Am. Sub. H.B. 166
As Passed by the Senate
MCDCD31

________________________________ moved to amend as follows:

1 In line 181 of the title, after "5167.22," insert "5167.221,"
2 In line 355, after "5167.22," insert "5167.221,"
3 In line 67088, after "(J)" insert "Network provider" has the same meaning as in 42 C.F.R. 438.2.
4 (K)
5 In line 67090, delete "(K)" and insert "(L)"
6 In line 67092, delete "(L)" and insert "(M)"
7 In line 67094, delete "(M)" and insert "(N)"
8 In line 67096, delete "(N)" and insert "(O)"
9 In line 67100, delete "(O)" and insert "(P)"
10 After line 67513, insert:
11 "Sec. 5167.221. The department of medicaid shall assess the efforts of medicaid managed care organizations to recoup overpayments made to providers who are network providers and providers who are not network providers. The assessments shall examine the amount of time recoupment efforts take starting from the time providers receive final payment and ending when the recoupment effort is completed. Each medicaid managed care
organization shall submit to the department information regarding such recoupment efforts that the department needs to perform the assessments. The department shall specify what information is so needed. Following the assessments, the department shall include in the contracts entered into with medicaid managed care organizations under section 5167.10 of the Revised Code terms the department determines are reasonable to establish limits on such recoupment efforts. The terms shall include exceptions for cases of fraud and other types of deception."

The motion was _______ agreed to.

SYNOPSIS

Medicaid managed care organization recoupment requirements

R.C. 5167.221 (primary) and 5167.01

Requires the Department of Medicaid to assess the efforts of Medicaid managed care organizations (MCOs) to recoup overpayments made to providers and requires the Department to include in the contracts with Medicaid MCOs reasonable terms establishing limits on the recoupments.