

## Department of Medicaid

### General Revenue Fund

**GRF 651425 Medicaid Program Support-State**

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$119,865,001	\$136,452,386	\$137,428,170	\$156,769,355	\$139,987,073	\$178,754,197
% change	13.8%	0.7%	14.1%	-10.7%	27.7%

**Source:** General Revenue Fund

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds the Ohio Department of Medicaid's (ODM) operating expenses. The associated federal match is appropriated in line item 651624, Medicaid Program Support - Federal.

**GRF 651426 Positive Education Program Connections**

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$0	\$0	\$0	\$2,500,000
% change	N/A	N/A	N/A	N/A	N/A

**Source:** General Revenue Fund

**Legal Basis:** Section 2 of H.B. 332 of the 132nd GA

**Purpose:** This line item provides funding for the Positive Education Program Connections in Cuyahoga County.

## Department of Medicaid

GRF	651525	Medicaid Health Care Services				
FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	
Actual	Actual	Actual	Actual	Actual	Adj. Approp.	
\$12,649,886,537	\$13,916,554,641	\$15,979,052,611	\$16,227,246,835	\$13,204,693,889	\$14,295,035,691	
% change	10.0%	14.8%	1.6%	-18.6%	8.3%	

**Source:** General Revenue Fund

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item reimburses health care providers for covered services to Medicaid recipients. The federal earnings on the payments that are made from this line item are deposited as revenue into the GRF. The majority of expenditures from this line item earn the regular Federal Medical Assistance Percentage (FMAP) reimbursement rate at approximately 63%; however, expenditures for the State Children's Health Insurance Program (SCHIP) and for covering the Medicaid expansion population through the federal Affordable Care Act (ACA) earn an enhanced federal participation rate.

Beginning in FY 2018, the expenditures for the ACA expansion population are supported by this line item but are also supplemented by Fund 5TN0 appropriation item 651684, Medicaid Services-HIC Fee. The federal match for the ACA expansion population is 94% in calendar year (CY) 2018, and will be 93% in CY 2019, and 90% in CY 2020 and thereafter. In addition, beginning in FY 2018, managed care performance payments are made out of line item 651525. Such payments were previously made out of Fund 5KW0 line item 651612, Managed Care Performance Payment.

In FY 2016 and FY 2017, the expenditures for the ACA expansion population were fully funded out of line item 651525. In FY 2014 and FY 2015, Fund 3F00 line item 651623, Medicaid Services - Federal, was used to fund expenditures related to the ACA expansion population. Prior to the second half of FY 2017, federal funds provided 100% of the expenditures associated with the ACA expansion population. During the second half of FY 2017, federal funds provided 95% of these expenditures and the state provided the remaining 5%.

## Department of Medicaid

GRF	651526	Medicare Part D				
FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	
Actual	Actual	Actual	Actual	Actual	Adj. Approp.	
\$295,498,625	\$289,929,893	\$305,634,132	\$418,595,274	\$461,884,333	\$478,331,274	
% change	-1.9%	5.4%	37.0%	10.3%	3.6%	

**Source:** General Revenue Fund

**Legal Basis:** Sections 333.10 and 331.80 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used for the phased-down state contribution, otherwise known as the clawback payment, under the Medicare Part D requirements contained in the federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The clawback is a monthly payment made by each state to the federal Medicare Program. The amount of each state's payment roughly reflects the expenditures of its own funds that the state would have made if it continued to pay for outpatient prescription drugs through Medicaid on behalf of dual eligibles (individuals eligible for both Medicare and Medicaid).

### Dedicated Purpose Fund Group

4E30	651605	Resident Protection Fund				
FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	
Actual	Actual	Actual	Actual	Actual	Adj. Approp.	
\$114,015	\$88,452	\$0	\$1,315,640	\$1,770,786	\$4,878,000	
% change	-22.4%	-100%	N/A	34.6%	175.5%	

**Source:** Dedicated Purpose Fund Group: Assessments against nursing facilities for deficiencies

**Legal Basis:** ORC 5162.66; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item pays the costs of relocating residents to other facilities, maintaining or operating a facility pending correction of deficiencies or closure, and reimbursing residents for the loss of money managed by the facility.

