

# Redbook

## LBO Analysis of Executive Budget Proposal

### Ohio Department of Medicaid

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    Catalog of Budget Line Items (COBLI)

    Appropriation Spreadsheet

# LBO Redbook

## Ohio Department of Medicaid

### Quick look...

- Medicaid is a joint federal-state program that provides health insurance coverage to more than 3.5 million low-income Ohioans, including over 1.3 million children.
- At an annual spending of \$35.05 billion in combined federal and state dollars in FY 2022, Medicaid is the largest single state program and accounts for nearly 5% of Ohio’s economy.
  - Medicaid is the largest spending area of the combined state and federal GRF budget and the second largest area (behind K-12 education) in the state-only GRF budget.
- The Ohio Department of Medicaid (ODM) administers Ohio Medicaid with the assistance of the Ohio Department of Developmental Disabilities (ODODD), six other state agencies, and various local partners.
  - About 99% of all-funds expenditures for Ohio Medicaid are disbursed by ODM and ODODD.
  - 100% of all-funds Medicaid service expenditures are disbursed by ODM and ODODD. The other six agencies incur only administrative spending.
- The COVID-19 pandemic has had significant impacts for the Medicaid Program. The program experienced increases in caseloads, and federal legislation awarded increased federal Medicaid funding for many services.
- During 2023, the enhanced federal Medicaid funding due to the pandemic will be gradually phased out as Medicaid returns to conducting regular eligibility redeterminations.

All-Funds Medicaid*	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
Agency				
ODM	\$31,297,827,809	\$34,856,805,261	\$36,652,377,667	\$38,644,389,541
ODODD	\$3,449,405,276	\$4,047,872,075	\$4,260,312,666	\$4,492,785,586
Job and Family Services	\$257,259,345	\$331,136,673	\$323,140,733	\$328,307,209
Health	\$33,719,631	\$44,656,125	\$41,587,231	\$41,812,005
Aging	\$8,497,269	\$13,110,773	\$17,658,859	\$10,082,174
Mental Health and Addiction Services	\$3,562,954	\$92,287,160	\$5,618,364	\$5,650,415
Pharmacy Board	\$2,060,497	\$3,093,948	\$1,884,000	\$1,885,000
Education	\$447,759	\$607,698	\$574,529	\$576,459
<b>Grand Total</b>	<b>\$35,052,780,541</b>	<b>\$39,389,569,713</b>	<b>\$41,303,154,049</b>	<b>\$43,525,488,389</b>
ODM Share	89.3%	88.5%	88.7%	88.8%
ODODD Share	9.8%	10.3%	10.3%	10.3%
Expense Type				
Services	\$34,070,610,752	\$38,109,970,570	\$39,981,278,155	\$42,243,765,049
Administration	\$982,169,788	\$1,279,599,143	\$1,321,875,894	\$1,281,723,340
<b>Grand Total</b>	<b>\$35,052,780,541</b>	<b>\$39,389,569,713</b>	<b>\$41,303,154,049</b>	<b>\$43,525,488,389</b>
Services Share	97.2%	96.8%	96.8%	97.1%
Administration Share	2.8%	3.2%	3.2%	2.9%

\*To avoid double counting, the appropriation for line item 651655, Medicaid Interagency Pass-Through, is not included in the Department of Medicaid total. Item 651655 is used to disburse federal reimbursements to other agencies for Medicaid administrative expenses.

All-Agency All-Funds*	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
	Amount (\$ in millions)							
GRF – State	\$5,003.4	\$5,208.6	\$4,885.6	\$5,356.1	\$5,188.1	\$6,978.9	\$7,038.0	\$7,818.2
GRF – Federal	\$9,479.1	\$9,844.3	\$10,586.3	\$12,738.2	\$11,891.2	\$13,600.6	\$14,219.0	\$15,172.1
<b>GRF – Total</b>	<b>\$14,482.5</b>	<b>\$15,052.8</b>	<b>\$15,471.8</b>	<b>\$18,094.4</b>	<b>\$17,079.3</b>	<b>\$20,579.5</b>	<b>\$21,257.0</b>	<b>\$22,990.3</b>
Non-GRF – State	\$3,357.1	\$3,284.3	\$3,569.3	\$3,158.6	\$4,118.5	\$4,626.1	\$5,363.5	\$5,520.7
Non-GRF – Federal	\$8,503.0	\$8,426.9	\$9,191.2	\$10,489.7	\$13,854.9	\$14,184.0	\$14,682.6	\$15,014.5
<b>Grand Total</b>	<b>\$26,342.7</b>	<b>\$26,764.0</b>	<b>\$28,232.4</b>	<b>\$31,742.8</b>	<b>\$35,052.8</b>	<b>\$39,389.6</b>	<b>\$41,303.2</b>	<b>\$43,525.5</b>
<b>Annual % Change</b>	<b>--</b>	<b>1.6%</b>	<b>5.5%</b>	<b>12.4%</b>	<b>10.4%</b>	<b>12.4%</b>	<b>4.9%</b>	<b>5.4%</b>
	Share							
GRF – State	19.0%	19.5%	17.3%	16.9%	14.8%	17.7%	17.0%	18.0%
GRF – Federal	36.0%	36.8%	37.5%	40.1%	33.9%	34.5%	34.4%	34.9%
Non-GRF – State	12.7%	12.3%	12.6%	10.0%	11.7%	11.7%	13.0%	12.7%
Non-GRF – Federal	32.3%	31.5%	32.6%	33.0%	39.5%	36.0%	35.5%	34.5%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total GRF Share</b>	<b>55.0%</b>	<b>56.2%</b>	<b>54.8%</b>	<b>57.0%</b>	<b>48.7%</b>	<b>52.2%</b>	<b>51.5%</b>	<b>52.8%</b>
<b>Total Federal Share</b>	<b>68.3%</b>	<b>68.3%</b>	<b>70.1%</b>	<b>73.2%</b>	<b>73.4%</b>	<b>70.5%</b>	<b>70.0%</b>	<b>69.4%</b>

\*To avoid double counting, the appropriation for line item 651655, Medicaid Interagency Pass-Through, is not included.

## Medicaid Program overview

Medicaid is a publicly funded health insurance program for low-income individuals. It is a federal-state joint program administered by the states and funded with federal, state, and, in some states like Ohio, local revenues. The federal government establishes and monitors certain requirements concerning funding, eligibility standards, and quality and scope of medical services. In Ohio, Medicaid covers more than 3.5 million low-income adults, children, pregnant women, seniors, and individuals with disabilities each year. Ohio Medicaid is the largest health insurer in the state. It is also the largest single state program with annual spending of more than \$35 billion in combined federal and state dollars in FY 2022. Medicaid accounts for almost 5% of Ohio's economy. Medicaid services are an entitlement for those who meet eligibility requirements, meaning that if an individual is eligible for the program then they are guaranteed the benefits and the state is obligated to pay for them.

Another federal-state joint health care program, which has been implemented as a Medicaid expansion in Ohio, is the State Children's Health Insurance Program (SCHIP). This program provides health care coverage for children in low- and moderate-income families who are ineligible for Medicaid but cannot afford private insurance.

Ohio's Medicaid Program is among the largest in the nation. It includes coverage for the following:

- More than 1.3 million children, from birth to age 18;
- More than 35,000 children in foster care;
- More than 250,000 senior citizens over the age of 65;
- More than 40,000 individuals residing in nursing facilities; and
- More than 105,000 individuals on home and community-based waivers.

The federal government requires each state to designate a "single state agency" to administer its Medicaid Program. The Ohio Department of Medicaid (ODM) is the single state agency for Ohio under the federal regulation. As Ohio's single state agency, ODM must retain oversight and administrative control of the Ohio Medicaid Program and assure the federal Centers for Medicare and Medicaid Services (CMS) that federally set standards are maintained. Federal law allows a state's single agency to contract with other public and private entities to manage aspects of the program. ODM administers the program with the assistance of other state agencies, county departments of job and family services, county boards of developmental disabilities, and area agencies on aging. ODM contracts with the following state agencies to administer various Ohio Medicaid programs through interagency agreements:

- Ohio Department of Developmental Disabilities (ODODD);
- Ohio Department of Job and Family Services (ODJFS);
- Ohio Department of Health (ODH);
- Ohio Department of Mental Health and Addiction Services (OhioMHAS);
- Ohio Department of Aging (ODA);

- Ohio Department of Education (ODE); and
- Ohio Board of Pharmacy.

ODODD provides services to disabled individuals through home and community-based Medicaid waiver programs. ODODD also provides services to severely disabled individuals at eight regional developmental centers throughout the state and pays private intermediate care facilities for Medicaid services provided to individuals with intellectual or other developmental disabilities. In addition, ODODD provides subsidies to, and oversight of, Ohio's 88 county developmental disabilities (DD) boards. County boards arrange for more than 95,000 adults and children to receive comprehensive services, which include residential support, early intervention, and family support.

ODJFS provides funding to county departments of job and family services (CDJFSs) to administer Medicaid at the local level and to provide certain transportation services to Medicaid enrollees. Local administrative activities mainly include caseworkers processing eligibility determinations. CDJFSs arrange for various transportation services to be provided to Medicaid enrollees.

ODH works with CMS and functions as Ohio's state survey agency for the certification of Medicare and Medicaid health care providers. In this role, ODH, among other things, surveys and certifies facilities, such as long-term care and residential care facilities and hospitals, participating in the Medicaid Program to ensure compliance with state and federal rules and regulations. ODODD certifies intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) beds. Certification is required for a provider to receive reimbursement from Medicaid.

OhioMHAS works with local boards to ensure the provision of mental health services. Ohio has 50 community behavioral health boards, which serve all 88 counties. The boards are responsible for planning, monitoring, and evaluating the service delivery system within their geographic areas. The local boards contract with local service providers to deliver mental health services in the community.

ODA administers Medicaid programs such as the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) Medicaid waiver, the Assisted Living Medicaid waiver, and the Program for All-Inclusive Care for the Elderly (PACE).

ODE administers the Medicaid Schools Program, which provides districts with reimbursement for services provided to Medicaid-eligible students and reimburses ODE for the cost of administering the program. These costs include technical assistance and program monitoring to verify federal program mandates and assure program compliance and accountability.

The State Board of Pharmacy uses Medicaid funds for the Ohio Automated Rx Reporting System (OARRS) Integration Initiative, an effort under the State Medicaid Health Information Technology Plan to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across the state. The goal of this initiative is to provide health care providers with information regarding a patient's controlled substance prescription history, support clinician interventions for patients with high-risk behaviors, and reduce the number of patients who present at multiple prescriber sites to obtain controlled substances.

ODM contracts with CDJFSs to perform eligibility determination and enrollment. Most of these activities are done utilizing an integrated eligibility system, Ohio Benefits, which was implemented on October 1, 2013. Ohio Benefits replaced the old eligibility system known as the Client Registry Information System-Enhanced (CRIS-E). ODM provides technical assistance to counties and assists them to implement eligibility policy.

