

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5160-26-02

**Rule Type:** Amendment

**Rule Title/Tagline:** Managed health care program: eligibility and enrollment.

**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?** 8/1/2021
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?** 5167.02
5. **What statute(s) does the rule implement or amplify?** 5164.02, 5167.10, 5167.03
6. **What are the reasons for proposing the rule?**

This rule is being proposed for amendment to clarify policy related to the administration of the Medicaid Managed Care program.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

OAC rule 5160-26-02, entitled "Managed health care program: eligibility and enrollment," sets forth the eligibility criteria for individuals who are then enrolled in the managed care program and the enrollment process. The proposed changes clarify eligible individuals. In paragraph (B)(4), (B)(4)(c) was moved to paragraph (B)(5). A

new paragraph (B)(5) was added to clearly define which individuals are excluded from managed care enrollment. Other technical edits were made throughout.

8. **Does the rule incorporate material by reference? Yes**
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or 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 121.76(A)(3). OAC Medicaid rules may be found online at: <http://codes.ohio.gov/oac/5160>.

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 121.76(A)(1). The Ohio Revised Code references may be found online at: <http://codes.ohio.gov/orc/51>.

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(D). The eCFR is available online at: <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

This rule incorporates one or more dated references to the United States Code. This question is not applicable to those references in this rule because such dated references are exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A). The USC can be found online at: <https://www.gpo.gov/fdsys/browse/collectionUSCode.action?collectionCode=USCODE>

10. **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**

11. **As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium**

**or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

0.00

No impact on current budget.

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

Rule 5160-26-02 requires managed care plans (MCPs) to notify ODM or its designee of the birth of any newborn whose mother is enrolled in an MCP. The changes to the rule do not result in any new costs of compliance. MCPs are paid per member per month and receive funds to cover required services. ODM must pay MCPs rates that are actuarially sound, as determined by an outside actuary in accordance with 42 CFR 438.4 and CMS's "Managed Care Rate Setting Consultation Guide." All rates and actuarial methods can be found on the ODM website in Appendix E of the Medicaid Managed Care Plan Provider Agreement.

**13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

**14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

**III. Common Sense Initiative (CSI) Questions**

**15. Was this rule filed with the Common Sense Initiative Office? Yes**

**16. 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? 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? Yes**

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