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

5160-13-01.9 **RESCISSION**

Rule Number TYPE of rule filing

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

end-stage renal disease (ESRD) dialysis 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 to adopt the rule: 119.03
- 4. Statute(s) authorizing agency to adopt the rule: 5164.02

Statute(s) the rule, as filed, amplifies or implements: 5162.03, 5164.02, 5164.70

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This rule is being rescinded as a result of five-year rule review.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 a new rule numbered 5160-13-02.

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 an end-stage renal disease (ESRD)

Page 2 Rule Number: **5160-13-01.9**

dialysis clinic, which is one type of ambulatory health care clinic (AHCC). It also sets forth covered and noncovered services, limitations, payment, and provisions for any organization applying to be a Medicaid fee-for-service AHCC end-stage renal disease dialysis 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:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

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:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

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:

This response left blank because filer specified online that the rule does not incorporate a text or other materials by reference.

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:

Not Applicable.

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:

Page 3 Rule Number: 5160-13-01.9

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 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? **No**
- 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

Page 4 Rule Number: 5160-13-01.9

engage in or operate a line of business? Yes

Any organization applying to be a Medicaid fee-for-service AHCC dialysis clinic provider must: (1) be certified by Medicare as a dialysis facility; (2) be licensed by the director of the Ohio Department of Health, and (3) if a non-Ohio provider, be licensed by their respective state's authority.

- 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? Yes

Dialysis clinics must document in the patient's medical record the medical necessity of each service provided to ensure that the services are rendered as submitted on the claim.