## Department of Medicaid

### 5AJ0 651631 Money Follows the Person

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$3,167,875	\$2,012,394	\$1,689,928	\$7,280,036	\$4,295,197	\$12,373,500
% change	-36.5%	-16.0%	330.8%	-41.0%	188.1%

**Source:** Dedicated Purpose Fund Group: CFDA 93.791, earned reimbursement from the Money Follows the Person Grant

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item supports the federal Money Follows the Person Grant initiative. The initiative provides federal reimbursement for the costs of transitioning eligible Medicaid individuals out of institutional settings and into home or community-based care.

### 5AN0 651686 Care Innovation and Community Improvement Program

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$0	\$0	\$0	\$60,000,000
% change	N/A	N/A	N/A	N/A	N/A

**Source:** Dedicated Purpose Fund Group: Intergovernmental transfers made by nonprofit or public hospital agencies participating in the Care Innovation and Community Improvement Program

**Legal Basis:** Sections 333.10 and 333.320 of H.B. 49 of the 132nd G.A.

**Purpose:** This line item is used to provide funding for the Care Innovation and Community Improvement Program. Any nonprofit hospital affiliated with a state university or public hospital agency may participate in the program if the agency operates a hospital that has a Medicaid provider agreement. Under the program, each participating agency will receive supplemental payments under the Medicaid Program for physician and other professional services that are covered by Medicaid. However, the participating agency is responsible for the state share of costs.

## Department of Medicaid

### 5DL0 651639 Medicaid Services-Recoveries

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$461,475,246	\$514,518,815	\$537,876,341	\$518,048,211	\$774,001,996	\$722,709,203
% change	11.5%	4.5%	-3.7%	49.4%	-6.6%

**Source:** Dedicated Purpose Fund Group: (1) The nonfederal share of all Medicaid-related revenues, collections, and recoveries; (2) Federal reimbursement received for payment adjustments made under the Medicaid Program to state mental health hospitals maintained and operated by the Department of Mental Health and Addiction Services; (3) Revenues ODM receives from another state agency for Medicaid services pursuant to an interagency agreement, other than such revenues required to be deposited into the Health Care Services Administration Fund; (4) Certain funds ODM receives in a fiscal year for performing eligibility verification services necessary for compliance with the independent, certified audit requirement of the federal law (42 C.F.R. 455.304); (5) The nonfederal share of all rebates paid by drug manufacturers to ODM in accordance with rebate agreements required by federal law; (6) The nonfederal share of all supplemental rebates paid by drug manufacturers to ODM in accordance with the Supplemental Drug Rebate Program established by continuing state law.

**Legal Basis:** ORC 5162.52; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item provides offsets to Medicaid GRF spending and pays for costs associated with the administration of the Medicaid Program.

### 5DL0 651685 Medicaid Recoveries-Program Support

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$0	\$0	\$14,540,841	\$41,328,516
% change	N/A	N/A	N/A	N/A	184.2%

**Source:** Dedicated Purpose Fund Group: Variety of Medicaid financing activities

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A.

**Purpose:** This line item is used to pay costs associated with the administration of Medicaid. H.B. 49 of the 132nd G.A. merged Fund 5U30 with Fund 5DL0, and created this line item to replace line item 651654, Medicaid Program Support.

## Department of Medicaid

### 5FX0 651638 Medicaid Services-Payment Withholding

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$7,888,065	\$4,620,247	\$6,383,192	\$12,399,558	\$12,226,619	\$12,000,000
% change	-41.4%	38.2%	94.3%	-1.4%	-1.9%

**Source:** Dedicated Purpose Fund Group: Withheld funds from providers that change ownership

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used to release payments that are withheld from providers that change ownership and to transfer the withheld funds to the appropriate fund used by ODM at final resolution. The funds are withheld and temporarily deposited into the Exiting Operator Fund (Fund 5FX0) until all potential amounts due to ODM or the provider reach final resolution.

