

Executive

As Passed by the House

MCDCD6 System for Award Management Web Site

R.C. 173.27, 173.394, 3701.881, 5164.342

Specifies (for the purpose of certain criminal records checks regarding employment with the State Long-Term Care Ombudsperson program, community-based long-term care agencies, home health agencies, and providers of certain Medicaid-covered home and community-based services) that the Excluded Parties List System reviewed as part of the criminal records checks is available at the federal web site known as the System for Award Management.

Fiscal effect: None.

R.C. 173.27, 173.394, 3701.881, 5164.342

Same as the Executive, but replaces the word "ombudsperson" with "ombudsman."

Fiscal effect: Same as the Executive.

MCDCD7 Assisted Living Program Assessments

R.C. 173.546, 173.42, 173.54, 173.541, 173.544

Requires an applicant for the Medicaid-funded or state-funded component of the Assisted Living program to undergo an assessment to determine whether the applicant needs an intermediate level of care.

Fiscal effect: Minimal increase in administrative costs.

R.C. 173.546, 173.42, 173.54, 173.541, 173.544

Same as the Executive.

Fiscal effect: Same as the Executive.

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As Passed by the House

MCD83 Exchange of Certain Information By State Agencies

R.C. 191.04, 191.06

Extends provisions that authorize the Office of Health Transformation (OHT) Executive Director to facilitate state agency collaboration for health transformation purposes, and authorize the exchange of personally identifiable information between state agencies regarding a health transformation initiative

Fiscal effect: None.

R.C. 191.04, 191.06

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD90 Schedule II Prescriptive Authority for APN and PA

No provision.

R.C. 4723.481, 4730.411

Adds residential care facilities to the list of locations from which an advanced practice registered nurse or physician assistant with prescriptive authority may prescribe schedule II controlled substances without restrictions.

Fiscal effect: None.

MCD96 Ohio Cancer Incidence Surveillance System Medicaid Claims

No provision.

R.C. 5111.83, *(Repealed)*

Repeals a requirement that the Medical Assistance Director seek approval to claim federal Medicaid funds for administrative costs that the Ohio Department of Health and the Arthur G. James and Richard J. Solove Research Institute of The Ohio State University incur in analyzing and evaluating certain data under the Ohio Cancer Incidence Surveillance System.

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Fiscal effect: None. The project has completed.

MCDCD32 Prescription Drug Rebates Fund Abolished

R.C. 5111.942, (repealed), 5162.52, 323.370

Abolishes the Prescription Drug Rebates Fund and provides for the money that would otherwise be credited to it to be credited to the Health Care/Medicaid Support and Recoveries Fund.

R.C. 5111.942, (repealed), 5162.52, 323.370

Same as the Executive.

MCDCD31 Health Care Compliance Fund Abolished

R.C. 5111.946, (repealed), 5162.60, 5162.54, 323.380

Abolishes the Health Care Compliance Fund and provides for part of the money that otherwise would be credited to it to be credited to the Managed Care Performance Fund and the other part to be credited to the Health Care Services Administration Fund.

R.C. 5111.946, (repealed), 5162.60, 5162.54, 323.380

Same as the Executive.

MCDCD53 Department of Medicaid Created

R.C. 5160, 5124., 5161., 5162., 5163., 5164., 5165., 5166., 5167., 5168.120.02, Sections 209.50, 259.260, 323.10.10, 323.480, 610.20, 610.21

Creates the Ohio Department of Medicaid (ODM).

Makes the Medicaid Director (ODM Director) the executive head of ODM.

R.C. 5160, 5124., 5161., 5162., 5163., 5164., 5165., 5166., 5167., 5168.120.02, Sections 209.50, 259.260, 323.10.10, 323.480, 610.20, 610.21

Same as the Executive, but provides for ODM to be designated as the single state Medicaid agency beginning July 1, 2013, rather than the 91st day after the bill is filed with the Secretary of State.

Same as the Executive.

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<p>Gives ODM and the ODM Director many of the same types of responsibilities and authorities as the Ohio Department of Job and Family Services (ODJFS) and ODJFS Director regarding administrative and program matters.</p>	<p>Same as the Executive.</p>
<p>Transfers responsibility for the state-level administration of medical assistance programs (Medicaid, Children's Health Insurance Program (CHIP), and Refugee Medical Assistance (RMA)) from ODJFS's Office of Medical Assistance to ODM.</p>	<p>Same as the Executive.</p>
<p>Makes CHIP and the RMA program subject to general requirements applicable to Medicaid, including requirements regarding third party liability, ODM's automatic right of recovery, automatic assignment of the right to medical support, the right of subrogation to ODM for any Workers' Compensation benefits payable to a person subject to a support order, and the rights of applicants, recipients, and former recipients to administrative appeals.</p>	<p>Same as the Executive.</p>
<p>Permits a portion of various ODM line items to be used to pay for Medicaid services and costs associated with the administration of the Medicaid program.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive

As Passed by the House

MCDCD87 Relocation and Reorganization of Laws Regarding Medical Assistance Programs

R.C. 5160., 5161., 5162., 5163., 5164., 5165., 5166., 5167., and 5168.

R.C. 5160., 5161., 5162., 5163., 5164., 5165., 5166., 5167., and 5168.

Relocates and reorganizes many provisions of the Revised Code governing the Medicaid program, Children's Health Insurance Program, and Refugee Medical Assistance program as part of the creation of the Department of Medicaid and the transfer of the programs to the Department. The LSC Bill Analysis for H.B. 59 contains tables showing the relocation of these sections in greater detail. The tables may be found under the heading "MEDICAL ASSISTANCE PROGRAMS RELOCATION TABLES."

Same as the Executive.

MCDCD14 Medicaid Third-Party Liability – Disclosure of Third-Party Payer Information

R.C. 5160.37, 5160.371

R.C. 5160.37, 5160.371

Requires a medical assistance recipient and the recipient's attorney, if any, to cooperate with each medical provider of the recipient by disclosing third-party payer information to such providers.

Same as the Executive.

Specifies that if the required disclosure is not made, the recipient and the recipient's attorney, if any, are liable to reimburse ODM or county department of job and family services for the amount that would have been paid by the third party had the third party been disclosed.

Same as the Executive.

After initiating informal recovery activity or filing a legal recovery action against a third party, authorizes a medical assistance recipient and the recipient's attorney, if any, to provide written notice of the activity or action to the

Same as the Executive.

Executive

As Passed by the House

relevant county department of job and family services as an alternative to providing such notice to ODM.

Fiscal effect: Potential savings.

Fiscal effect: Same as the Executive.

MCDCD28 Assignment of ODM's Right of Recovery

R.C. 5160.37, 5160.40

R.C. 5160.37, 5160.40

Authorizes ODM to assign its right of recovery against a third party for a Medicaid, CHIP, or RMA claim to a provider if ODM notifies the provider that it intends to recoup ODM's prior payment for the claim.

Same as the Executive.

Requires a third party, if ODM makes such an assignment, to do both of the following:

Same as the Executive.

(1) Treat the provider as ODM.

Same as the Executive.

(2) Pay the provider the greater of the amount ODM intends to recoup from the provider for the claim, or if the third party and the provider have an agreement that requires the third party to pay the provider at the time the provider presents the claim to the third party, the amount that is to be paid under that agreement.

Same as the Executive.

Fiscal effect: Potential savings.

Fiscal effect: Same as the Executive.

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MCDCD12 Medical Assistance Confidentiality

R.C. 5160.99

Provides that it is a misdemeanor of the first degree to violate a prohibition against using or disclosing information regarding a Medicaid, CHIP, or RMA recipient for any purpose not directly connected with the administration of those programs.

Fiscal effect: Potential increase in court costs and gain of fine revenue.

R.C. 5160.99

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD52 Changes to Medicaid Eligibility

R.C. 5162.03, 5101.18, 5111.014 (repealed), 5111.015 (repealed), 5111.0110 (repealed), 5111.0111 (repealed), 5111.0113 (repealed), 5111.0115 (repealed), 5111.0120 - 5111.0125 (repealed), 5111.70 to 5111.7011 (repealed), 5162.201, 5163.01, 5163.03, 5163.04, 5163.041, 5163.05, 5163.06, 5163.061, Sections 323.460, 323.470

Requires Medicaid to cover all mandatory eligibility groups.

Permits Medicaid to cover optional eligibility groups.

R.C. 5162.03, 5101.18, 5111.014 (repealed), 5111.015 (repealed), 5111.0110 (repealed), 5111.0111 (repealed), 5111.0113 (repealed), 5111.0115 (repealed), 5111.0120 - 5111.0125 (repealed), 5111.70 to 5111.7011 (repealed), 5162.201, 5163.01, 5163.03, 5163.04, 5163.041, 5163.05, 5163.06, 5163.061, Sections 323.460, 323.470

Same as the Executive.