The executive budget provides a total appropriation for the Medicaid Program of \$41.30 billion in FY 2024, a 4.9% increase over FY 2023's estimated spending of \$39.39 billion, and \$43.53 billion in FY 2025, a 5.4% increase over FY 2024. The breakdowns of the executive's total Medicaid recommendations by agency and by service versus administrative cost can be found on page 1 of this Redbook. Table 1 below shows the executive recommended appropriations for Medicaid funding for all agencies by fund group.

<b>Fund Group</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
General Revenue Fund	\$20,579,504,470	\$21,257,014,948	\$22,990,307,244
<i>Federal Share</i>	\$13,600,614,243	\$14,219,027,179	\$15,172,082,581
<i>State Share</i>	\$6,978,890,227	\$7,037,987,769	\$7,818,224,663
Dedicated Purpose Fund	\$4,601,785,483	\$5,322,502,296	\$5,479,726,016
Federal Fund	\$14,183,960,826	\$14,682,636,805	\$15,014,455,129
Internal Service Activity Fund	\$14,318,934	\$31,000,000	\$31,000,000
Holding Account Fund	\$10,000,000	\$10,000,000	\$10,000,000
<b>Total</b>	<b>\$39,389,569,713</b>	<b>\$41,303,154,049</b>	<b>\$43,525,488,389</b>

\*To avoid double counting, the appropriation for line item 651655, Medicaid Interagency Pass-Through, is not included.

For the FY 2024-FY 2025 biennium, GRF appropriations account for the largest portion (52.2%) of the executive recommended funding for the Medicaid Program. About 66.4% of the GRF funding is federal Medicaid reimbursement. Federal funds account for the next largest share of recommended funding at 35.0%. Federal funds include primarily federal reimbursements for Medicaid services and administrative activities that are not deposited into the GRF.

Dedicated Purpose Funds account for 12.7% of the recommended funding. Sources of these funds mainly include the following:

- Revenue generated from the managed care franchise fee;
- Revenue generated from hospital assessments;
- Revenue generated from nursing home and hospital long-term care unit franchise permit fees;
- Revenue generated from the ICFs/IID franchise permit fee;
- Prescription drug rebate revenue; and
- Recoveries from third-party liabilities.

The revenues from provider taxes (also referred to as franchise fees) are appropriated in ODM's and ODODD's budgets. Table 2 below provides revenue that the state collects from the various provider types.

Table 2. Franchise Fee Revenue (\$ in millions*)				
Provider Type	FY 2022	FY 2023	FY 2024	FY 2025
Managed Care	\$990	\$1,007	\$1,057	\$1,009
Hospital	\$1,373	\$1,416	\$1,543	\$1,592
Nursing Facility	\$411	\$415	\$415	\$415
ICF/IID	\$45	\$45	\$45	\$47
<b>Total</b>	<b>\$2,818</b>	<b>\$2,883</b>	<b>\$3,059</b>	<b>\$3,063</b>

\*Figures related to the ICF/IID franchise fee were provided by ODODD. The remaining figures are from ODM.

Table 3 below shows the actuals as well as the executive's recommended budget for using the various franchise fee revenues and the corresponding estimated federal share by appropriation line item. If the state spends the franchise fee revenue on Medicaid-related services or activities, the state can draw down federal reimbursement. The federal medical assistance percentage (FMAP) represents the portion of total qualified Medicaid spending that is reimbursed by the federal government.

Table 3. ALI Appropriations by Franchise Fee Type and the Corresponding Federal Share (\$ in millions*)						
Fund	ALIs	State or Federal Share	FY 2022	FY 2023	FY 2024	FY 2025
5TN0	651684	State	\$991	\$951	\$1,063	\$1,138
3F00	651623	Federal	\$3,137	\$2,937	\$2,781	\$2,849
	<b>Managed Care Total</b>		<b>\$4,128</b>	<b>\$3,888</b>	<b>\$3,844</b>	<b>\$3,987</b>
5GF0	651656	State	\$1,262	\$1,380	\$1,632	\$1,723
3F00	651623	Federal	\$3,885	\$4,262	\$4,269	\$4,315
	<b>Hospital Total</b>		<b>\$5,147</b>	<b>\$5,642</b>	<b>\$5,901</b>	<b>\$6,038</b>
5R20	651608	State	\$415	\$415	\$415	\$415
3F00	651623	Federal	\$977	\$951	\$775	\$747
	<b>Nursing Facilities Total</b>		<b>\$1,392</b>	<b>\$1,366</b>	<b>\$1,190</b>	<b>\$1,162</b>
5GE0	653606	State	\$25	\$31	\$60	\$60
3A40	653654	Federal	\$18	\$22	\$39	\$39
	<b>ICF/IID Total</b>		<b>\$43</b>	<b>\$53</b>	<b>\$99</b>	<b>\$99</b>
	<b>Grand Total</b>		<b>\$10,710</b>	<b>\$10,949</b>	<b>\$11,034</b>	<b>\$11,286</b>

<b>Fund</b>	<b>ALIs</b>	<b>State or Federal Share</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
	<b>Managed Care/Hospital Assumed FMAP</b>		<b>75.49%</b>	<b>75.54%</b>	<b>72.35%</b>	<b>71.46%</b>
	<b>Nursing Facility and ICF/IID Assumed FMAP</b>		<b>70.18%</b>	<b>69.61%</b>	<b>65.12%</b>	<b>64.30%</b>

\*Figures related to the ICF/IID franchise fee were provided by ODODD. The remaining figures are from ODM.

## Federal reimbursement

Table 4 below shows the FMAP received or anticipated to be received by quarter for FY 2020 through FY 2025. The regular FMAP is the amount each state typically receives for providing Medicaid services. It is calculated each year for each state and is based on the state's per-capita income. States with higher per-capita incomes will have lower FMAPs and vice versa. An enhanced FMAP (eFMAP) is provided for certain services, including services provided under SCHIP. Under SCHIP, each state is given an allotment of federal funds. Subject to the availability of funds from the state's allotment, the eFMAP is used to determine the federal share of the cost of SCHIP. Each state's eFMAP is calculated by reducing the state's share under the regular FMAP by 30%. States receive a higher FMAP for services provided to the Group VIII population. Calendar year 2019 was the final year of the Group VIII FMAP gradually decreasing to a permanent level of 90%. Thus, the first two quarters of FY 2020 in the table below show the calendar year 2019 Group VIII FMAP of 93%, before the Group VIII FMAP goes to its permanent level of 90%.

The federal Families First Coronavirus Response Act (FFCRA), enacted in March 2020, provides for a temporary increase in FMAP of 6.2 percentage points for certain expenditures incurred after January 1, 2020. Ohio is eligible for this FMAP increase conditional on meeting the five conditions set in the FFCRA, which are to: (1) maintain eligibility standards or procedures that are no more restrictive than those in place on January 1, 2020, (2) not charge premiums that exceed those in place on January 1, 2020, (3) provide testing, services, and treatments including vaccines, specialized equipment, and therapies related to COVID-19 without cost-sharing requirements, (4) provide continuous coverage to individuals enrolled onto the program during the emergency period, and (5) not require local political subdivisions to pay a greater portion of the nonfederal share of expenditures than was required on March 11, 2020. As Ohio has met these five requirements, the state has been receiving increased federal reimbursement for most Medicaid services since the beginning of 2020.

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA). Among its many provisions, the CAA provides for a gradual unwinding of both the increased FMAP and the continuous coverage provision. On March 31, 2023, the CAA ends the continuous coverage requirement. In accordance with previously issued guidance from the Centers for Medicare and Medicaid Services (CMS), states will have up to 14 months to fully resume routine eligibility and enrollment processes.

The CAA also phases down the increased FMAP over the last nine months of 2023, provided the state meets certain disenrollment requirements. The scheduled phase-down is included in the FMAP table below for quarter 4 of FY 2023 and quarters 1 and 2 of FY 2024. The CAA includes penalty reductions in the FMAP if states do not meet new Medicaid reporting requirements effective April 1, 2023.

Table 4. Federal Match Rates, FY 2020 Quarter 1-FY 2025 Quarter 1*						
Fiscal Year	FY Qtr.	Regular FMAP	SCHIP	FFCRA FMAP	FFCRA SCHIP	Group VIII
2020	1	63.09%	97.16%	N/A	N/A	93.00%
2020	2	63.02%	85.61%	N/A	N/A	93.00%
2020	3	63.02%	85.61%	69.22%	89.95%	90.00%
2020	4	63.02%	85.61%	69.22%	89.95%	90.00%
2021	1	63.02%	85.61%	69.22%	89.95%	90.00%
2021	2	63.63%	74.54%	69.83%	78.88%	90.00%
2021	3	63.63%	74.54%	69.83%	78.88%	90.00%
2021	4	63.63%	74.54%	69.83%	78.88%	90.00%
2022	1	63.63%	74.54%	69.83%	78.88%	90.00%
2022	2	64.10%	74.87%	70.30%	79.21%	90.00%
2022	3	64.10%	74.87%	70.30%	79.21%	90.00%
2022	4	64.10%	74.87%	70.30%	79.21%	90.00%
2023	1	64.10%	74.87%	70.30%	79.21%	90.00%
2023	2	63.58%	74.51%	69.78%	78.85%	90.00%
2023	3	63.58%	74.51%	69.78%	78.85%	90.00%
2023	4	63.58%	74.51%	68.58%	78.01%	90.00%
2024	1	63.58%	74.51%	66.08%	76.26%	90.00%
2024	2	64.30%	75.01%	65.80%	76.06%	90.00%
2024	3	64.30%	75.01%	N/A	N/A	90.00%
2024	4	64.30%	75.01%	N/A	N/A	90.00%
2025	1	64.30%	75.01%	N/A	N/A	90.00%

\*All references to FY refer to state fiscal year.

# ODM budget recommendation summary

## Staffing levels

According to the Ohio Department of Administrative Services, as of January 2023, ODM had 633 full-time permanent employees and 70 part-time employees.

## Appropriations

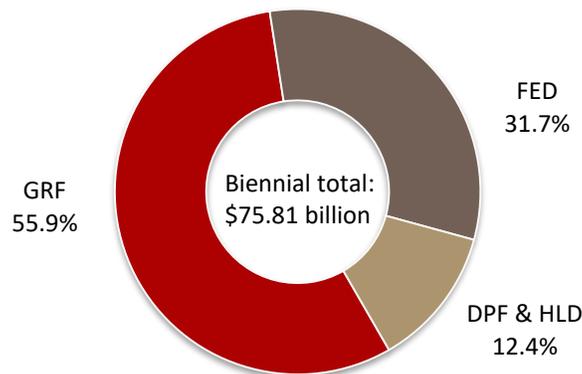
### Appropriations by fund group

The executive budget provides a total appropriation for ODM of \$36.91 billion in FY 2024 and \$38.90 billion in FY 2025. Table 5 and Chart 1 show the executive recommended appropriations by fund group.

