

Sub. H. B. No. 96
As Passed by the Senate
MCD48

_____ moved to amend as follows:

After line 157144, insert:

"Section 751.00.01. (A) As used in this section:

(1) "Electronic visit verification system" has the same meaning as in 42 U.S.C. 1396b.

(2) "Integrated care delivery system" means the demonstration project implemented as described in section 5164.91 of the Revised Code.

(3) "Medicaid managed care organization" includes a managed care organization participating in the integrated care delivery system.

(B) Beginning on the effective date of this section and through June 30, 2027, if the Medicaid Director establishes an electronic visit verification system in rules adopted under section 5164.02 of the Revised Code, then all of the following apply:

(1) The electronic visit verification system shall not exceed the minimum requirements specified in 42 U.S.C. 1396b.

(2) The Department of Medicaid and the Department of
Developmental Disabilities shall provide education and technical
assistance to Medicaid providers subject to the electronic visit
verification system to aid them in complying with the system.

(3) When a Medicaid provider described in division (B) (2)
of this section submits a claim to the Department of Medicaid,
the Department of Developmental Disabilities, a Medicaid managed
care organization, or any other entity authorized to pay a
Medicaid claim subject to the electronic visit verification
system and the claim is not supported by information in the
system, all of the following apply:

(a) The department, organization, or entity shall not deny
the claim.

(b) The department, organization, or entity shall notify
the Medicaid provider that the claim is not supported by
information in the system.

(c) The department, organization, or entity shall offer
the Medicaid provider the opportunity to review and correct both
the claim and data in the system.

(4) The Department of Medicaid, the Department of
Developmental Disabilities, a Medicaid managed care
organization, or any other entity authorized to conduct a post-
payment audit or review may consider information in the
electronic visit verification system as part of its audit or
review protocol, but shall not conduct an audit or review based
solely on information in the system."

The motion was _____ agreed to.

SYNOPSIS**Electronic visit verification system****Section 751.00.01**

Reinstates House language establishing duties on, and grants authority to, ODM, DODD, Medicaid managed care organizations (MCOs), and other entities in the event the ODM Director establishes an electronic visit verification (EVV) system in rule, including the following:

(1) Requires ODM and DODD to provide education and technical assistance to Medicaid providers to aid them in complying with the EVV system.

(2) Requires ODM, DODD, a Medicaid MCO, or other authorized entity to notify a Medicaid provider that a claim is not supported by information in the EVV system and offer the provider opportunity to review and correct the claim in the system.

(3) Prohibits ODM, DODD, a Medicaid MCO, or other entity from denying a claim that is not supported by information in the EVV system.

(4) Authorizes ODM, DODD, a Medicaid MCO, or other authorized entity to conduct a post-payment audit or review to consider information in the EVV system as part of its audit or review protocol, but prohibits an audit or review based solely on information in the EVV system.

(5) Prohibits the EVV system from exceeding minimum requirements specified in federal law.

Specifies that these requirements apply through June 30, 2027.