

Hearing Date: 3/12/2018 Today's Date: 3/23/2018

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-8-05, 5160-27-02, 5160-27-03, 5160-27-05

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. Teresa Lampl, Ohio Council of Behavioral Health & Family Services
2. Marsha Mruk, Firelands Counseling & Recovery Services
3. Leigh Johnson, Wingspan Care Group
4. Purva Grover, Ohio American College of Emergency Physicians
5. Steve Emerine
6. Marisa Weisel, Vorys, representing Public Children Services Association of Ohio
7. Cynthia Cook, Recovery & Wellness Centers of Midwest Ohio
8. Debbie Gingrich, The Children's Home of Cincinnati
9. Nancy Stephani, Century Health
10. Lois Hochstetler, Marion Area Counseling
11. Phillip Heislman, Portage Path Behavioral Health
12. Brad and Connie Johnson
13. Brent Johnson, Century Health
14. David Bearden
15. [Click here to enter text.](#)
16. [Click here to enter text.](#)

Hearing Report and Summary

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).

1. Place of Service Codes (POS), as stated in the provider manual are not stated in OAC rules addressing provider reimbursement. Recommendation: Expand the allowable POS codes to remove provider identified barriers, update the provider manual, and add language to 5160-27-03 to define POS codes used for payment purposes.
2. ODM policy regarding the payment of crisis services rendered in hospital emergency departments is not in line with OAC rule language. Recommendation: Revise OAC rule language to permit coverage of crisis services in hospital emergency departments.
3. The issue described in the comment is under the purview of the Centers for Medicare and Medicaid Services and not of ODM. Therefore ODM is not at liberty to take the recommended action and any proposed change to the rule package and OAC would have no impact on federal requirements.
4. Non-payment by Medicaid for services rendered during the scenario described is appropriate and required by the Centers for Medicare and Medicaid Services' National Correct Coding Initiative. Other services may be rendered and associated billing codes are available for the provider to use when the need arises. Additionally, given that this rule package is limited in scope and there is no proposed change in the specific language relevant to this policy that has elicited the testimony, the addition of language as requested by witness testimony will not be made at this time.

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.

1. It is general ODM policy not to put POS codes in OAC rules with the one exception noted. POS code definition in OAC rule is not necessary as ODM makes use of national standards for such definitions which are applied across the entire Medicaid program. Further, placing POS codes in OAC unnecessarily limits flexibility to adapt to new and changing opportunities to serve Medicaid clients and ensure proper payment to providers providing those services. Additionally, given that this rule package is limited in scope and there is no proposed change in ODM POS policy, the addition of language specific to POS in this rule package will not be made at this time.
2. The rule language referenced in the comment has been in effect for some time now. During previous filings of the rule no comments or concerns were expressed related to the issues raised in testimony during the hearing. ODM does recognize the need for the provision of behavioral health crisis services in a hospital emergency room and therefore does provide reimbursement for that service. This is current ODM policy that currently co-exists with the language cited by testimony as being potentially problematic. Additionally, given that this rule package is limited in scope and there is no proposed change in the specific language in 5160-8-05 that has elicited the testimony, the addition of language as requested by witness testimony will not be made at this time.
3. The issue described in the comment is under the purview of the Centers for Medicare and Medicaid Services and not of ODM. Therefore ODM is not at liberty to take the recommended action and any proposed change to the rule package and OAC would have no impact on federal requirements.
4. Non-payment by Medicaid for services rendered during the scenario described is appropriate and required by the Centers for Medicare and Medicaid Services' National Correct Coding Initiative. Other services may be rendered and associated billing codes are available for the provider to use when the need arises. Additionally, given that this rule package is limited in scope and there is no proposed change in the specific language relevant to this policy that has elicited the testimony, the addition of language as requested by witness testimony will not be made at this time.