Same as the Executive, but (1) requires Medicaid to cover all of the optional eligibility groups that state statutes require Medicaid to cover, (2) permits Medicaid to cover any of the optional eligibility groups that state statutes expressly permit Medicaid to cover or do not address whether Medicaid may cover, and (3) prohibits Medicaid from covering any optional eligibility group that state statutes prohibit Medicaid from covering.

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Expressly permits Medicaid to cover the optional eligibility group, or one or more subgroups of the group, that is authorized by the Patient Protection and Affordable Care Act and is popularly known as the Medicaid expansion (nonpregnant individuals under age 65 with incomes not exceeding 133% of the federal poverty line) if the amount of the federal match available for the group is at least the amount specified in federal law as of March 30, 2010.

Replaces the Executive provision with a provision that prohibits Medicaid from covering the expansion group and provides that it does not affect the Medicaid eligibility of any individual who enrolls in the MetroHealth Care Plus Medicaid waiver program.

Requires Medicaid to cease to cover the Medicaid expansion group, and any subgroup, if the amount of the federal match available for the group or subgroup is reduced below the amount specified in federal law as of March 30, 2010.

No provision.

Permits the ODM Director, if federal law or the U.S. Department of Health and Human Services requires the state to reduce or eliminate any tax, to (1) terminate Medicaid's coverage of the Medicaid expansion group and any subgroup or (2) alter the eligibility requirements for the Medicaid expansion group or subgroup in a manner that causes fewer individuals to meet the eligibility requirements.

No provision.

Requires ODM, if Medicaid covers the expansion group or a subgroup, to establish cost-sharing requirements for members of the group or subgroup who are at least 18 years old and have countable income exceeding 100% of the federal poverty line.

No provision.

Expressly permits Medicaid's eligibility requirements for aged, blind, and disabled individuals to be more restrictive than the eligibility requirements for the SSI program as authorized by the federal law known as the 209(b) option.

Same as the Executive.

Executive

As Passed by the House

Permits the Medicaid Director to alter the eligibility requirements for, and terminate Medicaid's coverage of, one or more optional eligibility groups or subgroups beginning January 1, 2014.

Same as the Executive, but does not permit the ODM Director to alter the eligibility requirements for, and terminate the Medicaid program's coverage of, women in need of treatment for breast or cervical cancer, nonpregnant individuals who may receive family planning services and supplies, and low-income parents.

No provision.

Requires the ODM Director, in transitioning to the use of modified adjusted gross income and household income methodologies, to maintain Medicaid eligibility for women in need of treatment for breast or cervical cancer, nonpregnant individuals who may receive family planning services and supplies, and low-income parents other than such women, individuals, and parents with actual incomes exceeding 138% of the federal poverty line.

No provision.

Requires the ODM Director to implement a federal option that permits individuals to receive transitional Medicaid for a single 12-month period rather than an initial 6-month period followed by a second 6-month period.

Fiscal effect: Net impact of approximately \$500 million increase in costs in FY 2014 (\$23 million reduction in state share costs) and \$1.8 billion increase in costs in FY 2015 (\$68 million reduction in state share costs). The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these fiscal impact.

Fiscal effect: Approximately \$62 million increase in costs in FY 2014 (\$23 million increase in state share costs) and \$184 million increase in costs in FY 2015 (\$68 million increase in state share costs). The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these increases.

Executive

As Passed by the House

MCDCD25 Contracts for the Management of Medicaid Data Requests

R.C. *5162.12, 5162.56*

Authorizes the ODM Director to enter into contracts with one or more persons to receive and process, on the Director's behalf, requests for Medicaid recipient or claims payment data, data from Medicaid audit reports, or extracts or analyses of any of the foregoing items made by persons who intend to use the items for commercial or academic purposes.

Specifies minimum terms for the contracts, as well as conditions governing data requests.

Specifies how fees charged for the data are to be used.

Excludes certain Medicaid data requests from the contracting provisions.

Fiscal effect: Potential gain in fee revenue.

R.C. *5162.12, 5162.56*

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD95 Medicaid CoPayments for Drugs; References to Prescribed Drugs

No provision.

No provision.

R.C. *5162.20, 5162.01, 5164.01, 5164.20, 5164.751, 5164.752, 5164.758, 5164.7510, 5167.01, 5167.12, and 5167.13*

Eliminates current law that excludes generic drugs from Medicaid copayment requirements.

Replaces, in the Medicaid law, references to prescription drugs with references to prescribed drugs and specifies that "prescribed drugs" has the same meaning as in federal Medicaid regulations.

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Fiscal effect: None. These provisions align the law with current policy.

MCDCD13 Trust Reporting for Medicaid Eligibility

R.C. 5163.21

Requires a Medicaid applicant or recipient who is a beneficiary of a trust to submit a complete copy of the trust instrument to the county department of job and family services and ODM.

Specifies that the copies are confidential and not subject to disclosure under Ohio's Public Records Law (R.C. 149.43).

Fiscal effect: Potential savings.

R.C. 5163.21

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD16 Nursing Facility Resident's Personal Needs Allowance

R.C. 5163.33

Increases the amount of the monthly personal needs allowance for Medicaid recipients residing in nursing facilities as follows:

(1) For CY 2014, increases the amount to not less than \$45 (from \$40) for an individual and not less than \$90 (from \$80) for a married couple;

(2) For CY 2015 and each calendar year thereafter, increases the amount to not less than \$50 for an individual and not less than \$100 dollars for a married couple.

Fiscal effect: Increase in costs of \$1.6 million (\$600,000 state share) in FY 2014 and \$4.8 million (\$1.8 million state share) in FY 2015. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these increases..

R.C. 5163.33

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

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MCD85 Rules Regarding Payment Amounts

R.C. 5164.02

Provides that the ODM Director is not required to adopt a rule establishing the payment amount for a Medicaid service if the Director adopts a rule establishing the method by which the payment amount is to be determined for the Medicaid service and makes the payment amount available on the Internet web site maintained by ODM.

Fiscal effect: None.

R.C. 5164.02

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD84 Mandatory and Optional Services

R.C. 5164.03, 5164.01

Establishes general requirements regarding the Medicaid program's coverage of services. Requires Medicaid to cover all mandatory services and all of the optional services that state statutes require Medicaid to cover. Permits Medicaid to cover any of the optional services that state statutes expressly permit Medicaid to cover and optional services that state statutes do not address whether Medicaid may cover. Prohibits Medicaid from covering any optional services that state statutes prohibit Medicaid from covering.

Fiscal effect: None.

R.C. 5164.03, 5164.01

Same as the Executive, but provides that (1) mandatory services are the health care, rather than medical, services and items that must be covered by the Medicaid state plan as a condition of the state receiving federal financial participation for the Medicaid program; and (2) optional services are the health care, rather than medical, services and items that may be covered by the Medicaid state plan or a federal Medicaid waiver and for which the Medicaid program receives federal financial participation.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCD86 Requirements to Have Provider Agreement with ODM

R.C. *5164.30*

Prohibits any person or government entity from participating in Medicaid as a provider without a valid provider agreement with ODM.

Fiscal effect: None.

R.C. *5164.30*

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD11 Application Fees for Medicaid Provider Agreements

R.C. *5164.31*

Clarifies that the requirement to pay an application fee for a Medicaid provider agreement applies to former providers that seek re-enrollment as providers as well as providers seeking initial provider agreements or revalidation.

Provides that application fees are nonrefundable when collected in accordance with a federal regulation governing such fees.

Fiscal effect: None.

R.C. *5164.31*

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD9 Time Limit on Medicaid Provider Agreements

R.C. *5164.32, 5164.31, 5164.38, 5165.07*

Revises the law governing time-limited Medicaid provider agreements as follows:

(1) Requires all provider agreements to be time limited.

(2) Provides that provider agreements expire after a maximum of five (rather than seven) years.

