

Executive

As Passed by the House

As Passed by the Senate

MCD36 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R.C. 121.36, (repealed)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.

R.C. 121.36, (repealed)

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD3 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.

R.C. 191.04, 191.06, and Section 327.40

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCDCD34 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.

Permits any party to rebut the presumption by a showing of clear and convincing evidence that a different allocation is warranted and provides that the allocation of medical expenses pursuant to a settlement agreement between a medical assistance recipient and a third party may be considered by ODM or county department of job and family services (CDJFS) but is not binding on either.

R.C. 5160.37

Same as the Executive.

Same as the Executive.

R.C. 5160.37

Same as the Executive.

Replaces the Executive provision with a provision that (1) establishes a process whereby a party may request a hearing and subsequent appeals for the purpose of rebutting the presumption that ODM or a CDJFS is to receive not less than the lesser of (a) one-half of the amount remaining from a tort settlement or judgment after fees, costs, and other expenses are deducted from the settlement or judgment amount or (b) the actual amount of medical assistance paid and (2) specifies that the process is retroactive to the extent it may be used by a medical assistance recipient who repaid money, on or after September 29, 2007, to ODM or a CDJFS.

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

Fiscal effect: Same as the Executive.

Fiscal effect: Possible increase in costs related to hearings and appeals.

MCDCD28 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.

R.C. 5160.401

Same as the Executive.

R.C. 5160.401

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate
<p>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.</p> <p>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.</p> <p>Fiscal effect: Potential minimal decrease in overpayments granted to third parties.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
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<p>MCD59</p>	<p>Contracts for the management of Medicaid data requests</p>	
<p>No provision.</p>	<p>No provision.</p>	<p>R.C. 5162.12</p> <p>Revises, as follows, current law that authorizes the Medicaid Director to contract with persons to receive and process requests for certain Medicaid-related data that will be used for commercial or academic purposes:</p> <p>(1) Requires, instead of permits, the Director to enter into the contracts;</p> <p>(2) Instead of requiring that the contracts specify the schedule of fees to be charged for preparing an item pursuant to a request for data, requires a person under contract to charge a fee in an amount equal to 102% of the cost the ODM incurs in making the data used to prepare the item available to the contracting person.</p>
<p>(1) No provision.</p>	<p>(1) No provision.</p>	
<p>(2) No provision.</p>	<p>(2) No provision.</p>	

Executive

As Passed by the House

As Passed by the Senate

MCDCD74 Medicaid annual report

No provision.

No provision.

R.C. 5162.13

Requires additional information to be included in an annual report that ODM must complete under existing law on the effectiveness of the Medicaid program in meeting the health care needs of low-income pregnant women, infants, and children.

Fiscal effect: Potential increase in administrative costs.

MCDCD26 Medicaid School Program

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

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

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.

Same as the Executive.

Same as the Executive.

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.

Same as the Executive.

Same as the Executive.

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

Same as the Executive.

Same as the Executive.

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

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCDLCD50 Medicaid coverage of optional eligibility groups

R.C. 5163.03, 5163.04

R.C. 5163.03, 5163.04

No provision.

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

Same as the House.

(1) No provision.

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

(1) Same as the House.

(2) No provision.

(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 from covering the group; and

(2) Same as the House.

(3) No provision.

(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.

(3) Same as the House.

Fiscal effect: None.

Fiscal effect: Same as the House.

MCDLCD23 Elimination of certain optional Medicaid eligibility groups

R.C. 5163.06, 5163.061 (Repealed)

R.C. 5163.06, 5163.061 (Repealed)

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.

Same as the Executive.

No provision.

Executive	As Passed by the House	As Passed by the Senate
Eliminates a requirement that the Medicaid Program cover the group consisting of women in need of treatment for breast or cervical cancer.	Same as the Executive.	No provision.
Eliminates a requirement that the Medicaid Program cover the group consisting of nonpregnant individuals who may receive family planning services and supplies.	Same as the Executive.	Same as the Executive.
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.	Fiscal effect: Same as the Executive.	Fiscal effect: Increase in expenditures of approximately \$15.0 million (\$7.4 million state share) in FY 2016 and \$30.4 million (\$15.3 million state share) in FY 2017. Appropriations in GRF line item 651525 Medicaid/Health Care Services, have been adjusted accordingly.
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	R.C. 5163.08, (Repealed) Same as the Executive.	R.C. 5163.08, (Repealed) Same as the Executive.
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.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCD64 Medicaid and revocable trusts

No provision.

