

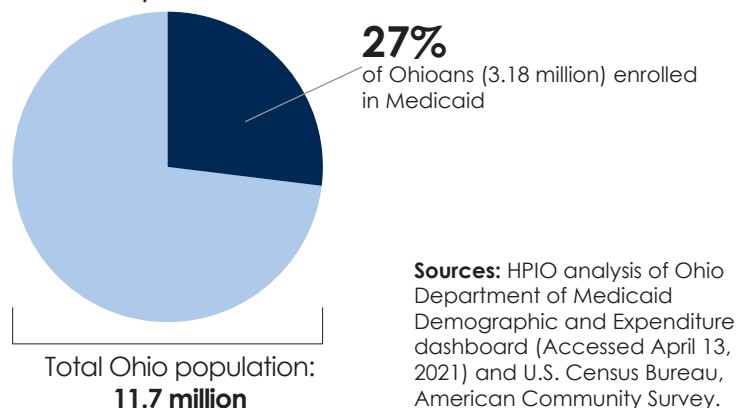


# Ohio Medicaid Basics 2021

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for approximately 3.18 million Ohioans with low incomes (see figure 1), including more than 1.28 million children. In state fiscal year (SFY) 2020, federal and state expenditures on Medicaid accounted for about 38% of Ohio's budget.<sup>1</sup> Additionally, \$1 out of every \$6 spent on health care in the U.S. is spent on Medicaid.<sup>2</sup>

The federal government finances a significant portion of state Medicaid programs. States are required to provide coverage for certain federally-defined eligibility groups and services. States can also receive federal funding for optional groups and services. The specific parameters around who is covered and what services are covered are defined through a combination of federal and state statutes, rules and regulations and administrative decisions.

Figure 1. **Estimated percent of Ohioans enrolled in Medicaid, March 2021**



## 3 key findings for policymakers

- **Ohio Medicaid provides healthcare coverage for about 3.18 million Ohioans with low incomes**, including many individuals who cannot afford private or employer-sponsored health insurance.
- **Medicaid is a significant share of government spending in Ohio.** In state fiscal year 2020, Medicaid expenditures from state and federal funding sources accounted for about 38% of the state's spending.
- **Ohio Medicaid has implemented changes to streamline administrative processes, increase transparency and improve access to care and care coordination for Ohioans.** Going forward, policymakers should monitor implementation and evaluate recent changes to the program.

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As the payor of healthcare services for more than a quarter of all Ohioans, Medicaid can be leveraged to make large-scale policy changes that impact the health of residents. For example, the federal government can grant flexibility to states and even waive certain requirements as long as the statutory goals of the program are met. However, even with substantial federal financial participation, the high cost of the program is a challenge for state finances. Policymakers must balance the benefits of providing healthcare coverage with the cost of paying for services.

This publication provides an overview of the Medicaid program in Ohio, including information on Medicaid eligibility, covered services, delivery systems, financing, spending and recent policy and programmatic changes.

## What are the differences between Medicaid and Medicare?

Medicaid is a federal-state partnership in which individual states administer the program and the federal government sets guidelines and provides partial funding. By contrast, Medicare is fully operated, administered and financed by the federal government.<sup>3</sup> Medicare primarily serves Americans ages 65 and older. Medicaid serves low-income individuals of all ages and other groups determined to be eligible.<sup>4</sup> Figure 2 outlines key differences between the Medicaid and Medicare programs.

Some people are covered by both Medicaid

and Medicare; see the explanation of dual-eligible beneficiaries on page 11.

## How is Medicaid financed?

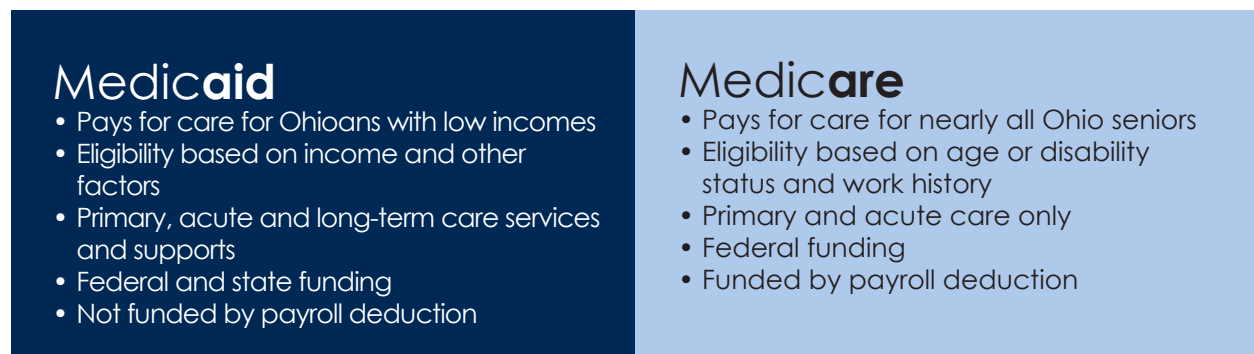
The Medicaid program is financed jointly by the federal government and states through a payment arrangement called the Federal Medical Assistance Percentage (FMAP). State spending on healthcare services provided by Medicaid are matched by the federal government at a rate between 50% and 78.3%.<sup>5</sup> State FMAPs are determined using a formula that accounts for per-capita income in the state compared to per-capita income in the U.S.<sup>6</sup>

