



Office of Budget
and Management

Medicaid Caseload and Expenditure Forecast Report

February 3, 2025



February 3, 2025

Governor Mike DeWine
Riffe Center, 30th Floor, 77 South High Street
Columbus, OH 43215

Dear Governor DeWine,

The FY 2024-2025 operating budget bill established a new requirement for the Office of Budget and Management (OBM), in consultation with the Ohio Department of Medicaid, to submit a Medicaid Caseload and Expenditure Forecast report as a supplemental Executive budget document to provide an in-depth analysis of the Executive budget recommendations. The required data elements are specified in Ohio Revised Code ([Section 127.03 \(D\)\(8\)](#)). This report provides detailed information on the Ohio Medicaid program's expenses between FY 2022-2025 and the Department of Medicaid's Executive recommended funding for FY 2026-2027 as required.

The components that make up the Medicaid expenditures, such as Medicaid caseload and enrollment, service delivery systems, and policy proposals, are detailed in this report. Finally, additional information on waivers, provider claims, increases to provider rates, and increases to franchise fees are provided at the end of this report.

Below are a few of the most important points in the report:

- The Ohio Medicaid caseload is expected to increase slightly during FY 2026-2027, increasing from an estimated average full eligibility monthly enrollment of 2.91 million in FY 2025 to 2.92 million and 2.93 million in FY 2026 and FY 2027, respectively. Full and Partial eligibility caseload currently stands at around three million.
- Approximately 87 percent of individuals enrolled in Medicaid are receiving services through the managed care delivery system. The remainder receive services through fee-for-service.
- Claims totals for four provider types accounted for 75 percent of total Medicaid claims in calendar year 2023: Hospitals = \$7.3 billion, Pharmacy = \$6.3 billion, Waiver Home Health/Private Duty Nursing = \$4.1 billion, and Nursing Facilities = \$3.1 billion.

Very respectfully yours,

Kimberly Murnieks
Director of the Ohio Office of Budget and Management

Medicaid Program Expense Summary

The Ohio Department of Medicaid’s FY 2026-2027 budget is projected to be \$42.3 billion in FY 2026, an increase of 6.4 percent over FY 2025. The FY 2027 budget is projected to total \$45 billion, an increase of 6.5 percent over FY 2026 projections. Overall caseload is projected to slightly increase over the FY 2026-2027 biennium.

The Medicaid Health Care Services line item (GRF - 651525) is the primary line item used for Medicaid services in the Department of Medicaid. The state share of this line is projected to increase 6.3 percent in FY 2026 and 6.8 percent in FY 2027 while the federal share is projected to increase by four percent and 8.6 percent, respectively. This will change as the Federal Medicaid Assistance Percentage (FMAP), or the portion of Medicaid services funded by federal dollars, changes, as determined by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Program – Service Expense History

Agency	Fund Group	Fund Code	State/ Federal	ALI	FY 2022	FY 2023	FY 2024	FY 2025*	FY 2026*	FY 2027*
MCD	GRF	GRF	State	651525 Medicaid Health Care Services - State	\$3,819,289,131	\$4,143,269,464	\$4,908,890,299	\$5,699,581,440	\$5,624,594,001	\$6,005,647,524
MCD	GRF-Fed	GRF	Federal	651525 Medicaid Health Care Services - Federal	\$11,891,207,699	\$12,997,809,609	\$12,596,999,157	\$14,210,869,062	\$14,607,898,968	\$15,764,996,360
MCD	GRF	GRF	State	651526 Medicare Part D	\$453,970,105	\$473,067,801	\$673,193,735	\$724,638,000	\$745,500,073	\$829,099,684
MCD	GRF	GRF	State	651529 Brigid's Path Pilot	\$1,000,000	\$1,000,000	\$0	\$0	\$0	\$0
MCD	GRF	GRF	State	651533 Food Farmacy Pilot Project	\$250,000	\$250,000	\$0	\$0	\$0	\$0
MCD	GRF	GRF	State	651426 Positive Education Program Connections	\$2,500,000	\$0	\$0	\$0	\$0	\$0
MCD	DPF	5R20	State	651608 Medicaid Services-Long Term	\$414,593,493	\$374,494,225	\$414,121,521	\$415,000,000	\$451,000,000	\$451,000,000
MCD	DPF	5FX0	State	651638 Medicaid Services-Payment Withholding	\$7,150,122	\$4,777,490	\$4,679,496	\$12,000,000	\$12,000,000	\$12,000,000
MCD	DPF	5DL0	State	651639 Medicaid Services-Recoveries	\$552,473,558	\$614,999,594	\$897,198,732	\$1,170,317,800	\$928,907,575	\$903,678,835
MCD	DPF	6510	State	651649 Medicaid Services-Hospital Care Assurance Program	\$206,944,061	\$203,815,650	\$226,460,168	\$351,707,750	\$320,543,800	\$168,455,600
MCD	DPF	5GF0	State	651656 Medicaid Services Hospital Franchise Fee	\$1,261,497,903	\$1,342,762,463	\$1,631,449,120	\$1,723,365,065	\$2,632,211,017	\$3,030,014,270
MCD	DPF	5TN0	State	651684 Medicaid Services-HIC Fee	\$991,000,000	\$951,000,000	\$1,063,227,826	\$1,138,441,200	\$879,876,850	\$869,039,656
MCD	DPF	5AN0	State	651686 Care Innovation and Community Improvement Program	\$73,943,660	\$70,342,829	\$73,704,231	\$86,650,700	\$233,410,621	\$233,212,717
MCD	DPF	5DL0	State	651690 Multi-system Youth Innovation and Support	\$19,769,955	\$23,900,288	\$32,062,425	\$27,562,500	\$20,000,000	\$20,000,000
MCD	DPF	5SA4	State	651689 Medicaid Health and Human Services Fund	\$0	\$0	\$0	\$0	\$500,000,000	\$500,000,000
MCD	DPF	5XY0	State	651694 Improvements for Priority Populations	\$7,273,987	\$1,776,528	\$7,499,581	\$10,500,000	\$0	\$0
MCD	DPF	5HC8	State	651698 MCD Home and Community Services	\$80,026,234	-\$333,487	\$61,198,503	\$102,869,465	\$0	\$0
MCD	HLD	R055	State	651644 Refunds and Reconciliation	\$6,027,012	\$2,192,489	\$13,743,037	\$10,000,000	\$14,001,665	\$14,001,665
MCD	FED	3F00	Federal	651623 Medicaid Services-Federal	\$10,702,090,291	\$10,496,930,742	\$10,848,262,928	\$11,524,044,212	\$14,253,819,339	\$15,150,777,365
MCD	FED	3HC8	Federal	651699 MCD Home and Community Based Services - Federal	\$230,175,629	-\$815,995	\$109,889,730	\$138,370,195	\$0	\$0
Total Department of Medicaid Services					\$30,721,182,840	\$31,701,239,690	\$33,562,580,489	\$37,345,917,389	\$41,223,763,910	\$43,951,923,676
AGE	DPF	5HC8	State	656698 AGE Home and Community Based Services	\$0	\$0	\$22,900,531	\$0	\$0	\$0
DDD	GRF	GRF	State	653407 Medicaid Services	\$658,144,329	\$614,386,865	\$855,291,775	\$1,004,334,000	\$1,127,127,000	\$1,140,627,000
DDD	DPF	4890	State	653632 Developmental Centers Direct Care Services	\$4,040,667	\$4,404,963	\$4,403,930	\$7,000,000	\$7,000,000	\$7,000,000
DDD	DPF	5GE0	State	653606 ICF/IID and Waiver Match	\$25,183,015	\$33,712,817	\$25,692,276	\$60,100,000	\$60,000,000	\$60,000,000
DDD	DPF	5HC8	State	653698 DDD Home and Community Based Services	\$61,942,322	-\$11,677	\$78,755,679	\$63,627,125	\$0	\$0
DDD	DPF	5Z10	State	653624 County Board Waiver Match	\$318,807,059	\$408,105,345	\$492,482,044	\$566,900,000	\$688,000,000	\$752,000,000
DDD	FED	3A40	Federal	653654 Medicaid Services	\$2,118,268,304	\$2,339,760,113	\$2,557,975,297	\$3,093,035,147	\$3,385,530,510	\$3,545,767,920

DDD	FED	3HC8	Federal	653699 DDD Home and Community Based Services - Federal	\$146,617,686	-\$27,639	\$112,413,400	\$110,997,875	\$0	\$0
DDD	ISA	1520	ISA	653609 DC & Residential Facilities Operating Services	\$11,774,492	\$14,318,934	\$30,813,884	\$31,000,000	\$20,000,000	\$20,000,000
MHA	DPF	5HC8	State	652698 MHA Home and Community Based Services	\$0	\$0	\$2,009,718	\$0	\$0	\$0
Total Partner Agency Services					\$3,344,777,874	\$3,414,649,721	\$4,182,738,534	\$4,936,994,147	\$5,287,657,510	\$5,525,394,920
Total Medicaid Services					\$34,065,960,714	\$35,115,889,411	\$37,745,319,023	\$42,282,911,536	\$46,511,421,420	\$49,477,318,596