Fund Group	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
General Revenue Fund (GRF)	\$16,315,536,808	\$19,712,003,329	\$20,354,748,769	\$22,003,452,372
<i>Federal Share</i>	\$11,891,207,699	\$13,600,614,243	\$14,219,027,179	\$15,172,082,581
<i>State Share</i>	\$4,424,329,109	\$6,111,389,086	\$6,135,721,590	\$6,831,369,791
Dedicated Purpose Fund (DPF)	\$3,665,031,498	\$3,888,284,388	\$4,610,338,696	\$4,805,646,891
Federal Fund (FED)	\$11,401,501,059	\$11,488,209,744	\$11,935,439,202	\$12,083,439,278
Holding Account Fund (HLD)	\$6,027,012	\$10,000,000	\$10,000,000	\$10,000,000
Total	\$31,388,096,376	\$35,098,497,461	\$36,910,526,667	\$38,902,538,541
% Change	--	11.8%	5.2%	5.4%
GRF % Change	--	20.8%	3.3%	8.1%

\*The appropriation for line item 651655, Medicaid Interagency Pass-Through, is included in the Department of Medicaid’s total. Again, item 651655 is used to disburse federal reimbursements to other agencies for Medicaid administrative expenses. In the “**Medicaid Program overview**” section, which details all agency Medicaid spending, this is not included to avoid double counting.

Chart 1: ODM Budget Sources by Fund Group  
FY 2024-FY 2025



As shown in the chart above, appropriations from the GRF make up a majority of the recommended funding for ODM for the biennium at 55.9%. The GRF appropriations include the Medicare Part D clawback payments,<sup>1</sup> and the state share for Medicaid expenditures. The GRF appropriations also include federal grant amounts (federal reimbursement) for Medicaid service expenditures.

The Federal Fund Group accounts for the next largest portion of recommended funding for ODM at 31.7%, which includes federal reimbursement for Medicaid payments for both service and administrative expenditures. The Dedicated Purpose Fund Group and Holding Account Fund Group together account for 12.4%, with the Holding Account Fund Group individually accounting for less than 0.03%.

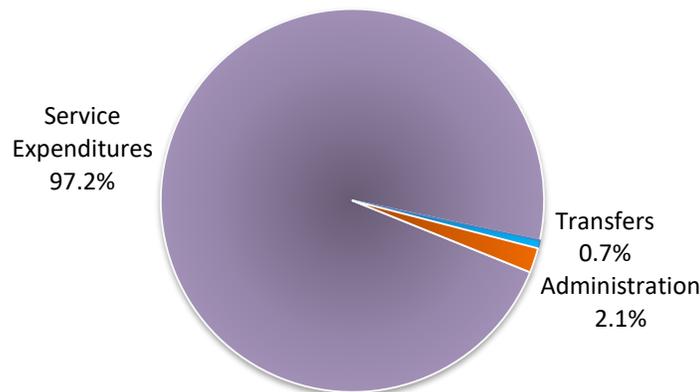
### Appropriations by expense type

Table 6 and Chart 2 show the executive recommended appropriations by expense type. Approximately 97.2% of ODM’s budget is for payments to providers of Medicaid services.

Table 6. ODM Budget Uses by Expense Type*		
Expense Type	FY 2024	FY 2025
Services	\$35,836,347,967	\$37,873,361,941
Administrative	\$816,029,700	\$771,027,600
Transfers to Other Agencies	\$258,149,000	\$258,149,000
<b>Total</b>	<b>\$36,910,526,667</b>	<b>\$38,902,538,541</b>

\*The appropriation for line item 651655, Medicaid Interagency Pass-Through, is included in the Department of Medicaid total appropriation.

Chart 2: ODM Budget Uses by Expense Type  
FY 2024-FY 2025



<sup>1</sup> The clawback is a monthly payment made by each state to the federal Medicare Program. The amount of each state’s payment roughly reflects the expenditures of its own funds that the state would have made if it continued to pay for outpatient prescription drugs through Medicaid on behalf of dual-eligibles.

ODM will spend approximately 2.1% of its recommended budget for the biennium for administration including personal services, purchased services, maintenance, and equipment. Approximately 0.7% of ODM's budget is federal reimbursement that will be passed through to other agencies for their Medicaid administrative costs.

## Major initiatives for the FY 2024-FY 2025 biennium

The proposed FY 2024-FY 2025 biennial budget includes policy focuses on several main areas of Medicaid policy and coverage, as well as smaller programs and objectives. Priority areas include rate increases for Medicaid providers to address health care provider shortages, expanding Medicaid coverage to include pregnant women and children up to 300% of the federal poverty level and privately adopted children, and completing the full implementation of the Next Generation of Managed Care Program, which includes the continuation of the OhioRISE Program and Single Pharmacy Benefit Manager (SPBM). Further discussion of current biennium initiatives can be found in the next section.

### 1. Provider rate increases

H.B. 33 includes funding for provider rate increases, which ODM states will assist in combatting the workforce shortages facing many types of Medicaid health care providers. The proposed budget makes changes to statute regarding provider rates and provider payment. Some of these changes include explicit requirements that funds contained in the bill for provider rate increases be used to increase wages and maintain health care workforces. Additionally, statutory changes permit ODM to establish Medicaid payment rates for community behavioral health services provided during FY 2024 and FY 2025 that exceed the Medicare rates for those services, and to, in consultation with ODA, establish both (1) an assisted living services base payment rate and (2) an assisted living memory care service payment, for assisted living facilities participating in the Medicaid-funded component of the Assisted Living Program.

### 2. Expanded coverage for mothers and children and adopted children

H.B. 33 grants Medicaid coverage to a portion of the optional eligibility group consisting of individuals under the age of 65 with incomes above 133% of the federal poverty level. It specifies that this covered portion of the group consists of (1) pregnant women, (2) children under age 19, and (3) a reasonable classification of children under 19 who were adopted through private agencies. The income threshold for pregnant women and children under 19 is 300% of the federal poverty level. There is no income eligibility threshold for children under 19 who were adopted through private agencies.

The bill requires ODM to exercise the presumptive eligibility option for these newly covered populations. Presumptive eligibility is a pathway whereby individuals receive immediate Medicaid benefits based on limited information, allowing them to receive services while applying for Medicaid.

### 3. Completing implementation of Next Generation of Managed Care Program

A long-running project of ODM has been to modernize and improve Medicaid managed care, and policy priorities in the proposed budget include full implementation of this multi-year, multi-faceted endeavor. Two important components of this new managed care program were the OhioRISE (Ohio Resilience through Integrated Systems and Excellence) Program and the SPBM. OhioRISE is a multi-year endeavor which serves children and youth with complex behavioral health

needs. OhioRISE was launched in the summer of 2022 and continuing and increasing enrollment will be an important component of the Next Generation Managed Care (NGMC) Program during the upcoming biennium. SPBM was launched in October 2022, and will continue to be utilized as the Medicaid Program's SPBM as part of the NGMC Program. An additional component of this program is ODM's Provider Network Management Module, which has decreased administrative requirements for Medicaid providers, and helps to simplify the process of provider certification.

#### **4. Resumption of routine redeterminations**

As was mentioned previously, since the beginning of the COVID-19 pandemic in 2020, Ohio's Medicaid Program has, among other changes, been providing continuous coverage to Medicaid recipients, in order to receive additional pandemic federal support for Medicaid expenditures from the federal government. Federal legislation passed at the end of 2022 ends the continuous coverage requirement at the end of March 2023, and provides for phased-down additional federal Medicaid support through the remainder of 2023. In response to the conclusion of the period where continuous coverage is required and routine redeterminations are suspended, ODM has developed a plan to undertake routine redeterminations for all Medicaid members who require one, and to disenroll those individuals who are found to be ineligible.

According to the one-year redetermination and disenrollment plan ODM has submitted to the federal government, they expect that over the course of 18 months, approximately 220,000 individuals will be disenrolled from Medicaid as a result of the resumption of routine redeterminations of eligibility. ODM's plan sets a path to carry out these redeterminations whilst following all federal rules governing the resumption of redeterminations, which will avoid any penalties being assessed for violations of these federal guidelines, and enable the state to continue to receive the phased-down increased FMAP through the remainder of 2023.

To assist in the resumption of routine redeterminations of eligibility, H.B. 45 of the 134<sup>th</sup> General Assembly appropriated \$30.0 million in FY 2023 in DPF Fund 5CV3 line item 6006A3, County JFS, and requires these funds to be provided to county departments of job and family services to conduct eligibility redeterminations of all Medicaid recipients in the state.

## Highlights of policy initiatives in the current biennium: FY 2022-FY 2023

Some of the policy initiatives of the current biennium are briefly discussed below.

### 1. Increased provider relief appropriations due to H.B. 45 of the 134<sup>th</sup> General Assembly

Due to the enhanced federal medical assistance percentage (eFMAP) enacted as a result of the COVID-19 pandemic, H.B. 45 of the 134<sup>th</sup> General Assembly increased Ohio Department of Medicaid (ODM) Medicaid appropriations by a total of \$1.56 billion in FY 2023. The increase in Dedicated Purpose Fund (DPF) line item 651698, MCD Home and Community Based Services, was specifically earmarked for Program for All-Inclusive Care for the Elderly (PACE) site expansion, and of the larger increase in GRF line item 651525, Medicaid Health Care Services, \$6.5 million was earmarked to provide for one-time provider relief payments calculated based on Medicaid enrollee patient discharge. Additional provider relief allocations were made under the Office of Budget and Management and made from DPF Fund 5CV3, amounting to \$538.0 million in workforce support appropriations. These totals under each the Office of Budget and Management (OBM) and ODM are broken down in Table 7.

Table 7. H.B. 45 Medicaid-related Appropriations		
Fund	Appropriation Line Item	Amount (\$ in millions)
<b>Office of Budget and Management</b>		
5CV3	042636, Nursing Facility Workforce Support	\$350.0
5CV3	042630, Statewide Hospital Support	\$100.0
5CV3	042631, Assisted Living Workforce Support	\$40.0
5CV3	042632, Hospice Care Workforce Support	\$30.0
5CV3	042633, HCBS Workforce Support	\$10.0
5CV3	042628, Adult Day Care	\$8.0
<b>Department of Medicaid</b>		
GRF	651525, Medicaid Health Care Services	\$445.1
5DL0	651690, Multi-system Youth Custody Relinquishment	\$9.0
5HC8	651698, MCD Home and Community Based Services	\$50.0
3F00	651623, Medicaid Services – Federal	\$1,056.7

### 2. Appropriations due to H.B. 169 of the 134<sup>th</sup> General Assembly

H.B. 169 of the 134<sup>th</sup> General Assembly appropriated \$529.0 million in FY 2022 to ODM to provide additional payments for home and community-based Medicaid providers. These appropriations are broken down in Table 8.

Table 8. H.B. 169 Medicaid-related Appropriations

Fund	ALI	ALI Name	Amount
5HC8	651698	MCD Home and Community Based Services	\$158,700,000
3HC8	651699	MCD Home and Community Based Services – Federal	\$370,300,000

In addition to making the appropriations detailed in the table, H.B. 169 also allows the ODM Director to increase expenditures in line items 651698, MCD Home and Community Based Services; 653698, DDD Home and Community Based Services; 652698, MHA Home and Community Based Services; 655698, JFS Home and Community Based Services; and 656698, AGE Home and Community Based Services, as long as the additional expenditures are offset by equal expenditure reductions in another of these appropriation items. Similarly, the bill allows the OBM Director to increase expenditures in appropriation items 651699, MCD Home and Community Based Services – Federal; 653699, DDD Home and Community Based Services – Federal; 652699, MHA Home and Community Based Services – Federal; 655699, JFS Home and Community Based Services – Federal; and 656699, AGE Home and Community Based Services – Federal. If additional expenditures are authorized in any of these appropriation items, the bill states that the OBM Director must make appropriation adjustments in any of the other items as necessary. This language, in total, permits the OBM Director to shift appropriations among any of these agencies with Home and Community Based Services programs, to give flexibility to the government agencies regarding how the increased support for these services is distributed.

