

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD2 Exchange of information between agencies for health transformation initiatives

R.C. 191.04, 191.06, Section 803.20

Extends to FY 2018 and FY 2019 provisions that authorize the Office of Health Transformation (OHT) Executive Director to facilitate collaborations between certain state agencies for health transformation initiatives.

R.C. 191.04, 191.06, Section 803.20

Same as the Executive.

R.C. 191.04, 191.06, Section 803.20

Same as the Executive.

R.C. 191.04, 191.06, Section 803.20

Same as the Executive.

Extends to FY 2018 and FY 2019 provisions that permit the exchange of personally identifiable information among state agencies as part of these collaborations.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Allows portions of several Ohio Department of Medicaid (ODM) line items to be used to pay for services and costs associated with these collaborations.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD36 Third party payments and ODM's right of recoupment

R.C. 5160.40, 5160.37, 5160.401

Requires a third party subject to Medicaid third party liability to respond to ODM's request for payment of a claim within 90 business days of receiving written proof of the claim.

R.C. 5160.40, 5160.37, 5160.401

Same as the Executive.

R.C. 5160.40, 5160.37, 5160.401

Same as the Executive.

R.C. 5160.40, 5160.37, 5160.401

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
<p>Authorizes ODM, when it has assigned its right of recovery to a managed care organization (MCO), to recoup from a third party, beginning one year from the date the MCO paid the claim, the amount the MCO has not collected.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Clarifies that the amount owed by a third party to ODM or a county department of job and family services for care rendered to a Medicaid recipient when the recipient receives medical assistance through an MCO that has a capitation agreement with a provider is the amount the MCO would have paid in the absence of a capitation agreement.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

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As Passed by the House

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MCD45 Transfer of certain ODH program enrollees to Medicaid and new non-Medicaid program

R.C. 5160.51, 101.38, and Section 333.190

Requires ODM to establish a new program to begin January 1, 2018, for non-Medicaid-eligible individuals under age 21 with special medical needs who had not enrolled in, or applied for, a Department of Health (ODH) special medical needs program (Program for Medically Handicapped Children, Cystic Fibrosis Program, and Hemophilia Program, otherwise known as "BCMh") before July 1, 2017, when those programs begin to be phased-out. (See DOHCD27)

No provision.

No provision.

No provision.

Requires ODM to establish eligibility requirements for the new program in rules.

No provision.

No provision.

No provision.

Requires the Ohio Cystic Fibrosis Legislative Task Force to make recommendations on drugs and therapies for persons with cystic fibrosis enrolled in the new program.

No provision.

No provision.

No provision.

Requires ODM, beginning January 1, 2018, to work in collaboration with ODH to enroll in Medicaid all Medicaid-eligible individuals who (1) are enrolled in an ODH special medical needs program on December 31, 2017, and lose eligibility for the program on January 1, 2018, and (2) do not object to enrolling in Medicaid. (See DOHCD27)

No provision.

No provision.

No provision.

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Fiscal effect: Increase in costs to ODM depending on numbers of eligible children and possible decrease in costs to ODH and counties since county inside millage is devoted to the Medical Handicapped Children Program.

MCD25 Fraud, waste, and abuse in the Medicaid program

R.C. 5162.16, 5167.18, 5167.34

Requires ODM to collect information from other government agencies regarding fraud, waste, and abuse in the Medicaid program.

Requires a contract between ODM and an MCO to require the MCO to (1) designate a committee dedicated solely to conducting internal investigations of fraud, waste, and abuse and (2) comply with federal and state efforts to identify fraud, waste, and abuse.

Provides civil immunity for the MCO, its officers, employees, and other persons who furnish information to ODM regarding potential fraud, waste, and abuse.

Fiscal effect: Potential minimal increase in administrative costs.

R.C. 5162.16, 5167.18, 5167.34

Same as the Executive.

Same as the Executive, but removes the requirement to designate a committee dedicated solely to conducting internal investigations.

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.16, 5167.18, 5167.34

Same as the Executive.

Same as the House.

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.16, 5167.18, 5167.34

Same as the Executive.

Same as the House.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

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MCDCD5 Retention or collection of federal financial participation

R.C. 5162.40

Permits ODM to retain or collect not more than 10% of the federal financial participation obtained by a state agency or political subdivision for administering a component of the Medicaid program that was federally approved on or after January 1, 2002, instead of requiring ODM to collect between 3% and 10%.

Fiscal effect: ODM may choose to collect less than the 3% minimum required under current law. This would reduce ODM collections and increase collections by other state agencies or political subdivisions.

R.C. 5162.40

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.40

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.40

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

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MCD44 Abolish the Health Care Services Administration Fund (Fund 5U30)

R.C. 5162.54 (Repealed), R.C. 5162.12, 5162.40, 5162.41, 5164.31, 5165.1010, 5168.01, 5168.06, 5168.07, 5168.10, 5168.11, 5168.99, Section 512.90

R.C. 5162.54 (Repealed), R.C. 5162.12, 5162.40, 5162.41, 5164.31, 5165.1010, 5168.01, 5168.06, 5168.07, 5168.10, 5168.11, 5168.99, Section 512.90

R.C. 5162.54 (Repealed), R.C. 5162.12, 5162.40, 5162.41, 5164.31, 5165.1010, 5168.01, 5168.06, 5168.07, 5168.10, 5168.11, 5168.99, Section 512.90

R.C. 5162.54 (Repealed), R.C. 5162.12, 5162.40, 5162.41, 5164.31, 5165.1010, 5168.01, 5168.06, 5168.07, 5168.10, 5168.11, 5168.99, Section 512.90

Abolishes the Health Care Services Administration Fund (Fund 5U30) and provides for the money that would otherwise be deposited into that fund to be deposited into the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0).

Same as the Executive.

Same as the Executive.

Same as the Executive.

Requires the OBM Director to transfer the cash balance in Fund 5U30 to Fund 5DL0 on July 1, 2017 or as soon as possible thereafter, and to cancel any existing encumbrances against appropriation item 651654, Medicaid Program Support and reestablish them against appropriation item 651685, Medicaid Recoveries - Program Support.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

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As Passed by the House

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As Enacted

MCD28 Refunds and Reconciliation Fund

R.C. 5162.65, 5101.074

Codifies in the Revised Code the Refunds and Reconciliation Fund for the purpose of holding cash ODM receives until it identifies the appropriate fund or government transferee for the cash.

Fiscal effect: None.

R.C. 5162.65, 5101.074

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.65, 5101.074

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.65, 5101.074

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD8 Residents Protection Fund

R.C. 5162.66

Requires that the portions of civil money penalties that are imposed against home health agencies under a federal regulation and disbursed to ODM be deposited into the Residents Protection Fund.

Fiscal effect: Cash in the fund is used for the protection of the health and property of residents of nursing facilities with deficiencies.

R.C. 5162.66

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5162.66

Same as the Executive, but specifies that these funds are to be used to improve the quality of Medicaid services provided by Medicare-certified home health agencies, instead of for the existing purposes of the Residents Protection Fund.

Fiscal effect: Same as the Executive.

R.C. 5162.66

Same as the Senate.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD66 **VETOED BUT OVERRIDDEN Medicaid coverage of optional eligibility groups**

No provision.	<p>R.C. 5163.03, 5162.021 [***VETOED BUT OVERRIDDEN: Eliminates the Medicaid program's authority to cover an optional eligibility group if state statutes do not address whether the program may cover the group. Permits the Medicaid program to cover an optional eligibility group currently covered by the program. Prohibits the Medicaid program from covering an optional eligibility group that the program does not currently cover unless state statutes either require the group to be covered or expressly permit the group to be covered.***] Fiscal effect: None. Coverage of optional eligibility groups in the future will require legislative action.</p>	<p>R.C. 5163.03, 5162.021 Same as the House. Fiscal effect: Same as the House.</p>	<p>R.C. 5163.03, 5162.021 Same as the House. Fiscal effect: Same as the House.</p>
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MCD4 State plan home and community-based services

<p>R.C. 5164.10, 5164.01, Section 333.160 Permits ODM to continue to cover state plan home and community-based services after June 30, 2017.</p>	<p>R.C. 5164.10, 5164.01, Section 333.160 Same as the Executive.</p>	<p>R.C. 5164.10, 5164.01, Section 333.160 Same as the Executive.</p>	<p>R.C. 5164.10, 5164.01, Section 333.160 Same as the Executive.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Enacted
<p>Fiscal effect: This provision codifies current practice.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
<p>MCDCD1 Revised Medicaid provider enrollment system</p>			
<p>R.C. 5164.29 Requires ODM to revise the system by which persons and government entities become and remain Medicaid providers, so there is a single system of records and no need for submission of duplicate data, by December 31, 2018.</p>	<p>R.C. 5164.29 Same as the Executive.</p>	<p>R.C. 5164.29 Same as the Executive.</p>	<p>R.C. 5164.29 Same as the Executive.</p>
<p>Fiscal effect: ODM may experience an increase in administrative costs to develop a single enrollment system.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
<p>MCDCD48 VETOED Recovery of Medicaid overpayments</p>			
<p>No provision.</p>	<p>R.C. 5164.57 [VETOED: Reduces the number of years ODM has to notify a nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF/IID) of a Medicaid overpayment from five to three.VETOED]</p>	<p>R.C. 5164.57 Same as the House.</p>	<p>R.C. 5164.57 Same as the House.</p>
	<p>Fiscal effect: This provision could result fewer recoveries of overpayments.</p>	<p>Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>

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As Passed by the House

As Passed by the Senate

As Enacted

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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As Passed by the House

As Passed by the Senate

As Enacted

MCD40 Payment limits for non-institutional providers

R.C. 5164.70, Section 333.180

Eliminates a prohibition on Medicaid payments for services provided by a non-institutional provider exceeding the payment limits for the same services under Medicare.