No provision.

R.C. 5163.21

Specifies that when a Medicaid applicant's or recipient's home is held in a revocable self-settled trust, all of the following are the case for purposes of determining that individual's Medicaid eligibility: (1) the home is not an available resource and, to the extent the home is in the corpus of the trust, that portion of the corpus is not to be considered an available resource; (2) to the extent the home constitutes payments from the trust to or for the applicant's or recipient's benefit, such payments are not to be considered unearned income; (3) to the extent the home constitutes any other payments from the trust, such payments are not to be considered an improper disposition of assets; and (4) the home must be excluded from the computation of spousal share determined under federal law.

No provision.

No provision.

Specifies that a transfer of an applicant's or recipient's home from a revocable self-settled trust to the applicant or recipient or that individual's spouse is not to be considered an improper disposition of assets or a disposal of assets for less than fair market value for which a period of Medicaid ineligibility may be imposed under federal law.

Executive

As Passed by the House

As Passed by the Senate

MCDLCD27 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.

R.C. 5163.30

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDLCD30 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.

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

Same as the Executive.

Same as the Executive.

Same as the Executive.

No provision.

No provision.

No provision.

Executive

As Passed by the House

As Passed by the Senate

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

Same as the Executive.

No provision.

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.

Same as the Executive.

No provision.

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

Same as the Executive.

No provision.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

MCD67 Medicaid rate for medical transportation providers' fuel costs

No provision.

No provision.

R.C. 5164.78

Requires that the Medicaid payment rate for medical transportation services include a component paying for providers' fuel costs and that the rate for the fuel component be at least 5% higher than the national average for fuel prices.

Fiscal effect: Estimated increase in costs of \$171,000 (\$64,108 state share) in FY 2016 and \$171,000 (\$64,330 state share) in FY 2017. Appropriations in GRF line item 651525, Medicaid/Health Care Services, have been adjusted accordingly.

Executive

As Passed by the House

As Passed by the Senate

MCD46 **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.

No provision.

MCD29 **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.

Repeals a law that permits the Medicaid Director to establish an alternative purchasing model for nursing facility services provided by designated discrete units of nursing facilities to Medicaid recipients with specialized health care needs.

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.

No provision.

R.C. 5165.15, 173.47, 5165.151, 5165.192, 5165.23, 5165.25 (new), 5168.40, Repealed: 5165.25, 5165.26, Section 812.10

No provision.

No provision.

Replaces the Executive provision with a provision that requires (rather than permits as under current law) the Medicaid Director to establish the alternative purchasing model.

Executive

As Passed by the House

As Passed by the Senate

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.

No provision.

No provision.

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.

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.

Same as the House.

No provision.

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.

Same as the House, but delays the effective date until July 1, 2016.

No provision.

No provision.

Requires ODM, with the first rebasing of Medicaid payment rates for nursing facilities, to place nursing facilities in Allen and Trumbull counties in the peer groups used to determine the Medicaid payment rates for nursing facilities in Mahoning County or Stark County.

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.

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.

Fiscal effect: Same as the House, but there will also be savings of \$3 million state share and the corresponding federal share in appropriation item 651525, Medicaid/Health Care Services, related to the peer group change.

Executive

As Passed by the House

As Passed by the Senate

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.

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.

R.C. 5165.152, 5165.01, Section 812.10

Same as the House, but delays the effective date until July 1, 2016.

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

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

Fiscal effect: Same as the House.

MCD66 Medicaid eligibility for medically handicapped children

No provision.

No provision.

R.C. 5166.32, 5166.01

Requires ODM, if it terminates the 209(b) option, to establish a Medicaid waiver program under which an individual who has cystic fibrosis and is enrolled in the Program for Medically Handicapped Children or a program for adults with cystic fibrosis may qualify for Medicaid under the spenddown process.

