

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-58-03

Rule Type: Amendment

Rule Title/Tagline: MyCare Ohio plans: covered 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?** 5164.02, 5166.02, 5167.02
5. **What statute(s) does the rule implement or amplify?** 5164.02, 5166.02, 5167.02
6. **What are the reasons for proposing the rule?**

Administrative Code rule 5160-58-03 titled "MyCare Ohio plans: covered services," is being proposed for amendment in compliance with five year rule review and to update policy related to the administration of the Medicaid MyCare Ohio Program due to implementation of OhioRISE and the SPBM.

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

OAC rule 5160-58-03, entitled "MyCare Ohio plans: covered services", sets forth the services that must be covered by MCOPs and addresses exclusions and limitations for

those services. Changes to the rule include: adding language stating pharmacy services are covered according to OAC rule 5160-9-03 in paragraph (C), removing definitions in paragraph (C)(3)(f) that are included in OAC rule 5160-26-01, adding language regarding compensation to hospital inpatient capital costs pursuant to Ohio Revised Code 5167.10 in paragraph (C)(3)(f), and other grammatical and technical edits.

- 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 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>.

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>.

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

Due to the testimony received for the Chapter 119 hearing, the Ohio Department of Medicaid will be adding the following language back to rule 5160-58-03(C)(3)(f) of the Administrative Code: "Claims for these services cannot be denied regardless of whether the services meet an emergency medical condition as defined in rule 5160-26-01 of the Administrative Code."

05/20/2022 OAC rule 5160-58-03, entitled "MyCare Ohio plans: covered services", was revised to remove coverage requirements for OhioRISE services by MCOP.

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?

No new costs of compliance. This rule requires a MyCare Ohio Plan (MCOP) to establish, in writing, the process and procedures for claims submissions from non-contracting providers and to maintain a record of any request for coverage of post-stabilization services. MCOPs are paid per member per month and receive capitated payments to cover required services and administrative costs. ODM must pay MCOPs 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 MyCare Ohio 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

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? 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

This rule requires MyCare Ohio plans to establish, in writing, the process and procedures for claims submissions from non-contracting providers and to maintain a record of any request for coverage of post-stabilization services.

- 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