

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Medical Assistance

Division

Nancy Van Kirk

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5101:3-20-01

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Coordinated services program.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **Yes**

Bill Number: **HB93**General Assembly: **129**Sponsor: **Reps. Burke,
Johnson**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5111.02, 5111.085**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.02, 5111.085**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

To implement provisions of ORC 5111.085, adopted under Am. Sub. H.B. 93, 129th G.A., relating to the administration of the Coordinated Services Program. It replaces rescinded rules 5101:3-20-01, 5101:3-20-02, and 5101:3-20-03.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; if the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

This rule sets forth the operations and policies of the Coordinated Services Program (CSP), which will require some Medicaid consumers to obtain certain Medicaid services from designated providers or designated pharmacies. A consumer may be enrolled in the CSP if he or she received Medicaid services at a frequency or in an amount that exceeded medical necessity. The CSP will replace two existing programs, the Primary Alternative Care and Treatment Program, which applied to Medicaid fee for service consumers, and the Controlled Substances and Member Management Program, which applied to consumers enrolled in Medicaid managed care plans. Individuals enrolled in CSP may be enrolled in fee-for-service Medicaid or in a Medicaid managed care plan. CSP enrollees will be required to receive certain services from a designated provider and/or pharmacy.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(D).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by

reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

Not Applicable.

12. 119.032 Rule Review Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

No impact on current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

There may be a cost of compliance for consumers enrolled in CSP if they are required to travel further to obtain services from a designated pharmacy or

designated provider, or incur other expenses because of their enrollment. The cost of compliance for consumers cannot be estimated as it will vary depending on the individual consumer's circumstances. There may also be a cost of compliance to affected providers and pharmacies that serve or have served consumers enrolled in CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **Yes**

You must complete Part B of the Rule Summary and Fiscal Analysis in order to comply with Am. Sub. S.B. 33 of the 120th General Assembly.

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

Rule Summary and Fiscal Analysis (Part B)

1. Does the Proposed rule have a fiscal effect on any of the following?

(a) School Districts	(b) Counties	(c) Townships	(d) Municipal Corporations
No	Yes	Yes	Yes

2. Please provide an estimate in dollars of the cost of compliance with the proposed rule for school districts, counties, townships, or municipal corporations. If you are unable to provide an estimate in dollars, please provide a written explanation of why it is not possible to provide such an estimate.

To the extent that a provider is a county, township, or municipal corporation, there may be a cost of compliance to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP.

3. If the proposed rule is the result of a federal requirement, does the proposed rule exceed the scope and intent of the federal requirement? **No**

4. If the proposed rule exceeds the minimum necessary federal requirement, please provide an estimate of, and justification for, the excess costs that exceed the cost of the federal requirement. In particular, please provide an estimate of the excess costs that exceed the cost of the federal requirement for (a) school districts, (b) counties, (c) townships, and (d) municipal corporations.

Not Applicable.

5. Please provide a comprehensive cost estimate for the proposed rule that includes the procedure and method used for calculating the cost of compliance. This comprehensive cost estimate should identify all of the major cost categories including, but not limited to, (a) personnel costs, (b) new equipment or other capital costs, (c) operating costs, and (d) any indirect central service costs.

To the extent that a provider is a county, township, or municipal corporation, there

may be costs of compliance to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP.

(a) Personnel Costs

To the extent that a provider is a county, township, or municipal corporation, there may be personnel costs to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP and to the extent that the provider's business model must be adjusted to handle an increase or decrease in Medicaid business.

(b) New Equipment or Other Capital Costs

To the extent that a provider is a county, township, or municipal corporation, there may be new capital or equipment costs to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP.

(c) Operating Costs

To the extent that a provider is a county, township, or municipal corporation, there may be new operating costs to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance

for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP and to the extent that the provider's business model must be adjusted to handle an increase or decrease in Medicaid business.

(d) Any Indirect Central Service Costs

To the extent that a provider is a county, township, or municipal corporation, there may be new indirect central service costs to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP and to the extent that the provider's business model must be adjusted to handle an increase or decrease in Medicaid business.

(e) Other Costs

To the extent that a provider is a county, township, or municipal corporation, there may be other new costs to providers that serve or have served consumers enrolled in the CSP. Some providers or pharmacies may experience an increase in Medicaid business if they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. The cost of compliance for providers cannot be estimated as it will vary depending on whether they have Medicaid patients enrolled in the CSP and to the extent that the provider's business model must be adjusted to handle an increase or decrease in Medicaid business.

6. Please provide a written explanation of the agency's and the local government's ability to pay for the new requirements imposed by the proposed rule.

The Ohio Department of Job and Family Services or its designees will be administering the CSP. Program administration costs have been included in the Department's budget.

Some providers or pharmacies may experience an increase in Medicaid business if

they become designated providers or pharmacies for Medicaid consumers enrolled in the CSP, while others may lose Medicaid business if their patients are required to go to other providers because of their enrollment in the program. A provider's ability to pay for any potential costs of compliance cannot be determined as it would depend on the provider's business model and on whether the provider becomes a designated provider or pharmacy in the CSP.

7. Please provide a statement on the proposed rule's impact on economic development.

No impact on economic development.