Executive

As Passed by the House

As Passed by the Senate

MCDCD60 Medicaid waiver for married couple to retain eligibility

No provision.

No provision.

R.C. 5166.33, 5166.01

Requires ODM to establish a Medicaid waiver program under which Medicaid recipients who are married to each other retain, under certain circumstances, Medicaid eligibility despite employment earnings that exceed the applicable threshold.

Fiscal effect: Medicaid waivers are subject to federal approval. ODM would experience administrative costs to seek the waiver.

MCDCD38 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.

No provision.

No provision.

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

No provision.

No provision.

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.

No provision.

Executive

As Passed by the House

As Passed by the Senate

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

No provision.

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.

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.

No provision.

Fiscal effect: Potential minimal increase in administrative costs.

MCD45 Healthy Ohio Program

R.C. 5166.52, 5166.521-5166.5210

No provision.

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.

R.C. 5166.51, 5167.03

Replaces the House provision with a provision that requires ODM to establish a Medicaid waiver program under which certain Medicaid recipients must enroll in innovative and value-based health coverage that is modeled on health savings accounts and uses premiums, copayments, or both instead of participating in Medicaid's fee-for-service component or Medicaid managed care.

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 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).

Replaces the House provision with a provision that requires Medicaid recipients who are at least age 21, not aged, blind, disabled, or pregnant, and who have income exceeding 100% of the federal poverty line to participate.

Executive	As Passed by the House	As Passed by the Senate
No provision.	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.	No provision.
No provision.	Requires each CDJFS to offer to refer to a workforce development agency each Healthy Ohio Program participant who is an adult and either unemployed or underemployed.	No provision.
No provision.	<p>Requires health professional services under the Healthy Ohio Program be paid at the same rate as Medicare.</p> <p>Fiscal effect: Medicaid waiver programs are subject to federal approval. ODM would incur some start-up costs to establish the program. After the program is fully implemented there could be savings to the Medicaid program in the millions or tens of millions of dollars annually, However, the cost of the provision requiring health professional services to be reimbursed at the Medicare rate would outweigh these potential savings.</p>	<p>No provision.</p> <p>Fiscal effect: Medicaid waiver programs are subject to federal approval. ODM would incur some start-up costs to establish the program. After the program is fully implemented there could be savings to the Medicaid program in the millions or tens of millions of dollars annually.</p>
MCD44	Holocaust survivors in the ICDS Medicaid Waiver Program	
No provision.	<p>R.C. 5166.161, 5166.16</p> <p>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.</p>	<p>R.C. 5166.161, 5166.16</p> <p>Same as the House.</p>

Executive

As Passed by the House

As Passed by the Senate

Fiscal effect: Potential minimal increase in HCBS service expenditures.

Fiscal effect: Same as the House.

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.

R.C. 5167.03

No provision.

No provision.

Same as the Executive.

R.C. 5167.03, 103.42, 5167.04

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.

Executive

As Passed by the House

As Passed by the Senate

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.

MCD73 Medicaid managed care - community health worker services

No provision.

No provision.

R.C. 5167.15, Section 327.244

Requires a Medicaid managed care organization to cover community health worker services and similar services for enrollees who are pregnant or capable of becoming pregnant, who live in a community identified by ODH, in consultation with the Medicaid Director, as having a high rate of infant mortality, and who meet other criteria.

No provision.

No provision.

Specifies that if an enrollee who is to receive community health worker services or similar services covered under the bill resides in a region served by a community hub that is nationally certified or has shown substantial progress toward certification, the enrollee must receive the services from that community hub.

No provision.

No provision.

Earmarks \$13.4 million in each fiscal year (\$5,023,660 in FY 2016 and \$5,041,080 in FY 2017 state share) in GRF appropriation item 651525, Medicaid/Health Care Services. Requires these funds to be used to provide community health worker and similar services to Medicaid recipients

Executive

As Passed by the House

As Passed by the Senate

who, among other things, live in certain communities with high infant mortality rates.

MCD76 Medicaid managed care – Help Me Grow home visits

No provision.

No provision.