Medicaid Program – Administrative Expense History

Agency	Fund Group	Fund Code	State/ Federal	ALI	FY 2022	FY 2023	FY 2024	FY 2025*	FY 2026*	FY 2027*
MCD	GRF	GRF	State	651425 Medicaid Program Support-State	\$147,319,873	\$137,100,541	\$173,871,438	\$176,027,762	\$169,165,531	\$169,864,228
MCD	DPF	4E30	State	651605 Resident Protection Fund	\$2,170,325	\$3,773,878	\$308,505	\$5,026,600	\$7,000,000	\$7,000,000
MCD	DPF	5AJ0	State	651631 Money Follows the Person						
MCD	DPF	5DL0	State	651685 Medicaid Recoveries-Program Support	\$48,188,199	\$54,631,404	\$70,037,900	\$85,500,400	\$89,560,719	\$91,388,371
MCD	FED	3ER0	Federal	651603 Medicaid and Health Transformation Technology	\$4,650,038	\$953,297	\$169,601	\$795,500		
MCD	FED	3F00	Federal	651624 Medicaid Program Support-Federal	\$374,316,534	\$393,424,563	\$427,559,600	\$496,333,586	\$504,612,781	\$506,975,630
MCD	FED	3G50	Federal	651655 Medicaid Intragency Pass Through	\$90,268,567	\$150,727,445	\$154,000,056	\$258,149,000	\$265,003,000	\$265,003,000
MCD	FED	3FA0	Federal	651680 Health Care Grants-Federal	\$0			\$3,000,000	\$7,000,000	\$7,000,000
Total Department of Medicaid Administration					\$666,913,536	\$740,611,128	\$825,947,100	\$1,024,832,848	\$1,042,342,031	\$1,047,231,229
AGE	GRF	GRF	State	656423 Long Term Care Budget-State	\$4,342,108	\$5,142,007	\$5,037,673	\$4,762,000	\$5,322,431	\$5,439,477
AGE	DPF	5T40	State	656625 Health Care Grants - State	\$0	\$0	\$0	\$200,000	\$695,940	\$695,939
AGE	DPF	5TI0	State	656624 Provider Certification	\$0	\$0	\$0	\$120,000	\$0	\$0
AGE	FED	3C40	Federal	656623 Long Term Care Budget-Federal	\$4,155,161	\$7,375,207	\$5,689,542	\$5,000,000	\$7,462,626	\$7,979,625
AGE	FED	3HC8	Federal	656699 AGE Home and Community - Federal	\$0	\$0	\$356,743		\$0	\$0
BOR	DPF	5HC8	State	659698 BOR Home and Community Based Services	\$0	\$0	\$12,939,752		\$0	\$0
DDD	GRF	GRF	State	653321 Medicaid Program Support-State	\$8,119,483	\$7,842,478	\$7,842,000	\$7,842,000	\$8,163,217	\$8,421,356
DDD	DPF	5EV0	State	653627 Medicaid Program Support	\$1,327,728	\$1,314,392	\$1,981,413	\$2,540,000	\$2,540,000	\$2,540,000
DDD	DPF	5S20	State	653622 Medicaid Administration & Oversight	\$24,145,520	\$27,201,178	\$32,129,512	\$32,000,000	\$36,000,000	\$36,000,000
DDD	FED	3A40	Federal	653655 Medicaid Support	\$71,034,671	\$67,811,546	\$82,527,880	\$80,000,000	\$92,000,000	\$97,000,000
DOH	GRF	GRF	State	654453 Medicaid - State Health Program Support	\$4,418,349	\$4,302,877	\$4,173,007	\$4,639,000	\$4,478,896	\$4,581,836
DOH	FED	3GD0	Federal	654601 Medicaid Program Support	\$29,301,281	\$30,962,716	\$34,942,619	\$37,000,000	\$41,186,077	\$41,508,003
EDU	FED	3AF0	Federal	657601 Schools Medicaid Administrative Claims	\$125,940	\$126,872	\$80,686	\$250,000	\$150,000	\$150,000
JFS	GRF	GRF	State	657401 Medicaid in Schools	\$321,819	\$303,744	\$319,713	\$327,000	\$349,925	\$358,362
JFS	GRF	GRF	State	655425 Medicaid Program Support	\$11,953,947	\$12,833,241	\$13,610,322	\$15,673,000	\$15,779,739	\$16,393,535
JFS	GRF	GRF	State	655522 Medical Program Support-Local	\$37,062,361	\$42,376,043	\$42,908,152	\$49,000,000	\$49,000,000	\$49,000,000
JFS	GRF	GRF	State	655523 Medicaid Program Support-Local Transportation	\$38,129,502	\$42,458,257	\$46,902,571	\$43,530,000	\$43,530,000	\$43,530,000
JFS	FED	3F01	Federal	655624 Medicaid Program Support - Federal	\$170,113,535	\$167,941,005	\$167,778,559	\$220,103,397	\$221,532,699	\$222,146,496
KID	GRF	GRF	State	650400 Medicaid Program Support-State	\$0	\$0	\$0	\$893,000	\$1,393,000	\$1,393,000

KID	FED	3F02	Federal	650600 Medicaid Program Support-Fed	\$0	\$0	\$0	\$893,000	\$1,393,000	\$1,393,000
MHA	GRF	GRF	State	652321 Medicaid Support	\$1,298,569	\$1,587,241	\$435,685	\$1,650,000	\$478,055	\$492,396
MHA	FED	3B10	Federal	652636 Community Medicaid Legacy Support	\$2,264,386	\$2,968,829	\$640,919	\$4,000,000	\$1,600,000	\$1,600,000
PRX	DPF	4K90	State	658605 OARRS Integration-STATE	\$250,947	\$388,024	\$205,913	\$492,000	\$207,657	\$208,860
PRX	FED	3HH0	Federal	658601 OARRS Integration-FED	\$1,809,551	\$1,169,233	\$623,365	\$1,393,000	\$642,117	\$645,729
Total Partner Agency Administration					\$410,174,858	\$424,104,890	\$461,126,026	\$512,307,397	\$533,905,379	\$541,477,614
Total Medicaid Administration					\$1,077,088,394	\$1,164,716,018	\$1,287,073,126	\$1,537,140,245	\$1,576,247,410	\$1,588,708,843

Total Department of Medicaid Cost (Service and Administration)	\$31,388,096,376	\$32,441,850,818	\$34,388,527,589	\$38,370,750,237	\$42,266,105,941	\$44,999,154,905
Total Medicaid Program Cost (Service and Administration)	\$35,143,049,108	\$36,280,605,429	\$39,032,392,149	\$43,820,051,781	\$48,087,668,830	\$51,066,027,439

*FY 2025 numbers are based on the Department of Medicaid’s disbursement estimates for the fiscal year and align with the estimated numbers presented in the Monthly Financial Report. The FY 2025 numbers are subject to change as the Department reforecasts assumptions for the fiscal year.

Medicaid Budget Components

Medicaid Caseload

Overall full benefit Medicaid caseload is projected to slightly increase over FY 2026-2027, increasing from an estimated average monthly enrollment of 2.91 million in FY 2025 to 2.92 million and 2.93 million in FY 2026 and FY 2027, respectively. Much of this growth is expected to occur in the Aged, Blind, and Disabled (ABD), Dual-Eligible, and children eligibility categories. Full and partial benefit enrollment has averaged 3.05 million in the first two quarters of FY 2025.

There are different income and asset requirements for Medicaid categories of eligibility. These eligibility categories also tend to have similar health care costs. Aged, Blind, and Disabled (ABD) health costs are higher than Covered Families and Children (CFC), even though there are fewer ABD individuals enrolled than CFC individuals. The dual-eligible Medicaid and Medicare demonstration operating in 29 counties is called MyCare and the special behavioral health managed care program for children is called OhioRISE. Most individuals receive the full Medicaid benefit; however, for select individuals their eligibility is partial, and Medicaid only pays their premium assistance payment. These individuals are often referred to as Medicaid Buy-In.