Permits a portion of GRF appropriation item 651525, Medicaid/Health Care Services, and federal fund appropriation items 651603, Medicaid Health Information Technology, 651623, Medicaid Services - Federal, and 651680, Health Care Grants - Federal, and DPF fund 651682, Health Care Grants - State, to be used to pay Medicaid services and administrative costs, including the establishment of these payment rates.

Fiscal effect: May result in an increase in total payments for services to non-institutional providers.

R.C. 5164.70, Section 333.180

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

No provision.

No provision.

R.C. 5164.70, Section 333.180

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD50 **VETOED BUT OVERRIDDEN Medicaid rates for neonatal and newborn services**

No provision.	<p>R.C. 5164.78 [***VETOED BUT OVERRIDDEN: Requires that the Medicaid rates for certain neonatal and newborn services equal 75% of the Medicare rates for the services. Requires that the Medicaid rates for other services selected by the ODM Director be reduced to avoid an increase in Medicaid expenditures.***] Fiscal effect: None.</p>	<p>R.C. 5164.78 Same as the House. Fiscal effect: Same as the House.</p>	<p>R.C. 5164.78 Same as the House. Fiscal effect: Same as the House.</p>
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MCDCD60 Patient-centered medical home program

No provision.	<p>R.C. 5164.88, 5164.881 (Repealed), Section 333.220 Eliminates the authority of the ODM Director to implement as part of the Medicaid program a system under which individuals with chronic conditions receive health home services and the Director's authority to implement a similar system for individuals with developmental disabilities.</p>	<p>R.C. 5164.88, 5164.881 (Repealed), Section 333.220 Same as the House.</p>	No provision.
No provision.	<p>Abolishes ODM's patient-centered medical home program. (The program is often called the Comprehensive Primary Care Program).</p>	Same as the House.	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	<p>Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$51.6 million (\$13.6 million state share) in FY 2018 and \$72 million (\$19.1 million state share) in FY 2019.</p>	<p>Fiscal effect: Same as the House.</p>	
<p>MCD43 Retained Applicant Fingerprint Database</p>			
<p>R.C. 5164.341, 109.5721, 4749.031, 5101.32, 5160.052, 5164.34, 5164.37</p>	<p>R.C. 5164.341, 109.5721, 4749.031, 5101.32, 5160.052, 5164.34, 5164.37</p>	<p>R.C. 5164.341, 109.5721, 4749.031, 5101.32, 5160.052, 5164.34, 5164.37</p>	<p>R.C. 5164.341, 109.5721, 4749.031, 5101.32, 5160.052, 5164.34, 5164.37</p>
<p>Permits ODM to choose to receive notices from the Bureau of Criminal Identification and Investigation's Retained Applicant Fingerprint Database about independent providers of Medicaid home and community-based services instead of requiring the provider to undergo a criminal records check on or before each anniversary of the provider's Medicaid provider agreement.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Prevents public offices or private parties from using the information contained in the Retained Applicant Fingerprint Database or in notices received from the Bureau of Criminal Identification and Investigation.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

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As Passed by the House

As Passed by the Senate

As Enacted

MCDCD33 Pharmacy and Therapeutics Committee

R.C. 5164.751

Requires ODM's Pharmacy and Therapeutics Committee to base its recommendations for ODM's preferred drug list on the evaluation of evidence concerning a drug's cost-effectiveness, in addition to relative safety, efficacy, and effectiveness, as under continuing law.

No provision.

No provision.

No provision.

Removes the pharmacologist member from the Committee, reducing the number of members to nine.

No provision.

No provision.

No provision.

Fiscal effect: Potential additional administrative work for committee members.

MCDCD32 Medicaid drug dispensing fees

R.C. 5164.75, 5164.753

Authorizes ODM to reduce dispensing fees if a terminal distributor of dangerous drugs fails to participate in ODM's confidential survey of the cost of dispensing such drugs.

R.C. 5164.752, 5164.753

No provision.

R.C. 5164.752, 5164.753

No provision.

R.C. 5164.752, 5164.753

No provision.

Authorizes the ODM Director to establish dispensing fees that vary by terminal distributor, taking into consideration the volume of drugs the terminal distributor

Replaces the Executive provision with a provision that establishes a \$10.49 dispensing fee for each prescription that is filled or refilled by a terminal distributor of

Same as the Executive.

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
dispenses under the Medicaid Program and any other criteria the Director considers relevant.	dangerous drugs who is a provider of drugs under the Medicaid program. Requires the ODM Director to adjust the dispensing fee on a biennial basis to reflect the average cost of dispensing as determined by the results of the survey of terminal distributors conducted under existing law.		
Fiscal effect: Medicaid currently pays about \$10 million annually for a dispensing fee of \$1.80.	Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$100,000 state share each year in FY 2018 and FY 2019 .	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

MCD71 **PARTIALLY VETOED BUT OVERRIDDEN Medicaid rates for nursing facility services**

	R.C.	R.C.	R.C.
	<i>5165.01, 5165.106, 5165.15, 5165.151, 5165.153, 5165.154, 5165.16, 5165.17, 5165.19, 5165.192, 5165.21, 5165.23, 5165.25, 5165.34, 5165.36, 5165.361, 5165.37, 5165.41, 5165.42, 5165.52, Section 333.165</i>	<i>5165.01, 5165.106, 5165.15, 5165.151, 5165.153, 5165.154, 5165.16, 5165.17, 5165.19, 5165.192, 5165.21, 5165.23, 5165.25, 5165.34, 5165.36, 5165.361, 5165.37, 5165.41, 5165.42, 5165.52, Section 333.165</i>	<i>5165.01, 5165.106, 5165.15, 5165.151, 5165.153, 5165.154, 5165.16, 5165.17, 5165.19, 5165.192, 5165.21, 5165.23, 5165.25, 5165.34, 5165.36, 5165.361, 5165.37, 5165.41, 5165.42, 5165.52, Section 333.165</i>
No provision.	[***VETOED BUT OVERRIDDEN: Makes revisions to the formula used to determine Medicaid payment rates for nursing facility services, including the following.***]	Same as the House, but [***VETOED BUT OVERRIDDEN: with the following change.***]	Same as the Senate:
(1) No provision.	[***VETOED BUT OVERRIDDEN: (1) Allows, instead of prohibits, the use of the index maximizer element of the grouper methodology used in determining nursing	(1) Same as the House.	(1) Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(2) No provision.	<p>facilities' case-mix scores.***]</p> <p>[***VETOED BUT OVERRIDDEN: (2) Eliminates, for the purpose of qualifying as a critical access nursing facility, a requirement that a nursing facility have been awarded at least five points for meeting accountability measures.***]</p>	(2) Same as the House.	(2) Same as the House.
(3) No provision.	<p>[***VETOED BUT OVERRIDDEN: (3) Eliminates the rate add on from the portions of a nursing facility's total rate that are used in determining a critical access nursing facility's incentive payment.***]</p>	(3) Same as the House.	(3) Same as the House.
(4) No provision.	<p>[***VETOED BUT OVERRIDDEN: (4) Makes changes to the quality indicators used for the purpose of the quality portion of nursing facilities' rates, including removing an indicator on avoidable inpatient hospital admissions and adding one on unplanned weight loss.***]</p>	<p>(4) Same as the House, but [***VETOED BUT OVERRIDDEN: for the quality indicators related to receiving antipsychotic medication, excludes residents who receive the medication in conjunction with hospice care.***]</p>	(4) Same as the Senate.
(5) No provision.	<p>[***VETOED BUT OVERRIDDEN: (5) Provides for adjustments beginning in FY 2020 in an amount that equals the difference between the Medicare skilled nursing facility market basket index and a budget reduction adjustment factor.***]</p>	(5) Same as the House.	(5) Same as the House.
(6) No provision.	<p>[***VETOED BUT OVERRIDDEN: (6) States the General Assembly's intent to enact laws that specify the budget reduction adjustment factor for each fiscal year.***]</p>	(6) Same as the House.	(6) Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(7) No provision.	[***VETOED BUT OVERRIDDEN: (7) Sets the budget reduction adjustment factor at zero for a fiscal year if the General Assembly fails to enact such a law for that year.***]	(7) Same as the House.	(7) Same as the House.
(8) No provision.	[***VETOED BUT OVERRIDDEN: (8) Requires ODM to rebase nursing facilities' cost centers at least once every five fiscal years instead of not more than once every ten years and requires each cost center to be rebased for the same fiscal years.***]	(8) Same as the House.	(8) Same as the House.
(9) No provision.	[***VETOED BUT OVERRIDDEN: (9) Provides for a new nursing facility's initial rate for tax costs to be an amount determined by dividing its projected tax costs for the calendar year in which it begins to participate in Medicaid by a 100% imputed occupancy rate if the nursing facility submits the projected tax costs to ODM.***]	(9) Same as the House.	(9) Same as the House.
No provision.	Provides that the total amount of payments for nursing facility services provided under Medicaid fee-for-service and the Integrated Care Delivery System (i.e., MyCare Ohio) cannot exceed \$2,659,167,368 for fiscal year 2018 and \$2,664,485,703 for fiscal year 2019. [***VETOED BUT OVERRIDDEN: Requires that nursing facilities' rates be decreased as necessary to ensure that the total amount of the payments equals those amounts.***]	Same as the House.	Same as the House.

