



## **Joint Meeting of the House & Senate Medicaid Committees**

### **Scott Partika, Director, Ohio Department of Medicaid**

**Thursday, February 19, 2026, at 10:00am**

Chair Gross, Vice Chair Romanchuk, Ranking Member Liston, and members of the House and Senate Medicaid Committees, my name is Scott Partika, and I am the newly appointed Director of the Ohio Department of Medicaid. Thank you for the invitation to appear and introduce myself in addition to providing information on House Bill 1 (H.R. 1), also known as the One Big Beautiful Bill Act (P. L. 119-21).

### **Introduction & Background**

I was appointed by Governor Mike DeWine in October 2025 to serve as Director of the Ohio Department of Medicaid (ODM). I come with a deep-rooted commitment to public service and extensive experience in health and human services and hope to bring a strategic and data-driven approach to leading the Department.

I was born and raised in the Mahoning Valley, graduating from Lowellville High School before moving to Columbus to pursue higher education at Capital University—where I graduated with a degree in Public Administration and Public Relations. While at Capital University, I had my first experience working on Capitol Square through the Senate Page program.

My first job out of college was in the office of Senator Randy Gardner, followed by time working for Senator Dave Burke. During that time, I had the pleasure of working on my first of many state budgets, with a particular focus on health care during my time with Senator Burke. Additionally, his role as chairman of the Joint Medicaid Oversight Committee offered me an excellent learning opportunity to work with the Executive Director and, for the first time, the Department of Medicaid.

After spending a few years working in Managed Care, I was honored to have the opportunity to return to public service and join Governor DeWine's policy team in the Fall of 2020 as the Assistant Policy Director of Health & Human Services. In this role, I oversaw policy development for a broad portfolio of agencies, including Medicaid, Aging, Mental Health & Addiction Services, Health, Veterans Services, Developmental Disabilities, Insurance, and Job and Family Services. From there, I was asked to serve

the Administration as the Governor’s Policy Director, where I continued to drive statewide strategies aimed at enhancing quality of life, health outcomes and improving service delivery for all Ohioans.

Following the departure of my predecessor, Maureen Corcoran, I was asked to move over to serve as the Governor’s appointed Director of Medicaid. I am incredibly humbled by the opportunity to take on this role and am fully committing to serving the Governor and the people of Ohio through the end of the Administration. I am focused on ensuring high-quality care for Ohio’s most vulnerable populations and delivering on the Governor’s priorities. To that end, we will be focused on maintaining fiscal responsibility to ensure the program remains sustainable and affordable well into the future, fostering collaboration among providers, community partners, and legislative partners, and embracing a transparent approach to our work across the department. I hope to continue advancing health outcomes for Ohioans and improving operational excellence within Ohio’s Medicaid system.

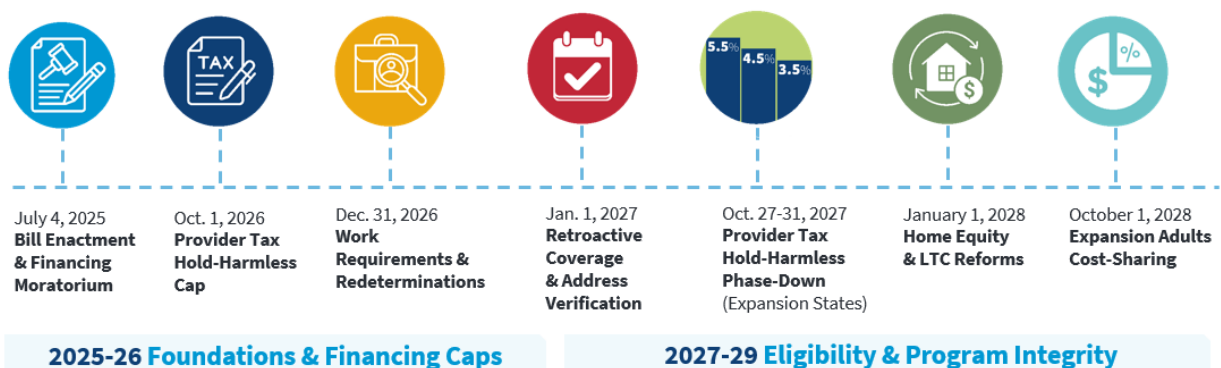
## H.R. 1 (One Big Beautiful Bill Act) Overview

With its enactment on July 4, 2025, H.R. 1 introduced major Medicaid reforms including eligibility, financing, and oversight changes to how the Federal government, and their state partners, administer the Medicaid program.

