

Ohio Medicaid Basics 2015

Executive summary

Overview

Medicaid (Title XIX of the Social Security Act) was designed to provide health insurance coverage for certain categories of people with low incomes. Over the years, Medicaid coverage has also been provided for children, parents, and pregnant women, as well as the blind, aged, and disabled. Ohio's Medicaid program began in 1968.

Medicaid is a federal-state partnership program. The federal government establishes general guidelines and sets minimum standards. In turn, states have the flexibility to establish their own criteria for Medicaid eligibility, benefits, and provider payment rates.

At a glance

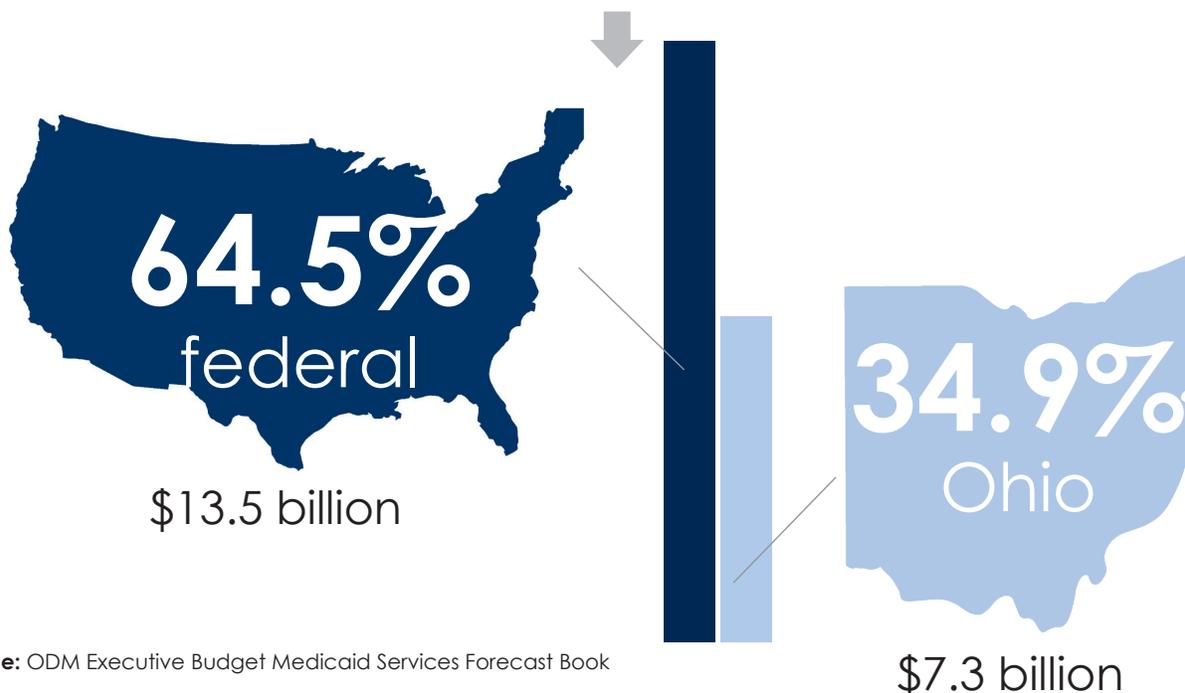
Medicaid...

- Is funded by both federal and state dollars
- Accounts for about 4% of Ohio's total economy
- Is the largest payer of health care in the state and the largest payer of long-term care services
- Covers more than 2.6 million low-income adults, children, pregnant women, seniors, and individuals with disabilities each month
- Covers about 45% of Ohio's children age 0-19
- Funds hospital care for Ohio's uninsured
- Contracts with five private managed care plans to provide health care to about 1.8 million Ohioans monthly
- Pays for more than half of births in the state
- Is administered by the Ohio Department of Medicaid

