

**MEMORANDUM**

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

**FROM:** Sophia Papadimos, Regulatory Policy Assistant

**DATE:** July 9, 2014

**RE:** **CSI Review – Payment for Medicare Part C Cost Sharing (OAC 5160-1-05.1)**

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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 being proposed by the Ohio Department of Medicaid (ODM) pursuant to the five-year review requirement of ORC 119.032. The rule explains the reimbursement process for medical services for individuals dually enrolled in Medicaid and a Medicare Part C plan.<sup>1</sup> The rule is being amended to correct a grammatical error. The rule package was submitted to the CSI Office on June 27, 2014 and the public comment period was held open through July 7, 2014. No comments were received during this time.

OAC 5160-1-05.1 describes the reimbursement methodology used by ODM to pay the cost sharing charges for medical services for individuals dually enrolled in Medicaid and a Medicare Part C plan. ODM describes in the BIA that providers must submit documentation to ODM when submitting a Part C crossover claim. While the BIA indicates there are no adverse impacts, the submission of information constitutes an adverse impact under the requirements outlined in ORC

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<sup>1</sup>The Medicare Part C plan, also known as a Medicare Advantage Plan, is a type of Medicare health plan offered by a private company that contracts with Medicare to provide Part A (hospital insurance) and Part B (medical insurance) benefits.

107.52. However, federal regulations require that providers who are furnishing services to Medicaid beneficiaries enter into a provider agreement with the state agency. This documentation is also necessary for ODM to validate the appropriateness of the claim. Therefore, the CSI Office has determined that the purpose of the rule is justified.

### **Recommendation**

For the reasons explained above, this office does not have any recommendations regarding 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: Mark Hamlin, Lt. Governor's Office