

Executive

As Reported by House Finance

**MCDCD36 Home care services contracts**

**R.C. 121.36, (repealed)**

Repeals a provision of current law in which the Departments of Aging, Developmental Disabilities, Job and Family Services, and Health must require a home care service provider to have a system for monitoring the delivery of services by the provider's employees for contracts paid for with public funds.

**Fiscal effect: No direct fiscal impact.**

**R.C. 121.36**

Replaces the Executive provision with a provision that restores current law and adds ODM to the list of departments required to include a monitoring system for home care services contracts.

**Fiscal effect: None.**

**MCDCD3 Exchange of certain information between specified state agencies and health transformation initiatives**

**R.C. 191.04, 191.06, and Section 327.40**

Extends to FY 2016 and FY 2017 provisions that authorize the Office of Health Transformation (OHT) Executive Director to facilitate collaboration between certain state agencies for health transformation purposes and that authorize the exchange of personally identifiable information between those agencies regarding a health transformation initiative.

Extends to FY 2016 and FY 2017 provisions that require the use and disclosure of personally identifiable information in accordance with operating protocols adopted by the OHT Executive Director.

Allows portions of several Ohio Department of Medicaid (ODM) line items to be used to pay for services and costs associated with coordinating operations and sharing information between state agencies.

**R.C. 191.04, 191.06, and Section 327.40**

Same as the Executive.

Same as the Executive.

Same as the Executive.

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**MCDLCD34 Medicaid third party liability - portion of the award subject to right of recovery**

**R.C. 5160.37**

Establishes a rebuttable presumption (rather than an automatic right) regarding the right to recover a portion of a medical assistance recipient's tort award or settlement or claim against a third party.

**Fiscal effect: None, this provision aligns with current practice.**

**R.C. 5160.37**

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCDLCD28 Recovery of Medicaid overpayments by third parties**

**R.C. 5160.401**

Specifies that a third party's payment to ODM or a Medicaid managed care organization (MCO) regarding a Medicaid claim is final two years after the payment is made.

Authorizes a third party to seek recovery of all or part of an overpayment by filing a written notice of its intent with ODM or the Medicaid MCO before the date the payment is final.

Requires ODM or the Medicaid MCO, if either agree that an overpayment was made, to pay the amount to the third party or authorize the third party to offset the amount from a future payment owed to ODM or the Medicaid MCO.

**Fiscal effect: Potential minimal decrease in overpayments granted to third parties.**

**R.C. 5160.401**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

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**MCDCD26 Medicaid School Program**

R.C. *5162.365, 5162.01, 5162.36, 5162.361, 5162.363*

Makes a qualified Medicaid school provider solely responsible for timely repaying any overpayment that the provider receives under the Medicaid School Program and that is discovered by a federal or state audit.

Prohibits ODM, with regard to an overpayment, from paying the federal government to meet or delay the provider's repayment obligation and assuming or forgiving the provider's repayment obligation.

Requires each qualified Medicaid school provider to indemnify and hold harmless ODM for any cost or penalty resulting from a federal or state audit.

**Fiscal effect: The provision specifies that the Medicaid school provider will be responsible for repayments.**

R.C. *5162.365, 5162.01, 5162.36, 5162.361, 5162.363*

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCDCD50 Medicaid coverage of optional eligibility groups**

No provision.

(1) No provision.

(2) No provision.

R.C. *5163.03, 5163.04*

Revises the law governing Medicaid coverage of optional eligibility groups as follows:

(1) Prohibits Medicaid from covering optional eligibility groups that state statutes do not address whether Medicaid may cover;

(2) Permits Medicaid to continue covering an optional eligibility group that it covers on the effective date of this provision unless state statutes expressly prohibit Medicaid

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(3) No provision.

from covering the group; and

(3) Specifies that the income eligibility threshold for an optional eligibility group is (a) the percentage of the federal poverty line specified in state statute for the group or (b) if the income eligibility threshold for the group is not specified in state statute, a percentage of the federal poverty line not exceeding the percentage that, on the effective date of this provision, is the group's income eligibility threshold.

**Fiscal effect: None.**

**MCD23 Elimination of certain optional Medicaid eligibility groups**

**R.C. 5163.06, 5163.061 (Repealed)**

Eliminates a requirement that the Medicaid Program set the income eligibility threshold for pregnant women at 200% of the federal poverty level.

Eliminates a requirement that the Medicaid Program cover the group consisting of women in need of treatment for breast or cervical cancer.

Eliminates a requirement that the Medicaid Program cover the group consisting of nonpregnant individuals who may receive family planning services and supplies.

**Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$15.3 million (\$7.4 million state share) in FY 2016 and \$31.4 million (\$15.4 million state share) in FY 2017.**

**R.C. 5163.06, 5163.061 (Repealed)**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

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**MCD24 Transitional Medicaid**

R.C. 5163.08, (Repealed)

Repeals a requirement that the Medicaid Director 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: Decrease in expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, of \$4.1 million (\$1.5 million state share) in FY 2016 and \$39.9 million (\$15.0 million state share) in FY 2017.**

R.C. 5163.08, (Repealed)

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCD27 Medicaid ineligibility for transfer of assets**

R.C. 5163.30

Permits an institutionalized individual to enroll in Medicaid despite a transfer of assets for less than fair market value if all of the assets are returned or the individual or individual's spouse receives an amount equal to the difference between the amount received for the assets and the asset's fair market value.

**Fiscal effect: None.**

R.C. 5163.30

Same as the Executive.

**Fiscal effect: Same as the Executive.**

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**MCDCD30            Suspension of Medicaid provider agreements**

**R.C.            5164.36, 173.391, 5164.01, 5164.37, 5164.38, 5164.57**

Makes an indictment of a provider, or provider's owner, officer, authorized agent, associate, manager, or employee, for a Medicaid-related criminal charge a reason to suspend a Medicaid provider agreement on the basis of being a source of a credible allegation of fraud rather than a separate cause for suspending a provider agreement.

Subjects hospitals, nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) to the requirement to suspend a Medicaid provider agreement because of an indictment for a Medicaid-related charge.

Permits ODM to suspend a Medicaid provider agreement when an owner, officer, authorized agent, associate, manager, or employee of a provider has another provider agreement suspended due to a credible allegation of fraud.

Requires ODM, when a Medicaid provider agreement is suspended due to a credible allegation of fraud, to suspend all Medicaid payments to the provider.

Permits a provider to submit to ODM, as part of a request to reconsider a Medicaid provider agreement suspension, information about mistaken identity instead of information about a mistake of fact.

Permits ODM to suspend a Medicaid provider agreement before conducting an adjudication if ODM determines that a credible allegation exists that the provider has negatively

**R.C.            5164.36, 173.391, 5164.01, 5164.37, 5164.38, 5164.57**

Same as the Executive.

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affected the health, safety, or welfare of Medicaid recipients.

**Fiscal effect: None.**

**Fiscal effect: Same as the Executive.**

**MCDCD46**      **Claims for medical transportation services**

No provision.

**R.C.      5164.912**

Permits a medical transportation provider to submit a claim to Medicaid for a service provided to a participant of the Integrated Care Delivery System without Medicare first denying the claim if Medicaid is responsible for paying the claim.

**Fiscal effect: None.**

**MCDCD29**      **Nursing facilities' Medicaid payment rates**

**R.C.      5165.01, 173.47, 5165.10, 5165.106, 5165.09, 5165.155, 5165.158, 5165.193, 5165.40, 5165.41, 5165.99, 5168.40 Repealed: 5165.101-5165.105, 5165.07, 5165.08, 5165.15, 5165.151-5165.154, 5165.156, 5165.157, 5165.16, 5165.17, 5165.19, 5165.192, 5165.21, 5165.23, 5165.25, 5165.26, 5165.28-5165.30, 5165.32, 5165.33, 5165.37, 5165.516**

Repeals the laws establishing the formula for determining nursing facilities' regular Medicaid payment rates.

Repeals most of the laws specifying circumstances under which a nursing facility is paid a Medicaid rate that is different from the regular rate.

**R.C.      5165.15, 173.47, 5165.151, 5165.192, 5165.23, 5165.25 (new), 5168.40, Repealed: 5165.25, 5165.26**

No provision.

No provision.

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Repeals and revises many laws related to the laws concerning nursing facilities' Medicaid payment rates, including laws regarding cost reports and deadlines for calculating the rates.

Requires ODM, beginning with FY 2017, to (1) reduce all nursing facilities' Medicaid rates by an amount ODM determines and (2) use not more than the funds made available by the reductions to increase rates paid to nursing facilities that meet one or more quality indicators.

No provision.

**Fiscal effect: The provisions associated with repealing laws concerning certain Medicaid payment rates for nursing facilities should have no direct fiscal impact. The quality initiative provision is budget neutral since the amount saved as a result of the reduction in Medicaid rates will be used to pay nursing facilities that meet quality indicators.**

No provision.

Replaces the Executive provision with a provision that revises the formula used to determine nursing facilities' Medicaid rates beginning in FY 2017 as follows: (1) eliminates the quality incentive payments and quality bonuses paid under current law; (2) increases each nursing facility's base rate by \$16.44; (3) reduces each nursing facility's base rate by \$1.79; and (4) provides for all of the funds made available by the base rate reductions to be used to make quality payments to nursing facilities that meet at least one of certain quality indicators.

Requires ODM, when determining nursing facilities' case-mix scores, to use the grouper methodology designated by the federal government as the resource utilization group (RUG)-IV, 48 group model.

**Fiscal effect: Using the grouper methodology RUG-IV, 48 group model will result in an estimated increase in costs of \$40.9 million (\$15.4 million state share) in FY 2017.**

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**MCD40      Nursing facilities' Medicaid rates for low acuity residents**

**R.C.      5165.152, (Repealed), 5165.01**

Repeals a law that sets the Medicaid rate for nursing facility services provided to low resource utilization residents at \$130 per Medicaid day.