Figure ES1. **Medicaid financing**

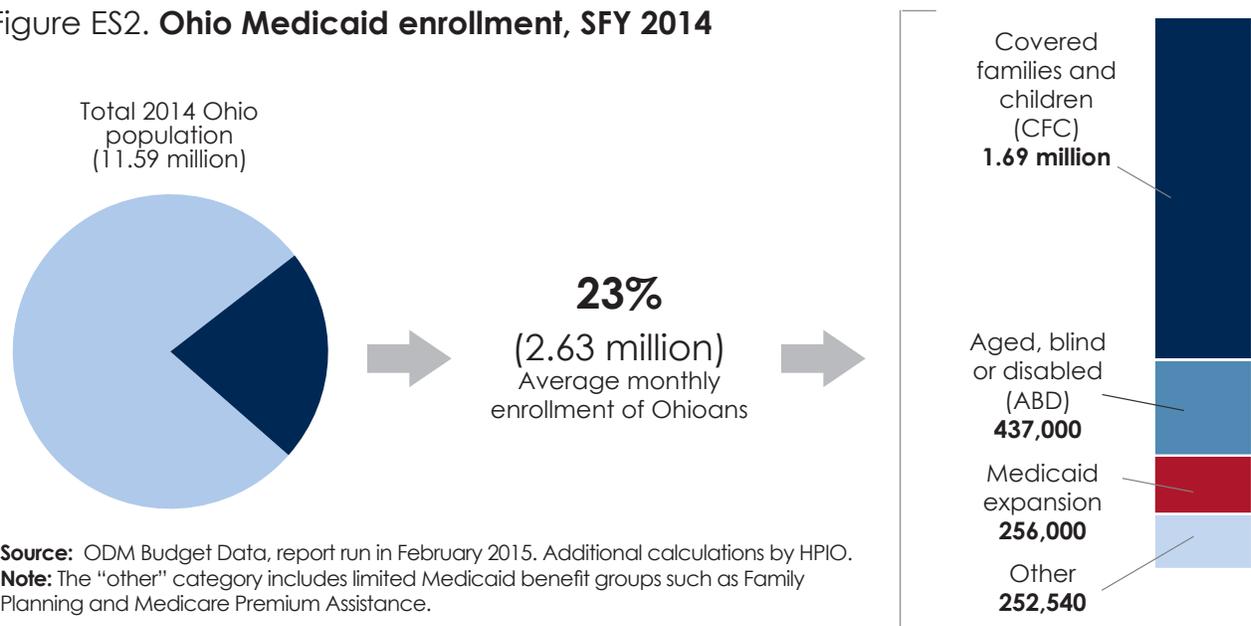
Total annual Medicaid spending, SFY 2014

\$20.9 billion
 (across all Ohio agencies)



Source: ODM Executive Budget Medicaid Services Forecast Book

Figure ES2. **Ohio Medicaid enrollment, SFY 2014**



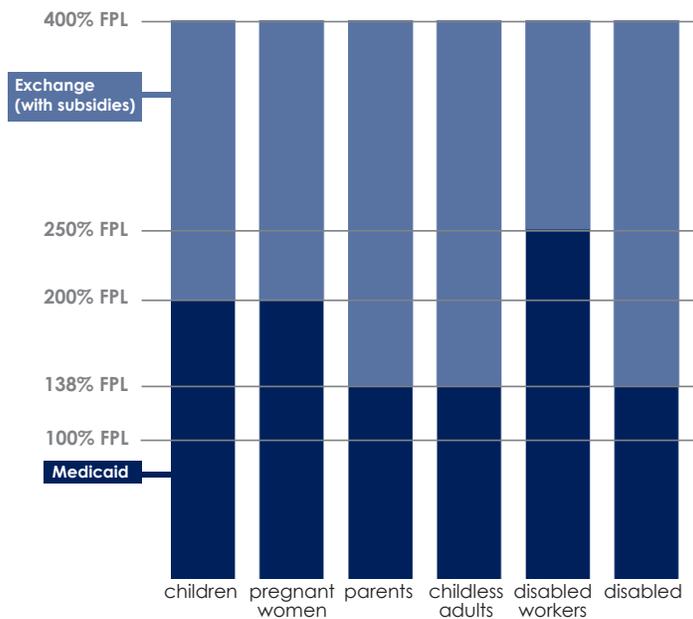
Source: ODM Budget Data, report run in February 2015. Additional calculations by HPIO.
Note: The "other" category includes limited Medicaid benefit groups such as Family Planning and Medicare Premium Assistance.

Funding for Medicaid comes from both the federal and state governments. In state fiscal year (SFY) 2014, total expenditures for Ohio's Medicaid program were \$20.9 billion, including both state and federal funds. State funds were about \$7.3 billion and federal funds were about \$13.5 billion.

Eligibility

Ohio Medicaid provides health coverage to children, pregnant women, parents, childless adults, and people with disabilities with limited income. The income level for each category varies. In order to qualify for Medicaid coverage, a person must be a U.S. citizen or meet Medicaid citizenship requirements, have or obtain a Social Security number, be an Ohio resident, and meet certain financial requirements.

Figure ES3. **Subsidized health coverage eligibility in Ohio**



Ohio Medicaid Expansion

The Affordable Care Act (ACA) provides enhanced federal funding for states to expand Medicaid to childless adults between the ages of 19-64 with incomes up to 138% of the federal poverty level (FPL).

Ohio authorized Medicaid's spending of federal funds for newly eligible Ohioans in October 2013 and coverage began on January 1, 2014. Average monthly enrollment in the expansion category during SFY 2014 was about 256,000 Ohioans. However, this only includes enrollment during the first six months of Medicaid expansion (January through June 2014). During calendar year 2014, total enrollment was more than 485,000 Ohioans.

The state budget for SFYs 2016-2017 continues funding for the expansion eligibility group.

Note

1. Ohio Department of Medicaid Executive Budget Medicaid Services Forecast Book. "Summary of Total Medicaid Spending." February 2015.