Full Benefit Medicaid Caseload

Full Benefit Medicaid Caseload, Monthly Average Enrollment by Delivery System Executive Submission, FY 2026-2027																							
State Fiscal Year		Aged, Blind, & Disabled Adult			Aged, Blind, & Disabled Child			Covered Families & Children Adult			Covered Families & Children Child			Dual			Expansion Group VIII			Total Full Benefit			
		Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	
2012	A	54,585	123,585	178,170	37,904	0	37,904	55,212	459,684	514,895	103,087	1,057,618	1,160,705	205,998	4037.9167	210,036	0	0	0	456,786	1,644,924	2,101,710	
2013	A	55,278	122,882	178,160	27,504	0	27,504	61,750	486,052	547,802	113,017	1,069,134	1,182,151	211,244	1879.4167	213,124	0	0	0	468,793	1,679,947	2,148,740	
2014	A	44,580	135,979	180,560	9,835	34,205	44,039	58,065	481,554	539,619	104,514	1,055,335	1,159,848	206,329	8,629	214,957	106,175	34,058	140,232	529,497	1,749,759	2,279,256	
2015	A	33,842	132,332	166,175	7,065	33,822	40,887	50,959	528,514	579,473	124,413	1,124,609	1,249,022	119,773	95,196	214,968	141,713	394,904	536,617	477,765	2,309,376	2,787,142	
2016	A	32,405	108,563	140,968	6,494	22,554	29,048	57,472	504,964	562,436	139,705	1,114,979	1,254,685	121,109	92,076	213,185	103,810	589,026	692,836	460,995	2,432,163	2,893,158	
2017	A	44,383	107,325	151,708	7,828	23,919	31,747	44,524	501,300	545,824	98,374	1,147,198	1,245,572	142,067	99,827	241,894	81,234	638,688	719,922	418,410	2,518,257	2,936,666	
2018	A	43,009	150,076	193,085	7,324	45,899	53,223	25,474	463,706	489,179	53,390	1,137,764	1,191,154	133,212	109,916	243,128	59,529	630,735	690,265	321,938	2,538,096	2,860,033	
2019	A	38,746	154,938	193,683	5,983	47,256	53,239	17,282	439,291	456,573	37,375	1,115,348	1,152,723	120,627	120,333	240,960	45,885	578,211	624,095	265,896	2,455,378	2,721,273	
2020	A	35,151	155,867	191,018	5,569	46,631	52,200	13,630	433,227	446,858	30,398	1,101,650	1,132,048	124,029	125,923	249,952	39,738	577,007	616,746	248,516	2,440,305	2,688,821	
2021	A	36,545	155,832	192,377	5,516	46,234	51,750	9,924	511,185	521,109	22,088	1,186,875	1,208,963	117,846	133,623	251,469	42,201	701,084	743,285	234,119	2,734,833	2,968,952	
2022	A	38,796	154,489	193,285	5,670	46,206	51,876	11,602	558,086	569,688	25,035	1,232,717	1,257,752	111,213	143,705	254,918	58,875	796,433	855,308	251,191	2,931,636	3,182,827	
2023	A	42,311	152,583	194,894	6,325	46,403	52,728	24,772	575,223	599,995	49,682	1,249,529	1,299,210	114,224	150,445	264,669	103,913	853,323	957,236	341,227	3,027,505	3,368,732	
2024	A	40,504	150,907	191,410	5,476	47,198	52,674	14,784	508,183	522,967	29,115	1,188,777	1,217,892	112,118	148,832	260,950	70,453	789,676	860,128	272,449	2,833,572	3,106,021	
2025	A/E	40,044	144,530	184,574	5,959	52,914	58,873	12,143	450,703	462,846	22,305	1,151,673	1,173,978	110,476	146,765	257,241	63,020	717,540	780,560	253,947	2,664,125	2,918,072	
2026	E	42,466	151,670	194,136	5,093	49,641	54,733	13,910	433,330	447,240	25,279	1,155,252	1,180,531	115,412	149,351	264,763	58,749	719,885	778,634	260,908	2,659,129	2,920,037	
2027	E	43,798	153,760	197,558	5,152	50,672	55,824	14,670	429,347	444,017	25,112	1,169,832	1,194,945	118,773	152,091	270,864	57,459	714,161	771,620	264,965	2,669,863	2,934,827	
*A=Actual, E=Estimated																							

Full Benefit Medicaid Caseload, Percent Change in Average Monthly Enrollment by Delivery System Executive Submission, FY 2026-2027																							
State Fiscal Year		Aged, Blind, & Disabled Adult			Aged, Blind, & Disabled Child			Covered Families & Children Adult			Covered Families & Children Child			Dual			Expansion Group VIII			Total Full Benefit			
		Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	Fee for Service	Managed Care	Total	
2013	A	1.3%	-0.6%	0.0%	-27.4%	0.0%	-27.4%	11.8%	5.7%	6.4%	9.6%	1.1%	1.8%	2.5%	0.0%	1.5%	0.0%	0.0%	0.0%	2.6%	2.1%	2.2%	
2014	A	-19.4%	10.7%	1.3%	-64.2%	0.0%	60.1%	-6.0%	-0.9%	-1.5%	-7.5%	-1.3%	-1.9%	-2.3%	0.0%	0.9%	0.0%	0.0%	0.0%	12.9%	4.2%	6.1%	
2015	A	-24.1%	-2.7%	-8.0%	-28.2%	0.0%	-7.2%	-12.2%	9.8%	7.4%	19.0%	6.6%	7.7%	-42.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-9.8%	32.0%	22.3%	
2016	A	-4.2%	-18.0%	-15.2%	-8.1%	0.0%	-29.0%	12.8%	-4.5%	-2.9%	12.3%	-0.9%	0.5%	1.1%	0.0%	-0.8%	0.0%	0.0%	0.0%	-3.5%	5.3%	3.8%	
2017	A	37.0%	-1.1%	7.6%	20.5%	6.0%	9.3%	-22.5%	-0.7%	-3.0%	-29.6%	2.9%	-0.7%	17.3%	8.4%	13.5%	-21.7%	8.4%	3.9%	-9.2%	3.5%	1.5%	
2018	A	-3.1%	39.8%	27.3%	-6.4%	91.9%	67.6%	-42.8%	-7.5%	-10.4%	-45.7%	-0.8%	-4.4%	-6.2%	10.1%	0.5%	-26.7%	-1.2%	-4.1%	-23.1%	0.8%	-2.6%	
2019	A	-9.9%	3.2%	0.3%	-18.3%	3.0%	0.0%	-32.2%	-5.3%	-6.7%	-30.0%	-2.0%	-3.2%	-9.4%	9.5%	-0.9%	-22.9%	-8.3%	-9.6%	-17.4%	-3.3%	-4.9%	
2020	A	-9.3%	0.6%	-1.4%	-6.9%	-1.3%	-2.0%	-21.1%	-1.4%	-2.1%	-18.7%	-1.2%	-1.8%	2.8%	4.6%	3.7%	-13.4%	-0.2%	-1.2%	-6.5%	-0.6%	-1.2%	
2021	A	4.0%	0.0%	0.7%	-1.0%	-0.8%	-0.9%	-27.2%	18.0%	16.6%	-27.3%	7.7%	6.8%	-5.0%	6.1%	0.6%	6.2%	21.5%	20.5%	-5.8%	12.1%	10.4%	
2022	A	6.2%	-0.9%	0.5%	2.8%	-0.1%	0.2%	16.9%	9.2%	9.3%	13.3%	3.9%	4.0%	-5.6%	7.5%	1.4%	39.5%	13.6%	15.1%	7.3%	7.2%	7.2%	
2023	A	9.1%	-1.2%	0.8%	11.6%	0.4%	1.6%	113.5%	3.1%	5.3%	98.4%	1.4%	3.3%	2.7%	4.7%	3.8%	76.5%	7.1%	11.9%	35.8%	3.3%	5.8%	
2024	A	-4.3%	-1.1%	-1.8%	-13.4%	1.7%	-0.1%	-40.3%	-11.7%	-12.8%	-41.4%	-4.9%	-6.3%	-1.8%	-1.1%	-1.4%	-32.2%	-7.5%	-10.1%	-20.2%	-6.4%	-7.8%	
2025	A/E	2.2%	-1.3%	-0.6%	-4.0%	0.7%	0.2%	-9.6%	-11.4%	-11.3%	-1.7%	-3.7%	-3.6%	-0.3%	-1.3%	-0.9%	-7.7%	-9.4%	-9.2%	-2.6%	-6.3%	-6.0%	
2026	E	3.6%	1.7%	2.1%	0.3%	2.5%	2.3%	0.8%	-1.1%	-1.0%	-0.9%	0.5%	0.5%	2.5%	2.0%	2.2%	-1.4%	-0.4%	-0.5%	1.3%	0.2%	0.3%	
2027	E	3.1%	1.4%	1.8%	1.2%	2.1%	2.0%	5.5%	-0.9%	-0.7%	-0.7%	1.3%	1.2%	2.9%	1.8%	2.3%	-2.2%	-0.8%	-0.9%	1.6%	0.4%	0.5%	
*Full benefit = full Medicaid coverage; excludes partial coverage programs																							
**A=Actual, E=Estimated																							

Medicaid Program by Delivery System

Eligible Medicaid members receive care either through the fee-for-service or managed care delivery system. In the managed care delivery system an actuarily calculated per member, per month payment is made to manage care organizations whereas in the fee-for-service program actual service costs are paid directly to providers for services rendered. Approximately 87 percent of individuals enrolled in Medicaid are receiving services through the managed care delivery system. Additionally, the Department pays the federal government for Part D drug costs incurred by dual-eligible (both Medicaid and Medicare) individuals. Components like the delivery systems, Medicaid eligibility categories, and the caseload comprise the total Medicaid service expenditures. Actual service expenditures are tracked on a paid basis. Forecasted values are presented on a paid or incurred basis depending on the type of service expenditure.

