

Executive

As Passed by the House

As Passed by the Senate

As Enacted

JMOCD3 Joint Medicaid Oversight Committee Employees

No provision.	<p>R.C. 103.41 Authorizes the Speaker of the House of Representatives and the President of the Senate, instead of the Joint Medicaid Oversight Committee (JMOC), to hire JMOC's professional, technical, and clerical employees.</p>	No provision.	<p>R.C. 103.41 Replaces the House provision with a provision that authorizes the JMOC chairperson to hire and terminate employees for the Committee, subject to approval by the Speaker of the House and the President of the Senate, or their designees.</p>
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JMOCD1 Operating Expenses

<p>Section: 313.10 Requires GRF appropriation item 048321, Operating Expenses, to be used to support expenses related to JMOC. Permits the JMOC Executive Director to certify to the OBM Director the amount of the unexpended, unencumbered balance of the item at the end of FY 2017 and FY 2018 to be reappropriated to the following fiscal year. Reappropriates the amounts certified. Requires the Legislative Service Commission to act as fiscal agent for JMOC.</p>	<p>Section: 313.10 Same as the Executive. Same as the Executive. Same as the Executive.</p>	<p>Section: 313.10 Same as the Executive. Same as the Executive. Same as the Executive.</p>	<p>Section: 313.10 Same as the Executive. Same as the Executive. Same as the Executive.</p>
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JMOCD2 Review of certain Health line items

Section: 313.10

Requires JMOC to review Department of Health GRF appropriation items 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.

No provision.

No provision.

No provision.

JMOCD5 Health coverage studies

No provision.

Section: 313.20

Requires JMOC to enter into a contract with an entity to conduct a study to determine whether a high-risk pool is an appropriate mechanism for providing health coverage to uninsured residents of this state.

Section: 313.20

No provision.

Section: 313.20

No provision.

No provision.

Requires JMOC to enter into a contract with an entity to conduct a study to determine the feasibility of simultaneously implementing a plan that is similar to the Healthy Indiana Plan and a high-risk pool in Ohio.

Same as the House, but requires JMOC to conduct the study instead of entering into a contract for it.

Same as the Senate.

Fiscal effect: JMOC will incur costs to contract with an entity to complete these two studies.

Fiscal effect: Increase in administrative costs for JMOC to conduct the study.

Fiscal effect: Same as the Senate.

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DASCD32 Control of legislative agency office space

<p>No provision.</p>	<p>R.C. 123.01 Allows all agencies within the legislative branch of the state government (not just the Joint Legislative Ethics Committee as under current law) to make purchases, leases, and repairs for the agencies' office spaces, and provides the agencies custody of the office spaces, thereby exempting them from DAS oversight for these services.</p>	<p>R.C. 123.01 Same as the House.</p>	<p>R.C. 123.01 Same as the House, but specifies that a legislative agency that uses office space in a building under the management and control of DAS may improve the agency's office space if DAS concludes the proposed improvements do not adversely impact the structural integrity of the building.</p>
<p>No provision.</p>	<p>Allows all legislative agencies (except the Capitol Square Review and Advisory Board as under continuing law) to contract with DAS for services related to the legislative office spaces. Fiscal effect: Any fiscal effect will depend on the particular services a legislative agency needs and the entity that the agency chooses to provide those services.</p>	<p>Same as the House. Fiscal effect: Same as the House.</p>	<p>Same as the House, but prohibits DAS from using any type of competitive selection process for the performance of services under the contract. Fiscal effect: Same as the House.</p>

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INSCD4 Payer education on mental health and addiction services

	R.C. 3901.90, 5119.89	R.C. 3901.90, 5119.89	R.C. 3901.90, 5119.89
No provision.	Requires the Superintendent of Insurance, in consultation with the Director of Mental Health and Addiction Services, to develop consumer education on mental health and addiction services insurance parity, including establishing a consumer hotline to collect information and help consumers understand their insurance benefits.	Same as the House.	Same as the House.
No provision.	Requires the Department of Insurance and the Department of Mental Health and Addiction Services to jointly report on their efforts under the program, before each January 30, to the General Assembly, the Joint Medicaid Oversight Committee, and the Governor.	Same as the House.	Same as the House.
	Fiscal effect: Increase in administrative costs for the Department of Insurance or the Department of Mental Health and Addiction Services, and potentially for both. The cost of establishing, staffing, and operating a consumer hotline would be about \$100,000 annually. The Department of Insurance's administrative costs are paid from the Department of Insurance Operating Fund (Fund 5540).	Fiscal effect: Same as the House.	Fiscal effect: Same as the House.

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MCD68 **VETOED Legislative oversight of rules increasing Medicaid rates**

R.C. 5164.69, 103.41, 103.417,
5162.021, 5164.02, 5164.021

R.C. 5164.69, 103.41, 103.417,
5162.021, 5164.02, 5164.021

No provision.