R.C. 5167.16, 5167.01

Requires a Medicaid managed care organization to provide (or arrange for the provision of) both of the following to an enrollee who participates in the Help Me Grow Program and is either pregnant or the birth mother of a child under age 3:

No provision.

No provision.

(1) Home visits (which must include depression screenings); and

No provision.

No provision.

(2) Cognitive behavioral therapy that is determined to be medically necessary.

No provision.

No provision.

Requires the cognitive behavioral therapy to be provided in the enrollee's home at her request.

MCD75 Medicaid managed care - enhanced care management services

No provision.

No provision.

R.C. 5167.17

Requires a Medicaid managed care organization to provide enhanced care management services to pregnant women and women capable of becoming pregnant in ODH-identified communities with high infant mortality.

Executive

As Passed by the House

As Passed by the Senate

Fiscal effect: According to the Office of Health Transformation's budget documents, costs relating to this are included in the rate currently paid to health plans, so this has no impact on the budget.

MCD61 Strategies to improve care management system's integrity

No provision.

No provision.

R.C. 5167.32

Requires ODM, not later than July 1, 2016, to implement strategies to improve the integrity of the Medicaid care management system (i.e., Medicaid managed care).

MCD62 Medicaid managed care organizations' payments to providers

No provision.

No provision.

R.C. 5167.33

Requires Medicaid managed care organizations to do both of the following:

(1) No provision.

(1) No provision.

(1) Implement, not later than July 1, 2018, strategies that base payments to providers on the value received from their services and their success in reducing waste in the provision of the services;

(2) No provision.

(2) No provision.

(2) Ensure, not later than July 1, 2020, that at least 50% of the aggregate net payments it makes to providers are based on the value of the providers' services.

Fiscal effect: Potential savings.

Executive

As Passed by the House

As Passed by the Senate

MCDCD33 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.

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

Same as the Executive.

Same as the Executive.

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

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.

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.

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

Same as the Executive.

Same as the Executive.

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

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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.

Same as the Executive.

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

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD1 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.

Section: 327.20

Same as the Executive.

Section: 327.20

Same as the Executive.

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.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCD2CD2 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 associated with the administration of the Medicaid program.

Fiscal effect: None.

Section: 327.30

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 327.30

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD2CD4 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.

Section: 327.53

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCD5CD5 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.

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) 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.

Section: 327.60

Same as the Executive.

Same as the Executive.

Section: 327.60

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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

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 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.

Section: 327.70

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 327.70

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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.

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.

Section: 327.80

Same as the Executive.

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.

Section: 327.90

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCD51 Hospital franchise permit fee assessment rate

No provision. (Hospital franchise permit fee assessment rate is currently set administratively.)

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).

No provision. (Hospital franchise permit fee assessment rate is currently set administratively.)

Fiscal effect: The permit fee related appropriations are set according to the planned assessment rate.

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.

Fiscal effect: The permit fee related appropriations are adjusted according to the planned assessment rate.

MCD9 Administrative issues related to termination of Medicaid waiver programs

Section: 327.100

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

Section: 327.100

Same as the Executive.

Section: 327.100

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCD10 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.

Section: 327.110

Same as the Executive.

MCD49 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.

No provision.

MCD55 People Working Cooperatively

No provision.

No provision.

Section: 327.115

Earmarks \$250,000 in each fiscal year in line item 651631, Money Follows the Person, for People Working Cooperatively to perform home modification/repair services to low-income, frail, or cognitively impaired persons 60 years of age and older to achieve independent living in their private residence and to avoid institutional placement.

Executive

As Passed by the House

As Passed by the Senate

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.

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.

Section: 327.130

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCDLCD13 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.

Section: 327.140

Same as the Executive.

MCDLCD14 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.

Section: 327.150

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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.

Section: 327.160

Same as the Executive.

Section: 327.160

Same as the Executive.

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.

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.

Section: 327.170

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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.

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.

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.

Section: 327.190

Same as the Executive.

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

Same as the Executive.

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.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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.

Section: 327.200

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCDLCD20 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.

Section: 327.210

Replaces the Executive provision with a provision that: (1) specifies, with respect to non-emergency medical transportation, that upon the request of the Medicaid Director, the OBM Director may transfer the state share of appropriations between GRF appropriation item 651525, Medicaid/Health Care Services, and GRF appropriation item 655523, Medicaid Program Support – Local Transportation, used by ODJFS, and (2) specifies that the OBM Director shall adjust, using the prevailing federal reimbursement rate, the corresponding federal share appropriations of GRF line item, 651525, Medicaid/Health Care Services, within ODM, and the appropriation for line item 655624, Medicaid Program Support, within ODJFS. Requires the Medicaid Director to transmit the corresponding drawn down of federal funds to the Medicaid Program Support Fund (3F01).

Executive

As Passed by the House

As Passed by the Senate

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.

Section: 327.220

Same as the Executive.

Section: 327.220

Replaces the Executive provision with a provision that does the following: (1) specifies that upon the request of the Medicaid Director, the OBM Director may transfer up to \$7.2 million the state share of appropriations between GRF appropriation item 651525, Medicaid/Health Care Services, used by ODM and GRF appropriation item 655522, Medicaid Program Support – Local, used by ODJFS, and (2) specifies that the OBM Director shall adjust, using the federal reimbursement rate, the corresponding federal share appropriations of GRF line item, 651525, Medicaid/Health Care Services, and the appropriation for line item 655624, Medicaid Program Support, used by ODJFS. Requires the Medicaid Director to transmit the corresponding drawn down of federal funds to the Medicaid Program Support Fund (3F01).

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.

Same as the Executive.

Same as the Executive.

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.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

MCD42 Medicaid for Inmates Pilot Program

Section: 327.223

No provision.

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.

No provision.

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

No provision.

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

MCD22 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.

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 Passed by the House	As Passed by the Senate
(4) Health Care Services - Other Fund (Fund 5HA0) to the GRF.	(4) Same as the Executive.	(4) Same as the Executive.
Abolishes Funds 4J50, 5R20, 5CR0, and 5HA0 when the transfers are complete.	Same as the Executive.	Same as the Executive.
MCD41 Dental provider rates and pilot project		
No provision.	<p>Section: 327.240</p> <p>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.</p>	No provision.
No provision.	<p>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.</p>	No provision.
MCD43 Holzer Clinic payment		
No provision.	<p>Section: 327.240</p> <p>Earmarks \$500,000 in FY 2016 and \$1,000,000 in FY 2017 in GRF line item 651525, Medicaid/Health Care Services, for Medicaid payments under an existing ODM rule (i.e. the Holzer rule) regarding rates for physician, pregnancy-related, evaluation, and management services provided by physician groups that meet the criteria described in the rule.</p>	<p>Section: 327.243</p> <p>Same as the House, but changes the earmarks to \$666,844 in FY 2016 and \$332,270 in FY 2017 and requires ODM, as necessary to reflect the amount of the earmarks, to adjust the amount by which the Holzer rule increases the Medicaid rates for the services.</p>

Executive

As Passed by the House

As Passed by the Senate

MCD54 Maternal and Child Health

No provision.

No provision.

Section: 327.245

Earmarks \$500,000 in new GRF line item 651528, Maternal and Child Health, in FY 2016 to Integrating Professionals for Appalachian Children to be used to improve maternal and child health outcomes in the service area comprised of Athens, Gallia, Hocking, Jackson, Meigs, Perry, Ross, Vinton, and Washington counties.

MCD48 Medicaid rates for home health aide services

No provision.

Sections: 327.250, 327.260

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.

Sections: 327.250, 327.260

Same as the House, but reduces the percentage by which the Medicaid rate for home health aide services, other than those provided by an independent provider, is required to be increased for FY 2016 and FY 2017, from at least 10% to at least 5%.

No provision.

Earmarks \$29,000,000 in each fiscal year in GRF line item 651525, Medicaid/Health Care Services, to increase the payment rate paid for home health aide services.

Same as the House, but reduces the earmark to \$14,500,000 in each fiscal year.

Executive

As Passed by the House

As Passed by the Senate

MCD56 Nursing facility demonstration project

No provision.

No provision.

Section: 327.270

Requires ODM to seek a federal Medicaid Waiver to operate a two-year demonstration project under which Medicaid recipients are admitted to participating nursing facilities in lieu of freestanding long-term care hospitals.

No provision.

No provision.

Requires ODM to select four nursing facilities meeting certain requirements and located in Cuyahoga, Franklin, Hamilton, and Lucas counties (or other counties if necessary to find four qualifying nursing facilities) to participate in the demonstration project.

No provision.

No provision.

Requires each participating nursing facility to develop admission criteria that Medicaid recipients must meet to be admitted to the nursing facility under the demonstration project and to give the criteria to each hospital that is located within 50 miles and routinely refers Medicaid patients to freestanding long-term care hospitals.

No provision.

No provision.

Requires hospitals that receive the criteria to consider the criteria when determining where to refer Medicaid recipients who need the type of services freestanding long-term care hospitals provide.

No provision.

No provision.

Permits Medicaid recipients to refuse referrals to participating nursing facilities.

No provision.

No provision.

Requires that the Medicaid payment rate for nursing facility services provided under the demonstration project not exceed the Medicaid payment rate for comparable freestanding long-term care hospital services.

Executive

As Passed by the House

As Passed by the Senate

Fiscal effect: Medicaid waivers are subject to federal approval. ODM will experience administrative costs to seek the waiver.

MCD58 Pre-enrollment provider screenings and reviews

No provision.

No provision.

Section: 327.280

States the General Assembly's recommendation that ODM, during FY 2016 and FY 2017, perform pre-enrollment screenings and reviews of Medicaid providers designated as moderate or high categorical risks to the Medicaid program.

MCD68 Pilot Program for Newborns with Neonatal Abstinence Syndrome

No provision.

No provision.

Section: 327.290

Requires ODM, in consultation with ODJFS and ODH, to develop and implement a two-year pilot program under which newborns who have neonatal abstinence syndrome are, after being medically stabilized at a hospital, transferred to a nonhospital, community facility that is located in Montgomery County and provides the newborns medical, pharmacological, and therapeutic services the departments are to specify.

No provision.

No provision.

Requires ODM, ODH, and ODJFS to complete a report about the pilot program that includes recommendations for making the pilot program statewide and part of the Medicaid program.

No provision.

No provision.

Earmarks \$300,000 in new GRF line item 651529, Brigid's Path Pilot, for the Brigid's Path Pilot Program.

Executive

As Passed by the House

As Passed by the Senate

MCD69 Medicaid rates for ambulette services

No provision.

No provision.

Section: 327.300

Requires the Medicaid rates for ambulette services provided during FY 2016 and FY 2017 to be at least 10% higher than the rates in effect on June 30, 2015.

Fiscal effect: Increase in expenditures of \$1 million (\$375,000 state share) in each fiscal year. Appropriations in line item 651525, Medicaid/Health Care Services, have been adjusted accordingly.

MCD65 Termination of the 209(b) option

No provision.

No provision.

Section: 327.310

Prohibits ODM from terminating, before July 1, 2016, the federal 209(b) option under which the Medicaid program's eligibility requirements for aged, blind, and disabled individuals are more restrictive than the eligibility requirements for the Supplemental Security Income program.

Fiscal effect: Reduces expenditures by \$38.7 million (\$14.5 million state share) in FY 2016. Appropriations in line item 651525, Medicaid/Health Care Services, have been adjusted accordingly. Increases expenditures by about \$6 million (\$3 million state share) in FY 2016 for administration. Appropriations in line items 651425, Medicaid Program Support - State, and 651624, Medicaid Program Support - Federal, have been adjusted accordingly.

Executive

As Passed by the House

As Passed by the Senate

MCD70 Graduate Medical Education Study Committee

No provision.

No provision.

Section: 327.320

Creates the Graduate Medical Education Study Committee.

No provision.

No provision.

Requires the Committee to study the issue of Medicaid payments to hospitals for the costs of graduate medical education, including the feasibility of targeting the payments in a manner that rewards medical school graduates who practice in Ohio for at least five years after graduation.

No provision.

No provision.