States are eligible for enhanced FMAP for enrollees in the Children's Health Insurance Program (CHIP) and Medicaid Group VIII eligibility categories, described on page 5 and 6, respectively.<sup>7</sup>

Ohio's FMAP for federal fiscal year (FFY) 2022 is 64.1% for most enrollees and 74.9% for CHIP enrollees (down from 78.9% in FFY 2021).<sup>8</sup> The federal match for enrollees in Medicaid Group VIII is 90%.<sup>9</sup>





Other costs associated with the Medicaid program are also shared with the federal government. Most administrative costs are matched at 50%, but some services, such as training for medical personnel, upgrades to health information technology and translation or interpretation services, are matched at higher rates.<sup>10</sup> Page 3 highlights significant changes Ohio has made to the program in the past year, which affect financing and administration of Medicaid in the state.

Figure 2. **Medicaid and Medicare**



## Significant changes to Ohio Medicaid in the past year

The Ohio Department of Medicaid has engaged several vendors in the last year to streamline administrative processes, increase transparency and improve access to care and care coordination for Ohioans. The table below provides detail on the roles and objectives of each vendor.

Vendor role	Date of decision	Vendor chosen by the Ohio Department of Medicaid (ODM)	Objectives of vendor role
<b>Fiscal Intermediary</b> 	December 2020	Gainwell Technologies	<ul style="list-style-type: none"> <li>• Act as single point of entry for providers to process and transition claims and requests to ODM</li> <li>• Give ODM more insight into claims to inform programmatic decisions</li> </ul>
<b>Single pharmacy benefit manager (SPBM)</b> 	January 2021	Gainwell Technologies	<ul style="list-style-type: none"> <li>• Manage prescription drug benefits on behalf of health insurers, Medicare Part D drug plans, large employers and other payors</li> <li>• Function as an intermediary organization that manages contracts with pharmacies, determines costs of specific pharmaceutical drugs for managed care organizations (MCOs), determines Ohioans' access to certain medications and decides how much pharmacies are paid</li> </ul>
<b>Ohio Resilience through Integrated Systems and Excellence (OhioRISE)</b> 	April 2021	Aetna Better Health of Ohio	<ul style="list-style-type: none"> <li>• Implement a new approach to care coordination for children and adolescents enrolled in Medicaid with serious behavioral health needs</li> <li>• Provide expanded treatment options and support services spanning the behavioral health, child protection, juvenile justice, health, developmental disabilities and education systems for an estimated 50,000 to 60,000 children and adolescents in Ohio</li> <li>• End practice of parents needing to relinquish custody of children with complex behavioral health needs to be able to access appropriate care for their child</li> </ul>
<b>Managed care procurement</b> 	April 2021	<ul style="list-style-type: none"> <li>• AmeriHealth Caritas Ohio</li> <li>• Anthem Blue Cross and Blue Shield</li> <li>• CareSource Ohio</li> <li>• Humana Health Plan of Ohio</li> <li>• Molina Healthcare of Ohio</li> <li>• UnitedHealthcare Community Plan of Ohio</li> </ul>	<p>Renegotiation between MCOs, which are responsible for providing services to 88% of Ohio Medicaid enrollees, and ODM, resulted in new contracts for six organizations. As a result of managed care procurement, MCOs are expected to:</p> <ul style="list-style-type: none"> <li>• Save costs for the state, ensure better care coordination and benefit provision for Medicaid enrollees and increase transparency for MCOs</li> <li>• Address social determinants of health, equity and population health</li> </ul>

Source: [Ohio Medicaid Managed Care webpage](#), accessed April 26, 2021.

## How has the COVID-19 pandemic impacted Medicaid?

The economic downturn stemming from the COVID-19 pandemic led to increased Medicaid enrollment. In Ohio, Medicaid enrollment increased by approximately 13.6% from March 2020 to March 2021, growing from about 2.79 million to 3.18 million enrollees.<sup>11</sup> This increase in enrollment represents a reversal of the downward trend in Medicaid enrollment from 2017 to 2020, shown in figure 8 on page 7.