Apart from the appropriations made from funds 5HC8 and 3HC8, as have been detailed previously, H.B. 169 also permitted additional relief payments to be made from a portion of the enhanced FMAP authorized under the “Families First Coronavirus Response Act” (FFCRA). These provisions permitted ODM to make relief payments to Medicaid home and community-based services providers and to nursing facility providers, subject to conditions such as following federal guidelines and ensuring that no payments are made to administrators or executive staff of nursing facilities.

### 3. Controlling Board additional medicaid appropriations

In a September 2021 meeting, the Controlling Board approved \$1.40 billion in additional funding (\$1.00 billion in line item 651623, Medicaid Services – Federal, and \$400.0 million in line item 651656, Medicaid Services – Hospital Franchise Fee) in each fiscal year of the FY 2022-FY 2023 biennium. This additional funding mechanism was initially authorized in S.B. 310 of the 133<sup>rd</sup> General Assembly, with a total payout in June 2021 of \$703,147,958. These additional funds were intended for direct payments to hospitals to offset losses related to the COVID-19 pandemic.

### 4. Medicaid coverage of women postpartum

H.B. 110 of the 134<sup>th</sup> General Assembly expanded Medicaid coverage for pregnant women to include the maximum postpartum period permitted under federal law, instead of for 60 days after giving birth, as had previously been the case. Under this provision, ODM has extended the Medicaid coverage period for women to 12 months postpartum.

## **5. OhioRISE**

Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program is a specialized managed care program that serves children with complex behavioral health and multi-system needs. Specifically, OhioRISE provides intensive care coordination services, new and enhanced critical services, and assists families, state and local child-serving agencies, and other health providers to locate and use services. OhioRISE went live in the summer of 2022, and according to ODM, had already enrolled nearly 15,000 children as of early 2023. Continuation and increasing enrollment of OhioRISE is a continuing priority of the proposed budget.

## **6. Single Pharmacy Benefit Manager (SPBM)**

Since 2019, ODM has been working towards modernization and improvement of the Medicaid prescription drug program. As part of this process, ODM implemented a Unified Preferred Drug List on January 1, 2020. This unified drug list is required to be used across the Medicaid Program, and enacts the same uniform policies for drug preferences and prior authorization processes across fee-for-service or managed care plans. In October 2022, ODM implemented its SPBM. This SPBM, operated by Gainwell Technologies, provides centralized and unified pricing and reimbursement for Medicaid prescription drugs services, and increases transparency and accountability. Continuation of the SPBM is a continuing priority of the proposed budget.

## Analysis of FY 2024-FY 2025 budget proposal

This section provides an analysis of the Governor’s recommended funding for each appropriation line item (ALI) in ODM’s budget. For organizational purposes, these ALIs are grouped into three major categories based on their funding purposes. The analysis for an ALI with a lower category or subcategory designation will appear before that for an ALI with a higher category or subcategory designation. That is, the analysis for an ALI with a category designation of C1:8 will appear before the analysis for an ALI with a category designation of C2:1 and the analysis for an ALI with a category designation of C1:3 will appear before the analysis for an ALI with a category designation of C1:8.

To aid the reader in locating each ALI in the analysis, the following table shows the category in which each ALI has been placed, listing the ALIs in order within their respective fund groups and funds. This is the same order the ALIs appear in the MCD section of the budget bill.

In the analysis, each appropriation item’s estimated expenditures for FY 2023 and recommended appropriations for FY 2024 and FY 2025 are listed in a table. Following the table, a narrative describes how the appropriation is used and any changes affecting the appropriation that are proposed by the Governor. If the appropriation is earmarked, the earmarks are listed and described.

Categorization of ODM’s Appropriation Line Items for Analysis of FY 2024-FY 2025 Budget Proposal				
Fund	ALI	ALI Name		Category
<b>General Revenue Fund Group</b>				
GRF	651425	Medicaid Program Support – State	2	Medicaid Administration
GRF	651525	Medicaid Health Care Services	1	Medicaid Services
GRF	651526	Medicare Part D	1	Medicaid Services
<b>Dedicated Purpose Fund Group</b>				
4E30	651605	Resident Protection Fund	2	Medicaid Administration
5AN0	651686	Care Innovation and Community Improvement Program	1	Medicaid Services
5DL0	651639	Medicaid Services – Recoveries	1	Medicaid Services
5DL0	651685	Medicaid Recoveries – Program Support	2	Medicaid Administration
5DL0	651690	Multi-System Youth Custody Relinquishment	1	Medicaid Services
5FX0	651638	Medicaid Services – Payment Withholding	1	Medicaid Services
5GF0	651656	Medicaid Services – Hospital Franchise Fee	1	Medicaid Services
5HC8	651698	MCD Home and Community Based Services	1	Medicaid Services
5R20	651608	Medicaid Services – Long Term	1	Medicaid Services
5TN0	651684	Medicaid Services – HIC Fee	1	Medicaid Services
5XY0	651694	Improvements for Priority Populations	1	Medicaid Services
6510	651649	Medicaid Services – Hospital Care Assurance Program	1	Medicaid Services

Categorization of ODM’s Appropriation Line Items for Analysis of FY 2024-FY 2025 Budget Proposal				
Fund	ALI	ALI Name		Category
<b>Holding Account Fund Group</b>				
R055	651644	Refunds and Reconciliation	1	Medicaid Services
<b>Federal Fund Group</b>				
3ER0	651603	Medicaid Health and Transformation Technology	2	Medicaid Administration
3F00	651623	Medicaid Services – Federal	1	Medicaid Services
3F00	651624	Medicaid Program Support – Federal	2	Medicaid Administration
3FA0	651680	Health Care Grants – Federal	2	Medicaid Administration
3G50	651655	Medicaid Interagency Pass Through	3	Transfers
3HC8	651699	MCD Home and Community Based Services – Federal	1	Medicaid Services

### Category 1: Medicaid Services

This category of appropriations provides funds for all Medicaid services, including payments for Medicaid providers, prescription drugs, long-term care services, as well as managed care capitation payments.

#### C1:1: Medicaid Health Care Services (ALI 651525)

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
GRF ALI 651525, Medicaid Health Care Services	\$18,960,242,346	\$19,522,887,576	\$21,092,813,305
	% change	--	3.0%
			8.0%

This GRF line item is used to reimburse health care providers for covered services to Medicaid recipients and to make managed care capitation payments. The federal earnings on the payments made from this line item are deposited as revenue into the GRF. Spending within this line item generally can be placed into one of several major service categories: managed care plans, nursing facilities (NFs), hospital services, behavioral health, aging waivers, prescription drugs, physician services, Home Care waivers, and all other care.

The recommended funding levels for this line item is based on many factors, but principally include the proposed budget’s forecast of increased caseload among the most costly Medicaid populations of the Aged, Blind, and Disabled (ABD) population and the dually eligible population of seniors eligible for Medicaid and Medicare. These forecasted increases outweigh cost reductions from the anticipated resumption of normal eligibility redeterminations and disenrollment, due to the high costs of the ABD and dual populations. Other important influences on the increases in this line item are that expected pharmacy costs, managed care trend rates, and morbidity are expected to increase over the biennium, while Ohio’s population is also expected to age overall.

### C1:2: Medicare Part D (ALI 651526)

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
GRF ALI 651526, Medicare Part D	\$590,346,922	\$645,860,693	\$724,638,767
% change	--	9.4%	12.2%

This GRF line item is used for the phased-down state contribution, otherwise known as the clawback payment, under the Medicare Part D requirements contained in the federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The clawback is a monthly payment made by each state to the federal Medicare Program. The amount of each state's payment roughly reflects the expenditures of its own funds that the state would have made if it continued to pay for outpatient prescription drugs through Medicaid on behalf of dual-eligibles (individuals eligible for both Medicare and Medicaid).

H.B. 33 allows the OBM Director to transfer the state share of appropriations between GRF line item 651525 and this item.

The clawback payment has been affected by the 6.2 percentage point increase in the FMAP, and therefore the expenditure was lower in FY 2023. The recommended funding level for line item 651526 will return to its normal growth during the biennium as premiums increase.

### C1:3: Care Innovation and Community Improvement Program (ALI 651686)

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5AN0 ALI 651686, Care Innovation and Community Improvement Program	\$82,970,165	\$77,673,500	\$86,650,700
% change	--	-6.4%	11.6%

This line item is used to provide funding for the state share of the Care Innovation and Community Improvement Program (CICIP). Funding for this line item comes from the Care Innovation and Community Improvement Program Fund (Fund 5AN0). Any nonprofit hospital affiliated with a state university or public hospital agency may participate in the program if the agency operates a hospital that has a Medicaid provider agreement. Under the program, each participating agency receives supplemental payments under the Medicaid Program for physician and other professional services that are covered by Medicaid. However, the participating agency is responsible for the state share of costs.

The recommended funding level for this line item is driven by the participating hospital and their corresponding community innovation and improvement programs.

**C1:4: Medicaid Services – Recoveries (ALI 651639)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5DLO ALI 651639, Medicaid Services – Recoveries	\$615,150,000	\$953,417,800	\$1,098,017,800
% change	--	55.0%	15.2%

This line item is used by ODM to pay for Medicaid services and support. The Health Care/Medicaid Support and Recoveries Fund (Fund 5DLO) provides funding for this line item. The recommended appropriations for this line item are based on the availability of Fund 5DLO and the executive's decision to use the ending cash balance in FY 2023 from this fund to reduce GRF state share in line item 651525.

The major revenue sources for Fund 5DLO are prescription drug rebates, Institutions for Mental Diseases Disproportionate Share (IMD DSH), third-party liability, hospital settlements, and other recoveries. The drug rebate revenue is shared by the state and the federal government based on the FMAP. As the FMAP increases, the state share of the drug rebate revenue decreases. Because of the 6.2 percentage point increase in the FMAP, the revenue deposited to Fund 5DLO is lower in FY 2023 but is expected to increase for both FY 2024 and FY 2025. In addition to the conclusion of enhanced federal FMAP, other factors such as the implementation of an SPBM contribute to increases to Fund 5DLO. The use of an SPBM increases rebates ODM receives for prescription drugs. These increases in revenue in turn increases available expenditures from this line item.

**C1:5: Multi-System Youth Custody Relinquishment (ALI 651690)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5DLO ALI 651690, Multi-System Youth Custody Relinquishment	\$25,000,000	\$26,250,000	\$27,562,500
% change	--	5.0%	5.0%

This line item was created by H.B. 166 of the 133<sup>rd</sup> General Assembly with the line item name Multi-System Youth Innovation and support, and the name is changed to Multi-System Youth Custody Relinquishment by H.B. 33. The line item is used to fund programs that serve youth involved with multiple governmental agencies and other innovative approaches that support health care access or result in long-term savings to the state, and prevent custody relinquishment of multi-system children and youth. Funding to support Fund 5DLO comes from a variety of sources including prescription drug rebates, IMD DSH, third-party liability, hospital settlements, and other recoveries. Appropriation levels for this line item are increased over the biennium due to greater demand with the implementation of the OhioRISE Program.

