

Executive

As Passed by the House

In Senate Finance

JMOCD1 Operating Expenses

Section: 308.10

Requires GRF line item 048321, Operating Expenses, to be used to support expenses related to the Joint Medicaid Oversight Committee (JMOC).

Allows the JMOC Executive Director to certify to the Director of Budget and Management, the amount of the unexpended, unencumbered balance of GRF line item 048321, Operating Expenses, at the end of FY 2016 to be reappropriated to FY 2017. Appropriates the amount certified in FY 2017.

Section: 308.10

Same as the Executive.

Same as the Executive, but allows the JMOC Executive Director to also certify to the Director of Budget and Management, the amount of the unexpended, unencumbered balance of GRF line item 048321, Operating Expenses, at the end of FY 2015 to be reappropriated to FY 2016. Appropriates the amount certified in FY 2016.

Section: 308.10

Same as the Executive.

Same as the House.

JMOCD2 Review of certain Department of Health line items

No provision.

Section: 308.10

Requires JMOC to review the use and necessity, both before and after the enactment of the Medicaid expansion, of the following GRF line items in the Department of Health: 440416, Mothers and Children Safety Net Services; 440418, Immunizations; 440438, Breast and Cervical Cancer Screening; 440444, AIDS Prevention and Treatment; and 440505, Medically Handicapped Children. Requires that the review also detail all funding sources, maintenance of effort requirements, and any grant restrictions, as well as including analysis and recommendations to maximize the integration into the formal health care system with the goal of achieving the statutory goals of the JMOC.

Section: 308.10

Same as the House.

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Fiscal effect: Minimal increase in administrative expenses for the review.

Fiscal effect: Same as the House.

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LSCCD10 Fiscal agent for joint committees

No provision.

No provision.

Sections: 307.1, 308.10

Requires LSC to serve as fiscal agent for the Joint Committee on Agency Rule Review and the Joint Medicaid Oversight Committee.

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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.

Repeals the prohibition on including alcohol, drug addiction, and mental health services in any component of the care management system.

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.

No provision.

R.C. 5167.03

No provision.

No provision.

Same as the Executive.

No provision.

R.C. 5167.03, 103.42, 5167.04, 5167.041

Same as the Executive.

Same as the Executive, but (1) requires ODM to begin to include alcohol, drug addiction, and mental health services in the care management system not later than January 1, 2018, (2) requires approval by the Joint Medicaid Oversight Committee (JMOC) before ODM may implement any proposal to include the services in the system before January 1, 2018, and (3) requires JMOC to monitor ODM's actions regarding the inclusion of the services in the system.

Same as the Executive.

Prohibits a Medicaid managed care organization from imposing any prior authorization requirements for receipt of alcohol, drug addiction, or mental health services, other than the prior authorization requirements of current law that apply to certain prescription drugs.

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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.

Fiscal effect: Same as the Executive, but potentially delays the fiscal impact related to including alcohol, drug addiction, and mental health services in the care management system until January 1, 2018. Prohibiting any prior authorization requirements for certain services could reduce savings that might otherwise be achieved by including these services in the care management system.