On Jan. 31, 2020, the U.S. Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE)<sup>12</sup>, allowing the federal government to divert federal funds, health personnel and services in response to the COVID-19 pandemic.<sup>13</sup> Additionally, the Families First Coronavirus Response Act (FFCRA), passed in March 2020, provided states with a 6.2 percentage point increase in the federal share of Medicaid spending, enhancing FMAP until the end of the quarter when the PHE expires.<sup>14</sup> Enhanced FMAP makes it easier for states to finance Medicaid programs, particularly given increases in enrollment.

The enhanced FMAP is contingent on a “maintenance of eligibility” (MOE) provision in the FFCRA. The MOE provision requires states to maintain eligibility for individuals served by Medicaid throughout the federally declared PHE and prohibits termination of coverage or changes in eligibility criteria or requirements during the PHE.<sup>15</sup> As of April 29, 2021, the PHE was still in effect and will likely be renewed for the duration of 2021.<sup>16</sup>

Notably, increased enrollment in Medicaid and conditions of the COVID-19 pandemic have also created new administrative challenges for states, including managing transitions to telework for employees of agencies administering Medicaid, an increased volume of applications to process and quickly changing federal guidelines that impact coverage and care.<sup>17</sup>

## Who is eligible for Medicaid coverage?

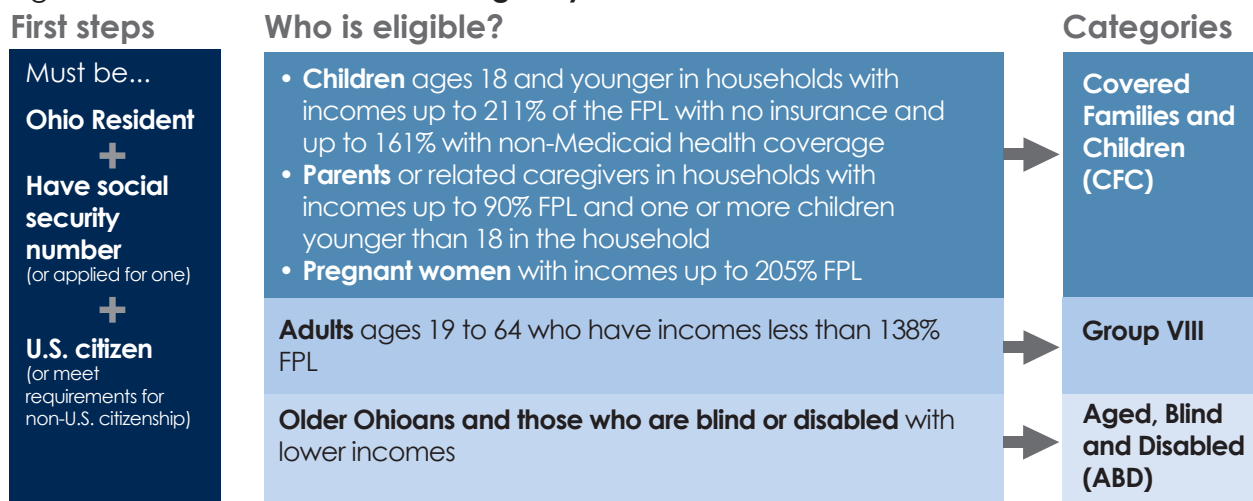
The federal government allows states to set certain guidelines for Medicaid eligibility.<sup>18</sup> For example, in addition to income, Ohio uses categories based on age, household characteristics and medical need to further determine Medicaid eligibility and coverage.<sup>19</sup> To be eligible for Medicaid in Ohio, a person must, at a minimum, be an Ohio resident, have or apply for a Social Security number and have

U.S. citizenship or meet non-U.S. citizenship requirements.<sup>20</sup>

Figure 3 provides a high-level overview of the Ohio Medicaid eligibility categories with the majority of enrollees.

The income eligibility limit for most Ohio Medicaid enrollees is set as a percentage of the Federal Poverty Level (FPL) (see figure 4), based on household Modified Adjusted Gross Income (MAGI), and is determined monthly.<sup>21</sup>

Figure 3. Overview of Medicaid eligibility



**Note:** This graphic highlights the major categories of Medicaid eligibility in Ohio and is not comprehensive. See the appendix for a more detailed explanation of all eligibility categories for Ohio Medicaid. People in need of Medicaid should apply at [benefits.ohio.gov](https://benefits.ohio.gov).

Figure 4. **Federal poverty level (FPL) and selected Medicaid annual income eligibility limits by household size, 2021**

	100%	138%	205%	211%	250%	
<b>Family size</b>	<b>1</b>	\$12,880	\$17,774	\$26,404	\$27,177	\$32,200
	<b>2</b>	\$17,420	\$24,040	\$35,711	\$36,756	\$43,550
	<b>3</b>	\$21,960	\$30,305	\$45,018	\$46,336	\$54,900
	<b>4</b>	\$26,500	\$36,570	\$54,325	\$55,915	\$66,250

**Source:** Office of the Assistant Secretary for Planning and Evaluation. Additional analysis by HPIO.  
**Note:** Refers to federal poverty levels for the 48 contiguous states and the District of Columbia (D.C.)