R.C. *5164.32, 5164.31, 5164.38, 5165.07*

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive	As Passed by the House
(3) Eliminates the phase-in period for subjecting provider agreements to time-limits.	Same as the Executive.
(4) Requires that rules regarding time-limited provider agreements be consistent with federal regulations governing provider screening and enrollment and include a process for revalidating providers' continued enrollment as providers rather than a process for re-enrolling providers.	Same as the Executive.
(5) Requires ODM to refuse to revalidate a provider agreement if the provider fails to file a complete application for revalidation within the time and in the manner required by the revalidation process or to provide required supporting documentation not later than 30 days after the date the provider timely applies for revalidation.	Same as the Executive.
(6) Provides that, if a provider continues operating under the terms of an expired provider agreement while waiting for ODM to decide whether to revalidate the provider's provider agreement and ODM ultimately decides against revalidation, Medicaid payments are not to be made for services or items the provider provides during the period beginning on the date the provider agreement expires and ending on the effective date of a subsequent provider agreement, if any, ODM enters into with the provider.	Same as the Executive.
(7) Replaces references in law to renewing provider agreements with references to revalidating provider agreements.	Same as the Executive.
Fiscal effect: Potential savings.	Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDCD4 Medicaid-Related Criminal Records Checks

R.C. 5164.34, 109.572, 5164.341, 5164.342

Permits an individual to be any of the following despite having been found eligible for intervention in lieu of conviction for certain disqualifying offenses:

- (1) A Medicaid provider;
- (2) An owner, officer, or board member of a Medicaid provider;
- (3) With certain exceptions, an employee of a Medicaid provider.

Fiscal effect: None.

R.C. 5164.34, 109.572, 5164.341, 5164.342

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD5 Individuals Eligible to Receive Results of Medicaid-Related Criminal Records Checks

R.C. 5164.34, 5164.341, 5164.342

Permits the following individuals to receive the results of a criminal records check:

- (1) An individual deciding whether to receive services from the subject of the criminal records check when the subject is an independent provider of home and community-based services available under a Medicaid waiver administered by ODM;
- (2) An individual receiving or deciding whether to receive services from the subject of the criminal records check when the subject is an employee of an agency providing home and community-based services under a Medicaid

R.C. 5164.34, 5164.341, 5164.342

Same as the Executive.

Same as the Executive.

Same as the Executive.

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waiver administered by ODM;

(3) An individual receiving or deciding whether to receive services from the subject of the criminal records check when the subject is a provider, or employee of a provider, of home and community-based services available under the Medicaid state plan.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

MCDLCD10 Incomplete Provider Agreement or Revalidation Application

R.C. 5164.38

Provides that ODM is not required to issue an adjudication order in accordance with the Administrative Procedure Act when it does either of the following:

(1) Denies an application for a provider agreement because the application is not complete;

(2) Unless the provider is a nursing facility or ICF/IID, refuses to revalidate a provider agreement because the provider fails to file a complete application for revalidation within the required time and in the required manner or fails to provide required supporting documentation within the required time.

R.C. 5164.38

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Potential minimal decrease in administrative costs.

Fiscal effect: Same as the Executive.

MCDLCD35 Medicaid Payments for Graduate Medical Education Costs

R.C. 5164.74, 5164.741

Modifies, beginning January 1, 2014, provisions governing Medicaid payments for graduate medical education (GME) costs as follows:

R.C. 5164.74, 5164.741

Same as the Executive.

Executive	As Passed by the House
<p>(1) Requires the Medicaid Director to adopt rules that govern the allocation of payments for GME costs;</p> <p>(2) Eliminates provisions specifying how payments for GME costs are made under the Medicaid managed care system.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p>
Fiscal effect: Budget neutral.	Fiscal effect: Same as the Executive.
<hr/> MCD15 Drug Dispensing Fee Survey	
R.C. 5164.752, 5164.753	R.C. 5164.752, 5164.753
<p>Provides that the survey required by current law that is used in setting the Medicaid drug dispensing fee applies to Medicaid-participating terminal distributors of dangerous drugs (rather than all retail pharmacy operations).</p> <p>Requires each terminal distributor that is a Medicaid provider to participate in the survey and provides that survey responses are confidential and not a public record except as necessary to publish survey results.</p> <p>Requires the Medicaid Director, when establishing the Medicaid dispensing fee, to consider the extent to which each terminal distributor participates in Medicaid as a provider.</p> <p>Provides for the Medicaid dispensing fee established in December of each even-numbered year to take effect the following July, rather than January.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.

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MCDCD33 Technologies to Monitor Medicaid Recipient Eligibility, Claims History, and Drug Coverage

R.C. 5164.757

Replaces a provision authorizing establishment of an e-prescribing system for Medicaid with a provision authorizing the Medicaid Director to acquire or specify technologies to provide information regarding Medicaid recipient eligibility, claims history, and drug coverage to Medicaid providers through electronic health record and e-prescribing applications.

Requires the following if the Director acquires or specifies the technologies: (1) that the e-prescribing applications enable a Medicaid provider who is a prescriber to use an electronic system to prescribe a drug for a Medicaid recipient and (2) that the technologies provide Medicaid providers with an up-to-date, clinically relevant drug information database and a system of electronically monitoring Medicaid recipients' medical history, drug regimen compliance, and fraud and abuse.

Eliminates provisions requiring the following actions to be taken if a Medicaid e-prescribing system is established: (1) determine before the beginning of each fiscal year the ten Medicaid providers that issued the most prescriptions for Medicaid recipients receiving hospital services during the preceding calendar year and make certain notifications to those providers, and (2) seek the most federal financial participation available for the development and implementation of the system.

R.C. 5164.757

Same as the Executive.

Same as the Executive.

Same as the Executive.

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Fiscal effect: Savings of \$2.2 million (\$814,000 state share) over the biennium. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these savings.

Fiscal effect: Same as the Executive.

MCD21

Medicaid Coverage of Wheelchairs

R.C. 5165.01, 5165.19, Section 323.236

Beginning with FY 2015, (1) excludes custom wheelchair costs from the costs for bundled services included in the direct care costs that are part of nursing facilities' Medicaid-allowable costs and (2) reduces to \$1.56 (from \$1.88) the amount added, because of bundled services, to Medicaid rates paid for direct care costs.

Requires ODM Director, for FY 2015, to implement strategies for purchasing wheelchairs for Medicaid recipients residing in nursing facilities.

Fiscal effect: Budget neutral.

R.C. 5165.01, 5165.19, Section 323.236

Same as the Executive, but (1) revises the definition of "custom wheelchair"; (2) excludes custom wheelchairs costs from direct care costs beginning on the 91st day after the bill is filed with the Secretary of State rather than July 1, 2014; and (3) excludes, from direct care costs, repairs to and replacements of custom wheelchairs and parts that are made in accordance with the instructions of the physician of the individual who uses the custom wheelchair.

Same as the Executive, but requires the ODM Director to implement strategies for purchasing wheelchairs for Medicaid recipients residing in nursing facilities by requiring that the strategies be implemented during FY 2014 and FY 2015, rather than only FY 2015.

Fiscal effect: Same as the Executive.

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MCD94 Nursing Facility Cost Report After a Change of Operator

No provision.

R.C. 5165.10

Eliminates a requirement that a nursing facility that undergoes a change of operator that is an arm's length transaction file a Medicaid cost report that covers the period beginning with the nursing facility's first day of operation under the new provider and ends on the first day of the month immediately following the first three full months of operation under the new provider.

Fiscal effect: None.

MCD26 Nursing Facilities' Peer Groups

R.C. 5165.15, 5165.16, 5165.17, 5165.19

For the purpose of determining the Medicaid payment rates for nursing facilities located in Mahoning and Stark counties for services provided during the period beginning October 1, 2013, and ending on the first day of the first rebasing of the rates, provides for the nursing facilities to be treated as if they were in the peer group that includes such urban counties as Cuyahoga, Franklin, and Montgomery counties.

Provides for nursing facilities located in Mahoning and Stark counties to be placed in the peer groups that include such urban counties as Cuyahoga, Franklin, and Montgomery counties when ODM first rebases nursing facilities' Medicaid payment rates.

R.C. 5165.15, 5165.16, 5165.17, 5165.19

Same as the Executive.

Same as the Executive.

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Fiscal effect: Net cost including impact on franchise fee of \$15.4 million (\$5.7 million state share) in FY 2014 and \$20.5 million (\$7.6 million state share) in FY 2015. The Medicaid appropriations have been adjusted to account for these impacts.

Fiscal effect: Same as the Executive.

MCDLCD23 Critical Access Incentive Payments

R.C. 5165.23

Establishes the following additional requirement for a nursing facility to qualify for a critical access incentive payment under Medicaid for a fiscal year: the nursing facility must have been awarded at least five points for meeting accountability measures and at least one of the points must have been for meeting specific accountability measures.

Fiscal effect: None.

R.C. 5165.23

Same as the Executive.

Fiscal effect: Same as the Executive.

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MCD22 Nursing Facilities' Quality Incentive Payments

R.C. 5165.25, 173.47, 5165.26

Revises the accountability measures that are used in determining nursing facilities' quality incentive payments under the Medicaid program for FY 2015 and thereafter.

