

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-13-01

Rule Type: New

Rule Title/Tagline: Clinic services.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

1. Is this a five year rule review? No
 - A. What is the rule's five year review date?
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 5164.02
5. What statute(s) does the rule implement or amplify? 5164.02
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being proposed for five-year rule review. Existing rule 5160-13-01 is being rescinded and replaced with new rule 5160-13-01.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rules concerning the coverage and payment of clinic services paid "fee for service" are currently set forth in Chapter 5160-13. Rule 5160-13-01 is due for five-year rule review. This rule defines a clinic, describes the types of entities that may enroll with Medicaid as a clinic, and sets forth how clinics are paid by Medicaid.

As a result of the five-year review, existing rule 5160-13-01 is being reorganized, streamlined, and clarified, but the intent will remain the same. In addition, the term "Ambulatory Health Care Clinic Services" is being changed to "Clinic Services" to align with federal statute/regulation 42 CFR 440.90 (Clinic Services).

The types of clinics paid fee for services and set forth in rule 5160-13-01 include: primary care clinics, public health department clinics, outpatient rehabilitation clinics, family planning clinics, professional optometry school clinics, professional dental school clinics, speech-language/audiology clinics, and dialysis clinics.

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

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(A)(2)(d).

This rule incorporates references to rules of the Ohio Administrative Code (OAC). 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 121.75(A)(1)(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 121.75(A)(1)(a).

This rule incorporates dated references to the U.S. Code. This question is not applicable to any dated incorporation by reference to the U.S. Code because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A)(2)(a).

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

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Not Applicable.

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

The following requirements set forth in new rule 5160-13-01 are consistent with existing professional standards and are not additional Medicaid requirements or costs.

(A) Primary care clinics are either certified or accredited by the Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC), Healthcare Facilities Accreditation Program of the American Osteopathic Association, or the Community Health Accreditation Program (CHAP), or receive state or federal grant funds for the provision of health services. This requirement is consistent with existing professional standards and is not an additional Medicaid requirement or cost.

(B) Any organization applying to be a public health department clinic provider with Medicaid has legal status as a county, city, or combined health district; and meet the standards for boards of health and local health departments in accordance with Chapter 3709 and Section 3701.342 of the Revised Code. There is no expected cost of compliance as a result of this new rule on existing public health department clinics as they already meet this requirement prior to enrolling with Medicaid.

(C) Outpatient rehabilitation clinics are certified by Medicare as either an outpatient rehabilitation agency or a comprehensive outpatient rehabilitation facility (CORF). Outpatient rehabilitation agencies and CORFs are not licensed in Ohio. Federal standards for Medicare certification are found at 42 CFR Part 485, Subpart B, 42 CFR Part 485.703, and 42 CFR Part 485.51. As long as outpatient rehabilitation clinics follow federal standards for Medicare certification, which they must do regardless of whether they enroll in Medicaid, there are no additional cost in order to become a Medicaid provider.

(D) Family planning clinics comply with federal guidelines set forth in 42 U.S.C. 300 and receive funding for pregnancy prevention services through Title X of the Public Health Services Act. This is a federal requirement and not an additional Medicaid requirement or cost.

(E) Professional optometry school clinics must be associated with an accredited optometry school. This requirement is consistent with existing professional standards and not an additional Medicaid requirement or cost.

(F) Professional dental school clinics must be associated with a professional dental school. This requirement is consistent with existing professional standards and is not an additional Medicaid requirement or cost.

(G) A speech-language-audiology clinic that specializes in and provides speech, language, or audiology services delivered by professionals meets the American speech-language-hearing association (ASHA) certification standards as determined by ASHA. This is consistent with existing professional standards and is not an additional Medicaid requirement or cost.

(H) Dialysis centers are: (1) recognized by Medicare as a dialysis facility; (2) operate in accordance with Chapter 3701-83, and (3) if a non-Ohio provider, operate in accordance with its respective state's authority. These requirements are consistent with existing professional standards and are not additional Medicaid requirements or costs.

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable.

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**
 - A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes**

New rule 5160-13-01 states that the entity must be recognized, associated with, or meet credentialing standards prior to enrolling with Medicaid.

- 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? No
- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable