

Executive

INSCD4  Telemedicine services

R.C.  3902.30
Requires all health benefit plans to provide coverage for telemedicine services on the same basis and to the same extent as in-person services. Prohibits such plans from excluding telemedicine services from coverage solely because they are telemedicine services. Prohibits such plans from (1) imposing a lifetime benefit maximum in relation to telemedicine services other than a maximum imposed on all plan benefits and (2) requiring cost-sharing for telemedicine services in an amount greater than that for comparable in-person services. Specifies that the requirement and prohibitions apply to all health benefit plans issued, offered, or renewed on or after January 1, 2020.

Fiscal effect: The prohibition against excluding coverage for telemedicine services has the potential to increase costs for the state and local governments to provide health benefits to employees and their dependents. Currently, telemedicine service is not included in the state’s health benefit plan, thus, it may minimally increase costs to the state to provide health benefits to employees and their dependents. To the extent that telemedicine services are already included in a local government’s health benefit plan, there should be no impact on their costs of providing health benefits to employees and their dependents.

INSCD1  Market conduct examination

Section:  305.10
Permits the Superintendent of Insurance to assess the costs associated with a market conduct examination of an insurer doing business in this state against the insurer. Allows the Superintendent to enter into consent agreements to impose administrative assessments or fines for violations of insurance laws or rules. Requires all costs, assessments, or fines collected related to such violations to be deposited into the Department of Insurance Operating Fund (Fund 5540).

Examinations of domestic fraternal benefit societies

Section: 305.10
Allows the Director of Budget and Management, at the request of the Superintendent, to transfer cash from Fund 5540 to the Superintendent's Examination Fund (Fund 5550), only for expenses incurred in examining domestic fraternal benefit societies.

Transfer of funds for captive insurance company regulation

Section: 305.10
Requires the Director of Budget and Management, in consultation with the Superintendent, to establish a schedule for repaying amounts previously transferred during fiscal years 2016 and 2017 from the Captive Insurance Regulation and Supervision Fund (Fund 5PT0) to Fund 5540, when funds from captive insurance company application fees, reimbursements from captive insurance companies for examinations, and other sources have accrued to Fund 5PT0 in such amounts as are deemed sufficient to sustain departmental operations related to captive insurers.

Fiscal effect: During FY 2016 and FY 2017, $1.0 million was transferred from Fund 5540 to Fund 5PT0 to pay startup costs for regulating captive insurance companies before receipts related to such regulation were received and deposited into Fund 5PT0. The money had not been repaid to Fund 5540 as of March of this year. This provision would require repayment when the funds are sufficient for that purpose.
Executive

MCDCD20  Medicaid prompt payment requirements waiver

R.C.  5167.25 (repealed), with conforming changes: 3901.3814
Repeals the requirement that the Medicaid Director apply for a waiver from the federal Medicaid prompt payment requirements that would instead require health insuring corporations to submit claims in accordance with requirements established by the Department of Insurance.
Fiscal effect: None.

Updating references

MCDCD23  Updating references

R.C.  5168.03, 3901.381, 5168.05-5168.08
Replaces references to the former U.S. Health Care Financing Administration with references to the U.S. Centers for Medicare and Medicaid Services.
Fiscal effect: None.

Temporary authority regarding employees

Section:  333.20
Extends through July 1, 2021, the authority of ODM to establish, change, and abolish positions and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote employees who are not subject to state law governing public employee's collective bargaining.
Permits a portion of various ODM appropriation items to be used to pay for costs associated with the administration of the Medicaid Program, including the personnel actions listed above.
Fiscal effect: None.