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Fiscal effect: Increases Medicaid expenditures by \$60.5 million (\$22.6 million state share) in FY 2018 and by \$40.0 million (\$14.9 million state share) in FY 2019.

Fiscal effect: Same as the House.

Fiscal effect: Same as the House.

MCD38 Payment rates for services provided to low resource utilization residents

R.C. 5165.152, 5165.192

Makes the \$115 per Medicaid day payment rate for nursing facility services provided to low resource utilization residents applicable to all nursing facilities rather than only those whose provider cooperates with the Long-Term Care Ombudsman Program.

No provision.

No provision.

No provision.

Repeals a provision excluding low resource utilization residents from a nursing facility's quarterly case-mix score determination.

No provision.

No provision.

No provision.

Fiscal effect: Including low resource utilization residents in the calculation of quarterly case mix scores reduces Medicaid costs by \$10.5 million (\$3.9 million state share) in FY 2018 and \$21.0 million (\$7.8 million state share) in FY 2019.

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As Enacted

MCDCD29 Alternative purchasing model for nursing facility services

R.C. 5165.157

Requires the ODM Director to determine the per Medicaid day payment rate for nursing facility services provided under the alternative purchasing model in accordance with a methodology established in rules, instead of setting the rate at 60% of the statewide average of the per Medicaid day payment rate for long-term acute care hospital services.

Fiscal effect: Gives ODM flexibility in establishing the payment rate.

R.C. 5165.157

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5165.157

Replaces the Executive provision with a provision that sets the rate at 34%, instead of 60%, of the statewide average of the per Medicaid day payment rate for long-term acute care hospital services.

Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$17.3 million (\$6.5 million state share) in FY 2018 and FY 2019.

R.C. 5165.157

Same as the Senate.

Fiscal effect: Same as the Senate.

MCDCD6 Transitions II Aging Carve-Out Program

R.C. 5166.13 (Repealed) 5166.01, 5166.16, 5166.30

Removes references to the Transitions II Aging Carve-Out Program from the Revised Code (the program was administered by ODM as a waiver, but is now defunct).

Fiscal effect: None.

R.C. 5166.13 (Repealed) 5166.01, 5166.16, 5166.30

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5166.13 (Repealed) 5166.01, 5166.16, 5166.30

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5166.13 (Repealed) 5166.01, 5166.16, 5166.30

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

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As Enacted

MCDCD30 Helping Ohioans Move, Expanding Choice Program

<p>R.C. 5164.90, 5162.64, Section 333.200, Repealed: R.C. 5166.35</p>	<p>R.C. 5164.90, 5162.64, Section 333.200, Repealed: R.C. 5166.35</p>	<p>R.C. 5166.35 (Repealed), Section 333.200</p>	<p>R.C. 5166.35 (Repealed), Section 333.200</p>
<p>Permits the ODM Director, in operating the Helping Ohioans Move, Expanding (HOME) Choice Program, to (1) use state funds if no funds are available under a Money Follows the Person (MFP) demonstration project and (2) integrate the component into a Medicaid waiver program.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Codifies in the Revised Code the Money Follows the Person Enhanced Reimbursement Fund.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Eliminates the Ohio Access Success Project on January 1, 2019, and requires ODM to transfer its enrollees into the HOME Choice Program or, if that program is integrated into a Medicaid waiver program, the same or another Medicaid waiver program.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Enacted
<p>Fiscal effect: The bill appropriates \$12.8 million in FY 2018 and \$12.4 million in FY 2019 in Money Follows the Person Enhanced Reimbursement Fund (Fund 5AJ0) appropriation item 651631, Money Follows the Person, for the program. New waiver, administrative and state funded services will replace the mostly federal grant funded transition assistance currently offered.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive, but also decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$4.5 million (\$2.3 million state share) in FY 2018 and \$5.4 million (\$2.8 million state share) in FY 2019.</p>	<p>Fiscal effect: Same as the Senate.</p>
<p>MCD59 **PARTIALLY VETOED** Medicaid eligibility requirements for expansion group</p>			
	<p>R.C. 5166.37</p>	<p>R.C. 5166.37, 5163.01, 5163.15, 5166.01, 5166.40, 5166.405</p>	<p>R.C. 5166.37, 5163.01, 5163.15, 5166.01, 5166.40, 5166.405, Section 333.273</p>
<p>No provision.</p>	<p>Requires the ODM Director to establish a waiver program under which an individual included in the Medicaid expansion group (Group VIII) must satisfy at least one of the following requirements to be eligible for Medicaid: (1) Be at least 55 years of age; (2) Be employed; (3) Be enrolled in school or an occupational training program; (4) Be participating in an alcohol and drug addiction treatment group; or (5) Have intensive health care needs.</p>	<p>Same as the House, but modifies the final requirement in the list to read "Have intensive physical health care needs or serious mental illness."</p>	<p>Same as the Senate.</p>
<p>No provision.</p>	<p>No provision.</p>	<p>[***VETOED: Prohibits the Medicaid program from newly enrolling individuals as part of the expansion eligibility group beginning July 1, 2018, freezing enrollment</p>	<p>Same as the Senate, but [***VETOED: exempts individuals who have a mental illness or drug addiction from the freeze and requires the ODM Director to seek a federal</p>

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	<p>Fiscal effect: This provision will likely reduce the number of Medicaid enrollees in the expansion group, thus reducing costs.</p>	<p>starting in FY 2019.***] Fiscal effect: Same as the House, but also no growth in the population starting in FY 2019.</p>	<p>Medicaid waiver to implement the freeze.***] Fiscal effect: Same as the Senate, but makes an exemption for the population with mental illness or drug addiction starting in FY 2019.</p>

MCD54 **VETOED Medicaid waiver to provide services at institutions for mental diseases**

	R.C. 5166.38	R.C. 5166.38	R.C. 5166.38
No provision.	<p>[***VETOED: Requires ODM to create and administer a Medicaid waiver component to provide services to eligible individuals between the ages of 21 and 64 at institutions for mental diseases, which are hospitals and other facilities of more than 16 beds primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases.***]</p>	<p>Same as the House, but [***VETOED: requires ODM to do the following before seeking the waiver.***]</p>	<p>Same as the Senate:</p>
(1) No provision.	(1) No provision.	<p>[***VETOED: (1) Participate in the Centers for Medicare and Medicaid Services' Innovation Accelerator Program.***]</p>	(1) Same as the Senate.
(2) No provision.	(2) No provision.	<p>[***VETOED: (2) Conduct an inventory of the treatment capacity of mental health and substance use disorder treatment providers.***]</p>	(2) Same as the Senate.
(3) No provision.	(3) No provision.	<p>[***VETOED: (3) Assess the continuum of care established by each board of alcohol, drug addiction, and mental health services.***]</p>	(3) Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

Fiscal effect: Potential increase in Medicaid costs for a new waiver program; the increase will depend on the number of eligible individuals and the services being provided.

Fiscal effect: Same as the House.

Fiscal effect: Same as the House.

MCD67 Medicaid groups participating in managed care

No provision.

R.C. 5167.03, 5162.70

Provides that only Medicaid eligibility groups currently required or permitted to participate in the Medicaid managed care system are to participate in the system.

No provision.

No provision.

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

No provision.

