Sub. H. B. No. 96 As Passed by the Senate MCDCD49

moved	to	amend	as	follows

After line 119459, insert:	1
"Sec. 5162.14. (A) The medicaid director shall immediately	2
provide notice in accordance with this section if the United	3
States centers for medicare and medicaid services does any of	4
the following related to a quarterly medicaid statement of	5
expenditures for medical assistance programs form that is	6
submitted by the department of medicaid:	7
(1) Determines that the form has a variance of	8
expenditures of eight per cent or greater;	9
(2) Asks any questions related to the form;	10
(3) Refuses to certify the information provided on the	11
form;	12
(4) Refuses to release any funds to the state.	13
(B) When providing notice under this section, the director	14
shall include any letter or information that is provided by the	15
United States centers for medicare and medicaid services in its	16
questioning or deciding not to contifu the form as well as any	1 7

Legislative Service Commission



correspondences from the department in response.	18
(C) The notice required under this section shall be	19
provided to all of the following:	20
(1) The speaker of the house of representatives and	21
<pre>president of the senate;</pre>	22
(2) The director of the legislative service commission;	23
(3) The chairpersons of the relevant standing committees	24
in both the house of representatives and the senate."	25
Update the title, amend, enact, or repeal clauses accordingly	26
The motion was agreed to.	
SYNOPSIS	27
ODM quarterly medicaid statement of expenditures form	28
R.C. 5162.14	29
Restores a House-added provision removed by the Senate,	30
with one change, that requires the ODM Director to immediately	31
provide notice to (1) the House Speaker and Senate President,	32

(2) the Legislative Service Commission Director (changed from

the JMOC Executive Director in the House version), and (3) the

chairpersons in both the House and Senate if CMS takes certain

Expenditures Form (CMS-64 Form) submitted by ODM, including if

actions related to the Quarterly Medicaid Statement of

CMS determines the form has a variance of 8% or more.

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