

**MEMORANDUM**

**TO:** Tommi Potter, Ohio Department of Medicaid

**FROM:** Emily Kaylor, Director of Regulatory Policy

**DATE:** October 13, 2017

**RE:** **CSI Review – Managed Care Appeals and Grievance System (OAC 5160-26-08.4 and 5160-58-08.4)**

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On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) § 107.54, CSI has reviewed the abovementioned administrative rules and associated Business Impact Analysis (BIA). This memo represents CSI's comments to the Agency as provided for in ORC § 107.54.

**Analysis**

This rule package consists of two amended<sup>1</sup> rules submitted by the Ohio Department of Medicaid. The rules were submitted on September 13, 2017 and the CSI public comment period closed on September 20 with no comments received.

The rules set forth the process and standards for Managed Care Plan and MyCare Ohio appeal and grievance rights. Specifically, these rules require written policies and procedures, notices of action, standard and expedited appeals, compliance with state hearing proceedings, and continuation of benefits. The amendments are necessary to update state policy to comply with a final rule recently issued by the Centers for Medicare and Medicaid Services.

The impacted business community includes managed care and MyCare Ohio plans, specifically Aetna, Buckeye Health Plan, CareSource, Molina Healthcare of Ohio, Paramount Advantage, and United Healthcare Community Plan of Ohio. As explained in the BIA, the costs associated with the rules include recordkeeping and documentation requirements, providing notice to members in specified timeframes, and submitting reports to the Department, which notes that

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<sup>1</sup> Both rules are being amended to the extent that the Legislative Service Commission requires the Department to rescind the rules and replace them with new rules of the same rule numbers.

these requirements are mandated by the federal rule.

According to the BIA, Medicaid shared the draft rules via email and held a stakeholder meeting with Aetna, Buckeye Health Plan, CareSource, Molina Healthcare of Ohio, Paramount Advantage, and United Healthcare Community Plan of Ohio. The Department notes two rule changes were made as a result of this stakeholder outreach. During the CSI public comment period, no comments were received to indicate the rules were problematic to industry members.

### **Recommendations**

For the reasons discussed above, the CSI Office does not have any recommendations for this rule package.

### **Conclusion**

Based on the above comments, the CSI Office concludes that the Ohio Department of Medicaid should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.