**Fiscal effect: Savings of \$23.5 million (\$8.8 million state share) in FY 2017.**

**R.C.      5165.152, 5165.01**

Replaces the Executive provision with a provision that sets the Medicaid rate for nursing facility services provided to low resource utilization residents at (1) \$115 per Medicaid day if ODM is satisfied that the nursing facility is cooperating with the Long-Term Care Ombudsman Program in efforts to help the nursing facility's low resource utilization residents receive the services that are most appropriate for their level of care, or (2) \$91.70 per Medicaid day if ODM is not satisfied.

**Fiscal effect: Savings of \$9.2 million (\$3.5 million state share) in FY 2017.**

**MCD38      Assistive personnel**

**R.C.      5166.41, 173.57-173.579, 3721.011, 5123.42-5123.451, 5166.40-5166.55**

Grants certified assistive personnel who provide services to individuals enrolled in specified Medicaid programs administered by the Ohio Department of Aging (ODA) or ODM the authority to administer prescribed medications, perform specified health-related activities, and perform tube feedings.

Requires ODA and ODM to investigate complaints regarding the performance of those activities by assistive personnel.

No provision.

No provision.

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Requires ODA and ODM to develop courses that train the assistive personnel to engage in those activities and that train registered nurses to provide the training courses to the personnel.

No provision.

Requires ODA and ODM to certify personnel and registered nurses who successfully complete the applicable training and satisfy other requirements.

No provision.

Requires ODA and ODM to establish and maintain a registry of all personnel and registered nurses who have been certified by ODA or ODM, respectively.

No provision.

Permits ODA, ODM, the Department of Health, and the Department of Developmental Disabilities to enter into an interagency agreement to establish a unified system of training and certifying assistive personnel, MR/DD personnel, and registered nurses.

No provision.

**Fiscal effect: Potential minimal increase in administrative costs.**

MCD45

Healthy Ohio Program

No provision.

**R.C. 5166.52, 5166.521-5166.5210**

Requires the Medicaid Director to establish the Healthy Ohio Program under which certain Medicaid recipients, in lieu of Medicaid coverage through the Medicaid fee-for-service or managed care system, are required to enroll in a comprehensive health plan offered by a managed care organization under contract with ODM.

No provision.

Requires an individual, other than a ward of the state, to participate in the program as a condition of Medicaid eligibility if the individual qualifies for Medicaid on the basis

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| No provision. | <p>of being included in (1) the category that ODM identifies as covered families and children or (2) the eligibility expansion group authorized by the Affordable Care Act (i.e., Group VIII).</p> <p>Requires that an account, to be known as a Buckeye account, be established for each program participant and that the account consist of Medicaid funds and contributions made by the individual and on the individual's behalf.</p>  |
| No provision. | <p>Requires each county department of job and services to offer to refer to a workforce development agency each Healthy Ohio Program participant who is an adult and either unemployed or underemployed.</p> <p><b>Fiscal effect: ODM would incur some start-up costs to establish the program. However, after the program is fully implemented there could be savings to the Medicaid program in the millions or tens of millions of dollars annually. Savings may increase as the program matures.</b></p> |

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MCD44 Holocaust survivors in the ICDS Medicaid Waiver Program

No provision.

R.C. 5166.161, 5166.16

Requires ODM to ensure that each participant of the Integrated Care Delivery System (ICDS) who is a Holocaust survivor receives, while enrolled in the part of the ICDS that is a Medicaid Waiver Program, home and community-based services (HCBS) of the type and in at least the amount, duration, and scope that the participant is assessed to need and would have received if enrolled in another HCBS Medicaid Waiver Program operated by ODM or ODA.

**Fiscal effect: Potential minimal increase in HCBS service expenditures.**

MCD37 Medicaid care management system

R.C. 5167.03

Repeals provisions that (1) require ODM to designate specified groups for participation in the care management system, (2) prohibit ODM from designating other specified groups for participation in the system, and (3) require ODM to ensure that certain groups are enrolled only in managed care organizations that are health insuring corporations.

No provision.

R.C. 5167.03

No provision.

Eliminates an obsolete Medicaid managed care provision that refers to the nonfederal share of the cost of Medicaid-covered addiction and mental health services being paid by entities other than ODM, as other state agencies and boards of alcohol, drug addition, and mental health services no longer pay the nonfederal share.

