

**MEMORANDUM**

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Sophia Papadimos, Regulatory Policy Assistant

DATE: August 1, 2014

RE: **CSI Review – MyCare Ohio Rule (OAC 5160-58-08.4)**

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 being proposed by the Ohio Department of Medicaid (ODM) regarding MyCare Ohio. The rule package was submitted to the CSI Office on July 17, 2014 and the public comment period was held open through July 24, 2014. No comments were received during this time.

MyCare Ohio is an integrated care delivery system that coordinates the benefits of Ohio residents covered by Medicare and Medicaid. Ohio Administrative Code (OAC) 5160-58-08.4 requires a MyCare Ohio plan to have three avenues for a member to challenge certain actions. These avenues include a grievance process, an appeal to the MyCare Ohio plan, and a process in order to access the State's hearing system through the Ohio Department of Job and Family Services (ODJFS). The rule is being amended to update the obligations of the MyCare Ohio plans regarding the State hearing system and update cross references and form numbers.

This rule affects managed care plans that have been selected for MyCare Ohio, which include Aetna, Buckeye, CareSource, Molina, and UnitedHealthCare. The adverse impacts described in

the BIA are the time and cost required to maintain written policies and procedures governing grievances, appeals to the MyCare Ohio plan, and appeals to the ODJFS state hearing system. Other administrative tasks are necessary as well. However, through the administrative component of the capitation rate paid to the MyCare Ohio plans by ODM, the plans will be compensated for the cost of the time required in maintaining and submitting required reports, notices, policies, and procedures. Additionally, the adverse impacts described are required by federal regulations.

After reviewing the rule and associated BIA, the CSI Office has determined that the purpose of the rule is justified.

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 Ohio Department of Medicaid 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