



Ohio Revised Code

Section 5163.52 [Repealed effective 10/3/2023 by H.B. 33, 135th General Assembly] Eligibility redetermination after federal limitation removed.

Effective: January 1, 2022

Legislation: House Bill 110

If the department of medicaid receives federal funding for the medicaid program that is contingent on a temporary maintenance of effort restriction or that otherwise limits the department's ability to disenroll ineligible medicaid recipients, such as the requirements under Section 6008 of the "Families First Coronavirus Response Act," Pub. L. No. 116-127, the department shall do both of the following:

(A) Continue to conduct eligibility redeterminations under the medicaid program and act on those redeterminations to the fullest extent permitted under federal law and regulations.

(B) Within sixty days of the expiration of the restriction or limitation, complete an audit in which the department does all of the following:

(1) Completes and acts on eligibility redeterminations for all medicaid recipients for whom a redetermination has not been conducted in the past twelve months;

(2) Requests approval from the United States centers for medicare and medicaid services to conduct and act on eligibility redeterminations on all medicaid recipients who were enrolled for three or more months, or other time period consistent with federal law or federal guidelines, during the period of restriction or limitation; the department shall, within ninety days of any such approval, conduct and act on the redeterminations. Any county department of job and family services assisting the department of medicaid with acting on redeterminations under this section may request from the department of job and family services, in consultation with the department of medicaid, up to thirty additional days to act on redeterminations.

(3) Submits a report summarizing the results of the audit to the speaker of the house of representatives and senate president in accordance with section 101.68 of the Revised Code.



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