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**Fiscal effect: ODM plans to enroll foster care and adopted children into Medicaid managed care. In addition, ODM will make it optional for individuals with developmental disabilities to enroll in managed care for medical services. Lastly, ODM plans to include behavioral health services in managed care. These three policies are expected to cost \$104.8 million (\$39.4 million state share) in FY 2017 for any unpaid fee for service claims after individuals have been transitioned onto managed care.**

**Fiscal effect: None.**

**MCDCD31 Nursing homes' and hospital long-term care units' franchise permit fees**

**R.C. 5168.40, 5168.44, 5165.45, 5168.47-5168.49, 5168.53**

**R.C. 5168.40, 5168.44, 5165.45, 5168.47-5168.49, 5168.53**

Provides that a bed surrender does not occur for the purpose of the franchise permit fee charged nursing homes unless the bed is removed from a nursing home's licensed capacity in a manner that makes it impossible for the bed to ever be a part of any nursing home's licensed capacity.

Same as the Executive.

Provides that a bed surrender does not occur for the purpose of the franchise permit fee charged hospital long-term care units unless the bed is removed from registration as a skilled nursing facility bed or long-term care bed in a manner that makes it impossible for the bed to ever be registered as such a kind of bed.

Same as the Executive.

Requires ODM to notify, electronically or by United States Postal Service, nursing homes and hospital long-term care units of (1) the amount of their franchise permit fees, (2) redeterminations of the fees triggered by bed surrenders, and (3) the date, time, and place of hearings to be held for appeals regarding the fees.

Same as the Executive.

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**Fiscal effect: None, this provision aligns with current practice.**

**Fiscal effect: Same as the Executive.**

**MCD1CD1 Temporary authority regarding employees**

**Section: 327.20**

Extends through June 30, 2017, the authority of the ODM and Ohio Department of Job and Family Services (ODJFS) directors to establish, change, and abolish positions for their respective agencies and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote 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: 327.20**

Same as the Executive.

Same as the Executive.

**MCD1CD2 New and amended grant agreements**

**Section: 327.30**

Continues the authority of 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

**Section: 327.30**

Same as the Executive.

Same as the Executive.

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associated with the administration of the Medicaid program.

**Fiscal effect: None.**

**Fiscal effect: Same as the Executive.**

**MCD4CD4 Medicaid/Health Care Services**

**Section: 327.50**

Requires that appropriation item 651525, Medicaid/Health Care Services, not be limited by section 131.33 of the Revised Code.

No provision.

**MCD4CD5 Managed Care Performance Payment Program**

**Section: 327.60**

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 Director of the Office of Budget and Management (OBM) to transfer cash in the amounts certified from the GRF to the Managed Care Performance Payment Fund (Fund 5KW0). Appropriates, upon the request of the ODM Director and approval of the OBM Director, an amount up to the cash balance in Fund 5KW0. Appropriates any federal share to a federal appropriation item specified in the request. Reduces the appropriation in appropriation item 651525, Medicaid/Health Care Services, by the state and federal share amount of the transfers.

**Section: 327.60**

Same as the Executive.

Specifies that in addition to any other purpose authorized by law, ODM may use Fund 5KW0 for the following purposes in FY 2016 and FY 2017: (1) to meet obligations specified in provider agreements with Medicaid MCOs; (2)

Same as the Executive.

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to pay for Medicaid services provided by Medicaid MCOs; and (3) to reimburse a Medicaid MCO that has previously paid a fine but has subsequently come into compliance.

**MCDCD6 Performance payments for Medicaid managed care**

**Section: 327.70**

Requires ODM, for FY 2016 and FY 2017, to provide performance payments to Medicaid MCOs providing care under the Dual Eligible Integrated Care Delivery System (ICDS).

Requires ODM, if ICDS participants receive care through Medicaid MCOs, to (1) develop quality measures designed specifically to determine the effectiveness of the health care and other services provided to ICDS participants and (2) determine an amount to be withheld from Medicaid premium payments paid to Medicaid MCOs for ICDS participants.

Requires ODM to establish an amount that is to be withheld each time a premium payment is made to a Medicaid MCO for an ICDS participant. Requires the following: that the amount be established as a percentage of each premium payment, the percentage be the same for all MCOs providing care to ICDS participants, and MCOs agree to the withholding as a condition of its Medicaid provider agreement.

Requires, when the amount is established or modified, ODM to certify the amount of the withholding to the OBM Director and begin withholding the amount from each premium ODM pays for an ICDS participant. Requires the

**Section: 327.70**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

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OBM Director to transfer amounts certified into the Managed Care Performance Payment Fund (Fund 5KW0). Allows these transferred amounts to be used to make performance payments to Medicaid MCOs providing care to ICDS participants in accordance with rules adopted by the Medicaid Director.

Specifies that a Medicaid MCO subject to this section is not subject to section 5167.30 of the Revised Code for premium payments to ICDS participants during FY 2016 and FY 2017.

Same as the Executive.

**MCDCD7**

**Integrated Care Delivery System Performance Payment Program**

**Section: 327.80**

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 related to providing services to ICDS participants. Requires the OBM Director to transfer cash in the amount certified from the GRF to the Managed Care Performance Payment Fund (Fund 5KW0). Specifies that the federal share can be appropriated in a federal appropriation item. Appropriates the transferred cash. Reduces appropriation item 651525, Medicaid/Health Care Services, by the state and federal share amount of the transfer.

