

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

Agency Name

Division

Tommi Potter

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5160-2-08.1

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Assessment rates.**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, 5168.02, 5168.06**
5. Statute(s) the rule, as filed, amplifies or implements: **5164.02, 5168.02, 5168.06**
6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being proposed for amendment to update the assessment rates for the 2014 Hospital Care Assurance Program (HCAP) and to comply with Ohio's five-year rule review requirements.

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 the assessment rates for the Hospital Care Assurance Program for the 2014 program year (October 1, 2013 - September 30, 2014). The amendment updates paragraph (B) to specify to which program year the rule applies. Paragraph (C) establishes an assessment rate of .008401502 of a hospital's adjusted total facility costs up to \$216,372,500 and 0.00663 for any amount in excess of \$216,372,500.

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:

The rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to an 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).

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 references is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

This rule incorporates one or more references to a federal form. The cited federal forms were submitted to the department by persons affected by this rule for purposes of filing that year's cost report with the Department. The text of the rule dictates the appropriate version of the form to be used by each hospital for their respective cost reporting period. Each cited form is generally available to persons affected by this rule via the Centers for Medicare and Medicaid Services website <http://cms.hhs.gov/>.

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:

This rule is being revised filed in order to upload a new PDF of the BIA. There are no changes to the BIA. In addition, there are no changes to the rule body.

12. Five Year Review (FYR) Date: **3/19/2015**

(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 revenues.

\$220,030,849

Total program assessment revenues are approximately \$220,030,849 for program year 2014. This is an increase of approximately \$9,046,056, compared to HCAP 2013, due to a combination of the decrease in Ohio's Federal Medical Assistance Percentage (FMAP) and an increase in Ohio's federal allotment. These funds will be used to make Disproportionate Share Hospital (DSH) payments to Ohio hospitals totaling \$594 million through rule 5160-2-09.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

There are no expenditures as a result of this rule.

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:

This rule requires hospitals to pay an assessment of 0.008401502 of their adjusted total facility costs up to \$216,372,500 and 0.00663 for any amount in excess of \$216,372,500. Hospitals will be required to pay approximately \$8,807,751 more than was needed to fund HCAP 2013. This is due to an increase in Ohio's federal allotment. However, total DSH payments made to hospitals through rule 5160-2-09 will outweigh the total assessments paid by the hospitals.

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? **Yes**

This rule imposes a penalty of \$1,000 per day for each day the assessment is not paid after the due date.

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

This rule requires that each hospital pay an assessment. The assessment is used as the state match to draw down Federal Disproportionate Share Hospital funding. All funds received (state and federal) are returned to the hospital industry. Although no hospital is guaranteed to receive an amount equal to its assessment.

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
No	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.

All hospitals, including those owned by counties, townships or municipal corporations, are required to pay an assessment in rule 5160-2-08.1, which is used to make disproportionate share payments to Ohio hospitals through rule 5160-2-09. This is an increase of approximately \$8,807,751 for all hospitals, compared to HCAP 2013, due to a combination of the increase in Ohio's Federal Medical Assistance Percentage (FMAP) and an increase in Ohio's federal allotment. Total program assessment revenues for the 2014 program year are approximately \$220,030,849. Of the total amount due, the Department of Medicaid (ODM) estimates that \$8,608,772, a increase of \$478,954, will be paid by hospitals owned by counties, townships or municipal corporations.

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.

Each hospital is required to pay an assessment of 0.008401502 of their adjusted total facility costs up to \$216,372,500 and 0.00663 for any amount in excess of \$216,372,500.

(a) Personnel Costs

Not Applicable.

(b) New Equipment or Other Capital Costs

Not Applicable.

(c) Operating Costs

Not Applicable.

(d) Any Indirect Central Service Costs

Not Applicable.

(e) Other Costs

Not Applicable.

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.

The assessment is used to fund the state share of disproportionate share payments to Ohio hospitals, according to rule 5160-2-09. The total disproportionate share payments to Ohio hospitals include federal funding in addition to the state match.

In aggregate, the disproportionate share funding paid to the hospitals exceeds the assessments, although each individual hospital's disproportionate share payment is based on its cost report data as applied in rule 5160-2-09.

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

The assessment enables Ohio Medicaid to draw down federal dollars to fund the

disproportionate share program for Ohio hospitals, and the additional funding has a positive effect on economic development as the aggregate DSH payments exceed the assessments.