed for removal states that claims for emergency services cannot be denied regardless of whether the services meet an emergency medical condition as defined in rule 5160-26-01 of the Administrative Code. OEMPA cites the Prudent Layperson Standard that guarantees patients access to emergency care based on their perception of whether they have a significant illness or injury. ACEP, Cleveland Clinic & OEMPA state that by removing this language, physicians and facilities will not be reimbursed for services rendered in the emergency department (ED) while attempting to determine whether the member is truly needing emergency care. These groups are concerned that insurers will make retroactive decisions to deny payment to the physicians and facilities for true emergencies. They're also stating that ED services should be

B Bryan Graham of the Cleveland Clinic is concerned that the language in 5160-58-03 (C)(3)(d) unintentionally limits the provider types that require coverage for emergency department referrals. Mr. Graham also suggests that the proposed language in 5160-58-03(C)(3)(i) be revised so that members who are suspected of having an emergency medical condition be held harmless for payment. This is due to the inability of medical staff to immediately determine a true emergency without first performing therapeutic or diagnostic tests.

Hearing Summary Report

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

Due to the testimony received for the Chapter 119 hearing, the Ohio Department of Medicaid will be adding the following language back to rule 5160-58-03(C)(3)(f) of the Administrative Code: "Claims for these services cannot be denied regardless of whether the services meet an emergency medical condition as defined in rule 5160-26-01 of the Administrative Code."

The Ohio Department of Medicaid (ODM) will not be making the recommended changes to rules 5160-58-03(C)(3)(d) and 5160-58-03(C)(3)(i) of the Administrative Code. Rule 5160-58-03(C)(3)(d) of the Administrative Code does not limit the provider types that require coverage for emergency department services. Instead, it lists examples of provider types. Rule 5160-58-03(C)(3)(i) of the Administrative Code is consistent with [42 CFR 438.114\(d\)\(2\)](#).