

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

Agency Name

Division of Medical Assistance

Division

Mike Lynch

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

Michael.Lynch@jfs.ohio.gov

Email

5101:3-4-12

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Immunizations, injections and infusions (including trigger-point injections), and provider-administered pharmaceuticals.**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:

This rule is being proposed to update and clarify policy related to the administration of the Medicaid program. It replaces a rescinded rule of the same number and incorporates the text of current rule 5101:3-4-13.

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:

The rule sets forth general provisions for coverage and reimbursement of immunizations and vaccines. It is being reorganized, streamlined, clarified, and expanded to include the text of current rule 5101:3-4-13. The two existing appendices to the rule are being discontinued; the new rule instead prescribes a methodology for establishing a maximum allowable fee for a covered provider-administered pharmaceutical, and it specifies a web location where a list of covered provider-administered pharmaceuticals will be found. A superfluous reference to national organizations and an unnecessary provision concerning the determination of medical necessity are being removed. A new provision will allow reimbursement for vaccine administration rather than an evaluation and management service (i.e., an office visit) when an immunization procedure is performed by a primary care physician who is eligible for increased reimbursement in accordance with rule 5101:3-1-60.3.

The changes to this rule include the addition of a Healthcare Common Procedure Coding System (HCPCS) code for an influenza vaccine that will be reimbursable at the start of the next influenza season.

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 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. If applicable, indicate each specific paragraph of the rule that has been modified:

A sentence has been removed from paragraph (A)(1) of this rule; it stated that any reference to a code listed in "Current Procedural Terminology" (CPT), a code range, or a web site address applied also to its successor code, code range, or web site address.

In paragraph (A)(1) of this rule, descriptions of "current procedural terminology (CPT)" and "healthcare common procedure coding system (HCPCS)" have been included, along with web site addresses for the American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS), where CPT and HCPCS can be found. The web site addresses have been added for the convenience of the reader. These citations are not incorporation by reference within the meaning of R.C. 121.72, because neither CPT nor HCPCS is to be treated as if it were contained in the rule.

The parenthetical phrase "(or its successor)" has been removed from the answer to RSFA question 15.

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 increase expenditures.

\$2 million

The adoption of this rule will cause an increase in expenditures during the current biennium of approximately \$2 million.

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:

When this rule is implemented, Medicaid maximum fees for covered immunizations, injections and infusions, and provider-administered pharmaceuticals will be removed from Appendix DD of rule 5101:3-1-60. Instead, the methodology for establishing those maximum fees will be spelled out in this rule. A listing of covered services and items will be published on the Fees Schedules and Rates page of the Ohio Medicaid web site, at <http://jfs.ohio.gov/ohp/bhpp/FeeSchdRates.stm>. The change will enable the Office of Medical Assistance (OMA) to update codes and fees for these services and items more quickly and efficiently, but the bases for the fee amounts will remain the same. Moving these codes from a rule appendix to a web page should not result in a cost of compliance to Medicaid providers.

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**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

Providers are required to submit claims in order to receive Medicaid reimbursement. On each claim, a provider reports many pieces of information, such as the identity of the person served, the services provided, related diagnoses, the date of service, and the place of service.

Rule 5101:3-4-12 also has particular reporting requirements: (1) For certain provider-administered pharmaceuticals, specific instructions are given on how to report procedure codes and dosage units on claims. (2) As a condition for reimbursement of certain injections, providers must document specific information in the patient's medical record.

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
Yes	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 Medicaid provider is also a school district, county, township, or municipal corporation, it could be affected by the proposed rule. When this rule is implemented, Medicaid maximum fees for covered immunizations, injections and infusions, and provider-administered pharmaceuticals will be removed from Appendix DD of rule 5101:3-1-60. Instead, the methodology for establishing those maximum fees will be spelled out in this rule. A listing of covered services and items will be published on the Fees Schedules and Rates page of the Ohio Medicaid web site, at <http://jfs.ohio.gov/ohp/bhpp/FeeSchdRates.stm> (or its successor). The change will enable the Office of Medical Assistance (OMA) to update codes and fees for these services and items more quickly and efficiently, but the bases for the fee amounts will remain the same. Moving these codes from a rule appendix to a web page should not result in a cost of compliance to Medicaid providers.

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.

The comprehensive cost estimates are provided in the following sections.

(a) Personnel Costs

OMA does not expect that the proposed rule will result in any increase in personnel costs to Medicaid providers.

(b) New Equipment or Other Capital Costs

OMA does not expect that the proposed rule will result in any increase in new equipment or other capital costs to Medicaid providers.

(c) Operating Costs

OMA does not expect that the proposed rule will result in any increase in operating costs to Medicaid providers.

(d) Any Indirect Central Service Costs

OMA does not expect that the proposed rule will result in any increase in indirect central service costs to Medicaid providers.

(e) Other Costs

OMA does not expect that the proposed rule will result in any increase in other costs to Medicaid providers.

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.

Posting and looking up fees in a table on a web page rather than in a rule appendix (which is most readily available as a table on a web page) entails no additional cost for either OMA or Medicaid providers.

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

There is no discernible impact on economic development as a result of this proposed rule.