

**MEMORANDUM**

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Christopher Smyke, Regulatory Policy Advocate

DATE: October 3, 2018

RE: **CSI Review – Dental Services (OAC 5160-5-01)**

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) § 107.54, CSI has reviewed the abovementioned administrative rules and associated Business Impact Analysis (BIA). This memo represents CSI's comments to the Agency as provided for in ORC § 107.54.

Analysis

This rule package consists of one amended rule submitted by the Ohio Department of Medicaid (ODM) pertaining to dental services. The rule was submitted on September 11, 2018 and the CSI public comment period closed on September 18, 2018 with no comments received.

Ohio Administrative Code (OAC) 5160-5-01 establishes Medicaid coverage and payment policies for dental services. The rule includes two appendices: Appendix A lists coverage by category and Appendix B specifies maximum payment amounts by procedure. Amendments to the rule include updates to American Dental Association Current Dental Terminology for 2019 and add ambulatory surgery centers as a service type for payment. In addition, Appendix B is proposed to be rescinded and moved to OAC 5160-1-60 Appendix DD.

Prior to filing the rule with CSI, ODM worked with stakeholders to review and shape the rule over the course of a year. The BIA includes a list of stakeholders involved, such as the Ohio Dental Association (ODA), dental schools, Oral Health Ohio, the Ohio Association of Community Health Centers, Medicaid Managed Care Plans, and practicing Medicaid Dentists. The proposed amendments to OAC 5160-5-01 described above are the result of stakeholder input.

The BIA identifies the affected business community as dentists who are enrolled Medicaid providers and other Medicaid providers who are eligible to administer dental services. The adverse impact is largely administrative in nature, as providers are expected to complete and submit documentation regarding services provided and medical necessity. ODM estimates, based on stakeholders' experience, each claim requires between five and thirty minutes of administrative time to prepare the corresponding documentation. The BIA justifies the cost as a necessary and sensible measure to guard against fraud, waste, and abuse of the Medicaid program.

Recommendations

For the reasons discussed above, 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.

Cc: Emily Kaylor, Lt. Governor's Office