Summary of Total Department of Medicaid Spending by Fee-for-Service & Managed Care Categories (\$ in Millions)

Category	Actual FY 2022	% Change	Actual FY 2023	% Change	Actual FY 2024	% Change	Estimate FY 2025	% Change	Estimate FY 2026	% Change	Estimate FY 2027	% Change
Fee for Service Subtotal	\$4,755	12.1%	\$5,068	6.6%	\$5,459	7.7%	\$7,981	46.2%	\$7,083	4.4%	\$7,777	9.8%
Managed Care - Aged, Blind, & Disabled Adult	\$3,090	1.1%	\$2,497	-19.2%	\$2,281	-8.7%	\$2,424	6.3%	\$2,678	14.9%	\$2,881	7.6%
Managed Care - Aged, Blind, & Disabled/Adoption Foster Care Kids	\$1,038	3.7%	\$748	-28.0%	\$727	-2.8%	\$798	9.8%	\$873	12.0%	\$953	9.1%
Managed Care - MyCare	\$2,815	2.3%	\$2,865	1.8%	\$3,240	13.1%	\$3,607	11.3%	\$4,232	-3.4%	\$4,445	5.0%
Managed Care - Covered Families & Children/Modified Adjusted Gross Income	\$8,321	8.5%	\$7,300	-12.3%	\$6,793	-7.0%	\$7,966	17.3%	\$7,651	0.1%	\$8,221	7.5%
Managed Care - Group VIII	\$7,379	14.1%	\$6,752	-8.5%	\$6,091	-9.8%	\$6,163	1.2%	\$6,662	6.5%	\$6,927	4.0%
Managed Care - OhioRISE			\$256		\$484	88.8%	\$753	55.6%	\$1,158	7.1%	\$1,313	13.4%
Managed Care - Single Pharmacy Benefit Manager			\$3,835		\$5,339	39.2%	\$5,758	7.8%	\$6,000	6.2%	\$6,731	12.2%
Managed Care - Withholding Release	\$1,300	181.2%	\$378	-71.0%	\$740	96.0%	\$564	-23.8%	\$582	3.3%	\$623	7.0%
Managed Care Subtotal	\$23,944	11.1%	\$24,630	2.9%	\$25,693	4.3%	\$28,032	9.1%	\$29,836	4.0%	\$32,093	7.6%
Hospital Care Assurance Program	\$716	17.7%	\$684	-4.5%	\$750	9.6%	\$1,000	33.4%	\$913	2.7%	\$479	-47.5%
Subtotal Hospital/Physician Upper Payment Limit/Hospital Care Assurance Program	\$716	17.7%	\$684	-4.5%	\$750	9.6%	\$1,000	33.4%	\$913	2.7%	\$479	-47.5%
Medicare Buy In	\$852	5.3%	\$846	-0.7%	\$987	16.7%			\$1,029	8.1%	\$1,126	9.3%
Medicare Part D	\$454	17.3%	\$473	4.2%	\$673	42.3%	\$978	-1.0%	\$746	11.9%	\$829	11.2%
Subtotal Medicare Premium Assistance	\$1,306	9.2%	\$1,319	1.0%	\$1,661	25.9%	\$725	7.6%	\$1,775	9.7%	\$1,955	10.1%
Executive Policy Changes									\$1,616		\$1,648	0.6%
Ohio Department of Medicaid Services Total	\$30,721	11.3%	\$31,701	3.2%	\$33,563	5.9%	\$38,715	15.4%	\$41,224	4.3%	\$43,952	6.8%

Total Direct Service Expenditures, Member Months, and Per Member Per Month by Medicaid Eligibility Category

Total Expenditures								
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Others	Grand Total
2022	\$4,465,390,581	\$775,448,894	\$3,765,696,526	\$4,578,844,559	\$4,413,171,184	\$7,307,933,165	\$92,123,821	\$25,398,608,729
2023	\$4,765,017,351	\$801,011,624	\$4,254,184,304	\$4,744,618,838	\$4,630,454,759	\$8,737,586,630	\$87,911,598	\$28,020,785,104
2024	\$5,097,181,486	\$885,090,458	\$4,103,394,707	\$4,973,017,816	\$5,525,544,170	\$8,375,480,330	\$107,413,063	\$29,067,122,030
2025	\$5,626,464,064	\$1,071,748,781	\$3,917,871,570	\$5,364,729,301	\$6,109,632,409	\$8,467,613,936	\$130,298,428	\$30,688,358,491
2026	\$6,014,737,375	\$1,199,856,394	\$4,127,049,198	\$5,777,662,608	\$6,751,938,412	\$9,064,830,595	\$140,066,792	\$33,076,141,375
2027	\$6,570,665,768	\$1,337,151,737	\$4,405,260,685	\$6,347,413,486	\$7,170,928,512	\$9,743,850,597	\$158,017,144	\$35,733,287,929
Total Member Months								
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Others	Grand Total
2022	2,319,421	622,511	6,836,252	15,093,029	3,059,014	10,263,694	1,689,361	39,883,282
2023	2,338,728	632,732	7,199,944	15,590,523	3,176,028	11,486,832	1,681,813	42,106,600
2024	2,296,925	632,082	6,275,603	14,614,706	3,131,396	10,321,540	1,639,277	38,911,529
2025	2,300,212	621,142	5,554,149	14,087,731	3,086,890	9,366,729	1,722,806	36,739,659
2026	2,329,632	656,801	5,366,880	14,166,374	3,177,155	9,343,604	1,753,574	36,794,020
2027	2,370,695	669,885	5,328,205	14,339,335	3,250,369	9,259,440	1,804,351	37,022,280
Total Per Member Per Month								
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Others	Grand Total
2022	\$1,925	\$1,246	\$551	\$303	\$1,443	\$712	\$55	\$637
2023	\$2,037	\$1,266	\$591	\$304	\$1,458	\$761	\$52	\$665
2024	\$2,219	\$1,400	\$654	\$340	\$1,765	\$811	\$66	\$747
2025	\$2,466	\$1,669	\$722	\$380	\$1,965	\$902	\$76	\$837
2026	\$2,582	\$1,827	\$769	\$408	\$2,125	\$970	\$80	\$899
2027	\$2,772	\$1,996	\$827	\$443	\$2,206	\$1,052	\$88	\$965

Total Managed Care Expenditures, Member Months, and Per Member Per Month by Medicaid Eligibility Category

Managed Care Expenditures							
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Grand Total
2022	\$3,029,332,783	\$636,338,896	\$3,710,103,101	\$4,409,704,833	\$2,813,799,722	\$7,012,442,358	\$21,611,721,694
2023	\$3,195,513,674	\$648,898,577	\$4,082,211,041	\$4,477,626,149	\$2,933,180,077	\$8,126,915,775	\$23,464,345,292
2024	\$3,274,132,971	\$738,117,865	\$3,939,904,193	\$4,788,132,769	\$3,383,877,749	\$8,085,109,046	\$24,209,274,593
2025	\$3,448,492,816	\$899,153,525	\$3,768,639,042	\$5,205,307,063	\$3,802,407,802	\$8,150,867,786	\$25,274,868,035
2026	\$3,652,319,638	\$1,016,844,739	\$3,970,948,902	\$5,602,600,258	\$4,226,525,698	\$8,725,151,615	\$27,194,390,850
2027	\$3,941,703,661	\$1,134,767,186	\$4,221,442,339	\$6,145,423,656	\$4,439,792,433	\$9,369,272,460	\$29,252,401,734
Managed Care Member Months							
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Grand Total
2022	1,853,865	554,473	6,697,030	14,792,607	1,724,455	9,557,196	35,179,626
2023	1,830,992	556,831	6,902,677	14,994,345	1,805,342	10,239,877	36,330,064
2024	1,810,881	566,376	6,098,198	14,265,325	1,785,980	9,476,108	34,002,868
2025	1,790,019	581,319	5,257,661	13,794,666	1,757,416	8,675,957	31,857,038
2026	1,820,042	595,686	5,199,960	13,863,027	1,792,217	8,638,621	31,909,553
2027	1,845,125	608,058	5,152,160	14,037,987	1,825,097	8,569,927	32,038,354
Managed Care Per Member Per Month							
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Grand Total
2022	\$1,634	\$1,148	\$554	\$298	\$1,632	\$734	\$614
2023	\$1,745	\$1,165	\$591	\$299	\$1,625	\$794	\$646
2024	\$1,808	\$1,303	\$646	\$336	\$1,895	\$853	\$712
2025	\$1,927	\$1,547	\$717	\$377	\$2,164	\$939	\$793
2026	\$2,007	\$1,707	\$764	\$404	\$2,358	\$1,010	\$852
2027	\$2,136	\$1,866	\$819	\$438	\$2,433	\$1,093	\$913

Total Fee-For-Service Expenditures, Member Months, and Per Member Per Month by Medicaid Eligibility Category

