

**MEMORANDUM**

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

**FROM:** Travis Butchello, Regulatory Policy Advocate

**DATE:** April 5, 2017

**RE:** **CSI Review – Managed Care - MyCare Ohio (OAC 5160-58-01.1)**

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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 proposed by the Ohio Department of Medicaid (ODM) for review. The rule package was submitted to the CSI Office on March 15, 2017 and the comment period remained open until March 22, 2017.

This rule sets forth the requirements for the MyCare Ohio program to follow the Medicaid managed care program rules outlined in Ohio Administrative Code (OAC) Chapter 5160-26. OAC rule references were updated or removed to reflect current Agency 5160 rules. U.S. Code of Federal Regulations references were also updated. General edits were made for grammar and formatting.

ODM engaged multiple applicable stakeholders during the rulemaking process. The BIA indicates no comments or concerns were received during the early comment period due to the amendments being general updates with no significant plan changes. In addition, no public comments were received during the CSI public comment period.

The BIA states that the rule adversely impacts MyCare Ohio Plans (MCOPs) which includes Aetna, Buckeye, CareSource, Molina, and UnitedHealthcare. The rules require MCOPs to comply with certain reporting requirements and give certain notices. ODM states that these costs are covered through the administrative component of the per member per month rate paid to MCOPs. Additionally, these administrative costs are necessary for the state and MCOPs to remain in

compliance with federal regulations and are part of the contracts MCOPs sign with the State to provide covered services. Therefore, after reviewing the proposed rule and BIA, the CSI Office has determined the purpose of the rule is justified.

### **Recommendations**

For the aforementioned reasons, the CSI Office does not have any recommendations for 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.