Rule Summary and Fiscal Analysis (Part A)

Ohio Department of Medicaid
Agency Name

Tommi Potter
Division | Contact

50 Town St 4th floor Columbus OH 43218-2709 | **614-752-3877** | **614-995-1301**
Agency Mailing Address (Plus Zip) | Phone | Fax

tommi.potter@medicaid.ohio.gov
Email

5160-26-03.1 — Rule Number

RESCISSION — TYPE of rule filing

Rule Title/Tag Line — **Managed health care programs: care coordination.**

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: **5167.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5167.02, 5167.03, 5167.10, 5167.13, 5167.41**

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

This rule is being rescinded to update policy related to the Ohio Medicaid managed care program and to fulfill five year rule review requirements.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 care coordination requirements of managed care plans

(MCPs) and providers. It also sets forth the utilization management program requirements intended to maximize the effectiveness of care provided to the member, including: prior authorization and a coordinated services program.

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:

Not Applicable.

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

(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

No impact on current 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 costs of compliance.

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? **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**

This rule requires managed care plans (MCPs) to share specific information with the Ohio Department of Medicaid (ODM) and certain providers. This information includes: MCP contact information, prior authorization procedures, a listing of panel labs and pharmacies, documentation of non-contracting providers upon ODM request and provider referral approvals/denials.

The MCPs are also required to provide a toll-free 24/7 call-in system for MCP member access and must maintain a log of calls to that call-in system.

MCPs are required to implement written policies and procedures with regard to their required utilization management (UM) program. The MCP's UM program must document: an annual review and update of the UM program, the use of certain health professionals and consultants including compensation information for these activities, the reason for each service denial, and that UM decisions are consistent with clinical practice guidelines (medical necessity).

As part of the UM program, MCPs must have written policies related to process requests for service authorizations from providers and members. The policies must be made available to ODM and providers upon request. MCPs must send written notice to a member and provider of any decision to reduce, suspend, terminate, or deny a service authorization request, or to authorize a service in scope, duration or amount that is less than requested. Service authorization decisions for covered outpatient drugs must be made by telephone or other telecommunication device. MCPs must maintain and submit to ODM a record of all authorization requests.

Regarding the mandatory Coordinated Services Program, MCPs must notify members of their hearing rights when enrolled in this program.