### C1:6: Medicaid Services – Payment Withholding (ALI 651638)

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5FX0 ALI 651638, Medicaid Services – Payment Withholding	\$12,000,000	\$12,000,000	\$12,000,000
% change	--	0.0%	0.0%

This line item is used for provider payments that are withheld from providers that change ownership. It is used to transfer the withheld funds to the appropriate fund used by ODM at final resolution. The funds are withheld and temporarily deposited into the Exiting Operator Fund (Fund 5FX0) until all potential amounts due to ODM or the provider reach final resolution. Recommended funding levels are based on the executive’s projected revenues and expenditures.

### C1:7: Medicaid Services – Hospital Franchise Fee (ALI 651656)

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5GF0 ALI 651656, Medicaid Services – Hospital Franchise Fee	\$1,380,800,000	\$1,631,571,167	\$1,723,365,065
% change	--	18.2%	5.6%

This line item is used to support Hospital Franchise Fee (HFF) programs and provides offsets to Medicaid GRF spending.<sup>2</sup> The source of funds for this line item is the revenue generated from a hospital assessment. Assessment revenue is deposited into the Hospital Assessment Fund (Fund 5GF0). The assessment is based on a percentage of total facility costs, and is collected over the course of three payments during each year.

The assessment rates for each program year (October 1 through September 30) are established in administrative rules.<sup>3</sup> For the program year ending in 2019, the rate was 2.65%. For the program year ending in 2020, the rate was approximately 3.20%. The rate was 3.36 and 3.53 percentage points for FY 2022 and FY 2023, respectively. However, the administrative rule also allows ODM to decrease or increase the assessment rate needed to run the current program year.<sup>4</sup> As was described previously, in current biennium initiatives, ODM obtained Controlling Board approval of \$400.0 million in appropriation increase each year in FY 2022 and FY 2023 for ALI 651656 to make additional COVID relief payments to hospitals. To finance this relief payment, ODM increased the HFF assessment rate by 1.3 percentage points. Adding the additional 1.3 percentage points brings the rates to 4.66 and 4.83 for FY 2022 and FY 2023, respectively.

<sup>2</sup> Ohio Administrative Code (O.A.C.) 5160-2-30.

<sup>3</sup> The program year for the Hospital Franchise Fee Program begins the first day of October of a calendar year and ending on the 30<sup>th</sup> day of September of the following calendar year.

<sup>4</sup> O.A.C. 5160-2-30(B)(4).

The executive budget plans to raise an additional \$185.0 million (approximately 0.6 percentage points) from HFF for the FY 2024-FY 2025 biennium. So the HFF rate for FY 2024 or FY 2025 would be roughly 5.4 (4.83 + 0.6) percentage points, which is close to the 6% cap set by the federal government.

The executive’s recommended funding level for line item 651656 for FY 2024 and FY 2025 includes the continuation of the \$400.0 million plus the additional \$185.0 million.

The federal match for expenditures from this line item is made from line item 651623, Medicaid Services – Federal.

**C1:8: MCD Home and Community Based Services (ALI 651698)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5HC8 ALI 651698, MCD Home and Community Based Services	\$66,273,766	\$86,027,329	\$67,374,876
% change	--	29.1%	-21.7%

This line item is used to provide the state share of home and community based service (HCBS) rate increases planned for the biennium. During FY 2024, these HCBS rate increases are funded primarily from the American Rescue Plan Act of 2021 (ARPA). Money from the ARPA funds are the main cause of appropriations increases in this line item for FY 2024. During FY 2025, ODM plans to split funding of HCBS rate increases between this line item and Medicaid GRF spending, which is the primary cause of appropriations decreases in FY 2025.

**C1:9: Medicaid Services – Long Term (ALI 651608)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5R20 ALI 651608, Medicaid Services – Long Term	\$415,000,000	\$415,000,000	\$415,000,000
% change	--	0.0%	0.0%

This line item is used to make Medicaid payments to nursing facilities. The source of funds for this line item is the franchise fee payments from nursing facilities and long-term care units in hospitals. Ohio Medicaid is required to assess an annual franchise permit fee on each long-term care bed in a nursing home or hospital. The assessment amount is calculated each year at the maximum percentage allowed by federal law (not to exceed 6% of the total estimated net patient revenue). The franchise fee payments are deposited into the Nursing Home Franchise Permit Fee Fund (Fund 5R20). The proposed funding level reflects the executive’s projection of the franchise fee revenue and is flat funded at the FY 2023 level.

**C1:10: Medicaid Services – HIC Fee (ALI 651684)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5TN0 ALI 651684, Medicaid Services – HIC Fee	\$951,000,000	\$1,063,227,900	\$1,138,441,200
% change	--	11.8%	7.1%

This line item is used to reimburse health care providers for covered services to Medicaid recipients. Funding for line item 651684 comes from the Health Insuring Corporation Class Franchise Fee Fund (Fund 5TN0). Revenues are collected from the tax on all health insuring corporation (HIC) plans. The tax rate ranges from \$26 to \$56 per Medicaid member month and \$1 to \$2 per non-Medicaid member month. Revenue assumptions are based on projected member months. The federal match for expenditures from this line item is made from line item 651623, Medicaid Services – Federal. Recommended funding is based on the executive’s projected revenue and the executive’s decision to use the ending cash balance in FY 2023 from Fund 5TN0 to reduce GRF state share in line item 651525.

**C1:11: Improvements for Priority Populations (ALI 651694)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5XY0 ALI 651694, Improvements for Priority Populations	\$10,500,000	\$10,500,000	\$10,500,000
% change	--	0.0%	0.0%

This line item is used to fund the state share of the Ohio Invests in Improvements for Priority Populations Program, which was created by H.B. 110 of the 134<sup>th</sup> General Assembly. The program provides directed payments for inpatient and outpatient hospital services provided to Medicaid recipients enrolled in a Medicaid managed care plan and receiving care at state university-owned hospitals with less than 300 beds. The recommended funding level is flat funded at the FY 2023 level.

**C1:12: Medicaid Services – Hospital Care Assurance Program (ALI 651649)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
6510 ALI 651649, Medicaid Services – Hospital Care Assurance Program	\$241,843,358	\$244,642,100	\$136,707,750
% change	--	1.2%	-44.1%

This line item is to fund the state share of the Hospital Care Assurance Program (HCAP). The source of revenue for Fund 6510 is HCAP assessments from Ohio hospitals. Shortly after assessment revenue is received, it is disbursed back to hospitals using the HCAP formula. The federal share of HCAP expenditures is funded through federal line item 651623, Medicaid Services – Federal.

The increase in the recommended funding level in FY 2024 is due to an expected higher HCAP assessment due to lower federal participation. The decline in the recommended funding level in FY 2025 is due to reduced payments for HCAP. Under the Affordable Care Act (ACA) and other federal legislation, payments for HCAP are reduced during FY 2025. Reductions which had been scheduled to begin earlier have been postponed by assorted federal legislation.

### **C1:13: Refunds and Reconciliation (ALI 651644)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
R055 ALI 651644, Refunds and Reconciliation	\$10,000,000	\$10,000,000	\$10,000,000
% change	--	0.0%	0.0%

Revenue to the Refunds and Reconciliation Fund (Fund R055) is from checks received by ODM whose disposition cannot be determined at the time of receipt. Upon determination of the appropriate fund into which the check should have been deposited, a disbursement is made from this line item to the appropriate fund.

### **C1:14: Medicaid Services – Federal (ALI 651623)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
3F00 ALI 651623, Medicaid Services – Federal	\$10,718,297,383	\$11,013,604,990	\$11,208,144,212
% change	--	2.8%	1.8%

This line item provides the federal share for certain Medicaid expenditures. Major activities in this line item include the federal share of nursing facility, hospital, prescription drug expenditures, and general Medicaid services. The primary source of revenue for Fund 3F00 is federal Medicaid reimbursement; however, it also includes Health Care Financing Research, Demonstrations, and Evaluations grants, as well as the federal share of drug rebates. In addition, the federal share of both the Hospital Franchise Fee Program and the Hospital Care Assurance Program (HCAP) is expended through this line item.

Many factors influence spending in this federal line item, including Medicaid caseloads, as well as the 6.2 percentage point increase in the FMAP which is being received for most of FY 2023 and has been received for several years previously. While overall Medicaid caseloads are forecasted by the executive to decrease some during the biennium, the caseload for the most costly Medicaid populations is expected in proposed budget forecasting to increase, as are overall costs for pharmacy services and many other health care cost centers. Increasing caseload of these costly populations as well as the aging population of the state and increased morbidity of the Medicaid population all contribute to increased appropriations throughout the biennium.

### **C1:15: MCD Home and Community Based Services – Federal (ALI 651699)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
3HC8 ALI 651699, MCD Home and Community Based Services – Federal	\$4,524,371	\$122,897,812	\$121,350,266
% change	--	2,616.4%	-1.3%

This line item provides the federal share of appropriations made in Fund 5HC8 line item 651698. As is the case for line item 651698, appropriations from this line item will be used to fund HCBS rate increases in each year of the biennium.

### **Category 2: Medicaid Administration**

This category of appropriations provides funds for the administration of Medicaid programs.

#### **C2:1: Medicaid Program Support – State (ALI 651425)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
GRF ALI 651425, Medicaid Program Support – State	\$160,164,061	\$186,000,500	\$186,000,300
% change	--	16.1%	0.0%

This GRF line item is used to fund ODM's operating expenses. This line item provides the state share GRF for payroll, purchased personal services, conference fees, maintenance, and equipment, etc. The associated federal match is appropriated in line item 651624, Medicaid Program Support – Federal.

During the FY 2022-FY 2023 biennium, ODM shifted to an SPBM for Medicaid managed care plans, Gainwell Technologies. The administrative costs associated with the SPBM were shifted from GRF line item 651525, Medicaid Health Plans, to this line item. Prior to the SPBM implementation, pharmacy benefit management costs were included in managed care capitation rates, which is primarily paid out of line item 651525.

#### **C2:2: Resident Protection Fund (ALI 651605)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
4E30 ALI 651605, Resident Protection Fund	\$7,000,000	\$5,028,600	\$5,026,600
% change	--	-28.2%	0.0%

This line item is used to pay the costs of relocating residents to other facilities, maintaining or operating a facility pending correction of deficiencies or closure, and reimbursing residents for the loss of money managed by a facility. The source of funding for this line item is from fine

revenues collected from facilities in which the Ohio Department of Health finds deficiencies. The fines collected are deposited into the Resident Protection Fund (Fund 4E30). Some of the funds deposited into this fund are transferred to the Department of Aging and used for ombudsmen-related activities. Ombudsmen advocate for people receiving home care, assisted living, and nursing home care and help resolve complaints about services.

