

PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID

DATE: May 16, 2022

TIME: 10:00 AM

Teleconference Phone Number: 1-614-721-2972

Teleconference Pin: 916211497#,

Link to Microsoft Teams Meeting for Hearing: [Click here to join the meeting](#)

Pursuant to Chapter 119. and section 5167.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption, amendment, or rescission of the rules identified below and of a public hearing thereon.

**Ohio Administrative Code (OAC) rule 5160-58-01, entitled "MyCare Ohio plans: definitions,"** sets forth the definitions used throughout Chapter 5160-58 of the Administrative Code regarding the MyCare Ohio managed care program. The definitions in this rule apply to MyCare Ohio Plans (MCOPs). Changes to this rule include: revising of the definition of "MyCare Ohio Plan" in paragraph (B)(9), updating United States Code and Code of Federal Regulations references; and other general edits for grammar, alphabetizing, and formatting.

**OAC rule 5160-58-01.1, entitled "MyCare Ohio plans: application of general managed care rules,"** sets forth the applicability of general managed care rules used throughout Chapter 5160-58 of the Administrative Code. Changes to the rule include: changing references from "managed care plans" to "managed care organizations" and adding a reference to managed care entity (MCE) in paragraph (A), removing reference to OAC rule 5160-26-09 due to rescission in paragraph (A)(5), removing language regarding prior authorization of covered outpatient drugs in paragraph (B) due to the creation of new OAC rule 5160-58-03.1 where this language has been moved to, adding clarification that cross-references to rule 5160-26-03.1 of the Administrative Code are replaced by cross-references to rule 5160-58-03.1 of the Administrative Code in paragraph (B)(5), adding clarification that rule 5160-26-03.1 does not apply to MyCare Ohio as OAC rule 5160-58-03.1 was created in paragraph (C)(4), and adding reference to the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) program in paragraph (D).

**OAC rule 5160-58-02, entitled "MyCare Ohio plans: eligibility and enrollment"**, sets forth the eligibility criteria for individuals to be enrolled in a MyCare Ohio plan and the enrollment process. Changes to the rule include: changing references from "plan" to "MCOP" for consistency throughout Chapter 5160-58, adding "gender identity" to the nondiscrimination section for consistency with the provider agreement and OAC rules in paragraph (B)(1)(a), other

grammatical and technical edits, and updating references to United States Code and the Code of Federal Regulations.

**OAC rule 5160-58-02.1, entitled "MyCare Ohio plans: termination of enrollment"**, sets forth the reasons why an individual enrolled in a MyCare Ohio plan may be terminated and the process for termination. Changes to the rule include: changing references from "plan" to "MCOP" for consistency throughout Chapter 5160-58, clarifying when termination of enrollment from a MyCare Ohio plan would occur when a third-party payer has been identified excluding Medicare in paragraph (A)(5), other grammatical and technical edits as necessary, and updating references to the Code of Federal Regulations (CFR).

**OAC rule 5160-58-03, entitled "MyCare Ohio plans: covered services"**, sets forth the services that must be covered by MCOPs and addresses exclusions and limitations for those services. Changes to the rule include: adding language stating pharmacy services are covered according to OAC rule 5160-9-03 in paragraph (C), removing definitions in paragraph (C)(3)(f) that are included in OAC rule 5160-26-01, adding language regarding compensation to hospital inpatient capital costs pursuant to Ohio Revised Code 5167.10 in paragraph (C)(3)(f), adding a clarification that the MCOP is responsible for covering OhioRISE plan services in paragraph (E)(11), and other grammatical and technical edits.

**OAC rule 5160-58-03.1, entitled "MyCare Ohio plans: primary care and utilization management"**, sets forth the requirements for MCOPs related to member primary care provider (PCP) assignment and utilization management. These requirements are currently established in OAC rule 5160-26-03.1 but are being moved to the MyCare Ohio Rule Chapter for MCOPs due to changes in OAC 5160-26 to implement the single pharmacy benefit manager (SPBM). The new rule is specific to MyCare Ohio plans only and removes pharmacy-related language because Medicare pays primary for MyCare Ohio beneficiaries.

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](mailto: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](mailto: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](mailto: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](#).