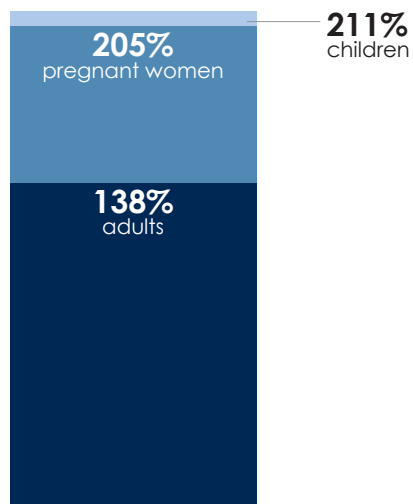
### Medicaid eligibility categories

The majority of Ohioans enrolled in Medicaid fall within one of the following categories: Covered Families and Children (CFC), individuals covered under Group VIII and Aged, Blind and Disabled (ABD).<sup>22</sup> Figure 5 shows income eligibility thresholds for MAGI-categories by FPL for 2021.

### Covered Families and Children (CFC)

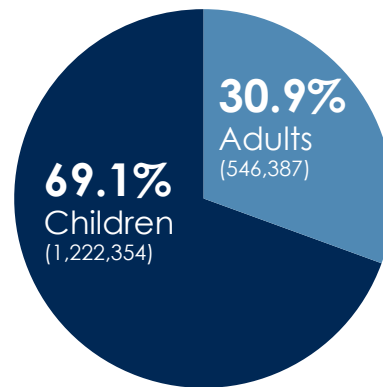
CFC includes children, pregnant women, parents and related caregivers in Ohio. As of March 2021, 69.1% of the nearly 1.77 million individuals enrolled in Ohio Medicaid's CFC category were children (see figure 6).<sup>23</sup>

Figure 5. **Ohio Medicaid income eligibility thresholds for MAGI-categories, by FPL, 2021**



**Source:** Ohio Department of Medicaid

Figure 6. **Ohio Medicaid Covered Families and Children (CFC) enrollment for adults and children, as of March 2021**



**Source:** HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard. Accessed April 13, 2021.

### Group VIII

In 2014, Ohio expanded Medicaid coverage to include eligibility for adults ages 19 to 64 who have incomes less than 138% of the FPL and are not eligible for other categories of Medicaid.<sup>24</sup> The Affordable Care Act (ACA) authorized and provided additional federal funding for this policy change. Since the beginning of the COVID-19 pandemic, enrollment in Group VIII has grown considerably, to about 775,000 in March 2021, reversing a prior downward trend in enrollment.<sup>25</sup>

As part of the 2018-2019 state budget legislation, the Ohio General Assembly required ODM to seek a waiver from the federal government to mandate “community engagement activities” for Ohioans receiving Medicaid Group VIII coverage (i.e. work requirements).<sup>26</sup> ODM submitted the waiver to the Centers for Medicare and Medicaid Services (CMS), was granted approval for the waiver and intended to implement the requirements in January 2021.<sup>27</sup> However, implementation has been delayed due to the MOE requirement associated with the COVID-19 pandemic Public Health Emergency (see box on page 4).<sup>28</sup>



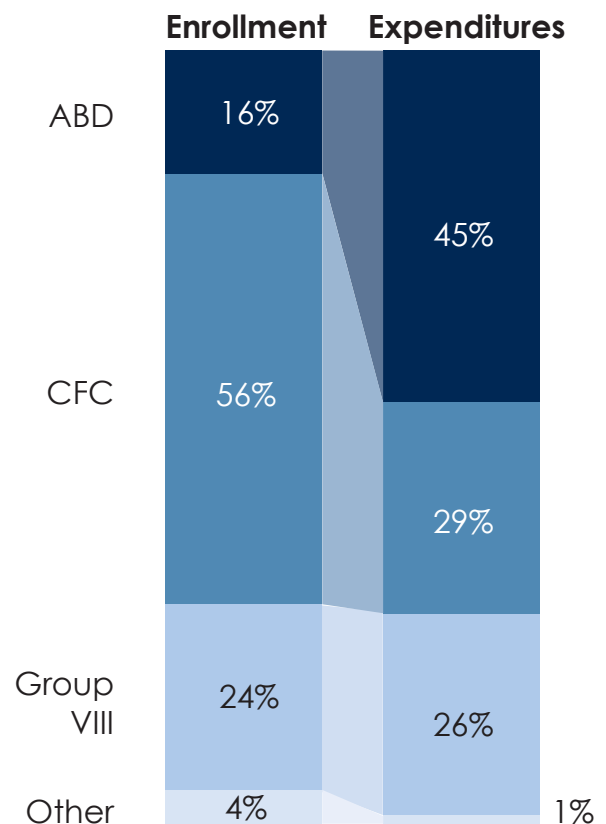
### Children's Health Insurance Program (CHIP)

