

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? 4/4/2026
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, 5167.03, 5167.10
6. What are the reasons for proposing the rule?

This rule is being proposed for amendment to update policy relating to the administration of the Medicaid managed care program, including implementation of the single pharmacy benefit manager (SPBM).

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 care: eligibility and enrollment", sets forth the eligibility criteria for individuals to be enrolled in a managed care organization (MCO) or the SPBM and the enrollment process. The rule is being proposed for

amendment to update policy related to administration of the Medicaid managed care program. Changes to the rule include: revising the title of the rule, adding a clarification that the rule does not apply to the OhioRISE plan in paragraph (A), adding language regarding voluntary MCO enrollment for individuals enrolled in the OhioRISE 1915(c) home and community based waiver in paragraph (B)(3)(c), adding language regarding SPBM enrollment in paragraph (C), removing inpatient facility admission language in paragraph (D)(2) as the language is included in the MCO provider agreement, adding references to the SPBM where applicable throughout the rule, other grammatical and technical edits, and updating references to United States Code and the Code of Federal Regulations.

- 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. 121.75, 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). 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 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).

This rule incorporates one or more references to the Revised Code. This question is not applicable to any incorporation by reference to the Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1). The Ohio Revised Code references may be found online at: <http://codes.ohio.gov/orc/51>.

This rule incorporates one or more references to another rule or rules of the Administrative Code. This question is not applicable to any incorporation by reference to another Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1). OAC Medicaid rules may be found online at: <http://codes.ohio.gov/oac/5160>.

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

OAC rule 5160-26-02, entitled "Managed care: eligibility and enrollment", was revised to reflect the staggered implementation of the single pharmacy benefit manager (SPBM).

II. Fiscal Analysis

- 11. 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.

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

There are no new costs of compliance with the changes to this rule. MCOs and the SPBM are paid per member per month and receive funds to cover required services. ODM must pay MCOs and the SPBM 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 Consultants on Guide."

- 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**
- 15. 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

- 16. Was this rule filed with the Common Sense Initiative Office? Yes**
- 17. Does this rule have an adverse impact on business? No**
- 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
- 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 Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. 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?

Not Applicable

B. How many existing regulatory restrictions do you propose removing?

Not Applicable