The Centers for Medicare & Medicaid Services (CMS) is our federal governing body and plays an instrumental role in many of these changes. Moreover, regulatory and subregulatory guidance on many of these items in the form of rules and bulletins (i.e., Dear Colleague letters) have been released and will continue to come as additional effective dates for these provisions approach.

## General Overview: Implementation Roadmap (2025–2029)

The **One Big Beautiful Bill Act (OBBBA)**, signed July 4, 2025, reforms Medicaid financing and eligibility. This timeline highlights key mandates such as work requirements, provider tax caps, and integrity measures to curb federal spending.



To most easily digest these changes, it may be helpful to group them in the following way:

1. Program enhancements and protections for taxpayers;
  - These reforms are focused on improving efficiency with new rules to prevent duplicate enrollments, remove deceased individuals and providers, and check eligibility more often. The updates also reinforce work requirements. Overall, these changes strengthen program integrity and sustainability for the future while ensuring benefits go to those who truly qualify.
  - Sec. 71103, 71104, 71105, 71107, 71108, 71109, 71112, 71119, 71120
2. Provisions impacting program financing; and
  - These reforms concern multiple financing tools within the program utilized by both states and providers to support program activities and broader healthcare improvements. Overhauls include imposing mandatory penalties for payment errors in 2029 and restricting flexibility on provider taxes and state-directed payments. Ohio policymakers will need to adjust tax structures and payment strategies to maintain compliance and fiscal stability under these new federal limits.
  - Sec. 71106, 71115, 71116, 71117
3. Other provisions
  - These reforms concern operational alterations that Ohio already meets or exceeds and the Rural Health Transformation Program which will impact healthcare outside of Medicaid although the investments may ultimately impact the program or its members.
  - Sec. 71110, 71401

Please refer to the accompanying presentation for simplified details of each provision including what implications these have for Ohio and how the Ohio Department of Medicaid is working to implement these changes.

### **Program Enhancements & Protections for Taxpayers**

- **Sec. 71103** concerns duplicate enrollment with the program. It requires Medicaid agencies to, no later than January 1, 2027, have a process in place to regularly obtain updated address information for enrolled individuals and contractually require managed care plans to promptly transmit address information. It also requires Medicaid agencies to submit certain information (including SSN) to the federal Department of Health and Human Services (HHS) to populate a system to identify instances of duplicate enrollment.
  - **Fiscal Impact to Ohio:**

- **FY2026: \$0**
  - **FY 2027: ~\$11M in savings**
  - **\*Potential savings realized could be ~\$20-30M in following years**
- **Sec. 71104** concerns disenrolling deceased individuals from the program. It requires Medicaid agencies to check the federal Death Master File (DMF) on at least a quarterly basis beginning January 1, 2027, to identify if deceased individuals are enrolled in the program.
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **No long-term impact**
- **Sec. 71105** concerns disenrolling deceased providers from the program. It requires Medicaid agencies to check the federal DMF on at least a quarterly basis beginning January 1, 2028, and as part of their provider enrollment processes to determine if a provider or supplier is deceased.
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **No long-term impact**
- **Sec. 71107** concerns eligibility redeterminations. It requires Medicaid agencies to conduct eligibility redeterminations for adult expansion members once every six months instead of once every 12 months beginning December 31, 2026.
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **\*Potential savings realized could be ~\$40M in following years**
- **Sec. 71108** concerns home equity limits. It sets a maximum home equity limit of \$1 million for purposes of determining eligibility for nursing facility services or other long-term care services, and this limit cannot be waived through asset disregards. This begins January 1, 2028, however, Ohio’s home equity limit (\$730,000) is already stricter than the federal limit.
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **No long-term impact**
- **Sec. 71109** concerns immigrant eligibility under the program. It amends the federal definition of “qualified alien” to remove large groups of individuals presently eligible for services based on their temporary protected status as determined at the federal level. These changes are effective October 6, 2026.