Requires the Committee to complete a report about its study not later than December 31, 2015.

Fiscal effect: Potential minimal increase in administrative costs.

MCD72 Study of Self-Selecting Managed Care Organization

No provision.

No provision.

Section: 327.330

Requires ODM to conduct a study about the feasibility and potential savings of delaying an individual's coverage under the Medicaid program until the individual self-selects a Medicaid managed care organization if the individual is required to participate in the care management system.

Executive

As Passed by the House

As Passed by the Senate

MCD63 Cash Transfer from the Health Care/Medicaid Support and Recoveries Fund to the GRF

No provision.

No provision.

Section: 512.13

Requires the OBM Director to transfer \$7,500,000 cash at the beginning of each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to the General Revenue Fund.

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.

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.

No provision.

Sections: 512.70, 695.10

No provision.

Same as the House, but increases the transfer to the GRF to \$158.0 million (1); eliminates the transfers to the Local Government Safety Capital Fund (2) and the Healthier Buckeye Fund (4); and transfers the remaining balance in Fund 5Y80 to the Budget Stabilization Fund.

Repeals Section 5 of H.B. 486 of the 130th GA that requires the OBM Director to transfer any unexpended, unencumbered cash balance from Fund 5Y80 back to the GRF at the end of FY 2015.

Executive

As Passed by the House

As Passed by the Senate

MCDLCD39 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.

Sections: 610.10, 610.11

Same as the Executive.

MCDLCD25 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.

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.

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.

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.

Section: 751.10

No provision.

No provision.

No provision.

No provision.

Section: 751.10

No provision.

No provision.

No provision.

No provision.

Executive	As Passed by the House	As Passed by the Senate
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.	Same as the House.
Fiscal effect: No direct fiscal impact.	Fiscal effect: Potential minimal administrative costs to study the issue.	Fiscal effect: Same as the House.
MCD53	Medicaid expansion group report	
No provision.	<p>Section: 751.20</p> <p>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).</p> <p>Fiscal effect: Potential minimal increase in administrative costs.</p>	<p>Section: 751.20</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>

Executive

As Passed by the House

As Passed by the Senate

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.

No provision.

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.

R.C. 173.548

Same as the House.

Fiscal effect: Same as the House.

Executive

As Passed by the House

As Passed by the Senate

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.

R.C. 5124.60, 5164.38

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

DOHCD34 Medicaid eligibility for individuals with cystic fibrosis

No provision.

No provision.

R.C. 3701.023

Requires the Program for Medically Handicapped Children and the Program for Adults with Cystic Fibrosis to continue to assist medically handicapped children with cystic fibrosis who qualify for Medicaid under the spenddown process.

DOHCD36 Rule adoption - infant mortality

No provision.

No provision.

R.C. 3701.142

Requires the ODH Director, in consultation with the Ohio Perinatal Quality Collaborative, to adopt rules which specify healthy behaviors to be promoted and facilitated by certified community workers who provide community health worker and other services covered by Medicaid managed care organizations.

No provision.

No provision.

Requires the ODH Director, in consultation with the Medicaid Director, to specify (1) communities with the highest rate of infant mortality and (2) the licensed health professionals (in addition to physicians) who may recommend that a Medicaid recipient receive community health worker services covered by Medicaid managed care organizations.

Fiscal effect: Potential minimal increase in administrative costs.

Executive

As Passed by the House

As Passed by the Senate

DOHCD23 Ohio Hospital Report Card

R.C. 3727.70, 3727.71-3727.75

No provision.

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.

No provision.

No provision.

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.

No provision.

Fiscal effect: OHT will experience an increase in costs to develop the Ohio Hospital Report Card.

DOHCD24 Ohio All-Payer Health Claims Database

R.C. 3728.01, 3728.02-3728.08

No provision.

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.

No provision.

No provision.

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.

No provision.

No provision.

Terminates the Committee once the database is created.

No provision.

Executive

As Passed by the House

As Passed by the Senate

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.

Executive

As Passed by the House

As Passed by the Senate

INSCD8 Pharmacy benefit managers and maximum allowable cost

R.C. 3959.111, 3959.01

R.C. 3959.111, 3959.01

No provision.