R.C. 5165.25, 173.47, 5165.26

Same as the Executive, but: (1) provides that a nursing facility (NF) meets the accountability measure regarding the use of a tool to track residents' hospital admissions if the facility annually reports to ODM data on hospital admissions by month for all residents rather than if the facility informs ODM of the tool and reports hospital admission data monthly; (2) provides that a NF meets the accountability measure regarding vaccinations if (a) at least 95% of the facility's long-stay residents are vaccinated against pneumococcal pneumonia, decline the vaccine, or are not vaccinated because it is medically contraindicated and (b) at least 93% of the facility's long-stay residents are vaccinated against seasonal influenza, decline the vaccination, or are not vaccinated because it is medically contraindicated; (3) provides that a NF meets the accountability measure regarding requests for resident reviews without having to report to ODM data demonstrating the facility's compliance with the resident review requirements; (4) provides that a NF meets the accountability measure regarding residents discussing their care goals without having to maintain a written policy that encourages advance care planning and communicating the policy to its staff, residents, and families of residents; and (5) requires ODM to submit recommendations to the General Assembly for accountability measures to replace the accountability measures regarding residents discussing their care goals and overhead paging system.

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Specifies a lower maximum quality incentive payment (\$13.16 rather than \$16.44 per Medicaid day) starting in FY 2015 for nursing facilities that fail to meet at least one of the accountability measures regarding pain, pressure ulcers, physical restraints, urinary tract infections, and vaccinations.

Same as the Executive.

No provision.

Revises current law governing nursing facilities' quality bonuses under the Medicaid program as follows: (1) provides for the total amount to be spent on the bonuses for a fiscal year to be \$30 million plus the amount, if any, that is budgeted for quality incentive payments but not spent; (2) requires ODM to pay the bonuses not later than the first day of each November; and (3) requires a nursing facility to meet at least two of certain accountability measures to qualify for the bonus.

Fiscal effect: None.

Fiscal effect: Increase in Medicaid costs of \$30.0 million (\$11.1 million state share) each fiscal year. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these increases.

MCDCD8 Medicaid Payment to Reserve Nursing Facility Bed

R.C. **5165.34**

R.C. **5165.34**

Specifies the Medicaid cost report to be used to determine the occupancy rate used in setting a nursing facility's Medicaid rate for a reserved bed.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDCD18 Post-Payment Reviews of Nursing Facility Medicaid Claims

R.C. 5165.49, 5165.41

Permits ODM to conduct post-payment reviews of nursing facilities' Medicaid claims to determine whether overpayments have been made.

Requires nursing facilities to refund overpayments discovered by post-payment reviews.

Fiscal effect: Potential savings.

R.C. 5165.49, 5165.41

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD17 Special Facility Focus Program

R.C. 5165.771, 5165.80

Requires ODM to terminate a nursing facility's Medicaid participation if the nursing facility is placed in the federal Special Facility Focus program and fails to make improvements or graduate from the program within certain periods of time.

Fiscal effect: None.

R.C. 5165.771, 5165.80

Same as the Executive, but requires ODA to provide technical assistance to such a nursing facility through the Nursing Home Quality Initiative at least four months before ODM would be required to terminate the facility's Medicaid participation.

Fiscal effect: Potential increase in administrative costs to ODA.

MCDCD2 Integrated Care Delivery System Medicaid Waiver

R.C. 5166.16

Permits the ODM Director to seek federal approval to create, as part of the Integrated Care Delivery System (ICDS), a Medicaid waiver program providing home and community-based services.

R.C. 5166.16

Same as the Executive.

Executive

As Passed by the House

Provides for eligible ICDS participants to be enrolled in the ICDS Medicaid waiver program instead of any of the following: (1) the Medicaid-funded component of the PASSPORT program, (2) the Choices program, (3) the Medicaid-funded component of the Assisted Living program, (4) the Ohio Home Care program, and (5) the Ohio Transitions II Aging Carve-Out program.

Same as the Executive.

MCDCD3 Home Care Attendant Services

R.C. 5166.30, 5166.301, 5166.302, 5166.305 - 5166.307, 5166.309, 5166.3010, 5111.8811 (repealed)

R.C. 5166.30, 5166.301, 5166.302, 5166.305 - 5166.307, 5166.309, 5166.3010, 5111.8811 (repealed)

Requires the ODM Director to seek federal approval to have the following additional Medicaid waiver programs cover home care attendant services:
 (1) The Medicaid-funded component of the PASSPORT program;
 (2) The ICDS Medicaid waiver program.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

MCDCD1 Pediatric Accountable Care Organizations

R.C. 5167.031

R.C. 5167.031

Permits, rather than requires, ODM to recognize pediatric accountable care organizations that provide care coordination and other services under the Medicaid care management system to individuals under age 21 who are in the category of individuals who receive Medicaid on the basis of being aged, blind, or disabled.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDCD34 Medicaid Managed Care Inpatient Capital Payments

R.C. 5167.10

Prohibits the hospital inpatient capital payment portion of the payment made to Medicaid managed care organizations from exceeding any maximum rate established in rules to be adopted by the Medicaid Director. Prohibits Medicaid managed care organizations from compensating hospitals for inpatient capital costs at a rate that exceeds any maximum rate established by the Director.

Fiscal effect: Savings in the tens of millions of dollars each fiscal year.

R.C. 5167.10

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD56 Managed Care Performance Payment Program

R.C. 5167.30, 5162.60, 5162.62, Section 323.60

Establishes 2% (an increase from 1%) as the maximum total amount of all Medicaid managed care premiums that may be withheld for the purpose of making performance payments to Medicaid managed care organizations through the Medicaid Managed Care Performance Fund. Requires the Medicaid Director to certify, at the beginning of each quarter, the amount withheld for purposes of the Managed Care Performance Payment program. Requires the OBM Director to transfer cash in the amounts certified from the GRF to the Managed Care Performance Payment Fund (Fund 5KW0). Appropriates the amounts transferred. Reduces the appropriation in appropriation item 651525, Medicaid/Health Care Services, by the amounts of the transfers.

R.C. 5167.30, 5162.60, 5162.62, Section 323.60

Same as the Executive.

Same as the Executive, but deletes language appropriating the cash amount transferred from the General Revenue Fund to the Managed Care Performance Payment Fund and appropriates, upon the request of the Medicaid Director and approval of the Director of Budget and Management, up to the cash balance in the Managed Care Performance Payment Fund.

Executive

As Passed by the House

Modifies the uses of the Medicaid Managed Care Performance Payment Fund by (1) permitting, rather than requiring, amounts in the fund to be used to make performance payments, (2) permitting amounts to be used to meet provider agreement obligations or to pay for Medicaid services provided by a Medicaid managed care organization, and (3) permitting amounts to be used to reimburse an organization that has previously paid a fine but has subsequently come into compliance.

Same as the Executive.

MCD91 Medicaid Managed Care Notices to Health Care Providers

No provision.

R.C. 5167.121

(1) Requires a Medicaid managed care organization to provide advance notice to a health care provider being terminated as a network provider; (2) specifies that the minimum period of advance notice is either the period specified by contract with the provider or, if no such period is specified, 90 days; (3) allows the notice to be provided by a third party administrator; (4) excludes from the notice requirement any termination that occurs because of fraud, illegal conduct, bankruptcy, insolvency, or other reasons specified by contract with the provider; and (5) in the case of pharmacies, similarly requires that 90-days' advance notice be given regarding (a) the removal of a prescribed drug from the formulary or preferred drug list used by the organization or administrator or (b) any change in the terms governing access to the drug.

Fiscal effect: None.

Executive

As Passed by the House

MCDCD27 Emergency Services Under Medicaid Managed Care

R.C. 5167.201

Provides that an agreement entered into between a Medicaid managed care organization participant, a participant's parent, or a participant's legal guardian that violates Ohio law regarding payment for emergency services is void and unenforceable.

Fiscal effect: None.

R.C. 5167.201

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD20 Nursing Home and Hospital Long-Term Care Unit Franchise Permit Fees

R.C. 5168.41, 5168.40, Sections 812.20, 812.30

Replaces the specific dollar amounts used for the franchise permit fee on nursing homes and hospital long-term care units with a formula for determining the amount of the franchise permit fee rate.

Fiscal effect: Gain of approximately \$5 million in each fiscal year.

R.C. 5168.41, 5168.40, Sections 812.20, 812.30

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD81 Hospital Care Assurance Program

Sections: 125.10, 125.12

Continues, for two additional years, the Hospital Care Assurance Program (HCAP).

Sections: 125.10, 125.12

Same as the Executive.