**Section: 327.80**

Same as the Executive.

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**MCDCD8            Hospital Franchise Fee Program**

**Section: 327.90**

Allows the OBM Director to authorize additional expenditures from appropriation items 651623, 651525, and 651656, in order to implement hospital assessment programs authorized by sections 5168.20 through 5168.28 of the Revised Code. Appropriates any authorized amounts.

**Section: 327.90**

Same as the Executive.

**MCDCD51            Hospital franchise permit fee assessment rate**

No provision.

**Section: 327.93**

Sets the hospital franchise permit fee assessment rate at 4.0% for the two program years that begin during FY 2016 and FY 2017 (ODM planned to raise the assessment rate administratively from the current 2.7% to 3.0% for the biennium).

**Fiscal effect: Gain of \$220.3 million in FY 2016 and \$231.8 million in FY 2017 in hospital franchise permit fee assessment revenue. The majority of these amounts and their corresponding federal shares will be used to make payments to hospitals. A smaller portion (\$35 million state share in FY 2016 and \$38 million state share in FY 2017, and their corresponding federal shares) will be used to offset Medicaid GRF costs in appropriation item 651525, Medicaid/Health Care Services.**

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**MCDCD9            Administrative issues related to termination of Medicaid waiver programs**

**Section: 327.100**

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

**Fiscal effect: None.**

**Section: 327.100**

Same as the Executive.

**MCDCD10            Money Follows the Person Enhanced Reimbursement Fund**

**Section: 327.110**

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 (Fund 5AJ0) and requires ODM to continue using these moneys for system reform activities related to the project.

**Section: 327.110**

Same as the Executive.

**MCDCD49            Money Follows the Person**

No provision.

**Section: 327.113**

Earmarks \$2.0 million in each fiscal year in line item 651631, Money Follows the Person, for the Ohio All-Payer Health Claims Database.

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**MCDCD11 Medicare Part D**

**Section: 327.120**

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, and appropriation item 651526, Medicare Part D. Requires the OBM Director to adjust the federal share of appropriation item 651525, Health Care/Medicaid, if the state share is adjusted. Requires ODM to provide notification to the Controlling Board of any transfers at the next scheduled Controlling Board meeting.

**Section: 327.120**

Same as the Executive.

**MCDCD12 Ohio Access Success Project**

**Section: 327.130**

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

**Section: 327.130**

Same as the Executive.

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**MCDCD13 Health Care Services Administration Fund**

**Section: 327.140**

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: 327.140**

Same as the Executive.

**MCDCD14 Transfers of offsets to the Health Care Services Administration Fund**

**Section: 327.150**

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). Specifies that the amounts transferred from a fund shall equal the amount that would have been taken from a fund if not for the offsets. Specifies that the federal share may also be appropriated in a federal appropriation item specified in the certification. Appropriates the transferred cash and corresponding federal share. Reduces the appropriations (both state and federal share) for those appropriation items from which transfers occurred.

**Section: 327.150**

Same as the Executive.

Same as the Executive.

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**MCDCD15      Hospital Care Assurance Match**

**Section: 327.160**

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.

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.

**Section: 327.160**

Same as the Executive.

Same as the Executive.

**MCDCD16      Refunds and Reconciliation Fund**

**Section: 327.170**

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. Requires that any Medicaid refunds or reconciliations received or held by ODJFS be transferred or credited to Fund R055.

**Section: 327.170**

Same as the Executive.

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Permits the ODM Director to request the OBM Director to authorize expenditures from Fund R055 in excess of the amounts appropriated, if receipts credited to the fund exceed the amounts appropriated from the fund. Upon approval of the OBM Director, the additional amounts are appropriated.

Same as the Executive.

**MCDCD17 Medicaid Interagency Pass-Through**

**Section: 327.180**

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

**Section: 327.180**

Same as the Executive.

**MCDCD18 State plan home and community-based services**

**Section: 327.190**

Permits, during FY 2016 and FY 2017, 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. Specifies that a recipient is not required to undergo a level of care determination to be eligible.

**Section: 327.190**

Same as the Executive.

Allows the Medicaid Director to adopt rules to implement this as necessary.

Same as the Executive.

**Fiscal effect: Potential increase in Medicaid costs to cover this population; the increase will depend on the number of eligible individuals.**

**Fiscal effect: Same as the Executive.**

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**MCDCD19      Updating authorizing statute citations****Section: 327.200**

Specifies that an "authorizing statute" is a Revised Code section or provision that is cited in the Ohio Administrative Code as the statute that authorizes the adoption of a rule. Specifies that the Medicaid Director is not required to amend any rule for the sole purpose of updating the citation in the Ohio Administrative Code to the rule's authorizing statute to reflect that this act renumbers the authorizing statute or relocates it to another Revised Code section. Requires such citations to be updated as the Director amends the rules for other purposes.

**Fiscal effect: None.****Section: 327.200**

Same as the Executive.

