

5101:6-2-35 Notice of a managed care plan's denial, reduction or termination of a medicaid-covered service.

The affected individual shall be provided notice of a managed care plan's denial, reduction or termination of a medicaid-covered service, as described in this rule. ~~Copies~~ A COPY shall also be sent to ~~the county department of human services and~~ to the office of medicaid, ODHS.

(A) Timing of notice

- (1) The managed care plan shall mail or personally deliver notice of denial at the time the decision to deny the service is made.
- (2) Managed care plans shall require all subcontracting providers to mail or personally deliver notice of denial of payment whenever the provider bills an enrollee for a service due to denial of payment by the managed care plan.:

If the enrollee contacts the managed care plan and indicates that he or she has received a bill, and if the managed care plan determines that notice, as required by this rule, was not issued, the managed care plan shall mail or personally deliver notice at that time.

- (3) The managed care plan shall mail or personally deliver notice of reduction or termination no later than fifteen calendar days prior to the effective date of the proposed action.
- (4) If the decision to deny, deny payment for, reduce or terminate service is the result of a managed care plan grievance, notice of that decision shall be mailed or personally delivered at the time the grievance is decided.

(B) "Reduction or termination" of a service means that the service is being reduced from the level authorized, or terminated, prior to the expiration of the prescribed period.

If, upon the expiration of a period of authorized service, the enrollee requests further services, denial of that request shall be considered a denial, rather than a reduction or termination, of service.

(C) The notice shall contain a clear and understandable statement of the action and the reasons for it, cite the applicable regulations, explain the individual's right to and the method of obtaining a state hearing, explain the circumstances under which a timely hearing request will result in continued services, and contain a telephone number to call about free legal services.

(D) For denial, reduction or termination of service, the "Notice of Denial, Reduction or Termination of Medical Services By Your Managed Care Plan," ODHS 4043, shall be used.

For denial of payment, the "Notice of Denial of Payment By Your Managed Care Plan," ODHS 4046, shall be used.

Effective Date: December 30, 1997

Certification: Arnold R. Tompkins

December 19, 1997
Date

Promulgated Under: Revised Code Chapter 119.

Statutory authority: Revised Code Section 5101.35

Rule Amplifies: Revised Code Section 5101.35

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