

Hearing Date: 11/16/2020

Today's Date: 12/4/2020

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-11-01, 5160-11-02, 5160-11-03.1, 5160-11-03.2, 5160-11-03.3, 5160-11-09, 5160-11-11, 5160-11-21, 5160-11-31

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. Dierdre E. Flannery, Quest Diagnostics, rule 5160-11-11

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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 Department of Medicaid (ODM) received copies of these comments in advance and responded to them several weeks before the public hearing.

Quest Diagnostics raised three areas of concern about new rule 5160-11-11:

1. Retention of the provision that sets the Medicaid maximum payment amount for a laboratory test at 75% of the corresponding Medicare allowed amount.

Response: The Ohio Medicaid program is facing a budget cut and spending reduction, even as Medicaid enrollment increases. Ohio's Office of Budget and Management has provided coronavirus relief funding to medical providers across the state, and ODM has relaxed regulatory requirements and expanded telehealth services. At present, ODM cannot commit to increases in provider payment.

2. Requirements for prior authorization (PA).

Response: PA is a tool for controlling the improper provision and overutilization of services. It works precisely because it is not nuanced. ODM's Medical Director has determined reasonable boundaries for drug testing. Claims for testing frequencies and quantities outside those boundaries are not denied outright but instead are held pending receipt of documentation to establish the medical necessity of the procedures.

3. Provision of laboratory services lacking prior authorization (PA).

Response: It is up to the laboratory provider to request PA. If a laboratory receives an order for a test that requires PA from Medicaid, it can follow one of three courses: (1) decline to perform the test, (2) perform the test without PA and forgo payment, or (3) request PA.

Hearing Report and Summary

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.

For the reasons indicated in the responses, none of the comments was incorporated into the rule.