

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: March 28th, 2024

TIME: 11:00 a.m.

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin: 780031811#

Link to Microsoft Teams Meeting for Hearing: [Join the meeting now](#)

In-Person Location: 50 W. Town St, Columbus, Ohio 43215; Room A501

Pursuant to Chapter 119. and section 5164.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption and rescission of the rules identified below and of a public hearing thereon.

Rule 5160-1-17.3, entitled "Provider disclosure requirements" sets forth the provider disclosure requirements to qualify for an Ohio Medicaid provider agreement. The rule is being proposed for rescission as more than fifty percent of the rule requires amendment. The rule defines the entities and individuals subject to the disclosure requirements. It states the information that must be disclosed to the department and the timeframes in which this information is to be provided. The rule states that failure to disclose the information as required may result in denial, suspension or termination of the Ohio Medicaid provider agreement.

Rule 5160-1-17.3, entitled "Provider disclosure requirements" is a proposed new rule to replace the proposed rescinded rule with the same number and name. The new rule sets forth the provider disclosure requirements in order to qualify for an Ohio Medicaid provider agreement. The new rule cites the federal regulations requiring the provider disclosures. The provider affiliation disclosure requirements required by 42. C.F.R. 455.107 were added to comply with new federal regulations. The rule was reorganized and reworded for clarity and to adhere with Legislative Service Commission rule writing standards.

ODM will hold the public hearing for this rule package via teleconference and in-person. ODM will not require masks for individuals attending in person. However, visitors are welcome to wear masks if that is their preference. The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), and link for teleconference attendance, and location for in-person attendance.

All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to Rules@medicaid.ohio.gov no later than one hour before the hearing to be added to the witness list. Those attending in person can also be added to the witness list at the hearing. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but do not yet appear on the witness list.

Written comments submitted in person or by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that

protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent by e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of the proposed rule 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/>. 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.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three (3) business days prior to the scheduled hearing. If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).