Executive

As Passed by the House

MCD82 Hospital Assessments

Sections: 125.11, 125.13

Continues, for two additional years the assessments imposed on hospitals for purposes of obtaining funds for the Medicaid program.

Sections: 125.11, 125.13

Same as the Executive.

MCD67 Transfer of Encumbrances and Receivables

Section: 323.10.20

Requires the ODM Director to certify to the OBM Director all medical assistance-related encumbrances held by ODJFS and to specify which of those are requested to be transferred to ODM by July 1, 2013.

Section: 323.10.20

Same as the Executive.

Permits the OBM Director to cancel any existing encumbrances, as certified, and reestablish them in ODM. Appropriates any reestablished encumbrance amounts.

Same as the Executive.

Requires business commenced, but not completed, with regard to the encumbrances certified to be completed by ODM in the same manner and with the same effect as if it were completed by ODJFS.

Same as the Executive.

Requires the ODM Director to certify to the OBM Director all medical assistance-related receivables held by ODHFS and to specify which are requested to be transferred to ODJFS.

Same as the Executive.

Allows the OMB Director to cancel any existing receivables as certified and reestablish them in ODM.

Same as the Executive.

Permits a portion of various ODM line items to be used to pay for medical assistance services and costs associated with the administration of the Medicaid program.

Same as the Executive.

Executive

As Passed by the House

MCDCD88 Temporary Authority Regarding Employees

Section: 323.10.30

Authorizes the ODM Director, during the period beginning July 1, 2013, and ending June 30, 2015, to establish, change, and abolish positions for ODM, and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote all ODM employees who are not subject to state law governing public employees' collective bargaining.

Authorizes the ODJFS Director, during the period beginning July 1, 2013, and ending June 30, 2015, and as part of the transfer of medical assistance program to ODM, to establish, change, and abolish positions for ODJFS, and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote all ODJFS employees who are not subject to state law governing public employees' collective bargaining.

Permits a portion of various ODM line items to be used to pay for costs associated with the administration of the Medicaid program, including the assignment, reassignment, classification, reclassification, transfer, reduction, promotion, or demotion of employees authorized by this section.

Section: 323.10.30

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

MCDCD68

Staff Training Regarding Transfers

Section: 323.10.40

Permits the Medicaid Director and the ODJFS Director to jointly or separately enter into one or more contracts with public or private entities for staff training and development to facilitate the transfer of the staff and duties regarding medical assistance to ODM under this section.

Permits a portion of various ODM line items to be used to pay for costs associated with the administration of the Medicaid program, including staff training authorized.

Fiscal effect: Potential increase in training costs.

Section: 323.10.40

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD89

Creation of the Department of Medicaid Not a Collective Bargaining Subject

Section: 323.10.50

Provides that the creation of ODM and reassignment of the functions and duties of ODJFS's Office of Medical Assistance regarding medical assistance programs are not appropriate subjects for public employees' collective bargaining.

Permits portions of various line items to be used to pay for costs associated with the administration of the Medicaid program, including the reassignment of functions and duties related to the transition of the Office of Medical Assistance into ODM.

Section: 323.10.50

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

MCD69 New and Amended Grant Agreements

Section: 323.10.60

Permits the ODJFS Director and board of county commissioners to enter into negotiations to amend an existing grant agreement or to enter into a new grant agreement regarding the transfer of medical assistance programs to ODM.

Permits a portion of various ODM line items to be used to pay for costs associated with Medicaid services and costs associated with the administration of the Medicaid program.

Fiscal effect: None.

Section: 323.10.60

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD57 LSC to Renumber Administrative Rules

Section: 323.10.70

Requires, on and after July 1, 2013, the Legislative Service Commission to renumber the rules of the Office of Medical Assistance within the Department of Job and Family Services to reflect its transfer to ODM.

Permits portions of appropriation item 651655 to be used to pay for Medicaid services and costs associated with administration of the Medicaid program.

Fiscal effect: Negligible increase in administrative costs to LSC.

Section: 323.10.70

Same as the Executive, but requires the Director of the Legislative Service Commission to begin, on October 1, 2013, rather than July 1, 2013, to renumber the rules of the Office of Medical Assistance to reflect its transfer to ODM.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCD54 Medicaid/Health Care Services

Section: 323.20

Requires that appropriation item 651525, Medicaid/Health Care Services, not be limited by ORC 131.33.

Section: 323.20

Same as the Executive.

MCD99 Legislation to Reform Medicaid and Ohio's Health Care Delivery System

No provision.

Section: 323.23

Requires that legislation be introduced in the House of Representatives to reform Medicaid and Ohio's health care delivery system that includes (1) a focus on individuals who have the greatest potential to cease enrollment in Medicaid and instead obtain health care coverage through employer-sponsored health insurance or the health insurance market place, (2) strategies to lower Medicaid caseloads by promoting employment-related services available under Medicaid and other programs that offer workforce readiness, educational, and wellness services, (3) provisions that seek to lower net state and federal costs for Medicaid and reduce the number of individuals who enroll in Medicaid over time.

No provision.

Authorizes the Medicaid Director to submit to the United States Department of Health and Human Services a state Medicaid plan amendment, a request for a section 1115 waiver, or a combination of the two. Requires the Director of the Governor's Office of Health Transformation (OHT) and the Medicaid Director, not sooner than September 15, 2013, and not later than October 1, 2013, to submit to the General Assembly the terms of any federal approval obtained for the reform.

Executive

As Passed by the House

No provision.

Specifies that the Directors must not begin implementation of the reform unless the General Assembly enacts legislation authorizing implementation. Specifies that if the General Assembly does not enact such legislation on or before December 31, 2013, the Directors must cease any activity regarding this reform, including pursuing a Medicaid plan amendment, section 1115 waiver, or combination of the two.

Fiscal effect: OHT and ODM may incur some costs in assisting the General Assembly in developing Medicaid reform legislation. The actual fiscal effect on the Medicaid program and Ohio's health care delivery system will depend on any legislation enacted by the General Assembly.

MCD29

Quality Incentive Program to Reduce Avoidable Admissions

Section: 323.30

Permits ODM to implement, for FY 2014 and FY 2015, a quality incentive program to reduce the number of times that Medicaid recipients receiving certain home and community-based services are admitted to hospitals and nursing facilities or utilize emergency department services when the admissions or utilizations are avoidable.

Fiscal effect: Savings of \$3.0 million (\$1.1 million state share) in FY 2015. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these savings.

Section: 323.30

Same as the Executive, but includes in the quality incentive program Medicaid recipients receiving nursing facility services.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDCD30 Children's Hospitals Quality Outcomes Program

Section: 323.40

Permits the Medicaid Director to implement, during FY 2014 and FY 2015, a children's hospitals quality outcomes program that encourages children's hospitals to develop (1) infrastructures that are needed to care for patients in the least restrictive setting and promote the care of patients and their families, (2) programs designed to improve birth outcomes and measurably reduce neonatal intensive care admissions, (3) patient-centered methods to measurably reduce utilization of emergency department services for primary care needs and nonemergency health conditions, and (4) other reforms the Director identifies.

Requires that up to \$6 million state share and the corresponding federal share in each fiscal year be used to support payments made to children's hospitals for developing programs that achieve quality outcomes and any other measures the Medicaid Director deems appropriate.

Section: 323.40

Same as the Executive.

Same as the Executive.

MCDCD98 Hospital Readmissions Program Advisory Workgroup

No provision.

Section: 323.43

Creates the Hospital Readmissions Program Advisory Workgroup, which is to serve in an advisory capacity regarding the state's development and implementation of a hospital readmissions program that improves patient outcomes and rewards providers' success in lowering hospital readmission rates.

Executive

As Passed by the House

No provision.

Requires the Medicaid Director to convene the Workgroup and ODM to provide staff and support services.

No provision.

Requires the Workgroup to submit two reports to the General Assembly, one by July 1, 2014, and the other by July 1, 2015.

Fiscal effect: Potential increase in administrative costs to ODM.

MCD55

Unified Long Term Care

Section: 323.50

Permits appropriation item 651425, Medicaid Program Support - State, to be used to (1) provide preadmission screening and resident review, (2) assess and provide long-term care consultations, (3) provide nonwaiver funded PASSPORT and assisted living services to certain persons.

Requires appropriation item 651425, Medicaid Program Support - State, to be used to provide (1) the required state match for federal Medicaid funds supporting the Medicaid waiver-funded PASSPORT program, the Choices program, the Assisted Living program, and the PACE program, and (2) the federal matching share of program costs determined by ODM to be eligible for Medicaid reimbursement for the PASSPORT program, the Choices program, the Assisted Living program, and the PACE program.

