



Ohio Legislative Service Commission

Jacquelyn Schroeder

Fiscal Note & Local Impact Statement

Bill: [Sub. H.B. 123 of the 130th G.A.](#)

Date: December 4, 2013

Status: As Reported by Senate Medicaid,
Health & Human Services

Sponsors: Reps. Gonzales and Wachtmann

Local Impact Statement Procedure Required: No

Contents: Medicaid coverage of telehealth services

State Fiscal Highlights

- It is possible that the bill would increase administrative costs for the Ohio Department of Medicaid (ODM) due to the requirement of establishing payment standards. The bill could also increase the number of Medicaid claims due to a standard payment that could, in turn, increase administrative costs for ODM.

Local Fiscal Highlights

- No direct fiscal effect on political subdivisions.

Detailed Fiscal Analysis

Telehealth services required under the Medicaid Program

Currently, payments under the Medicaid Program for telemedicine service vary. There is no uniform system, but certain providers are able to bill Medicaid for providing such services. In the Revised Code, "the practice of telemedicine" refers to an out-of-state physician who provides services through any communication including oral, written, or electronic to someone in Ohio.¹ These services are covered by Medicaid now.² On the other hand, according to ODM, payments for telemedicine services provided by in-state providers is currently built into the physician's payment rates as overhead for face-to-face encounters.

The bill requires ODM to establish standards for Medicaid payments for health care services ODM determines are appropriate to be covered by the Medicaid Program when provided as telehealth services. The bill defines a "telehealth service" as a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

It is possible that the bill would increase administrative costs for ODM due to the requirement of establishing payment standards. The bill could also increase the number of Medicaid claims due to a standard payment that could, in turn, increase administrative costs for ODM. An increase in claims may increase Medicaid service costs if telehealth services are not as cost effective as the Medicaid Program's coverage of health care services when provided by a health care provider at the same site where the patient is located.

Health care peer review committees

The bill provides that the release of any information, documents, or records that were produced or presented during proceedings of a peer review committee of a health care entity does not affect the confidentiality of any other information, documents, or records produced or presented during those proceedings. The bill also expands the definition of a health care entity to include accountable care organizations and expands the definition of a hospital to include a group of hospitals that are owned, sponsored, or managed by a single entity.

¹ R.C. 4731.296.

² O.A.C. 5101:3-2-02.