CHIP, a block grant program funded partially by the federal government,<sup>29</sup> was established by Congress as part of the Balanced Budget Act of 1997. Block grant programs provide states fixed amounts of funding to finance specific programs. CHIP expanded healthcare coverage to children in families with low incomes who are not eligible for their state Medicaid program.<sup>30</sup> Ohio chose to expand Medicaid coverage to children who are eligible for CHIP instead of creating a separate program.<sup>31</sup> In January 2018, Congress reauthorized CHIP funding through FFY 2023.<sup>32</sup>

### Aged, Blind and Disabled (ABD)

ABD includes individuals with low incomes who are ages 65 or older (aged), are blind or have a disability.<sup>33</sup> Because people covered in ABD have significant healthcare needs, this group accounts for a high proportion of Medicaid spending in Ohio (see figure 7). The ABD category has different rules for counting income than other Medicaid eligibility categories, including income eligibility limit<sup>34</sup> and resource limit<sup>35</sup> (e.g., assets including cash, stocks, bank accounts and property), although not all resources (e.g., the primary home) are included in the limit. Income and resource limits for this category are the same as those for the federal Supplemental Security Income (SSI) program.<sup>36</sup>

Figure 7. Enrollment and expenditures by Medicaid eligibility category, March 2021



Source: HPIO analysis of Ohio Department of Medicaid Caseload Reports. Accessed on April 13, 2021.

### What services does Medicaid cover?

States are required to provide federally-mandated benefits, including health benefits deemed essential by the ACA and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. Ohio provides additional services, including vision and dental care and prescription drug coverage (see figure 8). Some services require a determination of medical necessity, prior authorization or a co-payment, while other services are limited in duration and scope.

Figure 8. Ohio Medicaid Covered Services

#### Federally mandated services

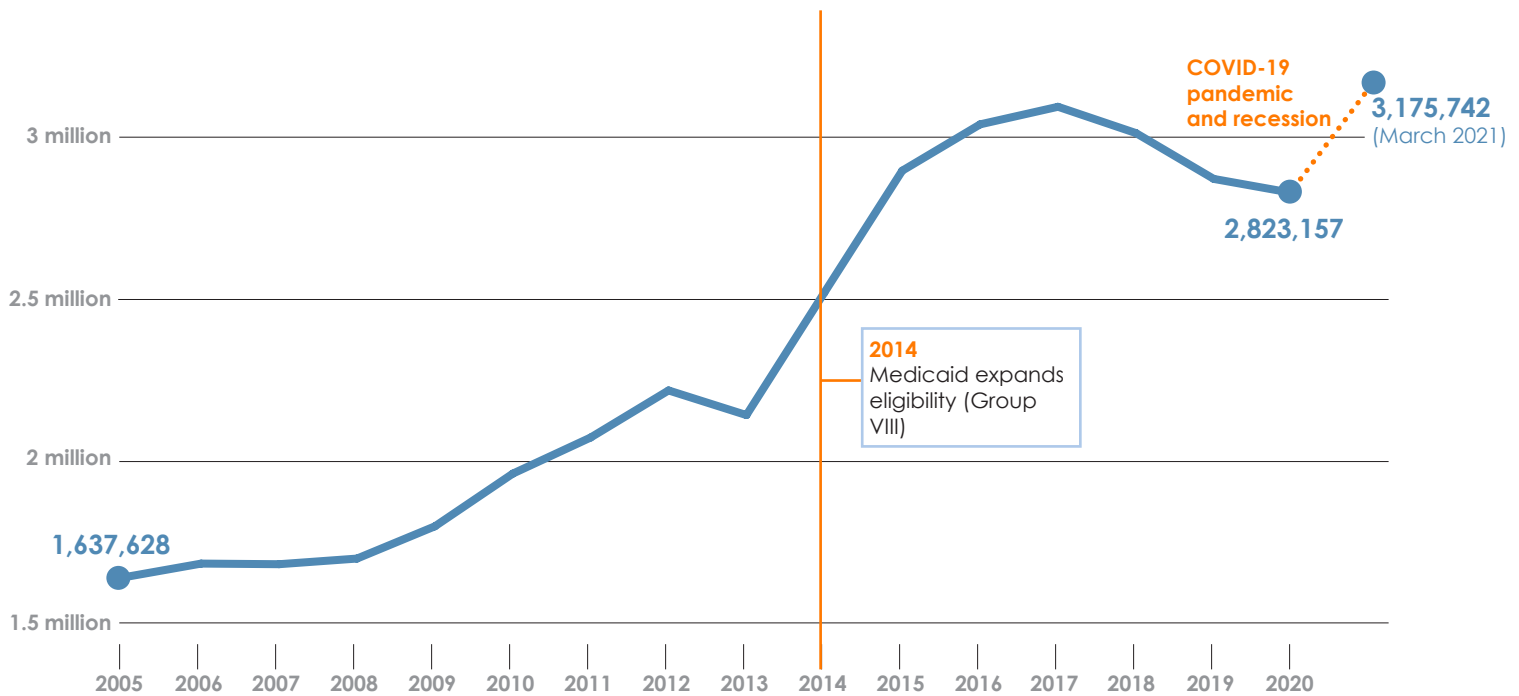
- Inpatient hospital
- Outpatient hospital
- Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
- Nursing facility care
- Home health
- Physician services
- Lab and x-ray
- Family planning
- Nurse midwife
- Freestanding birth center services
- Tobacco cessation counseling for pregnant women
- Rural health clinic services
- Federally qualified health center services
- Transportation for medical care
- Certified pediatric and family nurse practitioners

