ACTION: Original

Rule Summary and Fiscal Analysis Part A - General Questions

Rule Number: 5160-59-03

Rule Type: New

Rule Title/Tagline: OhioRISE: covered services.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

- 1. Is this a five year rule review? No
 - A. What is the rule's five year review date?
- 2. Is this rule the result of recent legislation? No
- 3. What statute is this rule being promulgated under? 119.03
- 4. What statute(s) grant rule writing authority? 5162.03, 5167.02, 5167.10
- 5. What statute(s) does the rule implement or amplify? 5162.03, 5167.02, 5167.03, 5167.04, 5167.10, 5167.12
- 6. What are the reasons for proposing the rule?

As part of its Next Generation of Managed Care, and in partnership with the Governor's Children's Initiative and other child-serving state agencies, the Ohio Department of Medicaid (ODM) is designing a reimagined Medicaid system and structure to better serve children and youth who have complex behavioral health and multi-system needs through the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program.

The OhioRISE Program, operated by ODM, is a managed care prepaid inpatient health plan (PIHP) for children with behavioral health needs who are often served by multiple

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delivery systems in the state. As part of the implementation of the OhioRISE Program, ODM is implementing a new chapter of rules for the OhioRISE Program.

7. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Administrative Code rule 5160-59-03 titled, "OhioRISE: covered services," sets forth the services that must be covered by the OhioRISE managed care plan and addresses exclusions and limitations for the services. The rule also includes the plan's responsibilities for payment for other services.

- 8. Does the rule incorporate material by reference? Yes
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.

This rule incorporates one or more references to another rule or rules of the Administrative Code. This question is not applicable to any incorporation by reference to another Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1). OAC Medicaid rules may be found online at: http://codes.ohio.gov/oac/5160.

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A)(2). The eCFR is available online at: http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

The rule references the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive Substance Related and Co-occurring Conditions. This text describes the various substance use disorder treatment level of care categories, service provision, and provider requirements. As this text is a clinical guide for substance use disorder treatment service provision, providers rendering these services are expected to have ready access to the text. Therefore, these providers will be familiar with the content of the text.

10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

Not Applicable

II. Fiscal Analysis

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11. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will increase expenditures.

\$258,196,835.00

Specialized services for OhioRISE will cost an additional \$258,196,835.00 in SFY 2023. Additional information regarding the program and cost can be found in the white papers on the Next Generation of Ohio Medicaid Managed Care Procurement Fiscal Impact and OhioRISE Realigned Service Delivery.

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

The OhioRISE plan must submit a written request to ODM for approval to refer members to hospitals that decline to contract with OhioRISE plan. The request will document the OhioRISE plan's contracting efforts and why it is necessary to obtain services from this provider. The cost would be the staff time establish the policy and then the staff time to submit the request. However, the OhioRISE plan is paid per member per month and receive capitated payments to cover required services and administrative costs. ODM must pay the OhioRISE plan rates that are actuarially sound, as determined by an outside actuary in accordance with 42 CFR 438.4 and CMS's Managed Care Rate Setting Consultation Guide. All rates and actuarial methods can be found on the ODM website in Appendix M of the Medicaid OhioRISE provider agreement.

- 13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
- 14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
- 15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

- 16. Was this rule filed with the Common Sense Initiative Office? Yes
- 17. Does this rule have an adverse impact on business? Yes

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A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

The OhioRISE plan must submit written request to ODM for approval to refer members to hospitals that decline to contract with OhioRISE plan. The request will document the plan's contracting efforts and why it is necessary to obtain services from this provider. Also, upon request, the OhioRISE plan must also provided the written process and procedures for claim submission for noncontracting providers.

D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

- 18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No
 - A. How many new regulatory restrictions do you propose adding?

Not Applicable

B. How many existing regulatory restrictions do you propose removing?

Not Applicable