



From: Maureen M. Corcoran, Director
To: Ohio Department of Medicaid Clearance Reviewers
Subject: Qualified Entity Monitoring and Compliance

Summary

Rule 5160-1-17.12, “Qualified entity requirements and responsibilities for determining presumptive eligibility,” will be proposed for amendment to incorporate the heightened compliance and monitoring requirements mandated by HB33 (now reflected in section 5163.103 of the Revised Code), and to remove restricted words in accordance with section 121.95 of the Revised Code.

The purpose of this rule is to establish eligibility requirements and responsibilities to obtain and maintain designation as a qualified entity (QE). To become a QE, the eligible entity must have a provider agreement, read the presumptive eligibility (PE) training guide found on the ODM website, and attest that it will meet the terms and conditions as a QE by signing an acknowledgement form and submitting it to ODM. Once designated a QE, this rule requires the QE to remain in good standing as an Ohio Medicaid provider, follow federal and state laws when determining Medicaid PE, and retain all records related to PE determinations to be provided to ODM upon request. This rule requires the QE to provide to ODM a list of names of all employees who will be determining PE, request appropriate PE portal access from ODM, ensure employees have read the PE training guide and understand the criteria for all Medicaid eligibility categories, and have been trained on how to use the PE portal.

Additionally, this rule requires a QE to verify, prior to eligibility enrollment, that each individual is not enrolled in another category of Medicaid. This rule requires any QE that is a hospital to provide thirty-six hours’ worth of medically necessary medication to any person presumptively enrolled by the QE at the time of determination. If the QE is a Federally Qualified Health Center (FQHC), and has the ability to do so, it must provide thirty-six hours’ worth of medically necessary medications to any person presumptively enrolled at the time of determination if such needs are determined during a medical visit.



This rule prohibits employees of the QE who have the responsibility to submit claims for Medicaid reimbursement from performing PE determinations. Under this rule, a QE will be held responsible for the willful conduct of its employees who violate state or federal law. This rule sets forth conditions under which ODM may terminate the authority granted under this rule including, but not limited to, if the QE's Medicaid provider agreement is revoked or cancelled, unauthorized use of PE Portal, programmatic or systematic changes related to Medicaid eligibility or enrollment systems, if the QE is unable to perform its functions, or if the QE does not submit a PE application for more than two years. QE designation may also be terminated if the compliance metrics are not met, and annual evaluations determine that the QE is not progressing towards compliance. This rule sets forth the reconsideration rights available to the QE to challenge a decision of ODM to deny or terminate QE designation.

Planned updates to this rule will include the removal of restricted words in accordance with section 121.95 of the Revised Code, and the incorporation of heightened compliance requirements to include the responsibility of the QE to ensure that at least 92.5% of presumptively enrolled individuals are subsequently awarded full Medicaid eligibility

Questions pertaining to this clearance should be sent to Rules@Medicaid.Ohio.gov.

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5160-1-17.12 Qualified entity requirements and responsibilities for determining presumptive eligibility.

The Ohio department of medicaid (ODM) authorizes qualified entities (QEs) to determine presumptive eligibility (PE) based on self-attested information to grant immediate medicaid coverage to certain individuals seeking medicaid covered services. This rule sets forth criteria for QE eligibility requirements and responsibilities to maintain designation as a QE.

- (A) For the purposes of this rule, "qualified entity" has the same meaning as defined in rule 5160:1-1-01 of the Administrative Code.
- (B) To become a QE, the eligible entity mustwill:
 - (1) Have an active provider agreement in accordance with rule 5160-1-17.2 of the Administrative Code;
 - (2) Read the presumptive eligibility training guide found on the ODM website, www.medicaid.ohio.gov; and
 - (3) Attest that it will meet the terms and conditions as a QE by reading, signing, and sending ODM form 10252 "acknowledgment of terms and conditions governing the presumptive eligibility determinations authority granted by the Ohio department of medicaid to a qualified entity" (rev. 8/2019), found on the ODM website, www.medicaid.ohio.gov.
- (C) Once designated as a QE, the QE mustwill:
 - (1) Remain in good standing as an Ohio medicaid provider;
 - (2) Follow rule 5160:1-2-13 of the Administrative Code and all other applicable federal and state laws when determining medicaid PE;
 - (3) Verify the individual is not already enrolled in another category of medicaid;
 - (4) Without compensation, agree to perform all of the administrative functions associated with PE including, but not limited to:
 - (a) Provide to ODM a list of names and titles of all employees given responsibility to determine PE and request appropriate access to the PE portal;
 - (b) Ensure that employees given responsibility to determine PE have read the presumptive eligibility training guide, understand the criteria for all medicaid eligibility categories and have been trained on how to use the presumptive eligibility portal;
 - (c) Ensure those who have responsibility to submit claims to the medicaid program for reimbursement of medicaid services are not individuals responsible for determining presumptive eligibility; and
 - (d) Agree to retain all records related to presumptive eligibility determinations in accordance with rule 5160-1-27 of the Administrative Code and provide such records to ODM, its designee, or to any authorized state or federal agency upon request.
 - (5) Agree that it may be held responsible for the willful conduct of its employees who violate federal or state law. Any employee who knowingly files a claim containing false, incomplete, or misleading essential information to create eligibility for medicaid or receive payment from medicaid may be punishable

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under federal or state law;

- (6) If the QE is a hospital, agree to provide thirty-six hours' worth of medically necessary medications to any person enrolled presumptively by the QE at time of determination;
- (7) If the QE is a federally qualified health center (FQHC) and is able to do so, provide thirty-six hours' worth of medically necessary medications to any person enrolled presumptively by the QE at the time of determination if such needs are determined during a medical visit; and
- (8) Ensure that for all persons enrolled presumptively by the QE, at least 92.5 per cent result in an awarding of full medicaid benefits, at least eighty-five per cent have a completed application for full medicaid benefits submitted no later than the last day of the month following the month in which the QE makes the PE determination; and
- ~~(9)~~ (9) Ensure that for all persons who had an application submitted for full medicaid benefits, at least eighty-five per cent result in an awarding of medicaid eligibility.

(D) Monitoring.

- (1) Performance standards in paragraph (C)(8) of this rule will be monitored monthly for all PE determinations. A comprehensive PE training will be mandatory for all employees designated to make PE determinations for each period during which the QE fails to meet these performance standards, in accordance with section 5163.103 of the Revised Code.
- ~~(3)~~ (2) A corrective action plan (CAP) will be requested from each QE for each period wherein performance standards set forth in this rule are not met in accordance with section 5163.103 of the Revised Code. Improvement will be monitored and reviewed annually to determine whether termination of QE status in these instances is appropriate.
- ~~(D)~~ (E) ODM may terminate authority granted under this rule with or without written notice, for any reason supported by evidence of acts or omissions adversely affecting the medicaid program, including, but not limited to the following circumstances:
 - (1) Revocation or cancellation of the QE's Ohio medicaid provider agreement;
 - (2) ~~Requirements~~ Performance standards set forth in this rule are not met;
 - (3) Unauthorized use of ~~MITS~~ the PE portal by the QE;
 - (4) Programmatic or systematic changes related to the medicaid eligibility or enrollment system; ~~or~~
 - (5) The QE is unable to perform its functions; or
 - (6) The QE does not perform a determination for PE for twenty-four months.
- ~~(E)~~ (F) A QE may utilize reconsideration rights as stated in rule 5160-70-02 of the Administrative Code to challenge a decision of ODM to deny or terminate QE designation.