#### Optional services covered by Ohio Medicaid

- Ambulance
- Chiropractic services
- Alcohol and drug screening analysis
- Intensive outpatient (to treat addiction)
- Methadone administration
- Medical and surgical dental care
- Durable medical equipment and supplies
- Medical and surgical vision care
- Individual or group counseling
- Occupational therapy
- Podiatry
- Prescription drugs
- Private duty nursing
- Speech therapy
- Ambulatory surgical centers
- Telehealth
- Behavioral and mental health

Source: For a complete list of covered services, eligibility requirements and co-payments, see <https://medicaid.ohio.gov/FOR-OHIOANS/Covered-Services-Mandatory-Optional-Medicaid-Benefits>. Centers for Medicare and Medicaid Services. Accessed April 13, 2021.

Figure 8. Ohio Medicaid enrollment, SFY 2005-2020 and March 2021



Sources: SFY 2005-2011 Ohio Department of Job and Family Services, Public Assistance Monthly Statistics reports; Ohio Department of Medicaid Demographic and Expenditure dashboard. Accessed April 13, 2021.

### Other Medicaid eligibility categories

Only 4.4% of Ohio Medicaid enrollees in March 2021 were in categories other than CFC, ABD or Group VIII.<sup>37</sup> People enrolled in other Medicaid categories have access to a limited set of services or are enrolled only for a limited period of time. For a detailed description of other Ohio Medicaid eligibility categories, see appendix.

### Why do people enroll in Medicaid?

Many Ohioans with low incomes enroll in Medicaid because other health insurance coverage is unavailable, is too expensive or provides inadequate coverage for necessary services, such as long-term support services (LTSS), nursing facility care, adult day programs, home healthcare services and paratransit. Medicare and private health insurance typically do not provide access to these services.<sup>38</sup>

### Unemployment and other changes that impact coverage

Examples of life changes that could lead to loss of private health insurance coverage include:

- Changes to household composition, including death of a partner or divorce
- Caregiving for relatives or friends
- Attending school or vocational training
- Transitioning between employers or careers

- Illness
- Sudden unemployment

Maintaining private health insurance can be difficult for households with low incomes, few assets and no subsidy to make health insurance more affordable. Illness, death, increased caregiving responsibilities and job losses caused by the COVID-19 pandemic impacted many Ohioans, leading to an increase in Medicaid enrollment (see figure 9).

### Price of individual (non-group) health insurance coverage

If not for Medicaid, the price of health insurance would be cost prohibitive to many Ohioans. For plan year 2020, the average unsubsidized premium on the ACA marketplace for an individual in Ohio was \$522 per month.<sup>39</sup> For a single person with an income of 138% FPL, this would account for more than one-third (35.2%) of their monthly income.

### Low employer-sponsored health insurance rates

Part-time and/or low-wage workers are generally less likely to be offered employer-sponsored health insurance (ESI). In the U.S. during 2018, 33.2% of workers with household incomes below the FPL were offered ESI, compared to 78.7% of workers with household incomes above 400% of

the FPL.<sup>40</sup> During 2019, 23% of part-time employees (working less than 35 hours weekly) were offered ESI, as opposed to 87% of full-time workers.<sup>41</sup>

### Coverage for long-term services and supports (LTSS)

Medicare and private health insurance plans generally do not cover LTSS provided in a long-term care facility. People with low incomes, few assets and no long-term care insurance may apply for Medicaid in order to access LTSS.