Fee For Service Expenditures								
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Others	Grand Total
2022	\$1,436,057,798	\$139,109,997	\$55,593,424	\$169,139,726	\$1,599,371,462	\$295,490,806	\$92,123,821	\$3,786,887,034
2023	\$1,569,503,677	\$152,113,047	\$171,973,263	\$266,992,689	\$1,697,274,683	\$610,670,855	\$87,911,598	\$4,556,439,812
2024	\$1,823,048,515	\$146,972,593	\$163,490,514	\$184,885,047	\$2,141,666,421	\$290,371,283	\$107,413,063	\$4,857,847,437
2025	\$2,177,971,248	\$172,595,256	\$149,232,528	\$159,422,238	\$2,307,224,607	\$316,746,150	\$130,298,428	\$5,413,490,455
2026	\$2,362,417,737	\$183,011,655	\$156,100,296	\$175,062,350	\$2,525,412,715	\$339,678,980	\$140,066,792	\$5,881,750,525
2027	\$2,628,962,107	\$202,384,551	\$183,818,346	\$201,989,830	\$2,731,136,078	\$374,578,137	\$158,017,144	\$6,480,886,194
Fee For Service Member Months								
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Others	Grand Total
2022	465,556	68,038	139,222	300,422	1,334,559	706,498	1,689,361	4,703,656
2023	507,736	75,901	297,267	596,178	1,370,686	1,246,955	1,681,813	5,776,536
2024	486,044	65,706	177,405	349,381	1,345,416	845,432	1,639,277	4,908,661
2025	491,769	60,259	145,716	267,655	1,325,710	756,245	1,722,806	4,770,160
2026	509,590	61,115	166,920	303,347	1,384,938	704,983	1,753,574	4,884,467
2027	525,570	61,827	176,045	301,348	1,425,272	689,513	1,804,351	4,983,926
Fee For Service Per Member Per Month								
State Fiscal Year	Aged, Blind, & Disabled Adults	Aged, Blind, & Disabled Kids	Covered Families & Children Adults	Covered Families & Children Kids	Dual	Expansion Group VIII	Others	Grand Total
2022	\$3,085	\$2,045	\$399	\$563	\$1,198	\$418	\$55	\$805
2023	\$3,091	\$2,004	\$579	\$448	\$1,238	\$490	\$52	\$789
2024	\$3,751	\$2,237	\$922	\$529	\$1,592	\$343	\$66	\$990
2025	\$4,428	\$2,832	\$901	\$521	\$1,707	\$443	\$76	\$1,129
2026	\$4,636	\$2,995	\$935	\$577	\$1,823	\$482	\$80	\$1,204
2027	\$5,002	\$3,273	\$1,044	\$670	\$1,916	\$543	\$88	\$1,300

Total Medicare Premium Assistance Program Buy-In Expenditures by Category

The Medicare Buy-In program covers Medicare Part A and Part B costs for individuals who are dually eligible for Medicare and Medicaid. Medicare Part A covers hospital insurance and Medicare Part B covers outpatient care. Capitation rates are set by the Federal government and follow the Federal Fiscal year.

State Fiscal Year	Buy-In (Total)			Part A			Part B Regular			Part B State Funds Only			Part B Qualifying Individuals		
	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate
2018	\$612,453,208	\$339,001	\$151	\$31,502,206	\$5,311	\$494	\$538,332,390	\$310,845	\$144	\$18,562,057	\$9,629	\$161	\$24,056,555	\$13,217	\$152
2019	\$616,793,384	\$342,979	\$150	\$33,403,717	\$6,150	\$453	\$532,337,954	\$308,419	\$144	\$18,468,772	\$9,906	\$155	\$32,582,942	\$18,504	\$147
2020	\$666,160,012	\$354,861	\$156	\$38,601,402	\$6,928	\$464	\$567,936,310	\$315,872	\$150	\$23,747,508	\$12,464	\$159	\$35,874,791	\$19,597	\$153
2021	\$813,910,786	\$387,366	\$175	\$41,744,628	\$7,439	\$468	\$702,409,472	\$343,572	\$170	\$30,725,882	\$15,423	\$166	\$39,030,804	\$20,932	\$155
2022	\$853,257,070	\$409,094	\$174	\$44,103,855	\$7,651	\$480	\$716,005,679	\$358,431	\$166	\$48,211,663	\$20,503	\$196	\$44,935,873	\$22,509	\$166
2023	\$924,605,585	\$428,914	\$180	\$47,541,975	\$8,074	\$491	\$759,921,639	\$367,876	\$172	\$67,034,320	\$28,427	\$197	\$50,107,651	\$24,537	\$170
2024	\$913,841,272	\$418,560	\$182	\$49,512,066	\$8,349	\$494	\$748,234,545	\$356,806	\$175	\$65,385,802	\$28,509	\$191	\$50,708,859	\$24,896	\$170
2025	\$977,930,294	\$419,930	\$194	\$54,488,971	\$8,853	\$513	\$793,517,553	\$355,485	\$186	\$73,829,879	\$29,969	\$205	\$56,093,890	\$25,623	\$182
2026	\$1,026,422,830	\$415,175	\$206	\$58,134,588	\$9,239	\$524	\$838,895,693	\$353,241	\$198	\$70,170,335	\$27,357	\$214	\$59,222,214	\$25,339	\$195
2027	\$1,110,644,697	\$423,718	\$218	\$64,077,836	\$9,673	\$552	\$904,134,055	\$359,102	\$210	\$77,831,617	\$28,884	\$225	\$64,601,190	\$26,059	\$207

Medicare Premium Assistance Program Buy-In Percent Change by Category

State Fiscal Year	Buy-In (Total)			Part A			Part B Regular			Part B State Funds Only			Part B QI		
	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate	Annual Expenditures	Avg. Monthly Premiums	Avg. Rate
2019	0.7%	1.2%	-0.5%	6.0%	15.8%	-8.4%	-1.1%	-0.8%	-0.3%	-0.5%	2.9%	-3.3%	35.4%	40.0%	-3.3%
2020	8.0%	3.5%	4.4%	15.6%	12.6%	2.6%	6.7%	2.4%	4.2%	28.6%	25.8%	2.2%	10.1%	5.9%	4.0%
2021	22.2%	9.2%	11.9%	8.1%	7.4%	0.7%	23.7%	8.8%	13.7%	29.4%	23.7%	4.6%	8.8%	6.8%	1.9%
2022	4.8%	5.6%	-0.7%	5.7%	2.8%	2.7%	1.9%	4.3%	-2.3%	56.9%	32.9%	18.0%	15.1%	7.5%	7.1%
2023	8.4%	4.8%	3.4%	7.8%	5.5%	2.1%	6.1%	2.6%	3.4%	39.0%	38.7%	0.3%	11.5%	9.0%	2.3%
2024	-1.2%	-2.4%	1.3%	4.1%	3.4%	0.7%	-1.5%	-3.0%	1.5%	-2.5%	0.3%	-2.7%	1.2%	1.5%	-0.3%
2025	6.4%	-0.1%	6.5%	10.2%	6.0%	4.0%	5.6%	-0.7%	6.3%	10.4%	3.6%	6.5%	9.3%	2.4%	6.8%
2026	8.0%	2.1%	5.7%	9.5%	5.0%	4.3%	7.6%	1.7%	5.8%	10.9%	5.7%	4.9%	8.4%	2.9%	5.3%
2027	8.2%	2.1%	6.0%	10.2%	4.7%	5.3%	7.8%	1.7%	6.0%	10.9%	5.6%	5.1%	9.1%	2.8%	6.1%

Total Part D Expenditures

State Fiscal Year	Avg. Current Monthly Premiums	Avg. Current Monthly Rate	Avg. Current Monthly Expenditures	Avg. Retroactive Expenditures	Avg. Total Expenditures	Total Annual Expenditures
2018	245,402	\$149	\$36,632,687	\$1,683,704	\$38,316,391	\$459,796,697
2019	246,601	\$150	\$37,048,089	\$1,100,523	\$38,148,611	\$457,783,337
2020	252,237	\$142	\$38,658,384	\$698,763	\$39,357,146	\$472,285,752
2021	264,293	\$133	\$35,067,273	\$155,609	\$35,222,882	\$422,674,581
2022	276,395	\$137	\$37,914,054	\$271,907	\$38,185,961	\$458,231,536
2023	269,632	\$148	\$39,770,107	\$418,681	\$40,188,788	\$482,265,460
2024	286,969	\$181	\$51,940,703	\$4,446,082	\$56,386,786	\$676,641,427
2025	254,075	\$200	\$50,891,238	\$4,596,107	\$55,487,345	\$665,848,144
2026	286,773	\$215	\$61,738,749	\$386,257	\$62,125,006	\$745,500,073
2027	294,086	\$234	\$68,705,384	\$386,257	\$69,091,640	\$829,099,684

Part D Percent Change

State Fiscal Year	Avg. Current Monthly Premiums	Avg. Current Monthly Rate	Avg. Current Monthly Expenditure	Avg. Retroactive Expenditures	Avg. Total Expenditures	Total Annual Expenditures
2019	0.5%	0.6%	1.1%	-34.6%	-0.4%	-0.4%
2020	2.3%	-5.4%	4.3%	-36.5%	3.2%	3.2%
2021	4.8%	-6.7%	-9.3%	-77.7%	-10.5%	-10.5%
2022	4.6%	3.4%	8.1%	74.7%	8.4%	8.4%
2023	-2.4%	8.1%	4.9%	54.0%	5.2%	5.2%
2024	6.4%	22.3%	30.6%	961.9%	40.3%	40.3%
2025	-11.5%	10.0%	-2.0%	3.4%	-1.6%	-1.6%
2026	12.9%	7.8%	21.3%	-91.6%	12.0%	12.0%
2027	2.5%	8.5%	11.3%	0.0%	11.2%	11.2%

Policy Proposals

The information detailed above forms the basis of the Medicaid program baseline budget. Policy changes proposed in the introduced executive budget and those passed by the General Assembly can increase or decrease spending beyond the baseline. Below are the policy initiatives passed in the FY 2024-2025 operating budget bill. While the policies below are represented by the estimated cost of the policy upon implementation, policy initiatives also often require significant administration related commitment in staffing resources and other administrative costs.