R.C. 5167.03, 5167.01, Section 333.270

[***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.***]

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

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.***]

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

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

Executive	As Passed by the House	As Passed by the Senate	As Enacted
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 standards.	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, recommending measures of prompt pay and care authorization, defining key data essential for providers, recommending data sharing models, and recommending MCO contract policies.	Same as the House.
No provision.	No provision.	[***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	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	No provision.	<p>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.***]</p>	Same as the Senate.
(1) No provision.	(1) No provision.	<p>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:</p>	(1) Same as the Senate.
(2) No provision.	(2) No provision.	<p>(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;</p>	(2) Same as the Senate.
(3) No provision.	(3) No provision.	<p>(2) Permit Medicaid MCOs to delegate to area agencies on aging full-care coordination functions for those services and other health-care services, and;</p>	(3) Same as the Senate.
		<p>(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.</p>	

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	<p>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.</p>	<p>Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>
<p>MCD56 **PARTIALLY VETOED BUT OVERRIDDEN** Behavioral Health Redesign</p>			
	<p>R.C. 5167.04, 103.41, 103.416, and Section 333.260</p>	<p>R.C. 5167.04, 5164.01, 5164.761, 103.41, 103.416, and Section 333.260</p>	<p>R.C. 5167.04, 5164.01, 5164.761, 103.41, 103.416, and Section 333.260</p>
<p>No provision.</p>	<p>[***VETOED BUT OVERRIDDEN: Prohibits alcohol, drug addiction, and mental health services from being included in Medicaid managed care before July 1, 2018.***]</p>	<p>Same as the House, but changes the date to January 1, 2018, and requires the ODM and ODMHAS Directors to complete certain actions regarding this issue not later than October 1, 2017.</p>	<p>Same as the House.</p>
<p>No provision.</p>	<p>Prohibits other elements of the Behavioral Health Redesign from being implemented before January 1, 2018.</p>	<p>Same as the House, but prohibits the other elements from being implemented before the later of that date or when a beta test requirement is satisfied.</p>	<p>Same as the Senate, but specifies that a beta test succeeds if at least half of the participating providers are able to submit a clean claim that is properly adjudicated within 30 days.</p>
<p>No provision.</p>	<p>No provision.</p>	<p>Requires the ODM and ODMHAS Directors, not later than October 1, 2017, to adopt rules and make available to the public, provider manuals, claims instructions, information technology resources, and other educational and training documents as part of the implementation of the other elements of the Behavioral Health Redesign.</p>	<p>Same as the Senate.</p>

Executive

As Passed by the House

As Passed by the Senate

As Enacted

Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$122.6 million (\$34.1 million state share) in FY 2018. Increases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services by \$129.6 million (\$36.2 million state share) in FY 2019.

Fiscal effect: Same as the House.

Fiscal effect: Same as the House.

MCD49 Managed care organizations prior authorization restrictions

No provision.

R.C. 5167.12

Allows an advanced practice registered nurse who is certified in psychiatric mental health by a national certifying organization (in addition to certain physicians under continuing law) to prescribe certain psychiatric drugs without prior authorization from the patient's Medicaid MCO.

Fiscal effect: Potential increase in the capitated rate paid to Medicaid managed care organizations.

No provision.

R.C. 5167.12

Same as the House.

Fiscal effect: Same as the House.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD37 Managed care payment rates for non-contracting hospitals

R.C. 5167.20

Modifies a continuing law requirement that a hospital not under contract with a Medicaid MCO provide nonemergency services to a Medicaid recipient enrolled in the MCO and accept from the MCO, as payment in full, the amount that would have been paid under the Medicaid fee-for-service reimbursement system as follows:

No provision.

No provision.

No provision.

(1) Requires the hospital to provide medically necessary services to the enrollee whenever the services are authorized by the MCO, rather than only on referral;

No provision.

No provision.

No provision.

(2) Repeals an exemption that applies to a hospital that was under contract with at least one MCO before January 1, 2006, and has retained at least one such contract;

No provision.

No provision.

No provision.

(3) Repeals a provision requiring the ODM Director to adopt rules specifying when an MCO may refer an individual to a non-contracting hospital.

No provision.

No provision.

No provision.

Fiscal effect: Reduces Medicaid costs by \$87.5 million (\$27.1 million state share) in FY 2018 and \$175.0 million (\$54.3 million state share) in FY 2019.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD77 **PARTIALLY VETOED Managed care premium payment withholdings**

R.C. 5167.30

Increases from 2% to 5% the maximum amount of MCO premium payments that may be withheld by ODM for purposes of the managed care performance payment program.

Fiscal effect: This provision aligns the performance payment percentage with the federal maximum. ODM awarded Medicaid managed care plans \$48.5 million (34%) of a \$142 million possible in 2016.

R.C. 5167.30

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5167.30, Section 333.50

Same as the Executive, [***VETOED: but requires that 1% be withheld for FY 2019.***]

Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$140.0 million (\$42.0 million state share) in FY 2019.

R.C. 5167.30, Section 333.50

Same as the Senate.

Fiscal effect: Same as the Senate.

MCD74 Medicaid managed care organizations – pharmacy claims data

No provision.

No provision.

R.C. 5167.121

Requires Medicaid MCOs that are required to submit pharmacy claims to ODM to include the amount charged to and paid by the organization with each claim submitted on or after January 1, 2018.

No provision.

No provision.

No provision.

Exempts this information from public record.

No provision.

No provision.

No provision.

Requires ODM to penalize an MCO that fails to comply and to specify the penalty either in rules or in ODM's contract with the

No provision.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

organization.

Fiscal effect: Minimal.

MCD51 Qualified community hubs; public health nurses

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	<p>R.C. 5167.173 Authorizes a local board of health to be a "qualified community hub" for purposes of recently-enacted law governing services that Medicaid MCOs must provide to eligible female Medicaid recipients.</p>	No provision.	<p>R.C. 5167.173 Same as the House.</p>
No provision.	<p>Authorizes the required services to be provided by a public health nurse and authorizes a public health nurse to recommend that a Medicaid recipient receive the services.</p> <p>Fiscal effect: Potential increase in service costs to ODM if more of the services specified in the bill being provided as a result of including public health nurses as a provider.</p>	No provision.	<p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>

MCD39 **PARTIALLY VETOED Health insuring corporation franchise fee**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
<p>R.C. 5168.75, 5168.76-5168.86 Levies a monthly franchise fee on health insuring corporations beginning July 2017.</p>	<p>R.C. 5168.75, 5168.76-5168.86 Same as the Executive.</p>	<p>R.C. 5168.75, 5168.76-5168.86 Same as the Executive, but levies the fee on health insuring corporation plans instead of health insuring corporations.</p>	<p>R.C. 5168.75, 5168.76-5168.86 Same as the Senate.</p>

Executive	As Passed by the House	As Passed by the Senate	As Enacted
<p>Sets the rate for each Ohio Medicaid member month, that is a month in which an Ohio Medicaid recipient is enrolled in the health insuring corporation, equal to: (1) \$56 for the first 250,000 Medicaid member months; (2) \$45 for the second 250,000 Medicaid member months; (3) \$26 for each Medicaid member month above 500,000.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but instead of setting the rates, requires ODM to use those rates to determine the amount of the fee as part of the process of determining the annual capitated payment rates to be paid Medicaid MCOs.</p>	<p>Same as the Senate, [***VETOED: but requires the ODM Director to seek federal approval to increase the franchise fee in a manner that provides for the franchise fee to raise up to an additional \$207 million each fiscal year beginning not sooner than FY 2019 and ending by the close of FY 2024 and specifies the additional funds raised be distributed to each county and transit authority that experiences reduced sales tax revenues due to the cessation of the sales tax on Medicaid health insuring corporations.***]</p>
<p>Sets the rate for each other Ohio member month, that is a month in which an Ohio resident who is not a Medicaid recipient is enrolled in the health insuring corporation, equal to: (1) \$2 for the first 150,000 other member months; (2) \$1 for all other member months above 150,000.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but [***VETOED: requires the ODM Director to seek federal approval to increase the franchise fee in conjunction with the fee for Medicaid member months as provided above.***]</p>
<p>Requires each health insuring corporation, beginning in August 2017, to do both of the following not later than the fifth business day of each month: (1) inform ODM of the cumulative total number of Medicaid member months and other member months the health insuring corporation experienced and (2) pay to ODM the amount of its fee for the immediately preceding month.</p>	<p>Same as the Executive.</p>	<p>Replaces the Executive provision with a provision that: (1) makes the portion of the fee based on Medicaid member months due not later than the fifth business day of the month immediately following the month for which it is imposed and (2) requires the total portion of the fee based on other member months to be paid in one payment due not later than the last day of each September.</p>	<p>Same as the Senate.</p>
<p>Permits ODM to request that a health insuring corporation provide ODM documentation needed to verify the health</p>	<p>Same as the Executive.</p>	<p>Replaces the Executive provision with a provision that permits ODM to request that a health insuring corporation provide ODM</p>	<p>Same as the Senate.</p>

Executive

As Passed by the House

As Passed by the Senate

As Enacted

insuring corporation's cumulative total number of Medicaid member months and other member months.

documentation needed to verify the amount of the fees imposed on the plans administered by the corporation and to ensure the corporation's compliance with state law governing the fees.