### How do people enrolled in Medicaid access healthcare services?

In Ohio, Medicaid coverage is provided through either managed care plans (MCPs) or a fee-for-service arrangement. As of March 2021, 88.2% of Ohioans utilizing Medicaid were enrolled in an MCP. Only 7.4% of Ohioans utilizing Medicaid were enrolled in the fee-for-service (FFS) system.<sup>42</sup> The other 4.4% of Ohioans utilizing Medicaid have limited coverage, which is classified differently than coverage from a MCP or in the FFS system.<sup>43</sup>

### Managed care plans (MCPs)

MCPs are administered by privately-operated health insurance companies that contract with providers, such as physicians and hospitals, to deliver Medicaid-covered services to enrollees. MCPs pay for care for Ohio Medicaid enrollees in exchange for a capitation payment, which is a set per-member, per-month (PMPM) payment that is adjusted annually by the Medicaid program.<sup>44</sup> The MCP covers costs incurred by members, including expenses above the capitation payment. The MCP is paid for the entire capitation payment, even if actual member costs are less than the capitation payment.<sup>45</sup> The MCP reimbursement structure is intended to reduce costs and create incentives for improved quality, coordination and continuity of care.

### Fee-for service

Individuals who are not enrolled in Medicaid MCPs receive services through the FFS system.<sup>46</sup> Populations currently served through the FFS system include Ohioans with developmental disabilities and others living in an institution or with a Medicaid waiver, some people who are dually eligible for Medicaid and Medicare and Ohioans who recently enrolled in Medicaid and have

not yet selected or been automatically enrolled in an MCP.<sup>47</sup> Under FFS, Medicaid providers are paid directly by ODM for each covered service (such as an office visit, test or procedure) at rates outlined in an appendix to the Ohio Administrative Code.<sup>48</sup>

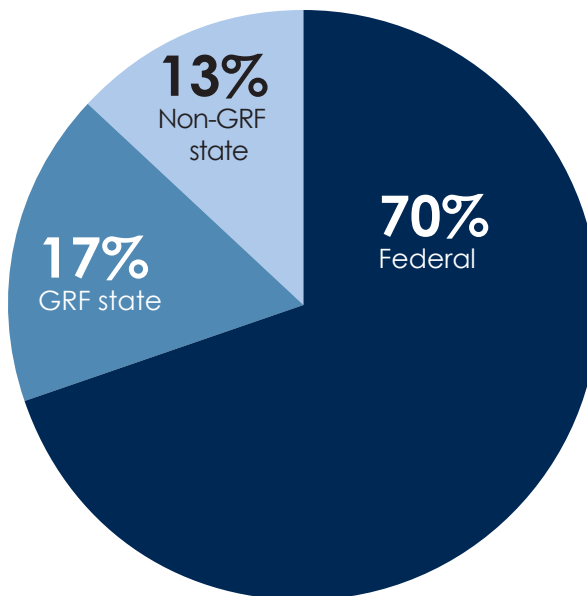
### How much does Ohio Medicaid cost and how it is funded?

In SFY 2020, federal and state expenditures on Medicaid accounted for about 38% of Ohio's budget.<sup>49</sup> In SFY 2020, the federal share of Ohio's Medicaid program was about 70%, or slightly less than \$19.8 billion. Ohio's General Revenue Fund (GRF) contributed about \$4.9 billion, or 17% (see figure 10).<sup>50</sup> The remaining \$3.5 billion came from non-GRF state sources, including fees paid by hospitals, health insurance companies and nursing facilities.<sup>51</sup>

Between SFYs 2010 and 2020, total federal and state spending on Ohio's Medicaid program grew by an average of 5.9% per year, from about \$15.9 billion in SFY 2010 to over \$28.2 billion in SFY 2020 (see figure 11).<sup>52</sup>

The state share of Medicaid program spending is projected to increase by \$1.48 billion from SFY 2022 to SFY 2023 due, in part, to the discontinuation of the 6.2% enhanced FMAP that the federal government has provided states during the COVID-19 pandemic.<sup>53</sup>