- **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: ~\$13M in savings**
    - **\*Potential savings realized could be ~\$19M in following years**
- **Sec. 71112** concerns retroactive coverage reduced to 1 month for expansion adults. It also concerns retroactive eligibility changes for other Medicaid eligibility categories and CHIP beginning January 1, 2027.
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: ~\$4M in savings**
    - **\*Potential savings realized could be ~\$8M in following years**
- **Sec. 71119** concerns work and community engagement requirements for the adult expansion population. It mandates meeting either work or community engagement requirements as a condition of Medicaid eligibility by December 31, 2026. Ohio is positioned as a national leader and model state in this space given the work the Department has already done to prepare for work requirements both in 2019 and more recently through in support of its submission of an 1115 demonstration waiver to CMS as required via HB 33 (135<sup>th</sup> Ohio General Assembly).
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: ~\$4M in savings**
    - **\*Potential savings realized could be ~\$40M in following years**
- **Sec. 71120** concerns cost-sharing requirements under the program. It requires states to impose these requirements on the expansion adult population with incomes over 100 percent of the federal poverty level, although some services are excluded. Ohio already mandates co-pays for the adult expansion population on multiple services for certain program populations (see OAC rule [5160-1-09](#)).
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **No long-term impact**

## **Provisions Impacting Program Financing**

- **Sec. 71106** concerns PERM changes including restrictions of ‘good faith waivers’ for payment reductions related to payment error rates identified through federal HHS audits. It changes definitions around “erroneous excess payments” and previous authority CMS possessed to exercise penalties on states is being removed in favor of mandatory penalties. These changes begin October 1, 2029.

- **Fiscal Impact to Ohio:**
  - **FY2026: \$0**
  - **FY 2027: \$0**
  - **\*Potential costs could be significant in following years; based on national averages, penalty assessments could reach ~\$449M**
- **Sec. 71115** concerns provider tax moratoriums and phased reductions of hold-harmless thresholds. It limits any new provider taxes based on whether a provider class already had a tax in place by July 4, 2025, and determines how the hold harmless threshold will be calculated for those that did exist based on whether the state is a Medicaid expansion state or not.
  - **FY2026: \$0**
  - **FY 2027: \$0**
  - **\*Potential impacts on state GRF may intersect with risks tied to Sec. 71117 but total losses may reach ~\$1.2B through 2032 once phase downs begin.**
- **Sec. 71116** concerns state-directed payment (SDP) caps and payment reductions. It prohibits SDPs from exceeding a percentage of the published Medicare rate or the payment rate under the state plan if the former rate is not available beginning July 4, 2025. Phase downs of 10 percentage points begin for existing SDPs with rating periods beginning on or after January 1, 2028.
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **\*Potential impacts on state GRF may be limited but could be significant on providers in following years; provider impact could reach ~\$200M by 2030s**
- **Sec. 71117** concerns waivers of uniform tax requirements on provider taxes. It changes criteria used when determining whether a healthcare related tax is generally redistributed beginning July 4, 2025.
  - **FY2026: \$0**
  - **FY 2027: \$0**
  - **\*Potential impacts on state GRF may be significant if uniformity provision cannot be met. Impact may be ~\$640M in future years**

## **Other Provisions**

- **Sec. 71110** concerns emergency Medicaid FMAP. It sets FMAP for emergency Medicaid at the base FMAP for the state, regardless of eligibility category for the individual receiving emergency Medicaid beginning October 1, 2026.
  - **Fiscal Impact to Ohio:**

- **FY2026: \$0**
  - **FY 2027: \$0**
  - **No long-term impact**
- **Sec. 71401** concerns the Rural Health Transformation Program. It creates a rural health transformation fund totaling \$50 billion that will be disbursed to states in multiple tranches over the next five federal fiscal years. The first award was announced on December 29, 2025, and Ohio received \$202,030,262. Work administering these funds is being overseen by the Ohio Department of Health in alignment with the federal goals of the program and the Ohio’s program application. More details on this work can be found [here](#).
  - **Fiscal Impact to Ohio:**
    - **FY2026: \$0**
    - **FY 2027: \$0**
    - **\*Potential impacts on the Medicaid program are uncertain. The FFY226 award of ~\$202M in federal funds does not replace or offset Medicaid payments and cannot be used to finance state share of Medicaid.**

## **Policy Changes Driving Forecast Updates**

Federal and state policy changes are normal and routinely drive forecast refinements within the program. Although H.R. 1 created the largest shifts in federal Medicaid policy in years, their impacts are only beginning to be felt. In conjunction with work the Department continues to make the program more efficient, transparent, and secure, our budget and caseload trend forecasts will continue to be updated. Of note, Ohio’s beginning to see caseloads trending downward at a greater pace than was forecast during the budget process. The coming months will reveal whether this is an anomaly or a trend, and we will keep the legislature updated as we enter SFY27.

## **Closing**

Chair Gross, Vice Chair Romanchuk, Ranking Member Liston, and members of the House and Senate Medicaid Committees, thank you again for letting me testify today, and I am happy to answer any questions you may have.