### **C2:3: Medicaid Recoveries – Program Support (ALI 651685)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
5DL0 ALI 651685, Medicaid Recoveries – Program Support	\$80,747,099	\$85,000,300	\$85,000,400
% change	--	5.3%	0.0%

This line item is used to pay costs associated with the administration of Medicaid. The line item also supports the state share of operational and initial building costs for the Ohio Medicaid Enterprise System provider network management module, centralized credentialing, single pharmacy benefit manager, fiscal intermediary, and children’s initiatives programs. Revenues from a variety of sources including prescription drug rebates, Institutions for Mental Diseases Disproportionate Share (IMD DSH), third-party liability, hospital settlements, and other recoveries are deposited into the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to support this line item.

### **C2:4: Medicaid Health and Transformation Technology (ALI 651603)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
3ER0 ALI 651603, Medicaid Health and Transformation Technology	\$9,660,199	\$787,100	\$795,500
% change	--	-91.9%	1.07%

This line item was previously used for provider electronic health record (EHR) incentives and administrative costs related to the Health Information Technology (HIT) grant. EHR incentives were provided by CMS to health care providers to encourage their use of EHR technology in ways that can improve patient care. These programs have ended and are being phased out during the biennium. Minimal appropriations for the biennium are provided for in case there are any audit accounting adjustments for the concluded programs.

### **C2:5: Medicaid Program Support – Federal (ALI 651624)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
3F00 ALI 651624, Medicaid Program Support – Federal	\$511,035,591	\$537,000,300	\$492,000,300
% change	--	5.1%	-8.4%

This line item is used for the Medicaid federal share of administrative costs. This line item may also be used to support various contracts. The state share for these activities is primarily provided from GRF line item 651425, Medicaid Program Support – State.

In the past, expenditures for pharmacy benefit management were previously expended out of GRF line item 651525 as part of the managed care capitation rates. The federal reimbursement for spending from line item 651525 is deposited into the GRF as federal share and expended as such. As part of the move to an SPBM, ODM is now paying for these services out of GRF line item 651425. Federal reimbursements for services paid from line item 651425 are received in FED Fund 3F00 line item 651624.

### **C2:6: Health Care Grants – Federal (ALI 651680)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
3FA0 ALI 651680, Health Care Grants – Federal	\$3,000,000	\$3,000,000	\$3,000,000
% change	--	0.0%	0.0%

This line item funds Medicaid Program initiatives stemming from the Affordable Care Act (ACA). The spending level is based on the revenue received for various federal grants.

## **Category 3: Transfers**

### **C3:1: Medicaid Interagency Pass Through (ALI 651655)**

Fund/ALI	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
3G50 ALI 651655, Medicaid Interagency Pass Through	\$241,692,200	\$258,149,000	\$258,149,000
% change	--	6.8%	0.0%

This line item is used to disburse federal reimbursement to other agencies for Medicaid-related expenditures they have made. Funding for this line item is through the Interagency Reimbursement Fund (Fund 3G50). The departments of Aging, Developmental Disabilities, Education, Health, Job and Family Services, and Mental Health and Addiction Services, and the State Board of Pharmacy assist ODM in administering certain Medicaid programs/services and receive federal reimbursements for doing so.

## Department of Medicaid

### General Revenue Fund

**GRF 651425 Medicaid Program Support-State**

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$149,748,742	\$139,165,226	\$147,319,873	\$160,164,061	\$186,000,500	\$186,000,300
% change	-7.1%	5.9%	8.7%	16.1%	0.0%

**Source:** General Revenue Fund

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds the Ohio Department of Medicaid's (ODM) operating expenses. The associated federal match is appropriated in line item 651624, Medicaid Program Support - Federal.

**GRF 651426 Positive Education Program Connections**

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$2,500,000	\$2,500,000	\$2,500,000	\$0	\$0	\$0
% change	0.0%	0.0%	-100%	N/A	N/A

**Source:** General Revenue Fund

**Legal Basis:** Sections 333.10 and 333.35 of H.B. 110 of the 134th G.A. (originally established by H.B. 332 of the 132nd G.A.)

**Purpose:** This line item provided funding for the Positive Education Program Connections in Cuyahoga County. Beginning in FY 2023, this program was replaced by the new OhioRISE program.

## Department of Medicaid

### GRF 651525 Medicaid Health Care Services

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$14,111,993,688	\$16,897,026,748	\$15,710,496,830	\$18,960,242,346	\$19,522,887,576	\$21,092,813,305
% change	19.7%	-7.0%	20.7%	3.0%	8.0%

**Source:** General Revenue Fund

**Legal Basis:** Sections 333.10, 333.20, 333.30, 333.40, 333.50, 333.140, 333.150, 333.165, 333.190, and 333.240 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.); Section 220.40 of H.B. 169 of the 134th G.A.

**Purpose:** This line item reimburses health care providers for covered services to Medicaid recipients. The federal earnings on the payments that are made from this line item are deposited as revenue into the GRF. The majority of expenditures from this line item earn the regular Federal Medical Assistance Percentage (FMAP) reimbursement rate at approximately 64%; however, expenditures for the State Children's Health Insurance Program (SCHIP) and for covering the Medicaid expansion population through the federal Affordable Care Act (ACA) earn an enhanced federal participation rate.

Federal legislation provides qualifying states an increase in their federal reimbursement for certain Medicaid expenditures, from January 1, 2020, through the end of the phased-down additional federal reimbursement period at the end of 2023.

H.B. 169 of the 134th G.A. permits the OBM director to authorize additional expenditures from the federal portion of this ALI as long as these additional expenditures are offset by equal reductions in ALI 651623. H.B. 169 also authorizes provider relief allocations during FY 2022 from this ALI because of additional federal assistance received during the COVID-19 pandemic.

### GRF 651526 Medicare Part D

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$476,676,969	\$386,919,013	\$453,970,105	\$590,346,922	\$645,860,693	\$724,638,767
% change	-18.8%	17.3%	30.0%	9.4%	12.2%

**Source:** General Revenue Fund

**Legal Basis:** Sections 333.10 and 333.50 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used for the phased-down state contribution, otherwise known as the clawback payment, under the Medicare Part D requirements contained in the federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The clawback is a monthly payment made by each state to the federal Medicare Program. The amount of each state's payment roughly reflects the expenditures of its own funds that the state would have made if it continued to pay for outpatient prescription drugs through Medicaid on behalf of dual eligibles (individuals eligible for both Medicare and Medicaid).

## Department of Medicaid

**GRF 651529 Brigid's Path Pilot**

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$500,000	\$500,000	\$1,000,000	\$1,000,000	\$0	\$0
% change	0.0%	100.0%	0.0%	-100%	N/A

**Source:** General Revenue Fund

**Legal Basis:** Sections 333.10 and 333.55 of H.B. 110 of the 134th G.A.

**Purpose:** Funds from this line item were distributed to the Brigid's Path Program in Montgomery County. If the Medicaid Director files rules with the Joint Committee on Agency Rule Review to implement a mother baby dyad program under which residential pediatric recovery centers would receive reimbursement for treatment of infants with neonatal abstinence syndrome, upon the rules being effective, the Medicaid Director is to request that the OBM Director transfer the remaining appropriations from this line item to appropriation item 651525, Medicaid Health Care Services.

**GRF 651533 Food Farmacy Pilot Project**

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$0	\$500,000	\$250,000	\$250,000	\$0	\$0
% change	N/A	-50.0%	0.0%	-100%	N/A

**Source:** General Revenue Fund

**Legal Basis:** Sections 333.10 and 333.57 of H.B. 110 of the 134th G.A.

**Purpose:** Funds from this line item were distributed to the Akron Canton Regional Foodbank. Funds were used to provide comprehensive medical, nutrition, and lifestyle support for food-insecure patients with chronic diseases, and their families.

### Dedicated Purpose Fund Group

**4E30 651605 Resident Protection Fund**

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$2,372,826	\$3,864,181	\$2,170,325	\$7,000,000	\$5,028,600	\$5,026,600
% change	62.9%	-43.8%	222.5%	-28.2%	0.0%

**Source:** Dedicated Purpose Fund Group: Assessments against nursing facilities for deficiencies

**Legal Basis:** R.C. 5162.66; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item pays the costs of relocating residents to other facilities, maintaining or operating a facility pending correction of deficiencies or closure, and reimbursing residents for the loss of money managed by the facility.

## Department of Medicaid

### 5AJ0 651631 Money Follows the Person

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$2,701,131	\$0	\$0	\$0	\$0	\$0
% change	-100%	N/A	N/A	N/A	N/A

**Source:** Dedicated Purpose Fund Group: FAL 93.791, earned reimbursement from the Money Follows the Person Grant

**Legal Basis:** Discontinued line item (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item supported the federal Money Follows the Person Grant initiative. The initiative provided federal reimbursement for the costs of transitioning eligible Medicaid individuals out of institutional settings and into home or community-based care.

### 5AN0 651686 Care Innovation and Community Improvement Program

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$53,434,158	\$71,406,291	\$73,943,660	\$82,970,165	\$77,673,500	\$86,650,700
% change	33.6%	3.6%	12.2%	-6.4%	11.6%

**Source:** Dedicated Purpose Fund Group: Intergovernmental transfers made by nonprofit or public hospital agencies participating in the Care Innovation and Community Improvement Program

**Legal Basis:** Sections 333.10 and 333.60 of H.B. 110 of the 134th G.A. (originally established by sections 333.10 and 333.220 of H.B. 166 of the 133rd G.A.)

**Purpose:** This line item is used to provide funding for the Care Innovation and Community Improvement Program. Any nonprofit hospital affiliated with a state university or public hospital agency may participate in the program if the agency operates a hospital that has a Medicaid provider agreement. Under the program, each participating agency receives supplemental payments under the Medicaid Program for physician and other professional services that are covered by Medicaid. However, the participating agency is responsible for the state share of costs.

## Department of Medicaid

### 5DLO 651639 Medicaid Services-Recoveries

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$733,137,225	\$398,859,227	\$552,473,558	\$615,150,000	\$953,417,800	\$1,098,017,800
% change	-45.6%	38.5%	11.3%	55.0%	15.2%

**Source:** Dedicated Purpose Fund Group: (1) The nonfederal share of all Medicaid-related revenues, collections, and recoveries; (2) Federal reimbursement received for payment adjustments made under the Medicaid Program to state mental health hospitals maintained and operated by the Department of Mental Health and Addiction Services; (3) Revenues ODM receives from another state agency for Medicaid services pursuant to an interagency agreement, other than such revenues required to be deposited into the Health Care Services Administration Fund; (4) Certain funds ODM receives in a fiscal year for performing eligibility verification services necessary for compliance with the independent, certified audit requirement of the federal law (42 C.F.R. 455.304); (5) The nonfederal share of all rebates paid by drug manufacturers to ODM in accordance with rebate agreements required by federal law; (6) The nonfederal share of all supplemental rebates paid by drug manufacturers to ODM in accordance with the Supplemental Drug Rebate Program established by continuing state law.

**Legal Basis:** R.C. 5162.52; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item provides offsets to Medicaid GRF spending and pays for costs associated with the administration of the Medicaid Program.

### 5DLO 651685 Medicaid Recoveries-Program Support

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$28,042,641	\$24,997,108	\$48,188,199	\$80,747,099	\$85,000,300	\$85,000,400
% change	-10.9%	92.8%	67.6%	5.3%	0.0%

**Source:** Dedicated Purpose Fund Group: Various sources. See previous line item 651639.

**Legal Basis:** R.C. 5162.52; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by section 333.10 of H.B. 49 of the 132nd G.A.)