Due to the complexity of the Medicaid program, including its interaction with partner agency programs and the required adherence to federal changes and timelines, other policy decisions can impact Medicaid spending. For example, Medicaid services to be provided in the Department of Behavioral Health funded crisis infrastructure expansion and the expansion of mobile response stabilization services; increased categories of the US Food and Drug Administration approved coverage of obesity medications (GLP-1s); implementation of changes to self-direction and waiver alignment across partner agencies; and implementation of continuous eligibility for birth to three-year-olds mandated in H.B. 33 of the 135th G.A. without accompanying funding. Additionally, large program expansions, like the statewide MyCare expansion included in the operating budget bill, also impact current and future Medicaid spending.

FY 2026-2027 Policy Proposals – Impact to the GRF (651525 and 651425)

Description	FY 2026 Total	FY 2026 Federal	FY 2026 State	FY 2027 Total	FY 2027 Federal	FY 2027 State	FY 26/27 Total	FY26/27 Federal	SFY26/27 State
Work Requirement for Expansion Population	(\$232,395)	(\$862,930)	\$630,535	(\$157,515,534)	(\$150,267,800)	(\$7,247,734)	(\$157,747,929)	(\$151,130,730)	(\$6,617,199)
340B Drug Rebate Transparency Initiative	\$0	\$0	\$0	(\$334,662,724)	(\$239,451,179)	(\$95,211,545)	(\$334,662,724)	(\$239,451,179)	(\$95,211,545)
Increased Hospital Franchise Fee	(\$1,318,795,431)	(\$937,795,431)	(\$381,000,000)	(\$1,385,791,213)	(\$989,791,213)	(\$396,000,000)	(\$2,704,586,644)	(\$1,927,586,644)	(\$777,000,000)
Maintain HB33 HCBS Rates	\$241,603,482	\$156,675,215	\$84,928,267	\$241,137,936	\$156,209,670	\$84,928,266	\$482,741,418	\$312,884,885	\$169,856,533
Dental and Vision for Children	\$7,000,000	\$5,265,400	\$1,734,600	\$7,000,000	\$5,278,000	\$1,722,000	\$14,000,000	\$10,543,400	\$3,456,600
Managed Care Lower Bound	(\$80,000,000)	(\$56,888,000)	(\$23,112,000)	(\$260,000,000)	(\$186,030,000)	(\$73,970,000)	(\$340,000,000)	(\$242,918,000)	(\$97,082,000)
Policies to Appropriately Assign Costs to Medicare	(\$15,500,000)	(\$11,022,050)	(\$4,477,950)	(\$25,900,000)	(\$18,531,450)	(\$7,368,550)	(\$41,400,000)	(\$29,553,500)	(\$11,846,500)
Efficiencies in Partner Agency Payment Process	\$0	\$0	\$0	(\$63,500,000)	\$0	(\$63,500,000)	(\$63,500,000)	\$0	(\$63,500,000)
Increase Personal Needs Allowance to \$100	\$21,900,000	\$15,573,090	\$6,326,910	\$43,800,000	\$31,338,900	\$12,461,100	\$65,700,000	\$46,911,990	\$18,788,010
Policy Total	(\$1,144,024,344)	(\$829,054,706)	(\$314,969,638)	(\$1,935,431,534)	(\$1,391,245,072)	(\$544,186,463)	(\$3,079,455,878)	(\$2,220,299,777)	(\$859,156,101)

FY 2026-2027 Policy Proposals – Impact to the Non-GRF

Description	FY 2026 Total	FY 2026 Federal	FY 2026 State	FY 2027 Total	FY 2027 Federal	FY 2027 State	FY 26/27 Total	FY26/27 Federal	SFY26/27 State
Work Requirement for Expansion Population	(\$426,272)	(\$303,122)	(\$123,150)	(\$38,355,425)	(\$27,395,081)	(\$10,960,344)	(\$38,781,697)	(\$27,698,203)	(\$11,083,494)
340B Drug Rebate Transparency Initiative	\$0	\$0	\$0	\$334,662,724	\$239,451,179	\$95,211,545	\$334,662,724	\$239,451,179	\$95,211,545
Increased Hospital Franchise Fee	\$1,318,795,431	\$937,795,431	\$381,000,000	\$1,385,791,213	\$989,791,213	\$396,000,000	\$2,704,586,644	\$1,927,586,644	\$777,000,000
Hospital Additional Payment	\$1,838,000,000	\$1,307,001,800	\$530,998,200	\$2,138,000,000	\$1,529,739,000	\$608,261,000	\$3,976,000,000	\$2,836,740,800	\$1,139,259,200
Policy Total	\$3,156,369,159	\$2,244,494,109	\$911,875,050	\$3,820,098,511	\$2,731,586,310	\$1,088,512,201	\$6,976,467,670	\$4,976,080,419	\$2,000,387,251

Additional Information

Medicaid Program Expenditure and Utilization Trend Rates

Hospital and pharmacy services are the largest provider group contributors to Medicaid claims every calendar year. In CY 2024, hospital service claims totaled \$7.2 billion and were 23.6 percent of total claims. Pharmacy claims totaled \$6.2 billion and were 20.5 percent of total claims in CY 2024. It is important to note that Medicaid claims do not total Managed Care rate payments in a calendar year; however, claims data are used to inform how the managed care rates are calculated.

Medicaid Expenditures by Provider Type and the Number of Claims

Provider Type Group	Calendar Year 2022			Calendar Year 2023			Calendar Year 2024		
	Paid Amount	Unique Patient Count	Claim Count	Paid Amount	Unique Patient Count	Claim Count	Paid Amount	Unique Patient Count	Claim Count
Ambulatory Surgery Center	\$42,177,097	50,399	77,423	\$42,041,669	47,974	70,720	\$42,497,059	42,808	63,034
Ambulance	\$106,298,674	283,000	768,233	\$102,176,687	260,736	636,067	\$127,894,863	207,872	507,594
Behavioral Health	\$1,950,331,707	523,439	17,868,304	\$2,101,491,403	541,654	18,426,842	\$2,472,340,383	515,616	18,023,059
Durable Medical Equipment / Lab	\$518,008,673	962,635	4,728,963	\$531,919,856	969,072	4,781,663	\$505,272,080	855,546	4,271,320
Dental	\$230,568,920	757,122	1,556,261	\$199,994,418	685,145	1,299,898	\$440,646,688	694,552	1,477,755
Hospice	\$287,181,604	18,306	78,705	\$326,707,451	18,079	80,354	\$337,881,194	16,695	74,135
Hospital	\$7,455,673,158	2,268,650	14,306,466	\$7,281,450,279	2,279,897	13,921,439	\$7,164,665,943	2,056,930	12,392,388
Intermediate Care Facility	\$759,502,898	5,361	83,883	\$833,100,973	5,331	61,321	\$887,904,229	5,255	56,459
Medicaid Schools Program	\$50,300,489	91,456	1,784,196	\$48,927,788	88,981	1,778,880	\$32,808,673	75,964	1,284,325
Nursing Facility	\$3,028,929,055	79,148	744,851	\$3,085,526,362	78,019	623,315	\$3,788,790,869	74,820	701,139
Physician	\$2,033,879,653	2,679,119	31,193,586	\$2,119,291,283	2,748,909	30,508,145	\$2,179,919,412	2,536,126	27,298,660
Renal	\$206,952,316	11,406	239,825	\$149,840,005	10,622	169,015	\$141,266,554	9,710	105,647
Pharmacy	\$6,142,330,924	2,308,831	53,551,853	\$6,295,048,444	2,387,034	50,605,231	\$6,225,790,221	2,225,229	47,332,293
Vision	\$36,702,278	412,991	624,067	\$20,571,822	281,058	395,889	\$15,292,546	218,493	277,846
Waiver Home Health/Private Duty Nursing	\$3,879,825,505	168,639	28,034,741	\$4,136,359,157	179,831	29,725,234	\$5,577,890,488	180,918	28,603,153
Wheelchair Van	\$6,151,933	6,013	69,557	\$6,365,099	6,752	68,984	\$17,647,843	23,457	193,915
Other	\$399,001,252	909,606	4,207,460	\$390,445,950	623,924	3,168,722	\$368,011,383	625,032	3,051,349
All Medicaid	\$27,133,816,143	3,111,496	159,918,374	\$ 27,671,258,652	3,173,443	156,321,719	\$30,326,520,431	2,916,067	145,714,071

*CY 2024 data received and loaded in the Medicaid system through 1/20/2025. To date, CY 2024 is consistent with previous year trends given claim submission patterns and decreasing caseload.

** Expenditures reflect amounts paid on claims and encounter data to providers and are subject to increase as providers submit additional claims within the claim submission timeframe. The claims data in the table above do not capture all Medicaid service costs because managed care capitation payments also include state directed payments, administrative costs, taxes, and fees.

Managed Care Penetration Rate and Percent Spend in Managed Care

In FY 2024, 87 percent of individuals on Medicaid were enrolled in a Managed Care plan, which accounted for 82.5 percent of total Medicaid expenses. During FY 2026-2027, Medicaid expects that approximately 86 percent of the Medicaid caseload will be enrolled in a Managed Care plan.