### 5GF0 651656 Medicaid Services - Hospital Upper Payment Limit

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$513,446,176	\$554,871,802	\$568,275,051	\$557,450,602	\$679,066,108	\$647,635,236
% change	8.1%	2.4%	-1.9%	21.8%	-4.6%

**Source:** Dedicated Purpose Fund Group: Money generated by assessment on hospital total facility costs

**Legal Basis:** ORC 5168.25; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item supports hospital upper payment limit programs and provides offsets to Medicaid GRF spending. The federal match for expenditures from this line item is made from line item 651623, Medicaid Services - Federal.

### 5KC0 651682 Health Care Grants-State

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$2,865,400	\$3,890,037	\$1,263,823	\$313,250	\$0	\$5,000,000
% change	35.8%	-67.5%	-75.2%	-100%	N/A

**Source:** Dedicated Purpose Fund Group: All non-federal funds and grants received pursuant to the administration of the Medicaid Program other than any such funds required by law to be deposited into another fund

**Legal Basis:** ORC 5162.56; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds expenses related to the services provided under, and the administration of, the Medicaid Program.

## Department of Medicaid

### 5KW0 651612 Managed Care Performance Payment

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$10,934,614	\$6,265,254	\$48,507,051	\$168,685,514	\$0	\$0
% change	-42.7%	674.2%	247.8%	-100%	N/A

**Source:** Dedicated Purpose Fund Group: Moneys withheld under the Performance Payments for Medicaid Managed Care Program

**Legal Basis:** Discontinued line item (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item was used to make performance payments under the Performance Payments for Medicaid Managed Care Program. H.B. 59 of the 130th G.A. authorized ODM to withhold up to two percent of health plan payments, pending the plan's ability to meet certain performance outcomes. At the beginning of each quarter, the Medicaid Director certified to the OBM Director the amount withheld. The OBM Director transferred cash in the amount certified from the GRF to the Managed Care Performance Payment Fund (Fund 5KW0) and reduced appropriation item 651525, Medicaid/Health Care Services by the same amount. Beginning in FY 2018, managed care performance payments are made out of line item 651525, Medicaid Health Care Services.

### 5R20 651608 Medicaid Services-Long Term

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$396,708,845	\$393,708,738	\$399,818,149	\$403,248,622	\$405,532,215	\$405,666,000
% change	-0.8%	1.6%	0.9%	0.6%	0.0%

**Source:** Dedicated Purpose Fund Group: Franchise fee assessment on nursing facilities

**Legal Basis:** ORC 5168.54; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item makes Medicaid payments to nursing facilities.

## Department of Medicaid

### 5SA0 651628 Maternal and Child Health

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$500,000	\$0	\$0	\$0
% change	N/A	N/A	-100%	N/A	N/A

**Source:** Dedicated Purpose Fund Group: Cash transfer from the excess FY 2015 GRF ending balance

**Legal Basis:** Discontinued line item (originally established by Sections 327.10, 327.245, and 512.30 of H.B. 64 of the 131st G.A.)

**Purpose:** This line item was allocated to Integrating Professionals for Appalachian Children to improve maternal and child health outcomes in the service area comprised of Athens, Gallia, Hocking, Jackson, Meigs, Perry, Ross, Vinton, and Washington counties.

### 5SA4 651689 Medicaid Health & Human Servcs

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$0	\$0	\$264,376,763	\$310,829,377
% change	N/A	N/A	N/A	N/A	17.6%

**Source:** Dedicated Purpose Fund Group: Transfers from the GRF, Support and Recoveries Fund (Fund 5DL0), and Health Insuring Corporation Class Franchise Fee Fund (Fund 5TN0)

**Legal Basis:** Section 333.33 of H.B 49 of the 132nd G.A.

**Purpose:** This line item pays for costs associated with the Medicaid Program. H.B. 49 of the 132nd G.A. permitted the Medicaid Director to seek Controlling Board approval to authorize expenditures from this fund if the U.S. Congress did not amend the amount of federal reimbursement received for the Group VIII population. The Medicaid Director sought and received this approval on October 30, 2017, and July 9, 2018.

