

H. B. No. 219

As Introduced

_____ moved to amend as follows:

In line 1 of the title, delete "enact" and insert "amend"; after 1
"section" insert "5164.30 and to enact sections"; after "3901.93" insert 2
"and 3901.94" 3

In line 4, after "section" insert "5164.30 be amended and sections"; 4
after "3901.93" insert "and 3901.94" 5

After line 218, insert: 6

"Sec. 3901.94. (A) As used in this section, "Health plan 7
issuer" or "issuer" has the same meaning as in section 3922.01 8
of the Revised Code. 9

(B) A health plan issuer shall complete the enrollment and 10
credentialing of a provider not later than ninety calendar days 11
after receiving the provider's application for enrollment and 12
credentialing containing all documentation and data elements 13
required by the issuer's published checklist. 14

(C) All of the following apply if an issuer fails to 15
comply with division (B) of this section: 16

(1) The provider shall be granted temporary enrollment and 17
billing privileges beginning on the ninety-first calendar day 18
after the date the application was received, subject to 19
retroactive denial and recoupment if the provider is 20
subsequently determined to be ineligible. A temporary provider 21
agreement under this section shall permit the provider to enroll 22
as a provider and seek payment on a provisional basis. The 23
temporary provider agreement shall remain in effect until the 24
issuer's determination concerning the provider's application, at 25
which time the department shall enroll and credential the 26
provider if the provider has satisfied the requirements for 27
enrollment, or terminate the temporary provider agreement if the 28
provider has not satisfied the requirements for enrollment. 29

(2) The issuer shall report the failure to comply with 30
division (B) of this section to the department of insurance. 31

(3) The issuer may be subject to an administrative penalty 32
in an amount determined by rule adopted under division (E) of 33
this section. 34

(D) The department of insurance shall have enforcement 35
authority with respect to health plan issuers. 36

(E) The department of insurance shall adopt rules in 37
accordance with Chapter 119. of the Revised Code to implement 38
this section, including establishing all of the following: 39

(1) Procedures for temporary enrollment and billing 40
privileges under division (C) (1) of this section; 41

(2) The form and frequency of reports under division (C) 42
(2) of this section; 43

(3) Administrative penalties for noncompliance, which may 44

include monetary fines, corrective action plans, and public 45
posting of issuer performance metrics. 46

Sec. 5164.30. ~~No~~ (A) Subject to the requirements of this 47
section, no person or government entity may participate in the 48
medicaid program as a medicaid provider without a valid provider 49
agreement with the department of medicaid. 50

(B) Any person or government entity seeking to enter into 51
a provider agreement with the department shall submit all 52
necessary information and data to the department through the 53
system described in section 5164.29 of the Revised Code, and pay 54
the required application fee in accordance with section 5164.31 55
of the Revised Code. The department shall enroll a person or 56
government entity as a medicaid provider not later than ninety 57
days after making a determination that the requirements of this 58
division have been satisfied. 59

(C) (1) If the department is unable to enroll a person or 60
government entity as a medicaid provider within ninety days, the 61
department shall enter into a temporary medicaid provider 62
agreement with the person or government entity beginning on the 63
ninety-first calendar day after the date the application was 64
received, subject to retroactive denial and recoupment if the 65
provider is subsequently determined to be ineligible. A 66
temporary provider agreement under this section shall permit a 67
person or government entity to enroll as a medicaid provider and 68
seek payment from the department on a provisional basis. 69

(2) A temporary provider agreement issued under this 70
section shall remain in effect until the department makes a 71
determination concerning a person or government entity's 72
satisfaction of the requirements specified in division (B) of 73
this section, at which time the department shall do either of 74

<u>the following:</u>	75
<u>(a) If the department determines that a person or</u>	76
<u>government entity has satisfied the requirements to enroll as a</u>	77
<u>medicaid provider, the department shall enroll the person or</u>	78
<u>government entity as a provider.</u>	79
<u>(b) If the department determines that a person or</u>	80
<u>government entity has not satisfied the requirements to enroll</u>	81
<u>as a medicaid provider, the department shall terminate the</u>	82
<u>temporary provider agreement and seek recovery for medicaid</u>	83
<u>payments made under the temporary agreement in accordance with</u>	84
<u>section 5164.57 of the Revised Code.</u>	85
<u>(D) (1) The department shall submit quarterly reports to</u>	86
<u>the governor, the standing committees of the house of</u>	87
<u>representatives and the senate that primarily consider</u>	88
<u>legislation governing the medicaid program, and the legislative</u>	89
<u>service commission that detail all of the following:</u>	90
<u>(a) The number of new medicaid providers enrolled during</u>	91
<u>the previous quarter;</u>	92
<u>(b) The number of temporary provider agreements entered</u>	93
<u>into during the previous quarter;</u>	94
<u>(c) The amount of time taken to make a final determination</u>	95
<u>with respect to each temporary provider agreement;</u>	96
<u>(d) The number of temporary provider agreements that</u>	97
<u>resulted in a person or government entity being found ineligible</u>	98
<u>to enroll as a medicaid provider.</u>	99
<u>(2) If required by the standing committees of the house of</u>	100
<u>representatives and the senate that primarily consider</u>	101
<u>legislation governing the medicaid program, the department shall</u>	102

establish a corrective action plan to address the number of 103
temporary provider agreements issued during a quarter. Any 104
corrective action plan that is established shall include 105
appropriate training for any person or entity responsible for 106
enrolling persons or government entities as medicaid providers. 107

(E) The department shall adopt rules authorized by section 108
5164.02 of the Revised Code to implement this section, including 109
establishing all of the following: 110

(1) Procedures for temporary enrollment and billing 111
privileges under division (C) (1) of this section; 112

(2) The form and manner of reports required under division 113
(D) of this section. 114

Section 2. That existing section 5164.30 of the Revised 115
Code is hereby repealed." 116

The motion was _____ agreed to.

SYNOPSIS 117

Provider enrollment 118

R.C. 3901.94 119

Requires health plan issuers to complete provider 120
enrollment and credentialing within 90 days of receiving a 121
complete application. 122

Provides temporary enrollment and billing privileges for 123
providers that miss the deadline. 124

Medicaid provider enrollment 125

R.C. 5164.30	126
Requires the Department of Medicaid to enroll persons or	127
government entities as Medicaid providers not later than 90 days	128
after determining all requirements for enrollment have been	129
satisfied.	130
Provides temporary enrollment and billing privileges for	131
providers that miss the deadline.	132
Requires the Department to submit quarterly reports to (1)	133
the Governor, (2) the standing committees of the House of	134
Representatives and the Senate that primarily consider	135
legislation governing the Medicaid program, and (3) LSC	136
regarding the number of providers newly enrolled in the Medicaid	137
program and the number of temporary provider agreements entered	138
into.	139