Fiscal effect: ODM estimates that the fee will be charged on approximately 30.8 million Medicaid member months and 2.7 million other member months per year, raising an annual \$854 million and \$4 million, respectively. Medicaid MCOs will be reimbursed \$854 million for their payments, of which approximately \$243 million will be state share and \$611 million will be federal share. On net, therefore, the state will realize a gain of \$615 million in annual revenue. This new franchise fee is intended to replace the current sales and use tax on the Medicaid managed care organization payments which the Centers for Medicare & Medicaid Services (CMS) deemed an impermissible health care tax. CMS gave Ohio until June 30, 2017 to comply.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive, but also potential gain in revenue of \$207 million each year after FY 2019 and potential increase in funding to counties of \$207 million each year after FY 2019.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD10 Temporary authority regarding employees

Section: 333.20

Extends through June 30, 2019, 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 employees' collective bargaining.

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 personnel actions listed above.

Fiscal effect: None.

Section: 333.20

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 333.20

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 333.20

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

MCDCD27 Transfer between Departments of Medicaid and Job and Family Services

Section: 333.30

Permits the OBM Director to transfer appropriations between GRF appropriation item 651425, Medicaid Program Support – State, in ODM's budget and GRF appropriation item 655425, Medicaid Program Support, in ODJFS's budget during the biennium.

Section: 333.30

Same as the Executive.

Section: 333.30

Same as the Executive.

Section: 333.30

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD73 **PARTIALLY VETOED BUT OVERRIDDEN Controlling Board authorization regarding Medicaid expenditures**

	Sections: 333.33, 333.34	Sections: 333.33, 333.34	Sections: 333.33, 333.34
No provision.	Provides for the Health and Human Services Fund to continue to exist during the 2018-2019 fiscal biennium.	Same as the House.	Same as the House.
No provision.	Requires the OBM Director to transfer \$57,885,768 in FY 2018 and \$68,661,704 in FY 2019 from the GRF to the Health and Human Services Fund.	Same as the House.	Same as the House, but lowers the amount to be transferred to \$41,840,600 in FY 2018 and \$49,320,340 in FY 2019.
No provision.	[***VETOED BUT OVERRIDDEN: Permits the ODM Director, not more than once every six months during the 2018-2019 fiscal biennium, to request that the Controlling Board authorize expenditure from the Health and Human Services Fund in an amount necessary to pay for the costs of the Medicaid program. ***]	Same as the House, but [***VETOED BUT OVERRIDDEN: does not limit the request to once every six months. ***]	Same as the Senate.
No provision.	[***VETOED BUT OVERRIDDEN: Permits the Controlling Board to authorize the expenditure if (1) the U.S. Congress does not amend the law to lower the federal medical assistance percentage and (2) the Board is satisfied with other changes to federal law and certain actions of the executive branch of the state's government. ***]	Same as the House, but [***VETOED BUT OVERRIDDEN: only retains the stipulation that the U.S. Congress does not amend the law to lower the federal medical assistance percentage. ***]	Same as the Senate, but [***VETOED BUT OVERRIDDEN: narrows the scope of the provision to only apply to lowering the federal medical assistance percentage for the expansion eligibility group (Group VIII). ***]
No provision.	[***VETOED BUT OVERRIDDEN: Permits the OBM Director, if the Controlling Board authorizes the expenditures, to transfer up	Same as the House.	Same as the House.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

to \$26,309,868 in FY 2018 and \$34,667,668 in FY 2019 from Fund 5DL0 and up to \$196,226,296 in FY 2018 and \$226,841,369 in FY 2019 from Fund 5TN0 to the Health and Human Services Fund.***]

MCD11 Medicaid Health Care Services

Section: 333.40

Requires that appropriation item 651525, Medicaid Health Care Services, not be limited by R.C. 131.33, which requires that unexpended balances of appropriations revert to the funds from which they were made at the end of the appropriation period.

Section: 333.40

Same as the Executive.

Section: 333.40

Same as the Executive.

Section: 333.40

Same as the Executive.

MCD12 Managed Care Performance Payment Program

Section: 333.50

Requires the ODM Director to certify to the OBM Director, at the beginning of each quarter, the amount withheld for purposes of the Managed Care Performance Payment Program under R.C. 5167.30.

Section: 333.50

Same as the Executive.

Section: 333.50

Same as the Executive.

Section: 333.50

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD58 Medicaid Managed Care Quality Payment Fund

Section: 333.53

No provision.

Creates the Medicaid Managed Care Quality Payment Fund to be used only to make performance payments under the Managed Care Performance Payment Program to qualifying Medicaid MCOs, and only when the unencumbered balance of the Managed Care Performance Payment Fund is zero.

No provision.

No provision.

No provision.

Requires the OBM Director to transfer \$20,000,000 cash from the GRF to the Fund on July 1, 2017 and on July 1, 2018.

No provision.

No provision.

No provision.

Specifies that if the amount of quality payments earned by Medicaid MCOs under the Managed Care Performance Payment Program exceed \$103,500,000 in fiscal year 2018, and \$103,900,000 in fiscal year 2019, the ODM Director may certify to the OBM Director the amount of quality payments earned. Requires that the OBM Director transfer the amount certified from the Fund to the GRF.

No provision.

No provision.

No provision.

Abolishes the fund on July 1, 2019, and permits the OBM Director to transfer the fund's unencumbered balance to the GRF or Budget Stabilization Fund.

No provision.

No provision.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$103.5 million (\$30.3 million state share) in FY 2018 and \$103.9 million (\$30.4 million state share) in FY 2019.

MCD13 Performance payment for Medicaid managed care

Section: 333.60

Requires ODM, for FY 2018 and FY 2019, to provide performance payments to MCOs for participants in the Integrated Care Delivery System (ICDS), My Care Ohio, separately from those under the Managed Care Performance Payment Program.

Requires ODM to (1) develop quality measures designed specifically to determine the effectiveness of services provided to ICDS participants and (2) determine an amount to be withheld from Medicaid premium payments paid to MCOs for ICDS participants.

Requires that the withheld amount be established as a percentage of each premium payment. Requires MCOs to agree to the withholding. Requires ODM to certify the amount to the OBM Director.

Section: 333.60

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 333.60

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 333.60

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD14 Hospital Franchise Fee Program

Section: 333.70

Permits the OBM Director to authorize additional expenditures from appropriation items 651623, Medicaid Services - Federal; 651525, Medicaid Health Care Services, and 651656, Medicaid Services - Hospital/UPL, to implement the hospital assessment fee. Appropriates any authorized amounts.

Section: 333.70

Same as the Executive.

Section: 333.70

Same as the Executive.

Section: 333.70

Same as the Executive.

MCDCD15 Medicare Part D

Section: 333.80

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.

Section: 333.80

Same as the Executive.

Section: 333.80

Same as the Executive.

Section: 333.80

Same as the Executive.

Allows the OBM Director, upon the request of ODM, to transfer the state share of appropriations between appropriation items 651525, Medicaid Health Care Services, and 651526, Medicare Part D.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Requires the OBM Director to adjust the federal share of item 651525, if the state share is adjusted.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Requires ODM to provide notification to the Controlling Board of any transfers at the next scheduled Controlling Board meeting.	Same as the Executive.	Same as the Executive.	Same as the Executive.
MCDCD16 Health Care Services Administration Fund			
<p>Section: 333.90 Requires the ODM Director to deposit into the Health Care Services Support and Recovery Fund (Fund 5DL0), \$350,000 in each fiscal year from the first installment of assessments and intergovernmental transfers made under the Hospital Care Assurance Program (HCAP) under R.C. 5168.06 and 5168.07.</p>	<p>Section: 333.90 Same as the Executive.</p>	<p>Section: 333.90 Same as the Executive.</p>	<p>Section: 333.90 Same as the Executive.</p>
MCDCD17 Hospital Care Assurance match			
<p>Section: 333.100 Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Health Care Federal Fund (Fund 3F00) if receipts credited to the fund exceed the amounts appropriated. Appropriates any authorized amounts.</p>	<p>Section: 333.100 Same as the Executive.</p>	<p>Section: 333.100 Same as the Executive.</p>	<p>Section: 333.100 Same as the Executive.</p>
<p>Requires that appropriation item 651649, Medicaid Services – Hospital Care Assurance Program, be used by ODM for distributing the state share of all HCAP</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive

As Passed by the House

As Passed by the Senate

As Enacted

funds to hospitals. Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Hospital Care Assurance Program Fund (Fund 6510) if receipts credited to the fund exceed the amounts appropriated. Appropriates any authorized amounts.

MCD18 Refunds and Reconciliation Fund

Section: 333.110

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Refunds and Reconciliation Fund (Fund R055) if receipts credited to the fund exceed the amounts appropriated. Appropriates any authorized amounts.