**Fiscal effect: Same as the Executive.**

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As Reported by House Finance

**MCDCD20      Non-emergency medical transportation****Section: 327.210**

Allows the OBM Director, on request of the Medicaid Director to transfer appropriations between GRF appropriation item 651525, Medicaid/Health Care Services, and 655523, Medicaid Program Support - Local Transportation, used by the Ohio Department of Job and Family Services (ODJFS), to ensure access to a non-emergency medical transportation brokerage program. Requires that if transfers occur from 651525 that the OBM Director transfer the federal share of the transfer in cash from the GRF to the Medicaid Program Support Fund (Fund 3F01), used by ODJFS and appropriates the amount of the transfer to appropriation item 655624, Medicaid Program Support and reduces the federal share of 651525 accordingly. Allows the OBM Director to transfer cash from Fund 3F01 to the GRF, appropriates the federal share portion to 651525, and reduces the appropriation to 651624 accordingly.

**Section: 327.210**

Same as the Executive.

Executive

As Reported by House Finance

**MCDCD21      Public assistance eligibility determination system implementation**

**Section: 327.220**

Allows the OBM Director, upon request of the Medicaid Director, to increase appropriation item 655522, Medicaid Program Support - Local, used by ODJFS, by up to \$7.2 million in each fiscal year. Allows the OBM Director to transfer cash from the GRF, in the amount of the corresponding federal share, to a federal fund identified by the Medicaid Director. Appropriates any transferred amounts and reduces the state and federal share of 651525 accordingly.

Requires that any increase in funding be provided to county departments of job and family services (CDJFS) to be used for costs related to transitioning to a new public assistance eligibility determination system. Prohibits funds to be used for existing and ongoing operating expenses. Requires the Medicaid Director to establish criteria for distributing funds and for CDJFS' to submit allowable expenses.

Requires CDJFS' to comply with new roles, processes, and responsibilities related to the new eligibility determination system and to report to ODJFS and ODM, on a schedule determined by the Medicaid Director, how the funds were used.

**Section: 327.220**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Reported by House Finance

**MCDCD42 Medicaid for Inmates Pilot Program**

No provision.

**Section: 327.223**

Requires ODM to operate a two-year pilot program under which the suspension of a person's Medicaid eligibility ends when the person is to be confined only for 30 more days in a local correctional facility owned and operated by Montgomery or Jackson County.

No provision.

Requires state funds to be used for the Medicaid services provided under the pilot program.

**Fiscal effect: The bill appropriates \$500,000 in each fiscal year in new GRF appropriation item 651527, Medicaid for Inmates Pilot Program.**

**MCDCD22 Fund abolishments**

**Sections: 327.230, 512.60**

Requires the OBM Director, on July 1, 2015, or as soon as possible thereafter, to transfer the cash balance in the:

- (1) Home and Community-Based Services Fund (Fund 4J50) to the Nursing Facility Franchise Permit Fee Fund (Fund 5R20);
- (2) Supplemental Inpatient Hospital Fund (Fund 5Q90) to the Hospital Assessment Fund (5GF0);
- (3) Children's Hospital - State Fund (Fund 5CR0) to the GRF; and

**Sections: 327.230, 512.60**

Same as the Executive.

- (1) Same as the Executive.
- (2) Same as the Executive.
- (3) Same as the Executive.

Executive

As Reported by House Finance

(4) Health Care Services - Other Fund (Fund 5HA0) to the GRF.

(4) Same as the Executive.

Abolishes Funds 4J50, 5R20, 5CR0, and 5HA0 when the transfers are complete.

Same as the Executive.

**MCD41 Dental provider rates and pilot project**

No provision.

**Section: 327.240**

Establishes a demonstration pilot project that pays Medicaid dental providers in Brown, Scioto, Adams, Lawrence, Jackson, Gallia, Vinton, Perry, Hocking, Meigs, Morgan, Washington, Pike, Athens, Noble, and Monroe counties at 65% of the American Dental Association survey of fees for dental services.

No provision.

Earmarks \$8,002,000 in FY 2016 and \$7,974,000 in FY 2017 in GRF line item 651525, Medicaid/Health Care Services, for the pilot project.

**MCD43 Holzer Clinic payment**

No provision.

**Section: 327.240**

Earmarks \$500,000 in FY 2016 and \$1,000,000 in FY 2017 in GRF line item 651525, Medicaid/Health Care Services, for the Holzer Clinic to make Medicaid payments in accordance with an existing ODM rule for physician, pregnancy-related, evaluation, and management services provided by physician groups that meet the criteria described in the rule.

Executive

As Reported by House Finance

**MCD48 Medicaid rates for home health aide services**

**Sections: 327.250, 327.260**

No provision.

Requires the Medicaid rate for home health aide services, other than those provided by an independent provider, during the period beginning July 1, 2015, and ending June 30, 2017, be at least 10% higher than the rate in effect on June 30, 2015. Applies the increase to any Medicaid-covered home health aid services.

No provision.