Section: 323.50

Same as the Executive, but specifies that GRF appropriation item 651525, Medicaid/Health Care Services, may be used to provide the nonwaiver funded PASSPORT and assisted living services to certain persons instead of appropriation item 651425.

Same as the Executive, but requires GRF appropriation item 651525, Medicaid/Health Care Services, to be used to provide the federal matching share of program costs determined by ODM to be eligible for Medicaid reimbursement for the PASSPORT program, the Choices program, the Assisted Living program, and the PACE program instead of appropriation item 651425.

Executive

As Passed by the House

MCD92 PASSPORT Administrative Agency Site Operations

No provision.

Section: 323.53

Specifies that the spending for PASSPORT Administrative Agencies' site operating functions relating to screening, assessments, general administrative, and provider relations for PASSPORT, Choices, Assisted Living, and PACE are to be 105% of the level provided in FY 2013.

Fiscal effect: According to the Association of Area Agencies on Aging, this will increase costs by \$900,000 in each fiscal year (\$450,000 state share). The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these increases.

MCD64 Medicaid Managed Care Exemptions

Section: 323.70

Extends the period during which certain blind and disabled individuals receiving services through the Bureau for Children with Medical Handicaps (BCMh) are excluded from being permitted or required to participate in the Medicaid care management system.

Fiscal effect: None.

Section: 323.70

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDLCD66 Prior Authorization for Community Mental Health Services

Section: 323.80

Provides, for FY 2014 and FY 2015, that a Medicaid recipient under age 21 automatically satisfies all requirements for any prior authorization process for community mental health services provided under a Medicaid component administered by ODMHAS if the child meets certain requirements related to being an abused, neglected, dependent, unruly, or delinquent child.

Fiscal effect: None.

Section: 323.80

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDLCD40 Joint Legislative Committee for Unified Long-Term Services and Supports

Section: 323.90

Continues the Joint Legislative Committee for Unified Long-Term Services and Supports.

Section: 323.90

Same as the Executive.

MCDLCD41 Use of Hospital Assessments

Section: 323.100

Requires ODM to continue the Medicaid Managed Care Hospital Incentive Payment Program under which Medicaid managed care organizations are provided funds to increase payments to hospitals under contract with the organizations.

Requires ODM to continue the existing Hospital Inpatient and Outpatient Supplemental Upper Payment Limit program to provide supplemental Medicaid payments to hospitals for providing Medicaid-covered inpatient and

Section: 323.100

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

outpatient services.

Permits the OBM Director to authorize additional expenditures from appropriation items 651623, 651525, and 651656. Appropriates any additional amounts.

Same as the Executive.

Fiscal effect: Estimated cost to continue the Upper Payment Limit program of \$502 million in each fiscal year. Estimated cost to continue the Medicaid Managed Care Hospital Incentive Payment program of \$162 million in each fiscal year. The Medicaid appropriations have been adjusted to account for these impacts.

Fiscal effect: Same as the Executive.

MCD97 FY 2014 and FY 2015 Medicaid Rates for Hospital Services

Section: 323.103

No provision.

Provides for the FY 2014 and FY 2015 Medicaid payment rates for hospital inpatient and outpatient services that are paid under a prospective payment system to be not less than the Medicaid payment rates for the services in effect on June 30, 2013.

Fiscal effect: Costs of approximately \$83 million (\$30.7 million state share) in FY 2014, and \$176.7 million (\$65.3 million state share) in FY 2015. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these increases.

MCD74 Administrative Issues Related to Termination of Medicaid Waiver Programs

Section: 323.110

Section: 323.110

Provides guidelines that apply if certain Medicaid waiver programs are terminated.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCD42 Expansion of PACE

Section: 323.120

Permits the ODA Director, in consultation with the ODM Director, to expand the PACE program to new regions of Ohio under certain circumstances.

Fiscal effect: Permissive.

Section: 323.120

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD43 Dispensing Fee for Noncompounded Drugs

Section: 323.130

Sets the Medicaid dispensing fee for noncompounded drugs at \$1.80 for the period beginning July 1, 2013, and ending on the effective date of a rule changing the amount of the fee.

Fiscal effect: None.

Section: 323.130

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD58 Money Follows the Person Enhanced Reimbursement Fund

Section: 323.140

Requires that federal payments made to Ohio for the Money Follows the Person demonstration project be deposited into the Money Follows the Person Enhanced Reimbursement Fund.

Section: 323.140

Same as the Executive.

Executive

As Passed by the House

MCDLCD75

Medicare Part D

Section: 323.150

Permits GRF appropriation item 651526, Medicare Part D, to be used by ODM for the implementation and operation of the Medicare Part D requirements contained in the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Allows the OBM Director, upon the request of ODM, to transfer the state share of appropriations between appropriation item 651525, Medicaid/Health Care Services, or appropriation item 651526, Medicare Part D. Requires the OBM Director to adjust the federal share of appropriation item 600525, Health Care/Medicaid, if the state share is adjusted. Requires ODJFS to provide notification to the Controlling Board of any transfers at the next scheduled Controlling Board meeting.

Section: 323.150

Same as the Executive.

MCDLCD44

Rebalancing Long-Term Care

Section: 323.160

Requires ODM, ODA, and ODODD to have, by June 30, 2015 (extended from June 30, 2013), non-institutionally based long-term service used by (1) at least 50% of Medicaid recipients who are age 60 or older and need long-term services and (2) at least 60% of Medicaid recipients who are under age 60 and have cognitive or physical disabilities for which long-term services are needed. Permits ODM to apply to participate in the federal Balancing Incentive Payments Program.

Section: 323.160

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

Permits the OBM Director, at the request of the Medicaid Director, to authorize additional expenditures of \$10 million from appropriation item 651425, Medicaid Program Support - State, and \$10 million from appropriation item 651624, Medicaid Program Support - Federal, in each fiscal year to administer BIPP. Appropriates any amounts authorized.

No provision.

Requires any enhanced federal financial participation funds received by the state to be deposited into the GRF. Increases appropriations in appropriation item 651625 by the amount deposited.

No provision.

Fiscal effect: Savings of \$120 million state share over the biennium. The Medicaid appropriations have been adjusted to account for these savings.

Fiscal effect: Same as the Executive.

MCD59 Ohio Access Success Project

Section: 323.170

Permits up to \$450,000 in each fiscal year to be used to provide one-time transitional benefits under the Ohio Access Success Project that the Medicaid Director may establish.

Section: 323.170

Same as the Executive.

MCD60 Provider Franchise Fee Offsets

Section: 323.180

Requires, that at least quarterly, the Medicaid Director to certify to the OBM Director the amount of offsets withheld from payments made from the GRF for failure to pay franchise permit fees.

Section: 323.180

Same as the Executive.

Executive	As Passed by the House
<p>Permits the transfer of cash from the GRF to the Nursing Home Franchise Permit Fee Fund (Fund 5R20) in accordance with ORC 5168.54.</p> <p>Appropriates the amounts transferred.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p>
<p>MCD61 Hospital Care Assurance Match</p>	
<p>Section: 323.190</p> <p>Requires appropriation item 651623, Medicaid Services - Federal, be used by ODM solely for distributing funds to hospitals under the Hospital Care Assurance Program (HCAP).</p> <p>No provision.</p>	<p>Section: 323.190</p> <p>Same as the Executive, but requires that appropriation item 651623, Medicaid Services - Federal, be used by ODM for the federal share of Medicaid services, including the federal share of all HCAP funds to hospitals. Permits the Medicaid Director to request the OBM Director to authorize expenditures from the Health Care Federal Fund (Fund 3F00) if receipts credited to the fund exceed the amounts appropriated for making the HCAP distribution. Appropriates those amounts upon approval of the OBM Director.</p> <p>Requires that appropriation item 651649, Medicaid Services – HCAP, be used by ODM for distributing the state share of all HCAP funds to hospitals. Permits the Medicaid Director to request the OBM Director to authorize expenditures from the Hospital Care Assurance Program Fund (Fund 6510) if receipts credited to the fund exceed the amounts appropriated for making the HCAP distribution. Appropriates those amounts upon approval of the OBM Director.</p>

Executive

As Passed by the House

MCD62 Health Care Services Administration Fund

Section: 323.200

Requires the Medicaid Director to deposit into the Health Care Services Administration Fund (Fund 5U30) \$350,000 in each fiscal year from the first installment of assessments and intergovernmental transfers made under the Hospital Care Assurance Program (HCAP).

Section: 323.200

Same as the Executive.

