Rule Summary and Fiscal Analysis (Part A)

Ohio Department of Medicaid

Agency Name

Division

Tommi Potter Contact

50 Town St 4th floor Columbus OH 43218-2709614-752-3877614-995-1301Agency Mailing Address (Plus Zip)PhoneFax

tommi.potter@medicaid.ohio.gov Email

<u>5160-2-21</u>

RESCISSION

Rule Number

TYPE of rule filing

Rule Title/Tag Line

Reimbursement for services provided in an outpatient hospital <u>setting.</u>

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**, **5164.70**

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

This rule is being rescinded and its provisions are being relocated to a new Ohio Administrative Code (OAC) rule 5160-2-75, effective July 1, 2017.

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 methodology for outpatient hospital reimbursement.

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 rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another Ohio Administrative Code 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 Provider-Administered Pharmaceuticals fee schedule, which is generally available to persons affected by this rule via the ODM website

(http://medicaid.ohio.gov/providers/FeeScheduleAndRates.aspx) in accordance with RC 121.75(E).

This rule incorporates one or more references to appendix I of the Department's Hospital Billing Guidelines, which is generally available to persons affected by this rule via the ODM website(http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#1535543-provide

accordance with RC 121.75(E).

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:

Not Applicable.

12. Five Year Review (FYR) Date: 4/14/2017

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(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.

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There will be no impact to the Department's budget as a result of the rescission of this rule.

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:

There is no actual cost of compliance as a result of rescinding this rule.

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

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18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? No

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? No

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