Earmarks \$29.0 million in each fiscal year in GRF line item 651525, Medicaid/Health Care Services, to increase the payment rate paid for home health aide services.

**MCD35 Medicaid Reserve Fund Balance**

**Section: 512.70**

Requires the balance of the Medicaid Reserve Fund (Fund 5Y80), in FY 2016, to be the same balance as of June 30, 2015. Requires the OBM Director to take any action necessary to effectuate this.

No provision.

**Section: 512.70**

Same as the Executive, but instead of requiring the FY 2016 balance to be the same balance as of June 30, 2015, it requires that the FY 2016 balance be the balance that was in the Fund on June 30, 2015, less \$230.0 million.

Requires the OBM Director, on July 1, 2015, or as soon as possible thereafter, to transfer the following from Fund 5Y80: (1) \$88.0 million to the GRF; (2) \$20.0 million to the Local Government Safety Capital Fund (Fund 5RD0), used by the Development Services Agency; (3) \$72.0 million to the School District TPP Supplement Fund (Fund 5RE0), used by the Department of Education; and (4) \$50.0 million to the Healthier Buckeye Fund (Fund 5RC0), used by the Ohio Healthier Buckeye Advisory Council.

Executive

As Reported by House Finance

**MCD33 Hospital assessments**

**R.C. 5168.23, 5168.26, Sections 610.10, 610.11**

Continues the assessments (i.e. franchise permit fees) imposed on hospitals for two additional years.

Requires ODM to establish a payment schedule for hospital assessments for each assessment program year and to include the payment schedule in each preliminary determination notice that ODM is required to mail to hospitals. Requires ODM to consult with the Ohio Hospital Association (OHA) before establishing the payment schedule for any assessment program year.

**Sections: 610.10, 610.11**

Same as the Executive.

No provision.

**MCD39 Hospital Care Assurance Program**

**Sections: 610.10, 610.11**

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

**Sections: 610.10, 610.11**

Same as the Executive.

**MCD25 Independent providers' Medicaid provider agreements**

**R.C. 5164.302, 5164.01, 5164.37, 5164.38, 5166.30**

Prohibits, effective July 1, 2016, ODM from entering into an initial Medicaid provider agreement with an independent provider to provide certain aide services, certain nursing services, home and community-based services, or services covered by the Helping Ohioans Move, Expanding (HOME) Choice Demonstration program.

**Section: 751.10**

No provision.

Executive

As Reported by House Finance

Permits independent providers' Medicaid provider agreements that are in effect on June 30, 2016, to continue in effect until they are phased out pursuant to a plan ODM is required to develop in consultation with other departments.

No provision.

Requires the last of the Medicaid provider agreements that are to be phased out to cease to be in effect not later than July 1, 2019.

No provision.

Exempts, from the prohibition against initial Medicaid provider agreements and the phase-out requirement for existing provider agreements, independent providers providing services covered by Medicaid waiver programs that include participant-directed service delivery systems.

No provision.

No provision.

States that it is the General Assembly's intent to study independent providers' Medicaid provider agreements and to resolve the issue not later than December 31, 2015.

**Fiscal effect: No direct fiscal impact.**

**Fiscal effect: Potential minimal administrative costs to study the issue.**

MCD53

Medicaid expansion group report

No provision.

**Section: 751.20**

Requires ODM to submit a report to the General Assembly evaluating the Medicaid program's effect on clinical care and outcomes for individuals included in the Medicaid expansion group (also referred to as Group VIII).

**Fiscal effect: Potential minimal increase in administrative costs.**

Executive

As Reported by House Finance

AGECD16      PASSPORT Program coverage of certain nurse services

No provision.

R.C.      *173.525*

Requires that the PASSPORT Program cover consultation and assessment services provided by registered nurses and that the payment rate for the services not be less than the payment rate for the services under the Ohio Home Care Waiver Program.

**Fiscal effect: Increase in costs of approximately \$10.6 million (\$4.2 million state share) annually, which would be paid out of GRF line item 651525, Medicaid/Health Care Services, in the Department of Medicaid. This estimate includes an adjustment for MyCare Ohio, as well as for PASSPORT, since MyCare Ohio is required to provide services that are identical to services available under other waiver programs.**

AGECD17      Medicaid-funded component of Assisted Living Program

No provision.

R.C.      *173.548*

Permits an individual enrolled in the Medicaid-funded component of the Assisted Living Program to choose a single occupancy room or, subject to an approval process to be established in rules, a multiple occupancy room.

**Fiscal effect: Potential minimal increase to establish rules.**

Executive

As Reported by House Finance

**DDDCD41          Adjudication regarding converted ICFs/IID Medicaid provider agreement**

**R.C.          5124.60, 5164.38**

Provides that the Medicaid Director is not required to conduct an adjudication when terminating an ICF/IID's Medicaid provider agreement as a result of the ICF/IID converting all of its beds to providing home and community-based services or when amending an ICF/IID's Medicaid provider agreement to reflect the ICF/IID's reduced Medicaid-certified capacity resulting from the ICF/IID converting some but not all of its beds.