Adds pharmacy benefit managers (PBMs) to the types of third-party administrators, who are required to be licensed by the Superintendent of Insurance.

Same as the House.

No provision.

Places requirements on contracts between PBMs and "plan sponsors," primarily in regard to maximum allowable cost drug reimbursements. (Plan sponsor includes, with regard to a prescription drug plan, an employer, a multiple employer welfare arrangement, public employee benefit plan, state agency, insurer, managed care organization, or other thirdparty payer that facilitates a health benefit plan that provides a drug benefit that is administered by a PBM.)

Same as the House, but does not require a PBM to disclose to a plan sponsor whether or not the PBM uses the same maximum allowable cost list when billing the plan sponsor as it does when reimbursing a pharmacy.

Fiscal effect: May increase the Department of Insurance's administrative costs related to requirements related to third-party administrators. Any increase in such costs would be paid from the Department of Insurance Operating Fund (Fund 5540). Potential revenue gain from penalties imposed on PBMs as third-party administrators.

Fiscal effect: Same as the House.

Executive

As Passed by the House

As Passed by the Senate

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)

R.C. 103.412, 355.02, 355.03, 355.04, 5101.91, 5101.92, 5101.93

No provision.

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

Restores current law that permits, but does not require, the formation of local healthier buckeye councils.

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.

Same as the House.

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.

Same as the House.

No provision.

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

Same as the House.

No provision.

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

Same as the House.

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.

Same as the House.

No provision.

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

Same as the House.

Executive	As Passed by the House	As Passed by the Senate
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.	Same as the House.
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.	Same as the House.
No provision.	Repeals the existing Healthier Buckeye Grant Program and reenacts it with new criteria for grants to be awarded to local healthier buckeye councils, other public and private entities, and individuals.	Same as the House, but does not reenact the Healthier Buckeye Grant Program.
No provision.	Requires that the Healthier Buckeye Grant Program be administered by the Council.	No provision.
No provision.	Creates the Healthier Buckeye Fund in the state treasury from which grants can be awarded under the program.	No provision.
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.
No provision.	Specifies that the Healthier Buckeye Fund (Fund 5RC0) is to be used by the Ohio Healthier Buckeye Advisory Council.	No provision.
	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.	Fiscal effect: Possible minimal administrative costs for ODJFS in support of the Ohio Healthier Buckeye Advisory Council.

Executive

As Passed by the House

As Passed by the Senate

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.

Section: 305.200

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

DPSCD87 Workgroup to Study the Feasibility of Medicaid Recipients' ID and Benefits Cards

Section: 751.30

(1) No provision.

(1) No provision.

(1) Creates the 11-member Workgroup to Study the Feasibility of Medicaid Recipients' ID and Benefits Cards, and designates as chairperson the Director of Public Safety or the Director's designee.

(2) No provision.

(2) No provision.

(2) Requires that, in addition to the Director of Public Safety, the other ten Workgroup members consist of the following or their designee: the Medicaid Director, the Director of Aging, the Director of Development Services, the Director of Developmental Disabilities, the Superintendent of Public Instruction, the Director of Health, the Director of Insurance, the Director of Job and Family Services, the Director of Mental Health and Drug Addiction Services, and the Executive Director of Opportunities for Ohioans with Disabilities.

(3) No provision.

(3) No provision.

(3) Requires the Department of Public Safety to provide staff and all other support functions for the Workgroup.

(4) No provision.

(4) No provision.

(4) Requires the Workgroup, in order to reduce enrollee and provider fraud and abuse, to study the feasibility of using state-issued licenses and identification cards to establish an individual's eligibility for all state public assistance programs and benefits under them, such as Medicaid, the Home Energy Assistance Program, the Supplemental Nutrition Assistance Program, the Temporary Assistance for Needy Families Program, and child care.

Executive

As Passed by the House

As Passed by the Senate

(5) No provision.

(5) No provision.

(5) Requires the Workgroup, not later than July 1, 2018, to submit a report that contains its findings and recommendations to the General Assembly, at which point in time the Workgroup ceases to exist.

Fiscal effect: Minimal.