Managed Care Penetration Rate and Percent Spend in Managed Care

State Fiscal Year	Actual/ Estimate	Managed Care Penetration Rate	Total Managed Care Spend	% of Total Spending in Managed Care*
2009	Actual	69.4%	\$4,846,869,084	-
2010	Actual	73.1%	\$4,783,630,895	-
2011	Actual	74.4%	\$5,111,552,910	-
2012	Actual	73.8%	\$6,423,655,483	-
2013	Actual	70.1%	\$7,010,492,452	-
2014	Actual	69.2%	\$7,991,845,875	49.8%
2015	Actual	77.4%	\$13,118,982,551	68.7%
2016	Actual	79.6%	\$13,743,687,602	70.5%
2017	Actual	81.6%	\$14,369,116,917	71.9%
2018	Actual	84.5%	\$15,235,157,930	73.8%
2019	Actual	86.1%	\$16,619,406,038	79.6%
2020	Actual	86.5%	\$18,144,484,914	81.0%
2021	Actual	88.0%	\$22,130,300,000	83.7%
2022	Actual	88.2%	\$23,944,163,529	83.6%
2023	Actual	86.3%	\$24,630,290,423	82.7%
2024	Actual	87.4%	\$25,693,421,258	84.0%
2025	Act./Est.	87.0%	\$28,031,941,191	81.2%
2026	Estimate	86.7%	\$29,835,924,022	80.8%
2027	Estimate	86.5%	\$32,093,385,181	80.5%
*Calculated as: (Managed Care Spending) / [(Managed Care Spending) + (Fee-For-Service Spending)]				

Medicaid Expenditures by Fee-For-Service and Managed Care Capitation

Medicaid projects that Managed Care payments will account for 80.8 percent of total service expenditures in FY 2026 and 80.5 in FY 2027. As is evident, Managed Care expenditures account for most of the Medicaid total service spending and enrollment. One exception is waiver services, where most individuals are enrolled in fee-for-service.

Medicaid Expenditures by Fee-for-Service and Managed Care Payments (Excludes Department of Developmental Disabilities services)

Category	FY 2024	FY 2025	FY 2026	FY 2027
Managed Care Capitation Payments	\$23,911,833,920	\$24,626,679,161	\$26,850,664,340	\$28,866,698,718
Fee for Service	\$5,155,288,085	\$5,489,246,652	\$6,225,477,037	\$6,866,589,230
All Fee for Service and Managed Care Capitations	\$29,067,122,005	\$30,115,925,813	\$33,076,141,377	\$35,733,287,948

Medicaid Expenditures by Fee-For-Service and Capitations Based on Managed Care Rate Setting (Excludes Department of Developmental Disabilities Services)

Category	FY 2024	FY 2025	FY 2026	FY 2027
Behavioral Health Managed Care	\$2,410,889,828	\$2,636,328,375	\$3,139,138,642	\$3,417,974,480
Behavioral Health Fee for Service	\$132,410,023	\$148,210,070	\$192,208,995	\$224,306,194
Hospital Managed Care	\$6,785,019,485	\$6,640,619,999	\$7,117,797,090	\$7,570,362,812
Hospital Fee for Service	\$925,117,040	\$931,459,353	\$1,144,399,842	\$1,320,755,337
Physician and Professional Services Managed Care	\$3,665,741,440	\$3,862,404,983	\$4,018,011,732	\$4,224,980,482
Physician and Professional Services Fee for Service	\$1,105,447,198	\$1,099,878,939	\$1,305,703,180	\$1,463,184,967
Nursing Facility Managed Care	\$1,928,350,348	\$1,927,867,494	\$2,333,824,488	\$2,430,708,259
Nursing Facility Fee for Service	\$1,955,961,848	\$2,005,211,994	\$2,097,800,755	\$2,169,340,600
Waiver Services Managed Care	\$711,895,340	\$842,344,665	\$970,210,532	\$1,030,316,511
Waiver Services Fee for Service	\$597,669,520	\$812,804,744	\$953,903,027	\$1,093,989,026
Pharmacy Expenditures Managed Care	\$5,365,064,048	\$5,744,282,493	\$5,991,009,444	\$6,722,739,065
Pharmacy Expenditures Fee for Service	\$392,552,624	\$435,611,334	\$452,508,198	\$511,558,494
Managed Care Taxes and Administration	\$3,044,873,431	\$2,972,831,153	\$3,280,672,412	\$3,469,617,109
Medicaid Schools Program Fee for Service	\$46,129,832	\$56,070,218	\$78,953,040	\$83,454,612
All Fee for Service and Managed Care Capitations	\$29,067,122,005	\$30,115,925,813	\$33,076,141,377	\$35,733,287,948

Medicaid Expenditures by Fee-For-Service and Managed Care Category (Excludes Department of Developmental Disabilities Services)

	FY 2024	FY 2025	FY 2026	FY 2027
Managed Care - Covered Families & Children	\$6,025,679,665	\$6,066,842,359	\$6,275,610,277	\$6,722,183,716
Managed Care – Expansion Group VIII	\$5,627,765,083	\$5,447,956,707	\$5,911,791,045	\$6,156,182,051
Managed Care - MyCare (Duals)	\$3,383,877,748	\$3,581,300,330	\$4,226,525,695	\$4,439,792,434
Managed Care - Aged, Blind, & Disabled Adult	\$2,031,120,723	\$2,098,805,897	\$2,263,965,303	\$2,401,602,112
Managed Care - Aged, Blind, & Disabled Kids	\$502,626,226	\$543,342,868	\$622,772,165	\$683,820,744
Managed Care – OhioRISE	\$495,517,889	\$648,422,531	\$1,065,969,236	\$1,221,120,183
Managed Care - Adoption and Foster Care	\$189,445,003	\$204,710,267	\$185,377,893	\$200,681,141
Managed Care - Delivery Payments	\$304,395,321	\$310,223,923	\$330,455,505	\$342,704,592
Single Pharmacy Benefit Manager	\$5,351,406,262	\$5,725,074,279	\$5,968,197,221	\$6,698,611,745
Fee for Service	\$5,155,288,085	\$5,489,246,652	\$6,225,477,037	\$6,866,589,230
Grand Total	\$29,067,122,005	\$30,115,925,813	\$33,076,141,377	\$35,733,287,948

Average Monthly Enrollment in Managed Care and Fee-for-Service

Category	FY 2024	FY 2025	FY 2026	FY 2027
Managed Care	2,833,572	397,513	2,659,129	2,669,863
Fee-for-Service	409,055	2,664,125	407,039	415,327
Total Medicaid Enrollment	3,242,627	3,061,638	3,066,168	3,085,190

Medicaid Expenditures by Eligibility Group and Delivery Type

Eligibility Category	Plan Type	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Aged, Blind, and Disabled Adult	Fee for Service	\$1,446,489,052	\$1,579,785,298	\$1,875,577,342	\$2,190,471,321	\$2,413,218,834	\$2,621,333,246
	Managed Care	\$3,122,557,813	\$3,272,089,327	\$3,337,713,908	\$3,495,730,991	\$3,754,541,389	\$3,992,618,193
Aged, Blind, and Disabled Kids	Fee for Service	\$137,925,416	\$151,453,453	\$148,222,380	\$171,990,893	\$186,768,483	\$200,214,591
	Managed Care	\$655,508,501	\$663,708,420	\$752,327,568	\$912,955,522	\$1,039,944,394	\$1,149,233,290
Covered Families and Children Adult	Fee for Service	\$62,424,022	\$191,906,526	\$151,276,117	\$152,276,139	\$163,482,914	\$184,680,751
	Managed Care	\$3,823,923,148	\$4,197,015,251	\$4,017,227,434	\$3,838,937,878	\$4,083,165,299	\$4,291,443,625
Covered Families and Children Kids	Fee for Service	\$177,684,480	\$260,898,808	\$181,377,997	\$160,097,325	\$181,175,913	\$203,461,883
	Managed Care	\$4,544,531,928	\$4,595,489,932	\$4,899,800,415	\$5,317,005,653	\$5,744,517,109	\$6,265,424,979
Dual	Fee for Service	\$1,592,791,441	\$1,726,955,895	\$2,204,374,809	\$2,343,699,750	\$2,562,588,824	\$2,744,075,321
	Managed Care	\$2,900,824,456	\$3,023,896,986	\$3,488,533,762	\$3,920,008,044	\$4,357,242,987	\$4,577,105,601
Expansion Group VIII	Fee for Service	\$329,915,965	\$571,952,228	\$298,335,305	\$317,743,753	\$348,357,101	\$373,968,146
	Managed Care	\$7,228,347,561	\$8,340,664,617	\$8,251,932,775	\$8,288,140,152	\$8,973,341,654	\$9,508,027,606
Others	Fee for Service	\$91,546,611	\$87,766,317	\$113,059,498	\$131,403,143	\$145,282,306	\$157,345,051
Grant Total		\$ 26,114,470,394	\$ 28,663,583,060	\$ 29,719,759,311	\$ 31,240,460,564	\$ 33,953,627,207	\$ 36,268,932,284

