

**Rule Summary and Fiscal Analysis (Part A)****Ohio Department of Medicaid**

Agency Name

Division

**Tommi Potter**

Contact

**50 West Town Street Suite 400 Columbus OH  
43218-2709**

Agency Mailing Address (Plus Zip)

**614-752-3877**

Phone

**614-995-1301**

Fax

**Tommi.Potter@medicaid.ohio.gov**

Email

**5160-13-01**

Rule Number

**RESCISSION**

TYPE of rule filing

Rule Title/Tag Line

**Fee-for-service ambulatory health care clinics (AHCCs):  
general provisions.****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**5. Statute(s) the rule, as filed, amplifies or implements: **5164.02**

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

This rule is being rescinded and its provisions replaced in a new rule, numbered the same as this rule (5160-13-01), as part of the five-year rule review process.

With the exception of the rule on End-Stage Renal Disease (ESRD) dialysis clinics (5160-13-01.9), the existing rules in Chapter 5160-13 are being rescinded and combined into one new rule (5160-13-01) that addresses all service-based ambulatory health care clinics paid on a fee-for-service basis.

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 ambulatory health care clinics (AHCCs), eligible AHCC providers, covered services, limitations, and provisions for any organization applying to be a service-based AHCC medicaid provider paid on a fee-for-service basis.

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:

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.

### **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

This rule has no impact on the Medicaid 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? **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? **Yes**

This rule requires an AHCC to be enrolled as a Medicare provider.

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**

Any organization applying to be a fee-for-service ambulatory health care clinic (AHCC) Medicaid provider must submit to the department upon enrolling the appropriate documentation demonstrating it: (1) meets the definition of an AHCC; (2) is not eligible as a Medicaid provider as a professional association of physicians, dentists, optometrists, opticians, podiatrists, or limited practitioners such as physical therapists, psychologists, or chiropractors; (3) is enrolled as a Medicare provider; (4) bills Medicare as the primary insurer for services provided to patients eligible for both Medicare and Medicaid; and (5) meets all specific requirements of at least one Medicaid AHCC provider type.