**Purpose:** This line item is used to pay costs associated with the administration of Medicaid. In FY 2018, Fund 5U30 was merged with Fund 5DLO, and this line item was created to replace line item 651654, Medicaid Program Support.

## Department of Medicaid

### 5DLO 651690 Multi-system Youth Custody Relinquishment

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$5,838,623	\$15,422,348	\$19,769,955	\$25,000,000	\$26,250,000	\$27,562,500
% change	164.1%	28.2%	26.5%	5.0%	5.0%

**Source:** Dedicated Purpose Fund Group: Various sources. See previous line item 651639.

**Legal Basis:** R.C. 5162.52; Section 333.10 of H.B. 110 of the 134th G.A.

**Purpose:** This line item is used to fund programs that prevent custody relinquishment of multi-system children and youth and to obtain services consistent with the multi-system youth action plan developed by the Ohio Family and Children First Council.

### 5FX0 651638 Medicaid Services-Payment Withholding

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$8,837,202	\$4,658,383	\$7,150,122	\$12,000,000	\$12,000,000	\$12,000,000
% change	-47.3%	53.5%	67.8%	0.0%	0.0%

**Source:** Dedicated Purpose Fund Group: Withheld funds from providers that change ownership

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used to release payments that are withheld from providers that change ownership and to transfer the withheld funds to the appropriate fund used by ODM at final resolution. The funds are withheld and temporarily deposited into the Exiting Operator Fund (Fund 5FX0) until all potential amounts due to ODM or the provider reach final resolution.

### 5GF0 651656 Medicaid Services - Hospital Franchise Fee

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$822,016,218	\$886,019,995	\$1,261,497,903	\$1,380,800,000	\$1,631,571,167	\$1,723,365,065
% change	7.8%	42.4%	9.5%	18.2%	5.6%

**Source:** Dedicated Purpose Fund Group: Money generated by assessment on hospital total facility costs

**Legal Basis:** R.C. 5168.25; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item supports hospital upper payment limit programs and provides offsets to Medicaid GRF spending. The federal match for expenditures from this line item is made from line item 651623, Medicaid Services - Federal.

## Department of Medicaid

### 5HC8 651698 MCD Home and Community Based Services

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$0	\$0	\$80,026,234	\$66,273,766	\$86,027,329	\$67,374,876
% change	N/A	N/A	-17.2%	29.8%	-21.7%

**Source:** Dedicated Purpose Fund Group: Special supplemental funding for state funds equivalent to the amount of federal funds attributable to the enhanced federal medical assistance percentage for home and community based services granted by the American Rescue Plan Act of 2021

**Legal Basis:** Sections 220.10 and 220.20 of H.B. 169 of the 134th G.A.

**Purpose:** This line item supports the state share of Home and Community Based Services expenditures enacted by H.B. 169 of the 134th G.A.

### 5R20 651608 Medicaid Services-Long Term

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$419,721,920	\$424,242,645	\$414,593,493	\$415,000,000	\$415,000,000	\$415,000,000
% change	1.1%	-2.3%	0.1%	0.0%	0.0%

**Source:** Dedicated Purpose Fund Group: Franchise fee assessment on nursing facilities

**Legal Basis:** R.C. 5168.54; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item makes Medicaid payments to nursing facilities.

### 5TN0 651684 Medicaid Services-HIC Fee

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$834,564,060	\$720,318,109	\$991,000,000	\$951,000,000	\$1,063,227,900	\$1,138,441,200
% change	-13.7%	37.6%	-4.0%	11.8%	7.1%

**Source:** Dedicated Purpose Fund Group: Monthly franchise fee on health insuring corporations

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by section 333.10 of H.B. 49 of the 132nd G.A.)

**Purpose:** This line item is used to reimburse health care providers for covered services to Medicaid recipients. The federal match for expenditures from this line item is made from line item 651623, Medicaid Services – Federal.

## Department of Medicaid

### 5XY0 651694 Improvements for Priority Populations

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$0	\$0	\$7,273,987	\$10,500,000	\$10,500,000	\$10,500,000
% change	N/A	N/A	44.3%	0.0%	0.0%

**Source:** Dedicated Purpose Fund Group: Transfers made by hospitals participating in the program to cover nonfederal shares of provided services

**Legal Basis:** Sections 333.10 and 333.175 of H.B. 110 of the 134th G.A.

**Purpose:** This line item supports the state share of expenditures for the Ohio Invests in Improvements for Priority Populations Program.

### 6510 651649 Medicaid Services-Hospital Care Assurance Program

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$252,049,362	\$196,735,770	\$206,944,061	\$241,843,358	\$244,642,100	\$136,707,750
% change	-21.9%	5.2%	16.9%	1.2%	-44.1%

**Source:** Dedicated Purpose Fund Group: Hospital Care Assurance Program (HCAP) assessments on hospitals

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds the Hospital Care Assurance Program (HCAP), which provides subsidy payments to hospitals that provide uncompensated, or charity, care to certain low-income and uninsured individuals.

## Holding Account Fund Group

### R055 651644 Refunds and Reconciliation

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$839,671	\$2,972,736	\$6,027,012	\$10,000,000	\$10,000,000	\$10,000,000
% change	254.0%	102.7%	65.9%	0.0%	0.0%

**Source:** Holding Account Fund Group: Unidentified checks received by ODM

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used to disburse funds that are held for checks whose disposition cannot be determined at the time of receipt. Upon determination of the appropriate fund into which the check should have been deposited, a disbursement is made from this line item to the appropriate fund.

## Department of Medicaid

### Federal Fund Group

#### 3ER0 651603 Medicaid and Health Transformation Technology

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$8,799,031	\$5,651,806	\$4,650,038	\$9,660,199	\$787,100	\$795,500
% change	-35.8%	-17.7%	107.7%	-91.9%	1.1%

**Source:** Federal Fund Group: FAL 93.778 and the American Reinvestment and Recovery Act of 2009 (Public Law 111-5) Section 4201, Medicaid Provider HIT Adoption and Operation Payments Implementation

**Legal Basis:** R.C. 5164.93; Sections 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used for provider electronic health record (EHR) incentives and administrative costs related to the Health Information Technology (HIT) grant. These programs have ended and are being phased out during the FY 2024-FY 2025 biennium.

#### 3F00 651623 Medicaid Services-Federal

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$6,599,506,395	\$7,588,876,324	\$10,702,090,291	\$10,718,297,383	\$11,013,604,990	\$11,208,144,212
% change	15.0%	41.0%	0.2%	2.8%	1.8%

**Source:** Federal Fund Group: FAL 93.778 Medical Assistance Grants (Medicaid); FAL 93.767, Children's Health Insurance Program; and the federal share of drug rebates and other Medicaid revenues

**Legal Basis:** R.C. 5162.50; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.); Section 220.40 of H.B. 169 of the 134th G.A.

**Purpose:** This line item provides the Medicaid federal share when the state share is provided from a source other than GRF line item 651525, Medicaid/Health Care Services, GRF line item 651425, Medicaid Program Support – State, or line item 651682, Health Care Grants – State. Major activities in this line item include the federal share of nursing facility, hospital, prescription drug expenditures, and general Medicaid services. H.B. 169 of the 134th G.A. permits the OBM director to authorize additional expenditures from this line item as long as these additional expenditures are offset by equal reductions in the federal portion of line item 651525.

## Department of Medicaid

### 3F00 651624 Medicaid Program Support - Federal

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$322,759,917	\$333,849,276	\$374,316,534	\$511,035,591	\$537,000,300	\$492,000,300
% change	3.4%	12.1%	36.5%	5.1%	-8.4%

**Source:** Federal Fund Group: FAL 93.778 Medical Assistance Grants (Medicaid); FAL 93.767, Children's Health Insurance Program; federal share of Medicaid administrative expenses

**Legal Basis:** R.C. 5162.50; Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item provides for the federal share of Medicaid administrative expenses while the state share of these expenditures is provided mostly from GRF line item 651425, Medicaid Program Support – State.

### 3FA0 651680 Health Care Grants-Federal

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$83,510	\$15,878	\$0	\$3,000,000	\$3,000,000	\$3,000,000
% change	-81.0%	-100%	N/A	0.0%	0.0%

**Source:** Federal Fund Group: FAL 93.378: Integrated Care for Kids; FAL 93.506, ACA Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long-Term Care Facilities and Providers

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item funds Medicaid/SCHIP and non-Medicaid/SCHIP Program initiatives stemming from the Affordable Care Act of 2010.

## Department of Medicaid

### 3G50 651655 Medicaid Interagency Pass Through

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$161,870,455	\$213,758,298	\$90,268,567	\$241,692,200	\$258,149,000	\$258,149,000
% change	32.1%	-57.8%	167.7%	6.8%	0.0%

**Source:** Federal Fund Group: FAL 93.796, State Survey and Certification of Health Care Providers and Suppliers; FAL 93.778, Medical Assistance Program (Medicaid: Title XIX)

**Legal Basis:** Section 333.10 of H.B. 110 of the 134th G.A. (originally established by Section 323.10 of H.B. 59 of the 130th G.A.)

**Purpose:** This line item is used to disburse federal reimbursement to other agencies for Medicaid expenditures they have made. The departments of Aging, Developmental Disabilities, Education, Health, Job and Family Services, and Mental Health and Addiction Services, and the State Board of Pharmacy assist ODM in administering certain Medicaid programs/services and receive federal reimbursements for services provided and related administration.

### 3HC8 651699 MCD Home and Community Based Services - Federal

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Introduced	FY 2025 Introduced
\$0	\$0	\$230,175,629	\$4,524,371	\$122,897,812	\$121,350,266
% change	N/A	N/A	-98.0%	2,616.4%	-1.3%

**Source:** Federal Fund Group: FAL 93.778 Medical Assistance Grants (Medicaid)

**Legal Basis:** Sections 220.10 and 220.30 of H.B. 169 of the 134th G.A.

**Purpose:** This line item supports the federal share of Home and Community Based Services expenditures funded by ALI 651698.