Section: 333.110

Same as the Executive.

Section: 333.110

Same as the Executive.

Section: 333.110

Same as the Executive.

MCD19 Medicaid Interagency Pass-Through

Section: 333.120

Permits the OBM Director to increase federal Fund 3G50 appropriation item 651655, Medicaid Interagency Pass Through, at the request of the ODM Director. Appropriates the increase.

Section: 333.120

Same as the Executive.

Section: 333.120

Same as the Executive.

Section: 333.120

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD20 Non-emergency medical transportation

Section: 333.130

Permits the OBM Director, at the request of the ODM Director to transfer appropriations between GRF appropriation item 651525, Medicaid Health Care Services, in the ODM budget and 655523, Medicaid Program Support - Local Transportation, in the ODJFS budget to ensure access to a non-emergency medical transportation brokerage program. Requires that the OBM Director adjust the federal share of item 651525 and federal fund 3F01 appropriation item 655624, Medicaid Program Support - Federal, in the ODJFS budget. Requires the ODM Director to transmit federal funds it receives for the transaction to Fund 3F01, used by ODJFS.

Section: 333.130

Same as the Executive.

Section: 333.130

Same as the Executive.

Section: 333.130

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD21 Public assistance eligibility determination system implementation

Section: 333.140

Permits the OBM Director, at the request of the ODM Director to transfer up to \$5,000,000 in state share appropriations between GRF appropriation item 651525, Medicaid Health Care Services, in the ODM budget and 655522, Medicaid Program Support - Local, in the ODJFS budget. Requires that the OBM Director adjust the federal share of item 651525 and federal fund 3F01 appropriation item 655624, Medicaid Program Support - Federal, in the ODJFS budget. Requires the ODM Director to transmit federal funds it receives for the transaction to Fund 3F01, used by ODJFS.

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 ODM Director to establish criteria for distributing funds and for CDJFSs to submit allowable expenses.

Requires CDJFSs to comply with new roles, processes, and responsibilities related to the new eligibility determination system and to

Section: 333.140

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 333.140

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 333.140

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

report to ODJFS and ODM, on a schedule determined by the ODM Director, how the funds were used.

MCDCD22 Local transportation support

Section: 333.150

Permits the OBM Director to transfer appropriations up to \$45,100,000 from GRF appropriation item 651525, Medicaid Health Care Services, in the ODM budget to appropriation item 655523, Medicaid Program Support - Local Transportation, in the ODJFS budget. Requires the transferred appropriations to be used to administer the Medicaid transportation program.

Section: 333.150

Same as the Executive.

Section: 333.150

Same as the Executive.

Section: 333.150

Same as the Executive.

MCDCD65 Payment rates for personal care aide services

No provision.

Sections: 333.163, 209.70

Prohibits the Medicaid payment rates for personal care aide services provided under the PASSPORT program or Ohio Home Care program or as part of state plan home and community-based services from being restructured or from exceeding the Medicaid payment rates for those services in effect on June 30, 2017.

No provision.

No provision.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

Fiscal effect: This provision will reduce appropriations by \$23.1 million in FY 2019 (\$8.6 million state share).

MCDCD26 Nursing facility Medicaid payment rates for direct care costs

Section: 333.170

Modifies a nursing facility's per Medicaid day payment rate for direct care costs by reducing each peer group's cost per case-mix unit by 7% during fiscal years 2018 and 2019.

Fiscal effect: Savings of \$117 million during FY 2018 and FY 2019.

Section: 333.170

No provision

No provision.

No provision.

MCDCD76 Vision care services

No provision.

No provision.

Section: 333.184

Requires ODM to establish a maximum Medicaid rate for vision care services provided during the period beginning January 1, 2018, and ending July 1, 2019, unless there are no claims data available to ODM needed to establish the rate and prohibits a payment methodology for vision care services provided during that period from relying only on a vision care service provider's charged amount.

Section: 333.184

Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

Fiscal effect: Potential changes in costs to ODM depending on the maximum Medicaid rate for vision care that is to be established by ODM.

Fiscal effect: Same as the Senate.

MCD75 Medicaid managed care academic performance incentives

No provision.

No provision.

Section: 333.223

Prohibits ODM from implementing during the 2018-2019 fiscal biennium a program under which Medicaid MCOs receive incentives for helping Medicaid recipients attending low-performing primary schools to improve their academic performance.

Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$9.4 million (\$2.8 million state share) in FY 2019.

Section: 333.223

Same as the Senate.

Fiscal effect: Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD57 Nursing facility bed conversion pilot

No provision.

Section: 333.230

Requires ODM to operate a pilot program during fiscal years 2018 and 2019 under which nursing facility beds located in Cuyahoga County may voluntarily be converted for use for substance use disorder treatment services. Requires ODM to complete a report about the pilot program no later than October 1, 2019.

Fiscal effect: Producing the report will pose an administrative cost. Potential increase in Medicaid costs for a new pilot program; the increase will depend on the number of eligible individuals and the services being provided.

Section: 333.230

Same as the House.

Fiscal effect: Same as the House.

Section: 333.230

Same as the House.

Fiscal effect: Same as the House.

MCD55 ~~VETOED~~ Medicaid payment rates for hospital services

No provision.

Section: 333.240

[~~VETOED~~: Sets the Medicaid payment rate for a hospital service provided from July 1, 2017, through June 30, 2019, to an amount that is equal to the amount that was paid for the same service on January 1, 2017, except for any change resulting from the rebasing or recalibration of hospital rates on July 1, 2017. ~~***~~]

Section: 333.240

Same as the House.

Section: 333.240

Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	<p>Requires ODM to reduce payment rates for hospital services if it projects after January 1, 2018, that the total amount to be paid for hospital services could exceed \$6.9 billion in either fiscal year.</p> <p>Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$197 million (\$57.7 million state share) in FY 2018 and by \$100 million (\$29.3 million state share) in FY 2019.</p>	<p>No provision.</p> <p>Fiscal effect: The fiscal impact will depend on rebasing or recalibration if any.</p>	<p>No provision.</p> <p>Fiscal effect: Same as the Senate.</p>
MCDCD62 **PARTIALLY VETOED** Intent statement and waiver regarding Healthy Ohio Program			
No provision.	<p>Section: 333.280</p> <p>States that it is the General Assembly's intent to use the Healthy Ohio Program as a model if the U.S. Congress transforms the Medicaid program into a federal block grant.</p>	<p>Sections: 333.280, 333.273</p> <p>Same as the House.</p>	<p>Sections: 333.280, 333.273</p> <p>Same as the House.</p>
No provision.	No provision.	<p>[***VETOED: Requires the Medicaid Director to resubmit a request for a federal Medicaid waiver needed to implement the Healthy Ohio Program not later than January 31, 2018.***]</p>	Same as the Senate.
	Fiscal effect: None.	Fiscal effect: None.	Fiscal effect: Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD69 Transportation application pilot program

No provision.

Section: 333.290

Requires ODM to operate a pilot program in fiscal year 2018 under which ODM contracts with an entity to establish a software program that helps Medicaid recipients in Columbus remember appointments and locate available transportation.

Fiscal effect: Contracting with an entity to establish the software program will pose a cost to ODM.

No provision.

No provision.

MCD77 Noninstitutional laboratory, radiology and pathology services

No provision.

No provision.

Section: 333.300

Reduces the Medicaid rates for noninstitutional laboratory, radiology, and pathology services by 5% for the period beginning January 1, 2018, and ending July 1, 2019.

Fiscal effect: Decreases expenditures in GRF appropriation item 651525, Medicaid/Health Care Services, by \$7.6 million (\$2.3 million state share) in FY 2018 and \$15.3 million (\$4.6 million state share) in FY 2019.

Section: 333.300

Same as the Senate.