## Department of Medicaid

### 5SC0 651683 Medicaid Services-Physician UPL

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$3,503,537	\$14,147,003	\$5,566,189	\$30,000,000
% change	N/A	N/A	303.8%	-60.7%	439.0%

**Source:** Dedicated Purpose Fund Group: Intergovernmental transfers made by The Ohio State University's Wexner Medical Center

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Controlling Board on August 17, 2015)

**Purpose:** This line item is used by ODM to spend intergovernmental transfers for a Supplemental Upper Payment Limit (UPL) program for physicians of The Ohio State University's Wexner Medical Center. The funding arrangement is similar to the Hospital UPL program in that they both close the gap between Medicaid and Medicare Payment rates for the given subset of providers.

### 5TN0 651684 Medicaid Services-HIC Fee

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$0	\$0	\$581,158,191	\$660,893,005
% change	N/A	N/A	N/A	N/A	13.7%

**Source:** Dedicated Purpose Fund Group: Monthly franchise fee on health insuring corporations

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A.

**Purpose:** This line item is used to reimburse health care providers for covered services to Medicaid recipients. The federal match for expenditures from this line item will be made from line item 651623, Medicaid Services – Federal.

### 5TZ0 651600 Brigid's Path Program

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$0	\$0	\$0	\$0	\$500,000	\$500,000
% change	N/A	N/A	N/A	N/A	0.0%

**Source:** Dedicated Purpose Fund Group: Funds that would have otherwise been distributed to municipal governments in fiscal years 2018 and 2019 under ORC 5747.50

**Legal Basis:** Sections 333.10, 333.63 and 757.20 of H.B. 49 of the 132nd G.A.

**Purpose:** This line item is used to provide funds for the development of a pilot program under which newborns who have neonatal abstinence syndrome, after being medically stabilized at a hospital, are transferred to a nonhospital, community facility that is located in Montgomery County. The program is to provide the newborns medical, pharmacological, and therapeutic services specified by the Department of Medicaid, the Department of Job and Family Services, and the Department of Health.

## Department of Medicaid

### 5U30 651654 Medicaid Program Support

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$13,528,787	\$13,797,996	\$12,994,290	\$18,167,321	\$3,346,012	\$0
% change	2.0%	-5.8%	39.8%	-81.6%	-100%

**Source:** Dedicated Purpose Fund Group: Variety of Medicaid financing activities

**Legal Basis:** Discontinued line item (originally established by ORC 5162.54 and Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item paid costs associated with the administration of Medicaid. Beginning in FY 2018, this line item is replaced by line item 651685, Medicaid Recoveries - Program Support, which is supported by Fund 5DL0.

### 6510 651649 Medicaid Services-Hospital Care Assurance Program

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$210,934,631	\$0	\$445,516,981	\$232,270,068	\$234,136,746	\$199,250,372
% change	-100%	N/A	-47.9%	0.8%	-14.9%

**Source:** Dedicated Purpose Fund Group: Hospital Care Assurance Program (HCAP) assessments on hospitals

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds the Hospital Care Assurance Program (HCAP), which provides subsidy payments to hospitals that provide uncompensated, or charity, care to certain low-income and uninsured individuals. Due to a delay in receiving federal approval, the payments for FY 2015 were not made until FY 2016.

## Holding Account Fund Group

### R055 651644 Refunds and Reconciliation

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$590,001	\$163,063	\$264,618	\$45,310	\$148,673	\$1,000,000
% change	-72.4%	62.3%	-82.9%	228.1%	572.6%

**Source:** Holding Account Fund Group: Unidentified checks received by ODM

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used to disburse funds that are held for checks whose disposition cannot be determined at the time of receipt. Upon determination of the appropriate fund into which the check should have been deposited, a disbursement is made from this line item to the appropriate fund.