**FY 2024 - FY 2025 Appropriations - As Introduced**

**General Revenue Fund**

Totals by Agency	FY 2022	Estimate FY 2023	Introduced FY 2024	FY 2023 to FY 2024		Introduced FY 2025	FY 2024 to FY 2025	
				\$ Change	% Change		\$ Change	% Change
<b>Report For: Main Operating Appropriations Bill</b>	<b>Version: As Introduced</b>							
MCD - State	\$ 4,424,329,109	\$ 6,111,389,086	\$ 6,135,721,590	\$ 24,332,504	0.40%	\$ 6,831,369,791	\$ 695,648,201	11.34%
MCD - Federal	\$ 11,891,207,699	\$ 13,600,614,243	\$ 14,219,027,179	\$ 618,412,936	4.55%	\$ 15,172,082,581	\$ 953,055,402	6.70%
MCD Department of Medicaid - Total	\$ 16,315,536,808	\$ 19,712,003,329	\$ 20,354,748,769	\$ 642,745,440	3.26%	\$ 22,003,452,372	\$ 1,648,703,603	8.10%
GRF - State	\$ 4,424,329,109	\$ 6,111,389,086	\$ 6,135,721,590	\$ 24,332,504	0.40%	\$ 6,831,369,791	\$ 695,648,201	11.34%
GRF - Federal	\$ 11,891,207,699	\$ 13,600,614,243	\$ 14,219,027,179	\$ 618,412,936	4.55%	\$ 15,172,082,581	\$ 953,055,402	6.70%
<b>Main Operating Appropriations Bill Total</b>	<b>\$ 16,315,536,808</b>	<b>\$ 19,712,003,329</b>	<b>\$ 20,354,748,769</b>	<b>\$ 642,745,440</b>	<b>3.26%</b>	<b>\$ 22,003,452,372</b>	<b>\$ 1,648,703,603</b>	<b>8.10%</b>

# FY 2024 - FY 2025 Appropriations - As Introduced

# All Fund Groups

Totals by Agency		FY 2022	Estimate	Introduced	FY 2023 to FY 2024		Introduced	FY 2024 to FY 2025		
			FY 2023	FY 2024	\$ Change	% Change	FY 2025	\$ Change	% Change	
<b>Report For: Main Operating Appropriations Bill</b>		<b>Version: As Introduced</b>								
MCD	Department of Medicaid	\$ 31,388,096,376	\$ 35,098,497,461	\$ 36,910,526,667	\$ 1,812,029,206	5.16%	\$ 38,902,538,541	\$ 1,992,011,874	5.40%	
<b>Main Operating Appropriations Bill Total</b>		<b>\$ 31,388,096,376</b>	<b>\$ 35,098,497,461</b>	<b>\$ 36,910,526,667</b>	<b>\$ 1,812,029,206</b>	<b>5.16%</b>	<b>\$ 38,902,538,541</b>	<b>\$ 1,992,011,874</b>	<b>5.40%</b>	

Line Item Detail by Agency			FY 2022	Estimate FY 2023	Introduced FY 2024	FY 2023 to FY 2024		Introduced FY 2025	FY 2024 to FY 2025	
						\$ Change	% Change		\$ Change	% Change
<b>Report For: Main Operating Appropriations Bill</b>			<b>Version: As Introduced</b>							
<b>MCD Department of Medicaid</b>										
GRF	651425	Medicaid Program Support-State	\$ 147,319,873	\$ 160,164,061	\$ 186,000,500	\$ 25,836,439	16.13%	\$ 186,000,300	(\$200)	0.00%
GRF	651426	Positive Education Program Connections	\$ 2,500,000	\$ 0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
		Medicaid Health Care Services-State	\$ 3,819,289,131	\$ 5,359,628,103	\$ 5,303,860,397	(\$55,767,706)	-1.04%	\$ 5,920,730,724	\$ 616,870,327	11.63%
		Medicaid Health Care Services-Federal	\$ 11,891,207,699	\$ 13,600,614,243	\$ 14,219,027,179	\$ 618,412,936	4.55%	\$ 15,172,082,581	\$ 953,055,402	6.70%
GRF	651525	Medicaid Health Care Services - Total	<b>\$ 15,710,496,830</b>	<b>\$ 18,960,242,346</b>	<b>\$ 19,522,887,576</b>	<b>\$ 562,645,230</b>	<b>2.97%</b>	<b>\$ 21,092,813,305</b>	<b>\$ 1,569,925,729</b>	<b>8.04%</b>
GRF	651526	Medicare Part D	\$ 453,970,105	\$ 590,346,922	\$ 645,860,693	\$ 55,513,771	9.40%	\$ 724,638,767	\$ 78,778,074	12.20%
GRF	651529	Brigid's Path Pilot	\$ 1,000,000	\$ 1,000,000	\$ 0	(\$1,000,000)	-100.00%	\$ 0	\$ 0	N/A
GRF	651533	Food Pharmacy Pilot Project	\$ 250,000	\$ 250,000	\$ 0	(\$250,000)	-100.00%	\$ 0	\$ 0	N/A
		GRF - State	\$ 4,424,329,109	\$ 6,111,389,086	\$ 6,135,721,590	\$ 24,332,504	0.40%	\$ 6,831,369,791	\$ 695,648,201	11.34%
		GRF - Federal	\$ 11,891,207,699	\$ 13,600,614,243	\$ 14,219,027,179	\$ 618,412,936	4.55%	\$ 15,172,082,581	\$ 953,055,402	6.70%
		<b>Sub-Total General Revenue Fund</b>	<b>\$ 16,315,536,808</b>	<b>\$ 19,712,003,329</b>	<b>\$ 20,354,748,769</b>	<b>\$ 642,745,440</b>	<b>3.26%</b>	<b>\$ 22,003,452,372</b>	<b>\$ 1,648,703,603</b>	<b>8.10%</b>
4E30	651605	Resident Protection Fund	\$ 2,170,325	\$ 7,000,000	\$ 5,028,600	(\$1,971,400)	-28.16%	\$ 5,026,600	(\$2,000)	-0.04%
5AN0	651686	Care Innovation and Community Improvement Program	\$ 73,943,660	\$ 82,970,165	\$ 77,673,500	(\$5,296,665)	-6.38%	\$ 86,650,700	\$ 8,977,200	11.56%
5DL0	651639	Medicaid Services-Recoveries	\$ 552,473,558	\$ 615,150,000	\$ 953,417,800	\$ 338,267,800	54.99%	\$ 1,098,017,800	\$ 144,600,000	15.17%
5DL0	651685	Medicaid Recoveries-Program Support	\$ 48,188,199	\$ 80,747,099	\$ 85,000,300	\$ 4,253,201	5.27%	\$ 85,000,400	\$ 100	0.00%
5DL0	651690	Multi-system Youth Custody Relinquishment	\$ 19,769,955	\$ 25,000,000	\$ 26,250,000	\$ 1,250,000	5.00%	\$ 27,562,500	\$ 1,312,500	5.00%
5FX0	651638	Medicaid Services-Payment Withholding	\$ 7,150,122	\$ 12,000,000	\$ 12,000,000	\$ 0	0.00%	\$ 12,000,000	\$ 0	0.00%
5GF0	651656	Medicaid Services - Hospital Franchise Fee	\$ 1,261,497,903	\$ 1,380,800,000	\$ 1,631,571,167	\$ 250,771,167	18.16%	\$ 1,723,365,065	\$ 91,793,898	5.63%
5HC8	651698	MCD Home and Community Based Services	\$ 80,026,234	\$ 66,273,766	\$ 86,027,329	\$ 19,753,563	29.81%	\$ 67,374,876	(\$18,652,453)	-21.68%
5R20	651608	Medicaid Services-Long Term	\$ 414,593,493	\$ 415,000,000	\$ 415,000,000	\$ 0	0.00%	\$ 415,000,000	\$ 0	0.00%
5TN0	651684	Medicaid Services-HIC Fee	\$ 991,000,000	\$ 951,000,000	\$ 1,063,227,900	\$ 112,227,900	11.80%	\$ 1,138,441,200	\$ 75,213,300	7.07%
5XY0	651694	Improvements for Priority Populations	\$ 7,273,987	\$ 10,500,000	\$ 10,500,000	\$ 0	0.00%	\$ 10,500,000	\$ 0	0.00%
6510	651649	Medicaid Services-Hospital Care Assurance Program	\$ 206,944,061	\$ 241,843,358	\$ 244,642,100	\$ 2,798,742	1.16%	\$ 136,707,750	(\$107,934,350)	-44.12%
		<b>Sub-Total Dedicated Purpose Fund Group</b>	<b>\$ 3,665,031,498</b>	<b>\$ 3,888,284,388</b>	<b>\$ 4,610,338,696</b>	<b>\$ 722,054,308</b>	<b>18.57%</b>	<b>\$ 4,805,646,891</b>	<b>\$ 195,308,195</b>	<b>4.24%</b>
R055	651644	Refunds and Reconciliation	\$ 6,027,012	\$ 10,000,000	\$ 10,000,000	\$ 0	0.00%	\$ 10,000,000	\$ 0	0.00%
		<b>Sub-Total Holding Account Fund Group</b>	<b>\$ 6,027,012</b>	<b>\$ 10,000,000</b>	<b>\$ 10,000,000</b>	<b>\$ 0</b>	<b>0.00%</b>	<b>\$ 10,000,000</b>	<b>\$ 0</b>	<b>0.00%</b>
3ER0	651603	Medicaid and Health Transformation Technology	\$ 4,650,038	\$ 9,660,199	\$ 787,100	(\$8,873,099)	-91.85%	\$ 795,500	\$ 8,400	1.07%

**FY 2024 - FY 2025 Appropriations - As Introduced**

**All Fund Groups**

Line Item Detail by Agency			FY 2022	Estimate FY 2023	Introduced FY 2024	FY 2023 to FY 2024		Introduced FY 2025	FY 2024 to FY 2025	
						\$ Change	% Change		\$ Change	% Change
<b>MCD</b>	<b>Department of Medicaid</b>									
3F00	651623	Medicaid Services-Federal	\$ 10,702,090,291	\$ 10,718,297,383	\$ 11,013,604,990	\$ 295,307,607	2.76%	\$ 11,208,144,212	\$ 194,539,222	1.77%
3F00	651624	Medicaid Program Support - Federal	\$ 374,316,534	\$ 511,035,591	\$ 537,000,300	\$ 25,964,709	5.08%	\$ 492,000,300	(\$45,000,000)	-8.38%
3FA0	651680	Health Care Grants-Federal	\$ 0	\$ 3,000,000	\$ 3,000,000	\$ 0	0.00%	\$ 3,000,000	\$ 0	0.00%
3G50	651655	Medicaid Interagency Pass Through	\$ 90,268,567	\$ 241,692,200	\$ 258,149,000	\$ 16,456,800	6.81%	\$ 258,149,000	\$ 0	0.00%
3HC8	651699	MCD Home and Community Based Services - Federal	\$ 230,175,629	\$ 4,524,371	\$ 122,897,812	\$ 118,373,441	2,616.35%	\$ 121,350,266	(\$1,547,546)	-1.26%
<b>Sub-Total Federal Fund Group</b>			<b>\$ 11,401,501,059</b>	<b>\$ 11,488,209,744</b>	<b>\$ 11,935,439,202</b>	<b>\$ 447,229,458</b>	<b>3.89%</b>	<b>\$ 12,083,439,278</b>	<b>\$ 148,000,076</b>	<b>1.24%</b>
<b>Department of Medicaid Total</b>			<b>\$ 31,388,096,376</b>	<b>\$ 35,098,497,461</b>	<b>\$ 36,910,526,667</b>	<b>\$ 1,812,029,206</b>	<b>5.16%</b>	<b>\$ 38,902,538,541</b>	<b>\$ 1,992,011,874</b>	<b>5.40%</b>
<b>Grand Total</b>			<b>\$ 31,388,096,376</b>	<b>\$ 35,098,497,461</b>	<b>\$ 36,910,526,667</b>	<b>\$ 1,812,029,206</b>	<b>5.16%</b>	<b>\$ 38,902,538,541</b>	<b>\$ 1,992,011,874</b>	<b>5.40%</b>