MCD63 Transfer of Offsets to the Health Care Services Administration Fund

Section: 323.210

Requires the Medicaid Director to certify to the OBM Director the amount of hospital offsets and vendor offsets for the period covered by the certification and the particular funds that would have been used to make Medicaid payments to providers if not for the offsets. Requires the OBM Director to transfer cash from the funds identified in the certification to the Health Care Services Administration Fund (Fund 5U30). Appropriates the transferred cash.

Section: 323.210

Same as the Executive.

MCD65 Medicaid Interagency Pass-Through

Section: 323.220

Permits the Medicaid Director to request the OBM Director to increase appropriation item 651655, Medicaid Interagency Pass-Through. Appropriates the additional amounts.

Section: 323.220

Same as the Executive.

Executive

As Passed by the House

MCDCD73 Medicaid Payments for Noninstitutional Services Provided to Dual Eligible Individuals

Section: 323.230

Establish payment amounts for noninstitutional services provided (from January 1, 2014 to July 1, 2015) to dual eligible individuals enrolled in Medicare Part B.

Fiscal effect: Savings of \$46.6 million (\$17.2 million state share) in FY 2014 and \$50.6 million (\$18.7 million state share) in FY 2015. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these savings.

Section: 323.230

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD19 Medicaid Payments for Home Health Services and Private Duty Nursing

Section: 323.233

Provides that a Medicaid recipient's spouse or, regarding a minor, the recipient's parent, foster caregiver, stepparent, guardian, legal custodian, or any other person who stands in loco parentis, is not eligible for Medicaid payments for providing the following services to the Medicaid recipient unless conditions specified by the Medicaid Director are met:

- (1) Nursing or home health aide services provided under the home health services benefit;
- (2) Private duty nursing services.

Fiscal effect: Savings of \$1.0 million (\$370,000 state share) over the biennium. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these savings.

Section: 323.233

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCD46 Rates for Physician Groups Acting as Outpatient Hospital Clinics

Section: 323.240

Requires the ODM Director to rescind a rule regarding Medicaid payments to physician groups acting as outpatient hospital clinics.

No provision.

Fiscal effect: Savings of \$3.0 million (\$1.1 million state share) over the biennium. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these savings.

MCD51 Medicaid Payment Rates

Sections: 323.250, 323.260, 323.270

Requires that the ODM Director, not earlier than January 1, 2014, reduce Medicaid payment rates for certain outpatient radiological services when repeated during the same treatment session, establish varying payment rates for physician services based on the location of the services, and align Medicaid payment methodologies with Medicare payment methodologies.

Sections: 323.250, 323.260, 323.270

Same as the Executive, but requires the Medicaid Director to reduce the Medicaid payment rate for a repeat radiological service provided in a physician's office or an independent diagnostic testing facility by specifying that the reduction is to be made when the service is provided more than once by the same provider for the same Medicaid recipient during the same session, rather than the same treatment session.

Fiscal effect: Savings of \$5.0 million (\$1.9 million state share) over the biennium for certain outpatient radiological services. Savings of \$12.2 million (\$4.5 million state share) over the biennium for varying Medicaid payment rates for physician services depending on location of services. The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these savings.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCD93

Payment Rates for PASSPORT Services

Section: 323.263

No provision.

Requires the Medicaid payment rates for services provided under the PASSPORT program, other than adult day-care services, during FY 2014 and FY 2015 to be not less than 98.5% of the Medicaid payment rates for the services in effect on June 30, 2011.

No provision.

Requires the Medicaid payment rates for adult day-care services provided under the PASSPORT program during FY 2014 and FY 2015 to be 20% higher than the amount of the Medicaid payment rates for the services in effect on June 30, 2013.

Fiscal effect: According to ODA, the increase relating to adult day-care services will be \$2.7 million in each fiscal year (\$975,120 state share). This provision was not in the As Introduced version of the bill, but according to ODA and the Office of Health Transformation, it was scheduled to occur in FY 2014 and FY 2015. According to the Association of Area Agencies on Aging, the increase for other services is estimated to cost \$5.6 million in FY 2014 and \$5.5 million in FY 2015 (\$2.05 million state share each year). The appropriations for GRF item 651525, Medicaid/Health Care Services, have been adjusted to account for these increases.

Executive

As Passed by the House

MCD71 Alternative Purchasing Model for Nursing Facility Services

Section: 323.280

Permits the ODM Director to establish an alternative purchasing model for nursing facility services provided during the period beginning July 1, 2013, and ending July 1, 2015, to Medicaid recipients with specialized health care needs, including recipients dependent on ventilators and recipients who have traumatic brain injury.

Fiscal effect: Savings.

Section: 323.280

Same as the Executive, but:
 (1) Specifies that the Medicaid recipients with specialized health care needs who are to receive nursing facility services under the model include recipients who would be admitted to long-term acute care hospitals or rehabilitation hospitals if they did not receive nursing facility services;
 (2) Requires the model to include criteria for identifying Medicaid recipients with specialized health care needs and procedures for ensuring that Medicaid recipients identified as having specialized health care needs receive nursing facility services under the model.

Fiscal effect: Same as the Executive.

MCD47 Review of Long-Term Services to Improve Efficiency and Individual Care

Section: 323.290

Authorizes ODM to review Medicaid-covered home health nursing services, home health aide services, and private duty nursing services to improve efficiency and individual care in long-term care services.

Fiscal effect: None.

Section: 323.290

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDCD72 Performance Payments for Medicaid Managed Care

Section: 323.300

Requires ODM, for FY 2014 and FY 2015, to provide performance payments to Medicaid managed care organizations providing care under the Dual Eligible Integrated Care Demonstration Project.

Section: 323.300

Same as the Executive.

MCDCD70 Integrated Care Delivery System Performance Payment Program

Section: 323.310

Permits the ODM Director to certify, at the beginning of each quarter, to the OBM Director the amount withheld for performance payments for Medicaid managed care. Requires the OBM Director to transfer cash in the amount certified from the GRF to the Managed Care Performance Payment Fund (Fund 5KW0). Appropriates the transferred cash. Reduces appropriation item 651525, Medicaid/Health Care Services, by the amount of the transfer.

Section: 323.310

Same as the Executive.

MCDCD48 Vendor Collection of Patient Liability

Section: 323.320

For FY 2014 and FY 2015 authorizes the ODM Director to contract with a person or government entity to collect patient liabilities for home and community-based services available under a Medicaid waiver component.

Fiscal effect: Potential gain in patient liability revenue.

Section: 323.320

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCD49 State Plan Home and Community-Based Services

Section: 323.330

During FY 2014 and FY 2015, permits Medicaid to cover state plan home and community-based services for Medicaid recipients of any age who have behavioral health issues and countable incomes not exceeding 150% of the federal poverty line.

Section: 323.330

Same as the Executive.

MCD50 Inpatient Psychiatric Hospital Services for Certain Individuals Under Age 21

Section: 323.340

During FY 2014 and FY 2015, permits Medicaid to cover inpatient psychiatric hospital services provided by psychiatric residential treatment facilities to Medicaid recipients under age 21 who are in the custody of the Department of Youth Services and have been identified as meeting a clinical criterion of serious emotional disturbance.

Section: 323.340

Same as the Executive.

MCD37 Medicaid and Veterans' Services Collaboration

Section: 323.350

Authorizes ODM to collaborate with Department of Veteran Services (DVS) regarding the coordination of veterans' services.

Authorizes ODM and DVS to implement, during FY 2014 and FY 2015, certain initiatives that they determine during the collaboration will maximize the efficiency of the services and ensure that veterans' needs are met.

Fiscal effect: None.

Section: 323.350

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

MCDCD39 Improved Birth Outcomes Initiatives

Section: 323.360

Authorizes the ODM Director to develop and implement, during FY 2014 and FY 2015, initiatives designed to improve birth outcomes for Medicaid recipients.

Fiscal effect: None.

Section: 323.360

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD76 Abolishment of the ODJFS Administration and Oversight Fund

Section: 323.390

Abolishment of the ODJFS Administration and Oversight Fund and provides for the money that would otherwise be credited to it to be credited to the Health Care Services Administration Fund (Fund 5U30).

Section: 323.390

Same as the Executive.

MCDCD77 Refunds and Reconciliation Fund

Section: 323.400

Requires the Refunds and Reconciliation Fund (Fund R055) to be used to hold refund and reconciliation revenues until the appropriate fund is determined or until the revenues are directed to the appropriate governmental agency other than ODM.

Permits the ODM Director to request the OBM Director to authorize expenditures from the fund in excess of the amounts appropriated, if receipts credited to the Refunds and Reconciliation Fund exceed the amounts appropriated from the fund. Upon approval of the OBM Director, the additional amounts are appropriated.

