

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

Agency Name

**Division of Medical Assistance**

Division

**Nancy Van Kirk**

Contact

**30 E Broad St 31st Floor ODJFS Office of Legal  
Services Columbus OH 43215-3414**

Agency Mailing Address (Plus Zip)

**614-466-4605**

Phone

**614-752-8298**

Fax

**5101:3-4-12**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Immunizations.****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? **No**

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**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.01, 5111.02, 5111.021**

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

To increase reimbursement for an immunization code to reflect the increased acquisition cost.

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 coverage and reimbursement for immunization services.

Reimbursement for Current Procedural Terminology (CPT) code 90378, "Respiratory syncytial virus, MAB, IM 50mg" is being increased from \$985.89 to \$1,180.19.

This change is being made to Appendix B of the rule. The rule body is remaining unchanged.

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 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 ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(3).

This rule incorporates one or more dated references to the Centers for Disease Control and Prevention (CDC) immunization recommendations, which are generally accepted industry standards. Each reference is dated and is generally available to persons affected by this rule via <http://www.cdc.gov/vaccines/>, in accordance with RC 121.75(E).

This rule incorporates one or more dated references to the American Academy of Pediatrics (AAP) immunization recommendations, which are generally accepted industry standards. Each reference is dated and is generally available to persons affected by this rule via <http://www.cispimmunize.org>, in accordance with RC 121.75(E).

This rule incorporates one or more dated references to the Advisory Committee on Immunization Practices (ACIP) recommendations, which are generally accepted industry standards. Each reference is dated and is generally available to persons affected by this rule via <http://www.immunize.org/acip>, in accordance with RC 121.75(E).

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:

The appendices of this rule are being revised for the following two reasons: to update reimbursement for CPT 90378 and to incorporate updated reimbursement information received from the Centers for Medicare and Medicaid Services (CMS).

The reimbursement of CPT code 90378 in Appendix B of this rule is being revised to \$1,263.60 from \$1,180.19 (as original filed and reflected in RSFA question 7). RSFA question 13 has been updated from the original file to reflect this increased reimbursement. The revision in the reimbursement rate for CPT code 90378 from the existing amount of \$985.89 to the revised file amount of \$1,263.60 is expected to increase expenditures over the 2012-2013 biennium by an estimated \$1,354,113.

Additionally, since the original filing of this rule, CMS has released new reimbursement information concerning physician administered drugs. Based on this new information, the reimbursement amounts for nineteen vaccines are being increased. Eight of the vaccines in Appendix A will be increased. Eleven of the vaccines in appendix B will be increased. The reimbursement for vaccines in Appendix A that are purchased through the vaccines for children (VFC) program will remain unchanged. The revision of the nineteen immunization codes will result in expenditures over the 2012-2013 biennium to increase by a projected \$377,272.

These revisions result in the RSFA question 13 estimate for the next biennium encompassing state fiscal years 2012 and 2013 to increase from \$868,457 to \$1,731,386. The changes to the answer to question 13 include the recognition that the proposed rule change will impact the current biennium, which began following the original rule filing.

12. 119.032 Rule Review Date: **7/1/2015**

(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 increase expenditures.

\$1,731,386

The increase in reimbursement for CPT code 90378, respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, from \$985.89 to \$1,263.60 is expected to increase expenditures over the biennium encompassing state fiscal years 2012 and 2013 by an estimated \$1,354,113.

The increases in reimbursement to reflect updates from CMS is expected to increase expenditures over the biennium encompassing state fiscal years 2012 and 2013 by an estimated \$377,272.

In total, these changes are expected to increase expenditures by \$1,731,386 over the 2012-2013 biennium.

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

600525

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 is no cost of compliance associated with updating the reimbursement for this procedure code.

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.

Reimbursement is being increased for a procedure code. To the extent that a Medicaid provider is also a county, township, or municipal corporation, there is no cost of compliance associated with the implementation of the proposed rule.

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.

There is no cost of compliance associated with increasing the reimbursement amount for one procedure code.

**(a) Personnel Costs**

There are no expected personnel costs associated with increasing the

reimbursement amount for one procedure code.

**(b) New Equipment or Other Capital Costs**

There are no expected new equipment or other capital costs associated with increasing the reimbursement amount for one procedure code.

**(c) Operating Costs**

There are no operating costs associated with increasing the reimbursement amount for one procedure code.

**(d) Any Indirect Central Service Costs**

There are no indirect central service costs associated with increasing the reimbursement amount for one procedure code.

**(e) Other Costs**

There are no other costs associated with increasing the reimbursement amount for one procedure code.

**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.**

To the extent that a Medicaid provider is also a county, township or municipal corporation, there are no costs associated with the increased reimbursement for this one procedure code.

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

To the extent that a Medicaid provider is also a county, township or municipal corporation, there will be no impact on economic development associated with the increased reimbursement for this one procedure code. However, the increased reimbursement amount is expected to adequately reimburse providers for their purchasing of the drug.