



**S.B. 103**

126th General Assembly  
(As Introduced)

Sens. Hagan, Dann, Fedor

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**BILL SUMMARY**

- Requires that applications for Medicaid, the Children's Health Insurance Program (CHIP), and Disability Medical Assistance include the name and address of the applicant's employer and of the employer of each individual whose income is counted in determining the applicant's eligibility for assistance.
- Requires the Director of Job and Family Services to provide an annual report to each member of the General Assembly stating the number and cost to the state and to hospitals in providing medical assistance to employed recipients of Medicaid, CHIP, or Disability Medical Assistance or services under the Hospital Care Assurance Program.

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**CONTENT AND OPERATION**

**Background**

Medicaid, the Children's Health Insurance Program (CHIP), and Disability Medical Assistance are medical assistance programs for persons who meet income, resource, and other eligibility requirements.<sup>1</sup> Medicaid and CHIP are funded with federal, state, and county funds. Disability Medical Assistance is funded with state and county funds.

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<sup>1</sup> *CHIP is comprised of parts I and II. CHIP Part I is available to uninsured individuals under age 19 who have family incomes not exceeding 150% of the federal poverty guidelines and meet other eligibility requirements. CHIP Part II is available to uninsured individuals under 19 years of age who have family incomes above 150% but not exceeding 200% of the federal poverty guidelines and meet other eligibility requirements. In Ohio, both CHIP parts are implemented as part of the Medicaid program.*

### **Application forms to include employer information**

(R.C. 5101.56 and 5111.013)

The bill requires that the application forms for Medicaid, CHIP, or Disability Medical Assistance provide for the applicant to specify the name and address of each of the applicant's employers and the name and address of each of the employers of individuals whose income is counted in determining the applicant's eligibility for Medicaid, CHIP, or Disability Medical Assistance.

Current law requires that the application form for the Healthy Start component of Medicaid be short and require the applicant to provide no more information than is necessary for making eligibility determinations.<sup>2</sup> The form is permitted to require applicants to provide their social security numbers. The bill requires that the Healthy Start application form comply with the bill's requirements regarding employer information.

### **Annual report**

(R.C. 5101.561 and 5112.17)

The bill requires the Director of Job and Family Services to provide an annual report not later than the first day of each February to each member of the General Assembly. The report is to include all of the following:

(1) The name and address of each employer that employed 25 or more employees who while in the employ of the employer during the previous calendar year were recipients of Medicaid, CHIP, or Disability Medical Assistance; had their income counted in determining Medicaid, CHIP, or Disability Medical Assistance eligibility; or received hospital-level services under the Hospital Care Assurance Program (HCAP);<sup>3</sup>

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<sup>2</sup> *The Healthy Start component of Medicaid is for certain pregnant women and young children.*

<sup>3</sup> *Under the Hospital Care Assurance Program (HCAP), (1) hospitals are annually assessed an amount based on their total facility costs and (2) government hospitals make annual intergovernmental transfers to ODJFS. ODJFS distributes to hospitals money generated by assessments, intergovernmental transfers, and federal matching funds generated by the assessments and transfers. A hospital compensated under HCAP must provide, without charge, basic, medically necessary, hospital-level services to Ohio residents who are not recipients of Medicare or Medicaid and whose income does not exceed the federal poverty guidelines.*

(2) The total number of individuals who were recipients under the above programs in the previous calendar year, broken down by employer;

(3) The total cost to the state for the previous calendar year of providing benefits to Medicaid, CHIP, or Disability Medical Assistance participants, to employees of employers named in the report broken down by employer; and

(4) The total cost to hospitals for the previous calendar year of providing hospital-level services without charge under HCAP<sup>4</sup> to employees of employers named in the report, broken down by employer.

The bill prohibits inclusion in the report of any identifying information about the employee. The report is a public record.

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## HISTORY

ACTION	DATE
Introduced	03-09-05

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<sup>4</sup> *The bill requires hospitals to provide to the Department of Job and Family Services any information the Department needs to complete the report. (R.C. 5112.17.)*