Fiscal effect: Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD79 Care Innovation and Community Improvement Program

No provision.	No provision.	Section: 333.320 Requires the ODM Director to establish the Care Innovation and Community Improvement Program for the 2018-2019 fiscal biennium.	Section: 333.320 Same as the Senate.
No provision.	No provision.	Permits a nonprofit hospital agency affiliated with a state university and a public hospital agency to participate in the program if the agency operates a hospital that has a Medicaid provider agreement.	Same as the Senate.
No provision.	No provision.	Provides that nonprofit and public hospital agencies participating in the program are responsible for the state share of the program's costs.	Same as the Senate.
No provision.	No provision.	Specifies the duties of nonprofit and public hospital agencies participating in the program.	Same as the Senate.
No provision.	No provision.	Provides for each nonprofit and public hospital agency participating in the program to receive supplemental payments under the Medicaid program for physician and other professional services.	Same as the Senate.
No provision.	No provision.	Provides that the amount of the supplemental payments is to equal the difference between the Medicaid rates for the services and the average commercial rates for the services.	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	No provision.	Permits the ODM Director to terminate or adjust the amount of the supplemental payments if the funding for the program is inadequate.	Same as the Senate.
No provision.	No provision.	Creates the Care Innovation and Community Improvement Program Fund to be used to make supplemental payments under the program.	Same as the Senate.
No provision.	No provision.	Permits the ODM Director, if the amount appropriated from the fund and the corresponding federal financial participation appropriated from the existing Health Care-Federal Fund are inadequate to make the supplemental payments, to request that the ODM Director authorize additional expenditures from the funds as needed to make the payments.	Same as the Senate.
No provision.	No provision.	Appropriates the additional amounts.	Same as the Senate.
		<p>Fiscal effect: Appropriates \$60,000,000 to new dedicated purpose Fund 5ANO appropriation item 651686 Care Innovation and Community Improvement Program in FY 2018 and FY 2019.</p> <p>Increases federal fund 3F00 appropriation item 651623, Medicaid Services – Federal, by \$140,000,000 in FY 2018 and FY 2019.</p>	Fiscal effect: Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCD46 Abolish the Managed Care Performance Payment Fund (Fund 5KW0)

Section: 512.90

Requires the OBM Director to transfer the cash balance in the Managed Care Performance Payment Fund (Fund 5KW0) to the GRF on July 1, 2017 or as soon as possible thereafter. Abolishes Fund 5KW0 upon completion of the transfer.

Requires the Director of Budget and Management to cancel any existing encumbrances against Fund 5KW0 appropriation item 651612, Managed Care Performance Payments and reestablish them against GRF appropriation item 651525, Medicaid Health Care Services.

Section: 512.90

Same as the Executive.

Same as the Executive.

Section: 512.90

Same as the Executive.

Same as the Executive.

Section: 512.90

Same as the Executive.

Same as the Executive.

MCD70 Nursing facility demonstration project

No provision.

Sections: 610.38, 610.39

Extends for two years until June 30, 2019, a Medicaid demonstration project under which recipients receive nursing facility services in lieu of hospital inpatient services in a freestanding long-term care hospital.

Sections: 610.38, 610.39

Same as the House.

Sections: 610.38, 610.39

Same as the House.

No provision.

Provides for one nursing facility located in Brown County, and another nursing facility located in Seneca County, to be added to the nursing facilities participating in the

Same as the House, but provides for one of the additional nursing facilities that is to participate to be located in Sandusky rather than Seneca County.

Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
<p>No provision.</p>	<p>demonstration project.</p> <p>Eliminates a requirement that a nursing facility have been initially constructed, licensed for operation, and certified to participate in Medicaid on or after January 1, 2010, to be eligible to participate in the demonstration project.</p> <p>Fiscal effect: Under the demonstration project, the Medicaid payment rates for nursing facility services must not exceed the rates for comparable hospital inpatient services, so extending the project should not have a fiscal impact.</p>	<p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>	<p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>

MCDCD9 Hospital Care Assurance Program and hospital assessments

<p>Sections: 610.40, 610.41</p> <p>Delays the repeal of the Hospital Care Assurance Program, which compensates hospitals that provide a disproportionate share of care to indigent patients, from October 16, 2017 to October 16, 2019.</p> <p>Fiscal effect: The bill appropriates \$238.1 million in FY 2018 and \$199.3 million in FY 2019 in DPF Fund 6510 appropriation item 651649, Medicaid Services - Hospital Care Assurance Program, for the program. The cash used for the program is from an assessment imposed on hospitals.</p>	<p>Sections: 610.40, 610.41</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Sections: 610.40, 610.41</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Sections: 610.40, 610.41</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
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Executive

As Passed by the House

As Passed by the Senate

As Enacted

MCDCD35 Health services cost estimates

<p>R.C. 5162.80 (Repealed), Section 620.10 (repeal Section 7 of H.B. 52 of the 131st G.A.)</p>	<p>Sections: 620.10 (repeal Section 7 of H.B. 52 of the 131st G.A.)</p>	<p>Sections: 620.10 (repeal Section 7 of H.B. 52 of the 131st G.A.)</p>	<p>Sections: 620.10 (repeal Section 7 of H.B. 52 of the 131st G.A.)</p>
<p>Repeals the law requiring a medical services provider to provide in writing, before any nonemergency product, service, or procedure is provided, a reasonable, good-faith estimate of each of the following:</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>(1) The amount the provider will charge the patient or health plan for the product, service, or procedure;</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>(2) The amount the health plan issuer intends to pay for the product, service, or procedure;</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>(3) The difference, if any, the consumer or responsible party would be required to pay to the provider.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Repeals a corresponding provision requiring the ODM Director to adopt rules related to health services cost estimates.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Repeals the law establishing the Health Services Price Disclosure Study Committee.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive

As Passed by the House

As Passed by the Senate

As Enacted

AGECD3 Choices Program

R.C. 173.53 (repealed), 173.42, 173.51, 173.55, and 5166.16

Repeals references to the defunct Choices Program, formerly administered by ODA as a Medicaid Waiver Program.

Fiscal effect: None, the program ceased operations on June 30, 2014.

R.C. 173.53 (repealed), 173.42, 173.51, 173.55, and 5166.16

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 173.53 (repealed), 173.42, 173.51, 173.55, and 5166.16

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 173.53 (repealed), 173.42, 173.51, 173.55, and 5166.16

Same as the Executive.

Fiscal effect: Same as the Executive.

AGECD6 Long-term care

Section: 209.20

Permits, pursuant to an interagency agreement, the Ohio Department of Medicaid (ODM) to designate ODA to perform level of care assessments.

Requires ODA to provide long-term care consultations to assist individuals in planning for their long-term health care needs.

Requires ODA to administer the Medicaid waiver-funded PASSPORT Home Care Program, the Assisted Living Program, and PACE as delegated by ODM in an interagency agreement.

Section: 209.20

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 209.20

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 209.20

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

AGECD2 Assisted Living Program

R.C. 173.541, 173.544

Permits the ODA Director to specify via rule additional settings where Assisted Living services may be provided under both the Medicaid-funded and state-funded components of the Assisted Living Program.

No provision.

No provision.

No provision.

Fiscal effect: According to ODA, a study will be conducted over the next biennium to determine if additional settings could provide Assisted Living services. Any rule changes would depend on the results of the study.

Section: 209.50

No provision.

Creates a workgroup to review the Assisted Living Program and specifies membership.

Requires the workgroup to (1) identify potential barriers to enrollment in the Program and providers' participation in the Program and (2) consider making community-based services that are similar to assisted living services available under other programs that ODA currently administers or under a new program.

Requires that the workgroup complete a report of its review by July 1, 2018.

Fiscal effect: The provision states that members are to serve without compensation or reimbursement. However, there could be a minimal increase in administrative costs for the departments of Aging and Medicaid to provide administrative assistance.

No provision.

No provision.

No provision.

No provision.

Section: 209.61

No provision.

Same as the House.

Same as the House.

Same as the House.

Fiscal effect: Same as the House.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

DOHCD27 Medically Handicapped Children and Cystic Fibrosis programs

R.C. 3701.023, 3701.022, 3701.029, 3701.021, and 3701.026

Provides for the gradual phase-out of certain ODH special medical needs programs (Program for Medically Handicapped Children, Cystic Fibrosis Program, and Hemophilia Program) by ending new enrollment in them beginning January 1, 2018.

No provision.

No provision.

No provision.

Prohibits any Medicaid-eligible individual from being enrolled in an ODH special medical needs program on or after January 1, 2018. (See MCD45)

No provision.

No provision.

No provision.

Limits the provision of BCMH diagnostic services to individuals enrolled in the "income-blind" diagnostic component of BCMH before January 1, 2018.

No provision.

No provision.

No provision.

Requires that an individual enrolled in BCMH's treatment or service coordination components submit to a financial eligibility redetermination at ODH's request, but not less than once annually.

No provision.

No provision.

No provision.

Eliminates a requirement that BCMH and the Cystic Fibrosis Program assist enrolled individuals who have cystic fibrosis in qualifying for Medicaid under the spenddown process.

No provision.

No provision.

No provision.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

Fiscal effect: Current participants will continue to be served under ODH, though costs for the program will eventually begin to be reduced as new enrollment will end January 1, 2018. However, ODH estimates it will owe approximately \$12.7 million in unpaid claims to providers by the end of FY 2017. (See entry MCD45 for the Department of Medicaid's impacts for establishing a new program.)

Executive

As Passed by the House

As Passed by the Senate

As Enacted

JFSCD32 Disability Financial Assistance Program

R.C. **5115. (Repealed), Section 812.40, various conforming changes**

Eliminates the Disability Financial Assistance Program beginning on December 31, 2017. Preserves ODJFS's authority to take action to recover erroneous payments through June 30, 2019.

Requires the Executive Director of the Office of Health Transformation (OHT), in cooperation with other agency directors, to ensure the establishment of a program to (1) refer adult Medicaid recipients to employment readiness or vocational rehabilitation services and (2) assist those recipients with disabling health conditions in applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits.

