

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-27-03

Rule Type: Amendment

Rule Title/Tagline: Reimbursement for community behavioral health services.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

1. **Is this a five year rule review?** Yes
 - A. **What is the rule's five year review date?** 4/15/2022
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?** 5162.02, 5164.02
5. **What statute(s) does the rule implement or amplify?** 5162.05, 5164.02 , 5164.03, 5164.15, 5164.76

6. **What are the reasons for proposing the rule?**

This rule and associated appendix are being proposed for revision to update Medicaid policy.

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

This rule states the Medicaid reimbursement policy for behavioral health providers certified by the Ohio Department of Mental Health and Addiction Services. Revisions include the removal of unnecessary language addressing policies found in other rules

and the revision of third party liability policy. Revisions in the appendix clarify existing reimbursement policy.

- 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 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 121.75.

- 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. 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.

0.00

Not Applicable

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

Not Applicable

- 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? No
- 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? Yes
 - A. How many new regulatory restrictions do you propose adding? 0
 - B. How many existing regulatory restrictions do you propose removing? 7
 - 5160-27-03 (F) Removing the requirement that a rendering provider be identified as stated in rule.
 - 5160-27-03 (H) Removing the requirement that claims must comply with NCCI requirements
 - 5160-27-03 (I) Removing the requirement that behavioral health services reimbursed by Medicare be billed first to Medicare

5160-27-03 (J) Removing the requirement that behavioral health services reimbursed by a third party insurer be billed first to the insurer

5160-27-03 (K) Removing the requirement that a provider must include specified information with a claim involving a third party payer.

5160-27-03 (B) Removing the restriction that providers shall abide by applicable requirements stated in two other rules.

5160-27-03 (C) Removing the restriction that Ohio Medicaid shall reimburse providers a specific reimbursement rate.