



## Common Sense Initiative

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Carrie Kuruc**, Director

### MEMORANDUM

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

**FROM:** Jacob Ritzenthaler, Regulatory Policy Advocate

**DATE:** February 28, 2019

**RE:** **CSI Review – Conversion to Time-Limited Provider Agreements and Re-enrollment (OAC 5160-1-17.5)**

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On behalf of Lt. Governor Jon Husted, 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This rule package consists of one new rule and one rescinded rule proposed by the Ohio Department of Medicaid (ODM) for its statutorily-required five-year review. The rule package was submitted to the CSI Office on November 13, 2018 and the public comment period was held open through November 20, 2018. No comments were received during this time.

Ohio Administrative Code (OAC) 5160-1-17.4 currently sets forth the procedures for converting to time-limited provider agreements and reenrolling in agreements. The rule is being rescinded and proposed as a new rule to change the substance of the rule to address revalidating agreements between the Department and providers. The new rule includes notification procedures and provider revalidation requirements, which include paying required fees and meeting the conditions for participation in the Medicaid program.

During stakeholder outreach, the rule was posted on ODM's website and stakeholders were notified via the Department's interested parties email list. ODM received no comments during this time or during the CSI public comment period.

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The business community impacted by these rules includes all individuals and organizations operating as Ohio Medicaid providers. The adverse costs created by the rules include application fees, adherence to Medicaid participation standards, and the potential termination of a provider agreement if a provider fails to complete a revalidation of agreement. The revalidation application fee for costs \$569, although individual providers and providers who have already paid an application fee for another Medicaid program are exempt from this fee. This fee is only required once during a five-year period. ODM states in the BIA that the rules enforce federal Medicaid program requirements, in addition to communicating these requirements to providers. After reviewing the proposed rules and the BIA, the CSI Office has determined that the rules satisfactorily meet the standards espoused by the CSI Office, and the purpose of the rule package is justified.

### **Recommendations**

For the reasons described above, the CSI Office has no recommendations on this rule package.

### **Conclusion**

Based on its review of the proposed rule package, the CSI Office recommends the Ohio Department of Medicaid should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review.