Section: 323.400

Same as the Executive, but requires that any Medicaid refunds or reconciliations received or held by ODJFS be transferred or credited to the Refunds and Reconciliation Fund (Fund R055).

Same as the Executive.

Executive

As Passed by the House

MCDCD36 Screening Tool for High-Risk Youth Team Evaluation

Section: 501.10

Requires the Office of Health Transformation to convene a team comprised of the DYS, ODM, ODJFS, ODH, and DMHAS.

Requires the team to evaluate the feasibility of implementing a trauma screening tool for high-risk youth and to create a report with the following:

- (1) The recommended trauma screening tool to be used to evaluate high-risk youth;
- (2) Training in the administration of the recommended tool;
- (3) Screening protocols;
- (4) The persons to whom the recommended tool should apply; and
- (5) The implications for treatment.

Requires the report to be completed by December 1, 2013 and to be distributed to the Governor.

Specifies that DYS may receive funds for piloting the recommended tool in detention centers.

Section: 501.10

Same as the Executive.

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

(3) Same as the Executive.

(4) Same as the Executive.

(5) Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

DDDCD25 Targeted Case Management

Section: 259.130

Requires county DD boards to pay the nonfederal portion of targeted case management services to ODODD.

Permits the ODODD Director and the Medicaid Director to enter into an interagency agreement, under which:

(1) ODODD must transfer cash using an intrastate transfer voucher from SSR Fund 5DJ0, the Targeted Case Management Fund, used by ODODD, to GSF Fund 5DL0, the Health Care/Medicaid Support and Recoveries Fund, used by ODM, in amounts that equal the nonfederal portion of the cost of targeted case management services paid by county DD boards.

(2) ODM must pay the total cost of targeted case management claims.

Section: 259.130

Same as the Executive.

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

Executive

As Passed by the House

DOHCD22 Direct Care Workers

R.C. 3701.95, 191.061, 5164.83

Requires, not later than October 1, 2014, the ODH Director to establish a direct care worker certification program and authorizes the Director to adopt rules as necessary to implement the program.

Prohibits, on or after October 1, 2015, the ODM Director from making a Medicaid payment to a direct care worker for a direct care service or entering into a Medicaid provider agreement with the worker unless core competencies described in an operating protocol developed by the OHT Executive Director or the Executive Director's designee, in consultation with the ODM Director and the directors of ODA, ODODD, ODMHAS, and the Ohio Department of Health (ODH) are met.

Fiscal effect: Potential administrative costs.

R.C. 3701.95, 191.061, 5164.83

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

DOHCD21 Nursing Facilities' Plans of Correction

R.C. 5165.69

Revises as follows the law governing the plan of correction a nursing facility must submit to ODH when the facility receives a statement of deficiencies:

- (1) Requires a plan of correction to include additional information, including a detailed description of an ongoing monitoring and improvement process to be used at the nursing facility.
- (2) Requires the Department to consult with Department of Medicaid, Department of Aging, and the Office of the State

R.C. 5165.69

Same as the Executive.

Same as the Executive.

Same as the Executive, but changes the name of the "ombudsperson" to the "ombudsman."

Executive**As Passed by the House**

Long-Term Care Ombudsperson program when determining whether a plan of correction or modification of an existing plan conforms to the requirements for approval if the plan concerns a finding assigned a severity level indicating that a resident was harmed or immediate jeopardy exists.

Fiscal effect: Potential minimal increase in administrative costs.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

REPCD3

Joint Legislative Committee on the Affordable Care Act

R.C. 101.392

(1) No provision.

(1) Creates the Joint Legislative Committee on the Affordable Care Act (Committee) to review or study any matter that it considers relevant to the operation and impact of the Affordable Care Act in Ohio.

(2) No provision.

(2) Requires the Committee to consist of six members: three members of the House of Representatives appointed by the Speaker of the House of Representatives, and three members of the Senate appointed by the President of the Senate.

(3) No provision.

(3) Requires that two of the members appointed by the Speaker of the House of Representatives and two of the members appointed by the President of the Senate be from the majority party, and one member appointed by the Speaker of the House of Representatives and one member appointed by the President of the Senate be from the minority party.

(4) No provision.

(4) Requires each member's appointment to last during the General Assembly in which the member was appointed and until a successor is appointed, regardless of the adjournment sine die of the General Assembly or the expiration of the member's term.

(5) No provision.

(5) Requires vacancies to be filled in the manner of the original appointment.

(6) No provision.

(6) Authorizes the Committee to have the same powers as other standing or select committees of the General Assembly and to request assistance from the Legislative Service Commission.

Executive

As Passed by the House

Fiscal effect: Any related administrative or operational costs will likely be minimal and absorbed within the existing budgets and staffing levels of the House of Representatives, the Senate, and the Legislative Service Commission.

Executive

As Passed by the House

MHACD35 Administration of Certain Medicaid Services

Section: 327.20.60

Requires ODMHAS to administer specified Medicaid services that are delegated by the Department of Medicaid.

Requires ODMHAS to use appropriation item 652507, Medicaid Support, to fund the Medicaid-related services and supports performed by ODMHAS on or after July 1, 2013.

Fiscal effect: Potential minimal increase in administrative costs.

Section: 327.20.60

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MHACD32 Access Success II Program

Section: 512.40

Transfers and appropriates cash from the Money Follows the Person Enhanced Reimbursement Fund (Fund 5AJ0), used by the Department of Medicaid, to the Sale of Goods and Services Fund (Fund 1490), used by ODMHAS, for the Access Success II Program to help non-Medicaid patients in any hospital established, controlled, or supervised by ODMHAS to transition from inpatient status to a community setting.

Section: 512.40

Same as the Executive.

Executive

As Passed by the House

MHACD33

Recovery Requires a Community Program

Section: 751.10

Requires the Medicaid Director to transfer, via intrastate transfer voucher, an agreed upon amount of cash, representing the savings realized from decreased nursing facility utilization as a result of the Recovery Requires a Community Program, from GRF appropriation item 651525, Medicaid/Health Care Services, to the Sale of Goods and Services Fund (Fund 1490), used by the Department of Mental Health and Addiction Services, for the Recovery Requires a Community Program to support non-Medicaid program costs for individuals moving into community settings.

Section: 751.10

Same as the Executive.

Executive

As Passed by the House

PRXCD1 Access to Information in the Ohio Automated Rx Reporting System (OARRS)

R.C. 4729.80, 4729.81

Requires, rather than permits, the State Board of Pharmacy to provide information in the Ohio Automated Rx Reporting System (OARRS) to both of the following:

(1) The medical director of a Medicaid managed care organization, if the information relates to a Medicaid recipient enrolled in the managed care organization, including information related to prescriptions for the recipient not covered or reimbursed under the Medicaid program.

(2) The Medicaid Director if the information relates to a recipient of a program administered by the Department of Medicaid, including information related to prescriptions for the recipient not covered or reimbursed under a program administered by the Department.

Requires the Board of Pharmacy to notify the Medicaid Director if the Board determines from a review of OARRS information that a violation of law may have been committed by a provider of services under a program administered by the Department of Medicaid.

Fiscal effect: This provision may require programming and software upgrades to OARRS, as well as additional staff training, and possibly the hiring of additional investigators that are knowledgeable or have expertise in the programs administered by the Department of Medicaid and the managed care organizations. The total potential cost increase is unknown.

R.C. 4729.80, 4729.81

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

PRXCD2

Remote Drug Dispensing Systems for Nursing Homes and Residential Care Facilities

R.C. 4729.542, 4729.51, 4729.54, 4729.99

(1) No provision.

(1) Authorizes a pharmacy that is licensed as a terminal distributor of dangerous drugs to use a remote drug dispensing system at a nursing home or residential care facility provided that certain criteria are met.

(2) No provision.

(2) Specifies that a pharmacist is not required to maintain supervision and control of a remote dispensing system or be physically present where the system is used to dispense drugs.

(3) No provision.

(3) Requires the facility where a remote dispensing system is located to complete periodic audits of controlled substances dispensed through the system.

(4) No provision.

(4) Requires that applications for licensure and licenses as a terminal distributor of dangerous drugs include any place at which the applicant or licensee intends to operate a remote dispensing system.

Fiscal effect: This provision will likely result in an increase in licensing fee revenue for the Board of Pharmacy.

Terminal Distributors of Dangerous Drugs will be required to obtain a license for each location that operates a remote dispensing system. The annual licensing fee could be \$45 (Category I), \$112.50 (Category II), or \$150 (Category III).

Categories are determined by the types of drugs that are dispensed by the terminal distributors. Most licenses will likely be for Category III Terminal Distributors.