[***VETOED: Prohibits the implementation of a proposal to increase a Medicaid payment rate if any of the following occurs.***]

No provision.

Same as the House.

(1) No provision.

[***VETOED: (1) ODM or other responsible state agency fails to submit the proposal to JMOC.***]

(1) No provision.

(1) Same as the House.

(2) No provision.

[***VETOED: (2) JMOC votes, not later than 30 days after receiving the proposal, to prohibit the proposal's implementation.***]

(2) No provision.

(2) Same as the House.

(3) No provision.

[***VETOED: (3) The General Assembly, not later than 90 days after JMOC's deadline, adopts a concurrent resolution prohibiting the proposal's implementation.***]

(3) No provision.

(3) Same as the House.

Fiscal effect: Increase in the administrative costs involved in increasing a Medicaid payment rate.

Fiscal effect: Same as the House

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MCD52 **PARTIALLY VETOED Medicaid managed care long-term care services**

R.C. **5167.03, 5167.01, Section 333.270**

R.C. **5167.03, 103.43, 5167.01, Sections 333.270, 333.283, 333.284**

R.C. **5167.03, 103.43, 5167.01, Sections 333.270, 333.283, 333.284**

No provision.

[***VETOED: Prohibits nursing facility services and home and community-based waiver services from being added to Medicaid managed care before January 1, 2021. Specifies that the prohibition does not affect the current practice of requiring or permitting participants of the Integrated Care Delivery System from obtaining services through Medicaid managed care.***]

Same as the House, but [***VETOED: prohibits these services from being added to managed care indefinitely and, instead, requires the General Assembly to consider and vote not later than December 31, 2018, on legislation that would authorize the inclusion of nursing facility services and home and community-based waiver services in the Medicaid managed care system.***]

Same as the Senate, but [***VETOED: removes the deadline by which the General Assembly must vote.***]

No provision.

Establishes a temporary study committee called the "Medicaid Managed Care Long-Term Services and Supports Study Committee". Requires the study committee to complete a report not later than June 30, 2020.

Same as the House, but changes the committee's name to the "Patient-Centered Medicaid Managed Care Long-Term Services and Supports Study Committee," modifies the committee's membership, and changes the date the committee must produce a report to not later than December 31, 2018.

Same as the Senate.

No provision.

Specifies the duties of the temporary committee, including considering information from the Intermediate Care Delivery System, estimating the costs, addressing redundancies in rules, estimating the benefits, considering policies related to efficiency, and recommending systems to reward providers for meeting quality

Replaces the House provision with a provision that specifies the duties of the temporary committee, including creating implementation performance measures, defining quality measures, recommending strategies for improving consumer education and choices, recommending models that improve health and coordination,

Same as the House.

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No provision.	standards. No provision.	recommending measures of prompt pay and care authorization, defining key data essential for providers, recommending data sharing models, and recommending MCO contract policies. [***VETOED: Provides for an ongoing committee called the Patient-Centered Medicaid Long-Term Care Delivery System Advisory Committee to be established if the General Assembly enacts legislation authorizing the inclusion of nursing facility services and home and community-based waiver services in the Medicaid managed care system. Provides for the on-going committee to have the same type of membership as the temporary committee. Requires the employees of the Joint Medicaid Oversight Committee to provide the ongoing committee administrative assistance and ODM to provide it updates about the inclusion of nursing facility services and home and community-based waiver services in the Medicaid managed care system. Requires the ongoing committee to complete quarterly reports regarding its work.***]	Same as the Senate.
No provision.	No provision.	Requires ODM, if it expands the inclusion of the aged, blind, and disabled Medicaid eligibility group or dual eligible individuals in the Medicaid managed care system during the 2018-2019 fiscal biennium, to:	Same as the Senate.

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(1) No provision.	(1) No provision.	(1) Require area agencies on aging to be the coordinators of the home and community-based waiver services that the eligibility group and those individuals receive;	(1) Same as the Senate.
(2) No provision.	(2) No provision.	(2) Permit Medicaid MCOs to delegate to area agencies on aging full-care coordination functions for those services and other health-care services, and;	(2) Same as the Senate.
(3) No provision.	(3) No provision.	(3) Give preference, when selecting Medicaid MCOs, to organizations that will enter into subcapitation arrangements with area agencies on aging under which the agencies perform, in addition to other functions, network management and payment functions for those services.	(3) Same as the Senate.
	Fiscal effect: Increase in administrative costs for the study committee. Decrease in Medicaid expenditures of approximately \$354.9 million (\$132.5 million state share) in FY 2019.	Fiscal effect: Same as the House.	Fiscal effect: Same as the House.