## Rule Summary and Fiscal Analysis (Part A)

### **Ohio Department of Medicaid**

Agency Name

**Tommi Potter** 

Division

Contact

50 Town St 4th floor Columbus OH 43218-2709

<u>614-752-3877</u>

614-995-1301

Agency Mailing Address (Plus Zip)

Phone

tommi.potter@medicaid.ohio.gov

Email

5160-13-01.1 **RESCISSION** 

Rule Number TYPE of rule filing

Fee-for-service ambulatory health care clinics (AHCCs): Rule Title/Tag Line

primary care clinics.

### **RULE SUMMARY**

- 1. Is the rule being filed for five year review (FYR)? Yes
- 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

adopt the rule: 5164.02

to adopt the rule: 119.03

4. Statute(s) authorizing agency to

5. Statute(s) the rule, as filed, amplifies

or implements: 5162.03, 5164.02

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

This rule is being rescinded as a result of five-year rule review. Its contents are being incorporated into 5160-13-01.

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 definitions pertaining to a primary care clinic, which is one type

Page 2 Rule Number: **5160-13-01.1** 

of ambulatory health care clinic (AHCC). It also sets forth covered services and provisions for any organization applying to be a medicaid fee-for-service AHCC primary care clinic provider.

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:

No

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:

No

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 If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation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:

No

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:

No change has been made to the rule. The date of the public hearing has been corrected on the notice.

# 12. Five Year Review (FYR) Date: 3/10/2017

(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.

Page 3 Rule Number: **5160-13-01.1** 

#### 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 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:

No new costs

- 16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations?  $N_0$
- 17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39?  $N_0$

## 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? Yes

Any organization applying to be a Medicaid fee-for-service AHCC primary care clinic provider must be certified or accredited by the: (a) Joint Commission; (b)

Page 4 Rule Number: 5160-13-01.1

Accreditation Association for Ambulatory Health Care (AAAHC); (c) Healthcare Facilities Accreditation Program of the American Osteopathic Association; (d) Community Health Accreditation Program (CHAP); or (4) receive state or federal grant funds for the provision of health services.

- 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?  $N_0$
- C.) Does this rule require specific expenditures or the report of information as a condition of compliance? No