Rule Summary and Fiscal Analysis
Part A - General Questions

Rule Number: 5160:1-2-13

Rule Type: Amendment

Rule Title/Tagline: Medicaid: presumptive eligibility.

Agency Name: Ohio Department of Medicaid

Division: Eligibility

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I. Rule Summary

1. **Is this a five year rule review?** Yes

   A. **What is the rule's five year review date?** 10/21/2020

2. **Is this rule the result of recent legislation?** No

3. **What statute is this rule being promulgated under?** 111.15

4. **What statute(s) grant rule writing authority?** 5163.02

5. **What statute(s) does the rule implement or amplify?** 5163.01, 5163.02, 5163.101

6. **What are the reasons for proposing the rule?**

   This rule is being proposed for amendment to update policy related to the administration of eligibility for the Medicaid program and to make permanent during the ongoing COVID-19 public health emergency those changes that were emergency filed pursuant to section 111.15 of the Ohio Revised Code on July 8, 2020. The rule is also being updated for clarity as part of the five-year review and to add the Ohio Department of Rehabilitation and Correction (DRC) as a qualified entity.

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

OAC 5160:1-2-13 describes the conditions under which an individual may receive time-limited medical assistance as a result of an initial, simplified determination of eligibility based on the individual's self-declared statements. Paragraph (E) is proposed for amendment to add the Ohio Department of Rehabilitation and Correction (DRC) as a qualified entity and to reflect that, consistent with Ohio's Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment (SPA), hospitals and the Ohio Department of Medicaid are permitted to make presumptive eligibility determinations in certain circumstances. Language throughout the rule is also being revised for clarity.

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 Ohio Administrative Code (OAC). This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with R.C. 121.71 to 121.74 pursuant to R.C. 121.75(A)(1).

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

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.

    $23,236,875

    SFY 2020 $7,593,750
    SFY 2021 $15,643,125

    It is estimated that 5,000 new individuals will be determined presumptively eligible for time-limited Medicaid coverage by DRC.

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

    Prior to the addition of DRC as a Qualified Entity, an average of 50 Medicaid presumptive eligibility determinations were made monthly by each Qualified Entity, for an estimated processing time of 250 minutes per month. If the Qualified Entity is a hospital, the determination and sending of the approval or denial notice would normally be made by a Financial Clerk/Counselor. According to the Bureau of Labor Statistics, a Financial Clerk/Counselor has a median hourly wage of $18.64. Therefore, the monthly average costs for a hospital that is a Qualified Entity to determine Medicaid presumptive eligibility and send notices is approximately $78. The cost will vary based on each Qualified Entity, but is anticipated to remain minimal.

13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B).** Yes

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

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

       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

       No.

    C. **Does this rule require specific expenditures or the report of information as a condition of compliance?** Yes

This rule requires expenditures in the form of administrative costs incurred and time spent by the Qualified Entity to send notices of approval or denial.

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

No.

Rule Summary and Fiscal Analysis
Part B - Local Governments Questions

1. **Does the rule increase costs for:**

A. Public School Districts	No
B. County Government	Yes
C. Township Government	No
D. City and Village Governments	No

2. **Please estimate the total cost, in dollars, of compliance with the rule for the affected local government(s). If you cannot give a dollar cost, explain how the local government is financially impacted.**

   The cost of compliance with the rule is mainly time spent by the Qualified Entity to send notices of approval or denial to the Medicaid applicant. It has been estimated that Qualified Entities spend less than 5 minutes per individual to determine Medicaid presumptive eligibility, enroll the individual through the web portal, and send a notice. Each Qualified Entity chooses the staff who may determine Medicaid presumptive eligibility and send the notices of approval or denial. The hourly wage for the staff will vary per each Qualified Entity. Therefore, the cost of compliance cannot be determined, but is anticipated to remain minimal.

   If the Qualified Entity is a County Department of Job and Family Services (CDJFS) office, the Ohio Department of Medicaid (ODM) supplies funding to Ohio's 88 counties through the Ohio Department of Job and Family Services, Bureau of County Finance and Technical Assistance. This funding is intended to properly supply counties with enough funding to conduct eligibility determinations and casework for the Medicaid program. State funds are supplied for matching through a mechanism called the Income Maintenance (IM) Allocation. As expenditures are charged, the federal portion of these expenditures is also supplied to the counties; however, ODM cannot estimate a cost of compliance that a county may face as each county operates daily at different work levels and funds the work done locally differently. Historically counties have not reported spending in excess of the allocation.

3. **Is this rule the result of a federal government requirement?** Yes

   A. **If yes, does this rule do more than the federal government requires?** Yes

B. If yes, what are the costs, in dollars, to the local government for the regulation that exceeds the federal government requirement?

ODM supplies funding to the CDJFS offices who are Qualified Entities determining presumptive Medicaid eligibility. It is not expected that CDJFS offices will incur additional costs. The monthly average costs for a Qualified Entity that is not a CDJFS office to determine presumptive Medicaid eligibility is approximately $78 based on 50 determinations each month. This cost will vary for each Qualified Entity, but is anticipated to remain minimal.

4. Please provide an estimated cost of compliance for the proposed rule if it has an impact on the following:

A. Personnel Costs

It is estimated that DRC will determine Medicaid presumptive eligibility for approximately 5,000 individuals per year and spend less than 5 minutes on each determination. An amount cannot be assessed as the wages for the DRC staff will vary depending on who is processing the eligibility determination, but the cost is anticipated to be minimal.

With the exception of DRC, the Qualified Entities that have elected to perform Medicaid presumptive eligibility determinations will have no new personnel costs as a result of the amended rule.

B. New Equipment or Other Capital Costs

ODM does not expect any changes in capital costs.

C. Operating Costs

Qualified Entities may incur operating costs; however, each Qualified Entity operates daily at different work levels. An amount cannot be determined as the costs will vary depending on the Qualified Entity, but are anticipated to remain minimal.

D. Any Indirect Central Service Costs

Qualified Entities may incur indirect central service costs; however, each Qualified Entity operates daily at different work levels. An amount cannot be determined as the costs will vary depending on the Qualified Entity, but are anticipated to remain minimal.

E. Other Costs

ODM does not know whether Qualified Entities will incur increased additional costs. Each Qualified Entity operates daily at different work levels.

5. Please explain how the local government(s) will be able to pay for the increased costs associated with the rule.

ODM supplies funding to Ohio's counties through the Ohio Department of Job and Family Services, which funds counties to conduct eligibility determinations and complete casework for the Medicaid program.

6. What will be the impact on economic development, if any, as the result of this rule?

ODM does not expect the proposed rule to have an impact on economic development.