



## MEMORANDUM

**TO:** James Tassie, Ohio Department of Medicaid

**FROM:** Paula Steele, Regulatory Policy Advocate

**DATE:** July 8, 2013

**RE:** **CSI Review – Managed Health Care Program – Care Coordination** (OAC 5101:3-26-03.1)

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On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

### Analysis

This rule package consists of one amended rule and is being reviewed by the Ohio Department of Medicaid (ODM) in accordance with the five-year review requirement of ORC 119.032. The rule sets forth utilization management and care coordination requirements for Medicaid Managed Care Plans (MCP). The rules were submitted to the CSI Office on June 19, 2013, and the comment period expired on June 25, 2013. One internal comment was received during the public comment period.

As required by federal regulation, ODM must ensure that MCPs contracted with the State maintain data that is readily reportable to ODM and if requested, the federal Centers for Medicare and Medicaid Services (CMS). The rule articulates the data collection and reporting requirements for MCPs. The proposed amendments do not substantively change the rule, but instead modifies

specific terms, dates, and agency names. ODM must comply with federal Medicaid regulations as a condition for receiving federal Medicaid funds.

According to the BIA, the initial development of this rule was in 2006 and at that time, the proposed rule went through the Agency's (then as part of the Ohio Department of Job & Family Services) stakeholder outreach process. In 2012, Ohio requested applications from MCPs for contracts beginning July 1, 2013. The application process made stakeholders aware of the requirements and expectations of being contracted to provide Medicaid services. In March 2013, the Department submitted this proposed rule package through its Clearance process, which solicits input from stakeholders. During the process, there were no comments.

Upon review of the rule package, the CSI Office has determined that the rule package satisfactorily meets the standards espoused by the CSI Office, and the purpose of the rules justifies the adverse impact identified in the BIA.

#### **Recommendation**

For the reasons explained above, this office does not have any recommendations regarding this rule package.

#### **Conclusion**

Based on the above comments, the CSI Office concludes that the Department should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.

cc: Mark Hamlin, Lt. Governor's Office