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OHIO HEALTH CARE ASSOCIATION

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Thank you for the opportunity to provide comments on the Ohio Department of Medicaid rule review for the Next Generation MyCare Ohio program. Please see comments below.

Rule 5160-58-01

> (B)(8) rule reads "an individual who is enrolled in both Medicare parts a, b, and d and full benefits under the Medicaid program". The word both should be struck, as there are three parts listed.

Rule 5160-58-03 (C)

This rule does not include the language that appears in 5160-26-03, Managed Care: Covered Services,

> (6) When an MCO member has a nursing facility (NF) stay, the MCO is responsible for payment of medically necessary NF services until the member is discharged or until the member is disenrolled in accordance with the processes set forth in rule 5160-26-02.1 of the Administrative Code.

We feel that this must be an oversight, as the department has worked diligently to ensure parity across services for Medicaid beneficiaries. We trust that the department understands the severe disruption requesting that a nursing facility resident leave their home due to a managed care contracting issue.

Rule 5160-58-08.4 (E) (2)(d)

This rule states: "Resolves the appeal as expeditiously as the member's health condition requires, but the resolution time frame cannot exceed seventy-two hours from the date the MCOP received the appeal unless the resolution time frame is extended as outlined in paragraph (F) of this rule;" In order to qualify for an expedited appeal, the provider must demonstrate that using the standard appeal process, which takes up to 15 calendar days, may "seriously jeopardize the member's life, physical or mental or health or ability to attain, maintain, or regain maximum function." MCOPs are given one calendar day to determine if it meets the requirements for expedition and then an additional 72 hours to decide. For such an urgent request, with a high bar for qualifications, we respectfully request that this is reduced to 48 hours to respond, out of caution for detrimental impacts on a patient's health and safety.

Additionally, we have not historically placed the requirement to pay at least the nursing facility and assisted living waiver rates in rules, but rather in the managed care provider agreements, as exists in the current agreement effective July 1, 2025. We have not yet seen the MyCare version of this effective January 1, 2026, but would anticipate that this issue would be covered in the contract with the NextGeneration MyCare plans. We would also appreciate the consideration of including home health agency providers in that rate protection. During the first iteration of MyCare Ohio, some managed care plans paid home health agency providers as little as 65% of Medicaid reimbursement rates. We feel that this has contributed to the lack of access to home health services for Medicaid beneficiaries.

Thank you for the opportunity to participate in stakeholder feedback.

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