Fiscal effect: The Disability Financial Assistance Program provides monthly cash benefits to low-income individuals with disabilities who do not satisfy eligibility requirements for other state or federal assistance programs, including Ohio Works First and Supplemental Security Income.

R.C. **5115. (Repealed), Section 812.40, various conforming changes**

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. **5115. (Repealed), Section 812.40, various conforming changes**

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. **5115. (Repealed), Section 812.40, various conforming changes**

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

MHACD39 Data collection and sharing - multi-system youth

No provision.

No provision.

Section: 337.163

Requires the ODMHAS Director to establish a strategy for data collection and sharing by agencies that serve multi-system youth.

Section: 337.163

Same as the Senate.

No provision.

No provision.

Requires the ODMHAS Director to submit a report to the Governor and General Assembly on the parameters of the strategy and the cost to implement the strategy.

Same as the Senate.

Fiscal effect: Potential minimal administrative costs to establish the strategy and submit the report.

Fiscal effect: Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

RDFCD9 Distribution of LGF money to support opioid addiction treatment and law enforcement

Executive	As Passed by the House	As Passed by the Senate	As Enacted
		R.C. 313.132, 5747.503, and Sections 291.20, 307.110, 307.193, 333.63, 337.220, 383.10, and 757.20	R.C. 313.132, 5747.503, and Sections 291.20, 307.110, 307.193, 333.63, 337.220, 337.231, 383.10, and 757.20
No provision.	No provision.	Redirects amounts, after any other reductions required by law, that would otherwise be paid directly to municipal governments by the Department of Taxation from the LGF to a newly created fund, the Targeting Addiction Assistance Fund (Fund 5TZ0), in FY 2018 and FY 2019.	Same as the Senate.
No provision.	No provision.	Requires that moneys in Fund 5TZ0 be used for the following purposes in each fiscal year by the indicated agencies through the indicated appropriation items:	Same as the Senate, with the following changes:
(1) No provision.	(1) No provision.	(1) \$1,000,000 by the Department of Health through Fund 5TZ0 item 440621, Toxicology Screenings, to reimburse county coroners in counties in which the coroner has performed toxicology screenings on victims of a drug overdose. Specifies that a coroner must screen for the following drugs: buprenorphine, methadone, and naltrexone, if the autopsy includes a toxicological analysis. Requires the Director of Health to transfer the funds to the counties in proportion to the numbers of toxicology screenings performed per county.	(1) Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(2) No provision.	(2) No provision.	(2) \$10,000,000 by the Department of Rehabilitation and Correction through Fund 5TZ0 item 501610, Probation Improvement and Incentive Grants, to be allocated as Probation Improvement and Incentive Grants to municipalities with an emphasis on: (a) providing services to those addicted to opiates and other illegal substances, and (b) supplementing the programs and services funded by grants distributed from GRF appropriation item 501407, Community Nonresidential Programs.	(2) Same as the Senate, but allocates \$5 million instead of \$10 million.
(3) No provision.	(3) No provision. (See MHACD11)	(3) \$6,000,000 by the Department of Mental Health and Addiction Services through Fund 5TZ0 item 336600, Substance Abuse Stabilization Centers, to be allocated to boards of alcohol, drug addiction, and mental health services. Requires the boards to use their allocations to establish and administer, in collaboration with the other boards that serve the same state psychiatric hospital region, acute substance use disorder stabilization centers. Specifies that one center must be located in each state psychiatric hospital region. Requires ODMHAS to conduct an analysis of each center and to submit findings to the Governor and the General Assembly.	(3) Same as the Senate.
(4) No provision.	(4) No provision. (See JFSCD7)	(4) \$150,000 by the Department of Job and Family Services through Fund 5TZ0 item 600674, Children's Crisis Care, to be allocated to children's crisis care facilities. Requires the Director of Job and Family	(4) Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

(5) No provision.

(5) No provision.

Services to allocate funding based on the number of children at each facility. Specifies that a children's crisis care facility may decline to receive such funding. Requires a children's crisis care facility that accepts such funding to use the funds in accordance with section 5103.13 of the Revised Code and the rules as defined in rule 5101:2-9-36 of the Administrative Code.

(5) \$500,000 by the Department of Medicaid through Fund 5TZ0 item 651600, Brigid's Path Pilot, and in consultation with the Department of Job and Family Services and the Department of Health, to develop a 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 specified by the departments. Requires the departments to begin operation of the pilot program not later than 90 days after the effective date of this bill and must cease operation of the pilot program on July 1, 2018. Specifies that not later than 90 days after the date the pilot program ends, the departments must jointly complete a report about the pilot program and submit the report to the General Assembly. Specifies that the report must include recommendations for making the pilot

(5) Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	No provision.	<p>program statewide and part of the Medicaid program.</p> <p>No provision.</p> <p>Fiscal effect: Decreases the amount of available moneys that would be paid directly from the LGF to certain municipalities that levied an income tax by up to \$17.65 million in each of FY 2018 and FY 2019 and correspondingly increases funding to the new fund, the Targeting Addiction Assistance Fund (Fund 5TZ0) by the same amounts.</p>	<p>(6) \$5,000,000 by the Department of Mental Health and Addiction Services through Fund 5TZ0 item 336643, ADAMHS Boards. Requires the funding to be used in conjunction with the \$2 million per fiscal year allocation in GRF line item 336421, Continuum of Care Services, and be distributed to alcohol, drug addiction, and mental health services boards in accordance with a specified methodology.</p> <p>Fiscal effect: Redirects all available moneys that would be paid directly from the LGF to certain municipalities that levied an income tax in FY 2018 and FY 2019 and correspondingly increases funding to the new fund, the Targeting Addiction Assistance Fund (Fund 5TZ0) by the same amounts. Allocates \$17.65 million from Fund 5TZ0 to various opioid addiction treatment and law enforcement programs.</p>

Executive

As Passed by the House

As Passed by the Senate

As Enacted

RDFCD6 Medicaid Local Sales Tax Transition Fund

Sections: 387.20, 512.50

Creates the Medicaid Local Sales Tax Transition Fund (Fund 7104) in the State Treasury. Specifies that the fund is to consist of money transferred to it and that the fund be used to mitigate the effects of, and assist in the adjustment to, the reduced sales tax revenues of counties and affected transit authorities caused by the repeal of sales tax collected by Medicaid health insuring corporation on health care service transactions.

Specifies that transition payments use the counties' and transit authorities' annualized Medicaid sales tax revenues during the calendar years 2015 and 2016 and that payments consist of two parts: (a) full replacement of the calculated foregone Medicaid sales tax revenue in CY 2017, which will occur during the period from October 2017 through December 2017 and (b) payments that reflect a computation of the ability of the counties and transit authorities to reasonably adjust to the effects of foregone Medicaid sales tax revenues.

Requires all counties and affected transit authorities, if the Tax Commissioner orders

Sections: 387.20, 512.50

Same as the Executive.

Same as the Executive.

Same as the Executive.

Sections: 387.20, 512.50

Same as the Executive.

Same as the Executive.

Same as the Executive, but specifies that the total amounts of the payments to

Sections: 387.20, 512.50, and 512.27

Same as the Executive.

Same as the Executive.

Same as the Senate.

Executive

As Passed by the House

As Passed by the Senate

As Enacted

cessation of collection of sales and use tax on transactions of Medicaid health insuring corporations, by October 15, 2017, to establish a County and Transit Authority Medicaid Sales Tax Transition Fund to receive transition payments from the state. Specifies the amount that is to be paid to each county and affected transit authority. Requires the Tax Commissioner, by November 1, 2017, to pay the amount specified in the bill to each county and transit authority.

Fiscal effect: Appropriates \$207 million from FY 2017 GRF ending balance, if the Director of Budget and Management determines that sufficient GRF revenue is available, to Fund 7104 item 110997, Medicaid Local Sales Tax Transition Fund, for these payments. Of the \$207 million, about \$49 million is deemed by the executive as a direct replacement for lost local FY 2017 revenue and the remaining \$158 million is to be distributed according to the formulas that are based on the ability of each county and transit authority to adjust to the effects of foregone Medicaid sales tax revenues. The dollar amounts to be distributed to each county from the appropriation are specified in Section 387.20 of the bill.

Fiscal effect: Same as the Executive.

counties and transit authorities will be made in two equal payments, the first one-half to be paid by November 1, 2017 and the second one-half to be paid in January 2018.

Fiscal effect: Same as the Executive, though with a difference in the timing of payments.

Fiscal effect: Same as the Senate, but the funding would come from a transfer of \$207 million from unclaimed funds to Fund 7104, or from a transfer of \$200 million from the Health and Human Services Fund (Fund 5SA4), instead of from the FY 2017 GRF ending balance (see OBMCD31 and OBMCD45).