## Department of Medicaid

### Federal Fund Group

#### 3ERO 651603 Medicaid Health and Transformation Technology

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$94,218,038	\$75,081,691	\$55,705,287	\$47,169,881	\$29,128,025	\$61,896,000
% change	-20.3%	-25.8%	-15.3%	-38.2%	112.5%

**Source:** Federal Fund Group: CFDA 93.778 and the American Reinvestment and Recovery Act of 2009 (Public Law 111-5) Section 4201, Medicaid Provider HIT Adoption and Operation Payments Implementation

**Legal Basis:** ORC 5164.93; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used for provider electronic health record (EHR) incentives and administrative costs related to the Health Information Technology (HIT) grant.

#### 3F00 651623 Medicaid Services-Federal

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$3,297,569,129	\$4,747,960,860	\$3,841,522,208	\$3,655,601,110	\$6,226,396,603	\$6,478,785,019
% change	44.0%	-19.1%	-4.8%	70.3%	4.1%

**Source:** Federal Fund Group: CFDA 93.778 Medical Assistance Grants (Medicaid); CFDA 93.779, Health Care Financing Research, Demonstrations and Evaluations; and the federal share of drug rebates and other Medicaid revenues

**Legal Basis:** ORC 5162.50; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item provides the Medicaid federal share when the state share is provided from a source other than GRF line item 651525, Medicaid/Health Care Services, GRF line item 651425, Medicaid Program Support – State, or line item 651682, Health Care Grants – State. Major activities in this line item include the federal share of nursing facility, hospital, prescription drug expenditures, and general Medicaid services.

In FY 2014 and FY 2015, this line item was also used to fund expenditures relating to the Medicaid expansion population through the federal Affordable Care Act (ACA). Beginning in FY 2016, the expansion population is mainly funded through GRF line item 651525, Medicaid Health Care Services.

## Department of Medicaid

### 3F00 651624 Medicaid Program Support - Federal

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$267,394,937	\$293,528,874	\$292,426,416	\$339,823,842	\$335,945,855	\$682,203,750
% change	9.8%	-0.4%	16.2%	-1.1%	103.1%

**Source:** Federal Fund Group: CFDA 93.778 Medical Assistance Grants (Medicaid); federal share of Medicaid administrative expenses

**Legal Basis:** ORC 5162.50; Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item provides for the federal share of Medicaid administrative expenses while the state share of these expenditures is provided mostly from GRF line item 651425, Medicaid Program Support – State.

### 3FA0 651680 Health Care Grants-Federal

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$15,083,108	\$23,716,650	\$15,377,474	\$20,878,969	\$17,443,941	\$38,664,967
% change	57.2%	-35.2%	35.8%	-16.5%	121.7%

**Source:** Federal Fund Group: CFDA 93.525: State Planning and Establishment Grants for the Affordable Care Acts Exchanges; performance bonuses under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

**Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds Medicaid/SCHIP and non-Medicaid/SCHIP Program initiatives stemming from the Affordable Care Act of 2010.

## Department of Medicaid

### 3G50 651655 Medicaid Interagency Pass Through

FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Adj. Approp.
\$1,084,811,781	\$863,923,976	\$149,123,953	\$114,243,712	\$118,127,230	\$125,701,597
% change	-20.4%	-82.7%	-23.4%	3.4%	6.4%

- Source:** Federal Fund Group: CFDA 93.796, State Survey and Certification of Health Care Providers and Suppliers; CFDA 93.778, Medical Assistance Program (Medicaid: Title XIX); CFDA 93.767 Children's Health Insurance Program
- Legal Basis:** Section 333.10 of H.B. 49 of the 132nd G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)
- Purpose:** This line item is used to disburse federal reimbursement to other agencies for Medicaid expenditures they have made. The departments of Aging, Developmental Disabilities, Education, Health, Job and Family Services, and Mental Health and Addiction Services, and the State Board of Pharmacy assist ODM in administering certain Medicaid programs/services and receive federal reimbursements for services provided and related administration. Prior to FY 2016, federal reimbursements for services provided were appropriated to this line item and to the agency line items that received transfers from this line item. Beginning in FY 2016, federal reimbursements for services provided are appropriated to the applicable agency only. However, reimbursements related to administration remain in this line item.