

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: May 16<sup>th</sup>, 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 Chapter 119. and sections 5162.03, 5164.02 and 5165.02 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.

To be rescinded.

**Rule 5160-1-19**, entitled "Claim submission" sets forth the requirements regarding claim submission, by providers, for Medicaid reimbursement. The rule is being proposed for rescission as more than fifty percent of the rule requires amendment. The content of this rule will be replaced in a new proposed rule with the same number. This rule states the electronic data interchange (EDI) standards and coding standards by which a claim may be submitted as well as the timely filing requirements and exceptions to the timely filing requirements. It includes requirements concerning the submission of adjusted claims and the re-submission of previously denied claims. The rule also provides requirements concerning the submission of claims by trading partners and exempts the following from the rule's requirements: (1) claims for services provided through Medicaid managed care plans, (2) claims submitted by nursing facility providers, and (3) claims submitted by a provider required to submit claims in a format other than through an electronic claim submission format.

**Rule 5160-3-39.1**, entitled "Nursing facilities (NFs): claim submission" sets forth the requirements regarding claim submission, by NFs, for Medicaid reimbursement and is being proposed for rescission as more than fifty percent of the rule requires amendment. The rule states the electronic data interchange standards and coding standards by which a claim may be submitted, the treatment of patient liability and lump sum payments, and the timely filing requirements, including original submission, re-submission, and adjustments. It also states the exceptions to the timely filing requirements. Requirements concerning the submission of claims by trading partners are also stated as well as directions for submitting monthly claims.

To be adopted as new.

**Rule 5160-1-19**, entitled “Submission of medicaid claims” is a new proposed rule to replace the proposed rescinded rule with the same number but with a different name, and to update policy regarding claim submission. The new rule states the methods by which claims can be submitted to ODM and what code sets may be used. The rule now applies to all ODM provider claims, including claims for managed care entity members and nursing facility residents. New timely filing requirements for some claims are stated as well as exceptions to the requirements. All claims, including those denied and re-submitted for payment or underpaid and re-submitted for adjustment, must be received within three hundred sixty-five days of the date of service, or date of discharge for inpatient hospital claims. The proposed new rule eliminates the one hundred eighty-day submission extension for claims delayed due to coordination of benefit issues with third party payers. New exceptions beyond three hundred sixty-five days were added for automatic Medicare crossover claims, reversals of claim payment by third party payers, and for delays due to an action or decision by ODM at the discretion of ODM.

The rule removes language about the submission of EDI transactions for trading partners that is found in the proposed rescinded rule. The rule adds language to allow ODM to adjust or void a claim to resolve payment conflict between two providers. New language was added concerning timeframes and process for adjustments to claims overpaid by ODM or for payment to be remitted, along with language regarding provider appeal rights. The rule includes a new requirement that trading partners submitting EDI transactions shall follow applicable requirements stated in OAC rule 5160-1-20. Finally, a new requirement has been added that the national provider identifier (NPI) must be included on a submitted claim if an item or service requires a rendering or supervising provider, order, prescription, referral, or certification.

**Rule 5160-3-39.1**, entitled "Nursing facilities (NFs): claim submission" is being proposed to replace the proposed rescinded rule with the same number and name, and to remove duplicate language included in the proposed rule 5160-1-19, entitled “Submission of medicaid claims”. The proposed rule is limited to instructions specific to NF per diem claims that are not covered in rule 5160-1-19. NFs are provided direction for submitting monthly claims, applying patient liability, and treatment of lump-sum payments. Additional requirements include that an individual be a Medicaid recipient who is not in a restricted Medicaid coverage period. Lastly, preadmission screening and resident reviews, and level of care requirements are to be met prior to submitting claims.

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](#).