

**MEMORANDUM**

**TO:** Tommi Potter, Ohio Department of Medicaid

**FROM:** Emily Kaylor, Regulatory Policy Advocate

**DATE:** January 10, 2017

**RE:** **CSI Review – Ambulatory Health Care Clinic Services (OAC 5160-13-01, 5160-13-01.1, 5160-13-01.3, 5160-13-01.4, 5160-13-01.5, 5160-13-01.6, 5160-13-01.7, 5160-13-01.8, 5160-13-01.9, and 5160-13-02)**

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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This rule package consists of nine rescinded and two new rules<sup>1</sup> proposed by the Ohio Department of Medicaid (ODM) pertaining to ambulatory health care clinic services. The rule package was submitted to the CSI Office on November 29, 2016 and the public comment period was held open through December 6, 2016. No comments were received during this time.

The two new rules streamline service-based ambulatory health care clinic rules for current or prospective Medicaid providers. Service-based ambulatory health care clinics, as defined in the rule, are those that Medicaid makes separate payment for each service provided rather than cost-based clinics which are addressed in another code section. The consolidation of the rules also includes the removal of an outdated Medicare certification, eliminating references to diagnostic

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<sup>1</sup> The nine rules in OAC 5160-13 are rescinded and replaced with two new rules, OAC 5160-13-01 and 5160-13-02. Since the new rules consolidate the previous rules and are substantially changed, CSI is considering the ten rule numbers as nine rescinded and two new rules.

imaging clinics because they do not exist in Ohio and are addressed elsewhere in code, and updating code references.

ODM explained in the BIA that they reached out via email to provider associations, various health and Medicaid stakeholders, managed care plans, and county-level agencies. During this outreach, ODM removed the outdated Medicare requirement for most clinics due to a stakeholder comment. They also received an inquiry to which they responded but did not make a rule change. The rules impact all service-based ambulatory health care clinics that are or want to be Medicaid providers. ODM details the impacts in their BIA for each type of clinic affected which includes primary care, public health department, outpatient rehabilitation, family planning, professional optometry school, professional dental school, speech-laungauge/audiology, and end-stage renal disease clinics. Generally, these impacts are any accreditations, certifications, or other affiliations necessary to be a Medicaid provider. They detail that this can range from \$0 to \$40,000 depending on the type and size of the clinic and its corresponding credential. As explained in the BIA, many of these certifications or professional standards are required whether the clinic is a Medicaid provider or not in order to provide safe access to qualified medical care. No comments were received during the CSI comment period.

Therefore, after reviewing the rule package and accompanying BIA, the CSI Office has determined the purpose of the rules 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.