
Executive**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.

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.

MCDCD83 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.

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MCD32 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R.C. *5111.942, (repealed), 5162.52, 323.370*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.

MCD31 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R.C. *5111.946, (repealed), 5162.60, 5162.54, 323.380*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.

MCD53 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.

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.

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.

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

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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.

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.

Fiscal effect: None.

MCDCD87 Relocation and Reorganization of Laws Regarding Medical Assistance Programs

**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."

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

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.

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.

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

Fiscal effect: Potential savings.

Executive**MCDLCD28 Assignment of ODM's Right of Recovery****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.

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

(1) Treat the provider as ODM.

(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.

Fiscal effect: Potential savings.

MCDLCD12 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.

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MCD52 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.

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.

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.

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.

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.

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.

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.

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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).

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.

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.

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:

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(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.

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.

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.

Executive

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.

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.

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.
- (3) Eliminates the phase-in period for subjecting provider agreements to time-limits.
- (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.

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.

(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.

(7) Replaces references in law to renewing provider agreements with references to revalidating provider agreements.

Fiscal effect: Potential savings.

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.

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;

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- (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 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.

Fiscal effect: None.

MCDCD10 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.

Fiscal effect: Potential minimal decrease in administrative costs.

MCDCD35 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:

- (1) Requires the Medicaid Director to adopt rules that govern the allocation of payments for GME costs;
- (2) Eliminates provisions specifying how payments for GME costs are made under the Medicaid managed care system.

Fiscal effect: Budget neutral.

Executive**MCDLCD15 Drug Dispensing Fee Survey****R.C. 5164.752, 5164.753**

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).

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.

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.

Provides for the Medicaid dispensing fee established in December of each even-numbered year to take effect the following July, rather than January.

Fiscal effect: None.

MCDLCD33 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.

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Fiscal effect: Savings of \$2.2 million (\$814,000 state share) over the biennium.

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

Fiscal effect: Budget neutral.

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.

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.

Executive

MCD23 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.

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.

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.

Fiscal effect: None.

MCD8 Medicaid Payment to Reserve Nursing Facility Bed**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.

Fiscal effect: None.

Executive

MCD18 **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.

MCD17 **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.

MCD2 **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.

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.

Executive

MCD3CD3 Home Care Attendant Services

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.

Fiscal effect: None.

MCD3CD1 Pediatric Accountable Care Organizations

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.

Fiscal effect: None.

MCD3CD34 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.

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.

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.

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.

Executive

MCDLCD20 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.

MCDLCD81 Hospital Care Assurance Program

Sections: 125.10, 125.12

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

MCDLCD82 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.

MCDLCD67 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.

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

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.

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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.

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

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.

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.

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.

Executive**MCD89 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.

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.

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.

Executive**MCDLCD54 Medicaid/Health Care Services****Section: 323.20**

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

MCDLCD29 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.

MCDLCD30 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.

Executive**MCDLCD55 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.

MCDLCD64 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.

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.

Executive

MCD40 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.

MCD41 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 outpatient services.

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

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.

MCD74 Administrative Issues Related to Termination of Medicaid Waiver Programs**Section: 323.110**

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

Fiscal effect: None.

Executive**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.

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.

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.

Executive**MCD75 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.

MCD44 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 and requires that any funds Ohio receives be deposited into the Balancing Incentive Payments Program Fund.

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.

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.

Fiscal effect: Savings of \$120 million state share over the biennium.

Executive

MCDLCD59 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.

MCDLCD60 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.

Permits the transfer of cash from the GRF to the Nursing Home Franchise Permit Fee Fund (Fund 5R20) in accordance with ORC 5168.54.

Appropriates the amounts transferred.

MCDLCD61 Hospital Care Assurance Match**Section: 323.190**

Requires appropriation item 651623, Medicaid Services - Federal, be used by ODM solely for distributing funds to hospitals under the Hospital Care Assurance Program (HCAP).

MCDLCD62 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).

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.

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.

MCD73 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.

Executive

MCD19 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.

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.

Fiscal effect: Savings of \$3.0 million (\$1.1 million state share) over the biennium.

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.

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.

Executive

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.

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.

MCD72 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.

Executive

MCD470 **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.

MCD48 **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.

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.

Executive**MCDLCD50 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.

MCDLCD37 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.

MCDLCD39 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.

Executive**MCD76 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).

MCD77 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.

MCD36 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.

Executive

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

Executive**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 Department of Medicaid (DOM), in amounts that equal the nonfederal portion of the cost of targeted case management services paid by county DD boards.

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

Executive**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.

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 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.

Executive

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.

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.

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.

Executive

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.