Medicaid Monthly Enrollment by Eligibility Group and Delivery Type

Eligibility Category	Delivery Type	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Aged, Blind, and Disabled Adult	Fee for Service	38,796	42,311	40,504	40,986	42,466	43,798
	Managed Care	154,489	152,583	150,907	149,168	151,670	153,760
Aged, Blind, and Disabled Kids	Fee for Service	5,670	6,325	5,476	5,078	5,093	5,152
	Managed Care	46,206	46,403	47,198	48,443	49,641	50,672
Covered Families and Children Adult	Fee for Service	11,602	24,772	14,784	13,802	13,910	14,670
	Managed Care	558,086	575,223	508,183	438,138	433,330	429,347
Covered Families and Children Kids	Fee for Service	25,035	49,682	29,115	25,512	25,279	25,112
	Managed Care	1,232,717	1,249,529	1,188,777	1,149,556	1,155,252	1,169,832
Dual	Fee for Service	111,213	114,224	112,118	112,623	115,412	118,773
	Managed Care	143,705	150,445	148,832	146,451	149,351	152,091
Expansion Group VIII	Fee for Service	58,875	103,913	70,453	59,611	58,749	57,459
	Managed Care	796,433	853,323	789,676	722,996	719,885	714,161
Others	Fee for Service	140,780	140,151	136,606	141,946	146,131	150,363
Grant Total		\$ 3,323,607	\$ 3,508,883	\$ 3,242,627	\$ 3,054,312	\$ 3,066,168	\$ 3,085,190

A home and community-based services (HCBS) waiver is a program that allows people to receive health care services and support in their own homes or communities instead of in a nursing home, hospital, or other long-term care facility. HCBS waiver programs must demonstrate that providing waiver services won’t cost more than providing these services in an institution.

Average Monthly Enrollment by Waiver and Institutional Status

Waiver Type	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Assisted Living Waiver	3,257	3,291	3,509	4,207	4,854	5,467
Department of Developmental Disabilities Waiver	42,031	42,880	43,618	44,432	45,385	46,310
Intermediate Care Facility - Developmental Disabilities	4,981	4,821	4,857	4,849	4,795	4,742
My Care Waiver	32,949	33,449	33,703	34,594	35,550	36,477
Not in an institution or waiver	3,172,768	3,355,053	3,086,221	2,869,185	2,900,706	2,914,013
Nursing Facility Resident	41,407	43,268	44,363	43,927	44,404	45,255
Ohio Home Care Waiver	6,949	7,245	7,200	7,413	7,775	8,103
Ohio RISE Waiver		76	315	508	593	669
Passport Waiver	18,653	18,161	18,187	19,333	20,780	22,191
Programs of All-Inclusive Care for the Elderly	613	641	656	831	1,327	1,962
Grand Total	3,323,607	3,508,883	3,242,627	3,029,279	3,066,168	3,085,190

*This chart does not adjust for the Next Generation MyCare program. It is anticipated that some individuals will shift from these categories to the MyCare Waiver as the program is phased in statewide.

**Excludes some short-term nursing facility stays.

Medicaid Expenditures by Age Group

Medicaid enrollment of children (0-18) and adults (19-64) is expected to be largely flat in FY 2026-2027, while enrollment of older adults (65+) is expected to increase during the biennium. The Department’s budget submission forecast predicts small increases in waiver and institutional enrollment during FY 2026-2027.

Medicaid Expenditures by Age Group

Age Group	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
18 and under	\$5,522,618,703	\$5,679,741,687	\$5,991,039,659	\$6,389,860,923	\$7,162,713,273	\$7,829,724,136
19 to 64	\$16,506,325,535	\$18,587,962,361	\$18,353,092,669	\$18,431,577,097	\$20,112,538,981	\$21,321,125,482
65 and up	\$4,085,526,156	\$4,395,879,012	\$5,375,626,983	\$5,763,240,330	\$6,678,374,953	\$7,118,082,667
All Ages	26,114,470,394	28,663,583,060	29,719,759,311	30,584,678,349	33,953,627,207	36,268,932,284

Medicaid Caseload by Age Group

Age Group	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
18 and under	1,311,633	1,353,407	1,272,132	1,227,068	1,236,602	1,252,105
19 to 64	1,785,785	1,913,143	1,723,035	1,579,838	1,561,418	1,555,060
65 and up	226,189	242,333	247,461	222,372	268,149	278,025
All Ages	3,323,607	3,508,883	3,242,627	3,029,279	3,066,168	3,085,190

Additional Expenditures for Increasing Home and Community-Based Services Wages by \$1 and \$2

Following the passage of the FY 2024-2025 operating budget bill, most Home and Community Based Service (HCBS) rates were increased to support an increase in direct care wages to \$18.00 an hour. For each additional dollar per hour in wages added for the services listed, it can be expected that total expenditures associated with the corresponding rate increase will increase overall HCBS spending by approximately \$300 million.

Additional Expenditures for Increasing Home and Community-Based Services Wages by \$1 and \$2 (Current Wage = \$18)

Wage Level	\$19	\$20
Personal Care / Aide	\$203,320,425	\$407,684,512
DODD Federal (653654)	\$86,076,800	\$172,153,600
DODD Non-Federal (653407)	\$48,418,200	\$96,836,400
MCD Federal (651525)	\$44,048,272	\$88,764,488
MCD Non-Federal (651525)	\$24,777,153	\$49,930,024
Adult Day Services	\$29,171,724	\$58,349,180
DODD Federal (653654)	\$18,611,200	\$37,222,400
DODD Non-Federal (653407)	\$10,468,800	\$20,937,600
MCD Federal (651525)	\$58,703	\$121,075
MCD Non-Federal (651525)	\$33,021	\$68,105
Other Waiver Services	\$2,190,000	\$4,380,000
DODD Federal (653654)	\$0	\$0
DODD Non-Federal (653407)	\$0	\$0
MCD Federal (651525)	\$1,401,600	\$2,803,200
MCD Non-Federal (651525)	\$788,400	\$1,576,800
Intermediate Care Facility - Developmental Disabilities	\$27,950,387	\$55,900,775
DODD Federal (653654)	\$17,888,248	\$35,776,496
DODD Non-Federal (653407)	\$10,062,139	\$20,124,279
MCD Federal (651525)	\$0	\$0
MCD Non-Federal (651525)	\$0	\$0
Behavioral Health	\$31,250,000	\$62,500,000
DODD Federal (653654)	\$0	\$0
DODD Non-Federal (653407)	\$0	\$0
MCD Federal (651525)	\$20,000,000	\$40,000,000
MCD Non-Federal (651525)	\$11,250,000	\$22,500,000
Total	\$293,882,536	\$588,814,467
DODD Federal (653654)	\$122,576,248	\$245,152,496
DODD Non-Federal (653407)	\$68,949,139	\$137,898,279
MCD Federal (651525)	\$65,508,575	\$131,688,763
MCD Non-Federal (651525)	\$36,848,574	\$74,074,929
Total	\$293,882,536	\$588,814,467
Federal	\$188,084,823	\$376,841,259
Non-Federal	\$105,797,713	\$211,973,208

Type	Days Estimate Base	Number of Days	Daily Increase	Total Increase Amount
Nursing Facility	Calendar Year 2023	15,495,000	\$1	\$15,495,000
Intermediate Care Facility	November 2024	2,000,000	\$1	\$2,000,000
Total		17,495,000		\$17,495,000

All franchise fee revenue estimates for FY 2026 and FY 2027 are baseline estimates and do not reflect any proposed hospital franchise fee or other-directed payment program changes.

Franchise Fee Revenue by Fee Type

Ohio Revised Code Section	Fee Type	FY 2022	FY 2023	FY 2024	FY 2025 (Estimated)	FY 2026 (Estimated)	FY 2027 (Estimated)	FY 26/27 Average
ORC 5168.21	Hospital Franchise Fee	\$984,704,640	\$1,035,404,294	\$1,078,800,000	1,198,585,841	\$1,284,992,696	\$1,336,392,404	\$1,310,692,550
ORC 5168.41	Nursing Facility Fee	426,261,336	415,552,244	443,095,067	487,312,395	487,312,395	487,312,395	487,312,395
ORC 5168.76	Health Insuring Corporation Franchise Fee	\$990,007,902	\$1,057,772,569	\$979,037,654	\$915,091,990	\$897,210,000	\$885,444,000	\$891,327,000

Hypothetical Revenue from a One Percent Increase to Franchise Fee

Fee Name	Base Franchise Fee Revenue	Hypothetical Franchise Fee Revenue Percent Increase	Dollar Effect of Hypothetical Percent Increase
Hospital Franchise Fee	\$1,310,692,550	1%	\$13,106,926
Nursing Facility Fee	\$487,312,395	1%	\$4,873,124
Health Insuring Corporation Franchise Fee	\$891,327,000	1%	\$8,913,270

Joint Medicaid Oversight Committee Growth Rate

The Ohio Department of Medicaid budget is required to meet the Joint Medicaid Oversight Committee (JMOC) growth rate as described in the Ohio Revised Code. On October 17, 2024, JMOC voted on growth rates for the upcoming biennium. The table below reflects the selected rate and the growth rate from the current proposed Medicaid budget, including cost containment items. Executive policy proposals total a reduction in GRF spending of \$3.1 billion over the biennium.

	FY 2026	FY 2027	Average
JMOC Growth Rate	3.8%	3.7%	3.8%
Medicaid Agency Submission Services Growth Rate	2.9%	3.9%	3.4%