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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Legislative Budget
Office

H.B. 795
136th General Assembly

Fiscal Note & Local Impact Statement

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Version: As Introduced

Primary Sponsor: Rep. Williams

Local Impact Statement Procedure Required: No

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The Ohio Department of Medicaid (ODM) will experience one-time costs to develop, procure, certify, or approve systems for the electronic verification of nonemergency medical transportation services and in-home personal care services. ODM will also incur costs developing and implementing a system that allows for received data to be cross-referenced with claims submitted by service providers, and developing and using automated fraud detection tools.

ODM will experience ongoing administrative costs maintaining and running these systems, and submitting annual reports to the General Assembly detailing the costs and savings realized.

The bill is expected to reduce ODM's future Medicaid expenditures by detecting and preventing fraudulent claims for nonemergency medical transportation and in-home personal care services. The reduced spending is expected to be greater than the bill's implementation and administrative costs. Within 30 days of the bill's effective date ODM must submit to the General Assembly a cost estimate for implementation. Detailed analysis of any expected increases and decreases in spending will be presented in this initial report.

The state splits any costs and savings from actions approved by the U.S. Centers for Medicare & Medicaid Services with the federal government, according to the Medicaid reimbursement formula. The federal medical assistance percentage (FMAP) for administrative activities varies based on the type of action. Typical administrative costs are split evenly with the federal government, but certain specialized oversight activities can qualify for matching rates of 75%, 90%, or 100%, depending on the specific action.

In the event that uncovered fraud results in refunded funds to ODM, any recovered funds would be shared with the federal government according to the applicable FMAP reimbursement rate.

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