PUBLIC HEARING NOTICE

OHIO DEPARTMENT OF MEDICAID

DATE: May 16th, 2022

TIME: 10:00 AM

Teleconference Dial-in Phone Number: 1-614-721-2972

Teleconference Pin: 916 211 497#

Link to Microsoft Teams Meeting for Hearing: Click here to join the meeting

Pursuant to sections 5164.02 and 5160.34 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid (department) gives notice of the department's intent to consider the adoption, amendment, or rescission of the rules as identified below and of a public hearing thereon.

Rule 5160-1-31, entitled "Prior authorization [except for services provided through medicaid contracting managed care plans (MCPs)]," has been reviewed as part of the five-year rule review process and is being proposed for rescission as more than fifty per cent of the language has been amended. This rule sets forth the general policy regarding prior authorization (PA) for Medicaid covered services that require it. The rule informs providers how to submit PA requests and explains that paper requests will not be processed. The rule describes notifications when a PA is approved or denied. The rule also describes the exception to the PA requirement for emergency services and the recipient's state hearing rights if the PA request is denied.

Rule 5160-1-31, entitled "Prior authorization," is being proposed for adoption to update policy and outdated information regarding prior authorization (PA) and to remove unnecessary language. It replaces the existing rule which is being proposed for rescission. This rule governs managed care entities (MCE) PA requirements and corresponding language was added throughout. This rule updates references to the Ohio Administrative Code, adds references to the Ohio Revised Code, and changes references from Ohio Department of Job and Family Services (ODJFS) to Ohio Department of Medicaid (ODM), reflecting the change in oversight of the Medicaid program. The rule clarifies that in cases of emergency, for prescribed drugs requiring PA, the drugs may be rendered in accordance with Ohio Administrative Code rule 5160-9-03. The rule also adds a new exception from PA requirements for a retroactive PA at the discretion of and as directed by ODM. The rule also incorporates the provisions from Ohio Revised Code 5160.34. Sections of the rule concerning PA procedures such as the use of the assigned PA number for submitting claims and language to provide a written denial and hearing rights have

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been removed. This rule includes language directing providers to the ODM main website to locate PA submission guidance in accordance with Ohio Revised Code 5160.34.

The rule also includes a new ODM process by which a provider who has received a denied PA request may have that denial reviewed by ODM or its designee. Information that must be submitted in the reconsideration is stated as well as relevant time frames. For denials made by a MCE or transplant consortium, the rule explains the organization's process for reconsideration must be followed by the provider.

Pursuant to Section three of Sub. H.B. 51 (134th General Assembly), ODM will hold the public hearing for this rule package via teleconference. The phone number, PIN (access code), link for teleconference attendance, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information 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 via email is highly recommended. All testimony received via email will receive a confirmation of receipt.

A copy of the proposed rules 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.