

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

DATE: 10/22/2010
TIME: 10:00 am
LOCATION: Room 2925, Rhodes State Office Tower
30 East Broad St., Columbus, Ohio 43215

Pursuant to section 5111.02 and Chapter 119. of the Ohio Revised Code (ORC), the director of the Ohio Department of Job and Family Services gives notice of the Department's intent to consider the rescission, amendment, and adoption of the rules identified below and of a public hearing thereon.

These rules are being amended, rescinded, or made new for implementation of the Medicaid Information Technology System (MITS), for five year rule review, and/or to update existing language.

Rule 5101:3-1-05, entitled "Medicaid coordination of benefits with the Medicare program (Title XVIII)," sets forth criteria for the coordination of Medicaid benefits with Medicare. This amended rule includes updating language to support acceptable claim formats for use in submitting Medicare crossover claims. The Ohio Department of Job and Family Services (ODJFS) will no longer accept paper forms for Medicare crossover claims. Additional changes to the rule include replacing existing language with a reference to the appropriate rule that describes claims submission requirements.

Rule 5101:3-1-08, entitled "Coordination of benefits," sets forth criteria for coordination of Medicaid benefits with third party insurance plans, not including Medicare. The amended rule includes replacing existing language with a reference to the appropriate rule that describes claims submission requirements and removing language pertaining to billing instructions on the electronic manuals website.

Rule 5101:3-1-17, entitled "Eligible providers [except intermediate care facilities for the mentally retarded (ICFs-MR) and medicaid contracting managed care plans (MCPs)]," sets forth eligibility requirements for providers. The amended rule includes defining the two types of professional group practices ODJFS recognizes as eligible providers in the Medicaid program and removing dated information or language pertaining to billing instructions.

Rule 5101:3-1-17.2, entitled "Provider agreement for providers [except long-term care nursing facilities and Medicaid contracting managed care plans (MCPs)]" sets forth the requirements for agreements between Ohio Medicaid and providers of services to Medicaid consumers. The amended rule includes making the rule applicable to all Ohio Medicaid providers and updating language to indicate that enrollment materials must be submitted through the MITS web portal. Provider agreements submitted in paper form will be returned to the provider unprocessed.

Rule 5101:3-1-19, entitled "General principles regarding claim submission [except for services provided through a Medicaid managed care program]," sets forth general principles for submitting claims to Ohio Medicaid. This rule is being rescinded and made new under a different title.

Rule 5101:3-1-19, entitled "Claim submission" sets forth acceptable media for claim submission and acceptable claim formats. This new rule also includes timely filing requirements, the process by which adjustments can be submitted, prompt payment provisions, and guidelines for trading partners submitting electronic data interchange (EDI) transactions. Medicare crossover claims and claims indicating third party insurance plan information must be submitted either as an electronic data interchange (EDI) transaction or through the Medicaid Information Technology System (MITS) web portal. Paper adjustment forms will no longer be accepted or processed. Also, the Ohio Department of Job and Family Services (ODJFS) will no longer process refund checks for overpayments except in limited circumstances detailed in the rule.

Rule 5101:3-1-19.1, entitled "Medicaid claim formats for paper claim submission [except for services provided through a Medicaid managed care program]," sets forth criteria for submitting paper claims to Ohio Medicaid. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-19.2, entitled "Medicaid claim formats for the submission of claims via electronic data interchange (EDI) [except for services provided through a Medicaid managed care program]," sets forth criteria for submitting EDI claims to Ohio Medicaid. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-19.3, entitled "General claim submission [except for services provided to consumers who are members of a Medicaid managed care program]," sets forth criteria for submitting claims to Ohio Medicaid. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-19.7, entitled "Prompt payment and interest provisions [except for services provided through Medicaid contracting managed care plans (MCPs)]," sets forth provisions on payments and interest on claims. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-19.8, "Resolution of payment errors and overpayments [except for services provided through a long term care nursing facility or a Medicaid managed care program]," sets forth criteria for resolving claim payment errors and claim overpayments. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-20, entitled "Responsibilities related to the electronic submission of cartridge tapes (C-Tapes) [except for services provided through a Medicaid managed care program]," sets forth Ohio Medicaid's policy on entering into business relationships with electronic billing agents. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-20.1, entitled "Electronic data interchange (EDI) trading partner definitions and criteria to enroll as an EDI trading partner," sets forth criteria to enroll as an EDI trading partner. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-20.2, entitled "Responsibilities related to the submission of claims via electronic data interchange (EDI) (except for services provided through a Medicaid managed care program)," sets forth criteria to be met by EDI trading partners enrolled with Ohio Medicaid. This rule is being rescinded and incorporated into new rule 5101:3-1-19.

Rule 5101:3-1-31, entitled "Prior authorization [except for services provided through Medicaid contracting managed care plans (MCPs)]," sets forth the reimbursement policies and procedures for items and services requiring prior authorization from ODJFS. The amended rule includes updating language to indicate prior authorization requests must be submitted through the MITS web portal. Rule language is also being updated to eliminate unnecessary or duplicative language and to replace existing language with a reference to the appropriate rules that contain the same information.

A copy of the proposed rules are available, without charge, to any person affected by the rules at the address listed below. The rules are also available on the internet at <http://www.registrofohio.state.oh.us/>. A public hearing on the proposed rules will be held at the date, time, and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414, by fax at (614) 752-8298, or by e-mail at rules@jfs.ohio.gov.