Ohio Legislative Service Commission

Sub. Bill Comparative Synopsis

Bob Bennett

Sub. H.B. 89

131st General Assembly
(H. Health and Aging)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 0545-4)
Amount the Ohio Department of Education (ODE) is to receive under the Medicaid School Program (MSP)	Provides for ODE to receive at least 3.5% of the federal funds the state receives for the MSP *(R.C. 5162.361)*.	Provides for ODE to receive at least 2.5%, instead of 3.5%, of the federal funds *(R.C. 5162.361)*.
Qualified Medicaid school providers' (providers') reports to ODE	Requires a provider annually to submit to ODE a report showing the number of the provider's students who received special education in the most recent previous October *(R.C. 5162.362)*.	Requires each provider, not later than the last day of each fiscal year, to submit to ODE a report that includes, for the most previous October, (1) the total number of the provider's students for whom an individualized education program was developed, (2) of that number, the total number who were Medicaid recipients, (3) the total number of the provider's students who were Medicaid recipients, and (4) the total number of the provider's students *(R.C. 5162.365(A))*.

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 0545-4)
ODE's use of providers' reports	No provision.	Requires ODE, not later than the last day of each calendar year, to (1) review each provider's report and make any corrections needed for accuracy, (2) using information in a report (including ODE's corrections), determine the provider's individualized education program rate and Medicaid eligible rate, and (3) notify each provider of the provider's individualized education program rate and Medicaid eligible rate *(R.C. 5162.365(B)(1) to (3))*.
Rejection of provider's claim	Requires that a provider's claim regarding services provided to a Medicaid recipient under the MSP be rejected if the recipient fails to show progress in meeting the goals included in an individualized education program over two consecutive three-month periods, unless (1) there is documentation that a method or technique of the service has been modified to help the recipient meet a goal or (2) it is not the purpose of the service to help the recipient show progress in meeting the goals *(R.C. 5162.363)*.	No provision.
Providers' claims to the Ohio Department of Medicaid (ODM) under the MSP	Revises the law that requires ODM to seek federal funds for each claim a provider submits to ODM under the MSP by requiring that the claim be a *clean claim* as defined in a federal Medicaid regulation *(R.C. 5162.01 and 5162.363)*.	Requires each provider, not later than the last day of each calendar year, to submit to ODM all claims data ODM needs for the claims the provider submits under the MSP for the fiscal year that ended during that calendar year *(R.C. 5162.365(C))*.
Providers' cost reports	No provision.	Requires (1) each provider, not later than 18 months after the end of each fiscal year, to submit to ODM a cost report documenting the provider's actual costs incurred in providing, during that fiscal year, MSP-covered services to Medicaid recipients eligible for the services and

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 0545-4)
		(2) a certified public accountant to conduct an agreed-upon procedures review of the cost report before the report is submitted to ODM *(R.C. 5162.365(D))*. Requires ODE to issue a request for proposals for an entity to create a computer software program that provides a template for providers to use when submitting the cost reports *(R.C. 5162.366)*. Requires ODE, not later than the last day of each calendar year, to make the cost report template available to each provider *(R.C. 5162.365(B)(4))*.
Payment of federal funds to providers	Revises the law that requires ODM to disburse to a provider federal funds ODM receives for a claim submitted by the provider under the MSP by requiring that ODM disburse the federal funds not later than nine months after ODM receives the claim as indicated by a date stamp ODM must put on the claim the day it receives the claim *(R.C. 5162.363)*.	Permits ODM to make interim payments of the federal funds ODM receives for the claims the providers submit under the MSP *(R.C. 5162.364)*. Requires ODM (1) to reconcile interim payments of federal funds made to a provider for a fiscal year with the provider's cost report for that fiscal year and (2) to complete the reconciliation in time for the provider to be paid or to pay the amount owed under the reconciliation not later than two years after the last day of the fiscal year *(R.C. 5162.365(E))*.
Providers' responsibility for overpayments	No provision.	Makes a provider solely responsible for timely repaying any overpayment that the provider owes under the MSP and that is discovered by a federal or state audit, regardless of whether the audit's finding identifies the provider, ODM, or ODE as being responsible for the overpayment *(R.C. 5162.367(A))*.

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 0545-4)
		Prohibits ODM from doing any of the following regarding an overpayment for which a provider is responsible for repaying: (1) making a payment to the federal government to meet or delay the provider's repayment obligation, (2) assuming the provider's repayment obligation, and (3) forgiving the provider's repayment obligation *(R.C. 5162.367(B))*.
Providers to indemnify ODM for costs and penalties resulting from audits	No provision.	Requires each provider to indemnify and hold harmless ODM for any cost or penalty resulting from a federal or state audit finding that a claim submitted by the provider under the MSP did not comply with a federal or state requirement *(R.C. 5162.367(C))*.
Coverage of specialized medical transportation services	Requires the MSP to cover specialized medical transportation services and specifies conditions under which a Medicaid recipient eligible for the MSP may receive the services *(R.C. 5162.3610)*.	No provision.

H0089-4-131.docx/ks