

**MEMORANDUM**

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Sydney King, Regulatory Policy Advocate

DATE: October 17, 2016

RE: **CSI Review – Presumptive Eligibility (OAC 5160:1-1-62 and 5160:1-2-13)**

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This rule package consists of one new and one rescinded rule being proposed by the Ohio Department of Medicaid (ODM) pursuant to the five-year review requirement in statute. The rule package was submitted to the CSI Office on September 2, 2016 and the public comment period was held open through September 9, 2016.

The rule package establishes the regulatory framework for the presumptive eligibility process. Presumptive eligibility provides a time-limited Medicaid benefit that allows applicants to receive needed health care while awaiting a full determination of Medicaid eligibility. Providers participate in the program as qualified entities. A qualified entity can be a hospital, a federally-qualified health center, or a local job and family services department. If an individual is presumptively eligible and seeks services at a hospital, the hospital will approve presumptive coverage for the individual using the electronic eligibility system designated by ODM in the provider agreement. Rescinded draft Rule 5160:1-1-62 is being reworded and reorganized under new Rule 5160:1-2-13.

ODM identifies medical providers that have agreed to participate in the program as a qualified entity as the impacted business community. ODM conducted a stakeholder outreach that included representatives of physicians and hospitals. The BIA states that the input received from the stakeholders influenced the new draft language. ODM states the adverse impacts include the costs associated with presumptively determining the patient's Medicaid eligibility and enrolling that individual in Medicaid via the electronic system. According to the BIA, input from stakeholders estimated the time to perform this task is five minutes. No comments were received during the CSI public comment period that would indicate that the business community had concerns regarding the adverse impacts.

ODM states the regulations are necessary to allow uninsured patients, who are presumptively eligible for Medicaid, to receive health care services but also reimburse the providers for the treatment during the Medicaid application period. After reviewing the proposed rules and associated BIA, the CSI Office has determined the purpose of the rules 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.