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Hearing Date: 5/16/2022

Today's Date: 6/8/2022

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-26-01, 5160-26-02, 5160-26-02.1, 5160-26-03, 5160-26-03.1, 5160-26-03.2, 5160-26-05, 5160-26-05.1, 5160-26-06, 5160-26-08.3, 5160-26-08.4, 5160-26-09.1, 5160-26-11, 5160-26-12

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, 5160-26-03(E)(3)(f)
2. Amanda Sines, Ohio American College of Emergency Physicians, 5160-26-03(E)(3)(f)
3. Alicia Hopkins, 5160-26-05
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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 Ohio Emergency Medical Physicians Alliance (OEMPA) and American College of Emergency Physicians (ACEP) submitted written testimony against the removal of language regarding the coverage of emergency services from rule 5160-26-03(E)(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. OEMPA & ACEP 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

Alicia Hopkins provided testimony regarding rule 5160-26-05 of the Administrative Code, requesting that the Ohio Department of Medicaid (ODM) ensure that managed care organizations (MCOs) are contracting providers within 60 days. If a provider is contracted outside of the 60 day timeframe, she requests that ODM assess a fine or penalty on the MCO. Ms. Hopkins also requested that ODM ensure members are notified of their appeal rights in writing. This includes providing members with contact information for someone that can help them if they feel that their rights have been violated. Ms. Hopkins is requesting written notifications be issued because the current verbal and email notifications do not provide appeal and state hearing rights to members.

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 5160-26-03(E)(3)(f) of the Administrative Code: “and 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 incorporate Alicia Hopkin’s comments in rule 5160-26-05 of the Administrative Code. Ms. Hopkin’s comments were regarding enforcing, with the managed care organization (MCO), existing language within the rule. ODM will provide additional guidance to the MCOs as necessary to ensure rules are being operationalized in accordance with the rule.