**Fiscal effect: Potential minimal decrease in administrative costs for the Ohio Department of Medicaid (ODM).**

**R.C.          5124.60, 5164.38**

Same as the Executive.

**Fiscal effect: Same as the Executive.**

Executive

As Reported by House Finance

DOHCD23 Ohio Hospital Report Card

|               |   |
|---------------|---|
| No provision. | <p>R.C. <b>3727.70, 3727.71-3727.75</b></p> <p>Requires the Executive Director of the Office of Health Transformation (OHT) to develop, in consultation with a hospital association selected by the Executive Director, the Ohio Hospital Report Card.</p>  |
| No provision. | <p>Requires the hospital report card to (1) be available on a public web site and (2) provide information about the clinical outcomes and other data to allow consumers to compare health care services at different hospital facilities.</p> <p><b>Fiscal effect: OHT will experience an increase in costs to develop the Ohio Hospital Report Card.</b></p> |

DOHCD24 Ohio All-Payer Health Claims Database

|               |   |
|---------------|---|
| No provision. | <p>R.C. <b>3728.01, 3728.02-3728.08</b></p> <p>Requires the OHT Executive Director to create the Ohio All-Payer Health Claims Database to provide public information that allows for continuous review of health care utilization, expenditures, and quality in Ohio.</p> |
| No provision. | <p>Creates the Ohio All-Payer Health Claims Database Advisory Committee to provide recommendations to the Executive Director in developing the database. Specifies the membership of the Committee.</p>   |
| No provision. | <p>Terminates the Committee once the database is created.</p>   |

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Executive

As Reported by House Finance

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**Fiscal effect: The bill earmarks \$2.0 million in each fiscal year in appropriation item 651631, Money Follows the Person, used by the Department of Medicaid, for the database.**

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Executive

As Reported by House Finance

JFSCD41 Healthier Buckeye Grant Program

R.C. 103.412, 355.02, 355.03, 355.04, 5101.91, 5101.92, 5101.93, Sections 305.10, 305.183, 512.70, (Repeals Section 551.10 of H.B. 483 of the 130th GA)

No provision.

Requires each board of county commissioners, not later than December 15, 2015, to adopt a resolution establishing a local healthier buckeye council.

No provision.

Requires a local healthier buckeye council to promote opportunities for individuals and families to achieve and maintain optimal health, and develop a plan to promote that objective and other objectives in current law.

No provision.

Requires each local healthier buckeye council to submit the council's plan to its board of county commissioners and to the Ohio Healthier Buckeye Advisory Council.

No provision.

Requires local healthier buckeye councils to submit annual performance reports to the Ohio Healthier Buckeye Advisory Council.

No provision.

Requires local healthier buckeye councils to report certain information to the Joint Medicaid Oversight Committee and the Ohio Healthier Buckeye Advisory Council.

No provision.

Specifies with regard to the Ohio Healthier Buckeye Advisory Council (Council) that administrative support will be provided by the Ohio Department of Job and Family Services (ODJFS), and that members will serve without compensation, but are reimbursed for related expenses.

Executive

As Reported by House Finance

No provision.

Requires the Council to prepare an annual report of its activities.

No provision.

Repeals requirements that the Council recommend criteria, application processes, and maximum grant amounts for the Ohio Healthier Buckeye Grant Program, and means to achieve coordination, person-centered case management, and standardization in public assistance programs.

No provision.

Requires the Council to provide assistance establishing local buckeye councils, identify barriers and gaps to achieving greater financial independence and provide advice on overcoming those barriers and gaps, and collect, analyze, and report performance measure information.

No provision.

Repeals the existing Healthier Buckeye Grant Program (Program) and reenacts it with new criteria for grants to be awarded to local healthier buckeye councils, other public and private entities, and individuals.

No provision.

Requires that the Program be administered by the Council.

No provision.

Creates the Healthier Buckeye Fund in the state treasury from which grants can be awarded under the program.

No provision.

Earmarks up to \$250,000 in each fiscal year in appropriation item 600669, Healthier Buckeye Councils, to support the administration of the Healthier Buckeye Grant Program.

No provision.

Specifies that the Healthier Buckeye Fund (Fund 5RC0) is to be used by the Ohio Healthier Buckeye Advisory Council.

Executive

As Reported by House Finance

**Fiscal effect: The bill appropriates \$8.5 million in FY 2016 and \$9.0 million in FY 2017 to the newly created appropriation item 600669, Healthier Buckeye Councils.**

**JFSCD34 State and county shared services transfers**

**Section: 305.200**

Allows the Director of Budget and Management, upon receipt of a request from the Director of Job and Family Services and the Director of Medicaid, to transfer up to \$7,200,000 cash from the State and County Shared Services Fund (Fund 5HL0) used by the Department of Job and Family Services to the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) used by the Department of Medicaid.

**Section: 305.200**

Same as the Executive.