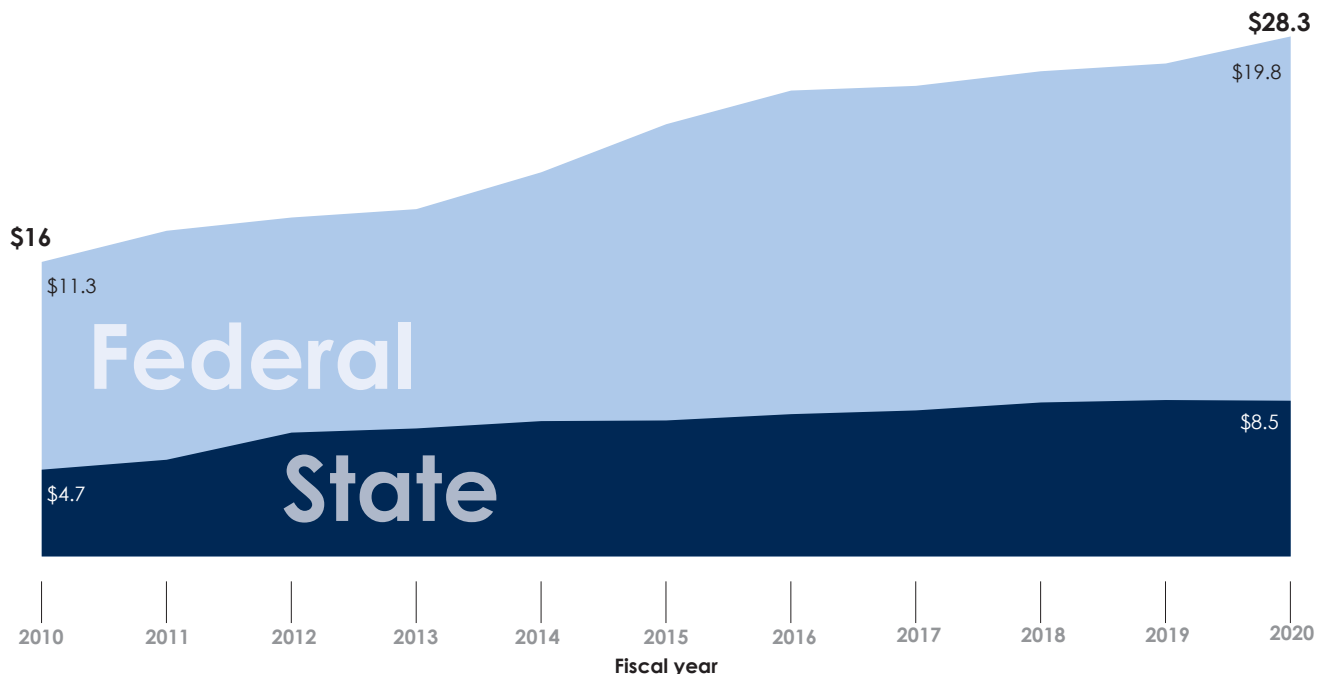
Figure 10. Ohio Medicaid spending, by revenue source, SFY 2020



Source: Ohio Legislative Services Commission



Figure 11. Ohio Medicaid spending, in billions, SFY 2010 – SFY 2020



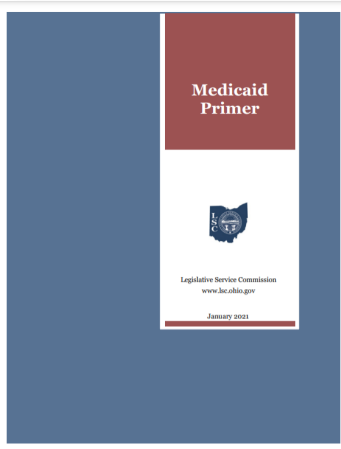
Source: Ohio Department of Medicaid (via Ohio Legislative Service Commission)

### Conclusion

The Medicaid program provides access to healthcare services for more than three million Ohioans. For people who are sick or injured, access to care can mean the difference between a timely return to health or prolonged illness. For individuals with chronic diseases, mental health conditions or substance use disorder, Medicaid coverage provides a means to pay for healthcare services, enabling work and active engagement in the community. Medicaid also pays for preventive services and provides a financial safety net for costs related to medical emergencies.

The Medicaid program plays a critical role in maintaining and improving the health of many Ohioans. As the COVID-19 pandemic continues to have a significant impact on the healthcare system and economy in Ohio, policymakers should monitor changing guidance from the federal government and be agile in their response to new challenges facing Medicaid enrollees. State policymakers and other stakeholders must also balance the program's benefits with budgetary and administrative challenges to improve health and health value in Ohio.

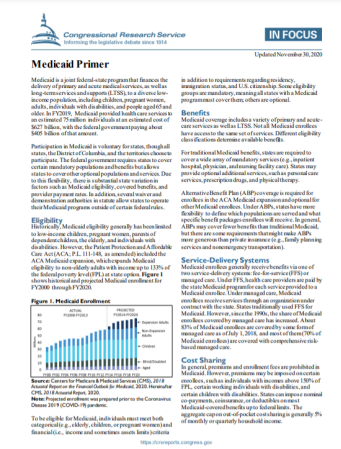
# Other Medicaid resources



## Ohio Legislative Services Commission Medicaid Primer — In depth analysis of the Medicaid Program as it is implemented in Ohio (January 2021)



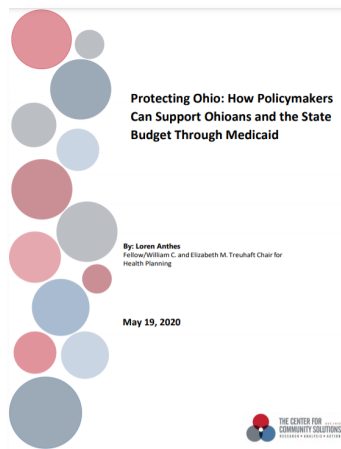
## Kaiser Family Foundation 10 Things to Know About Medicaid (March 2019)



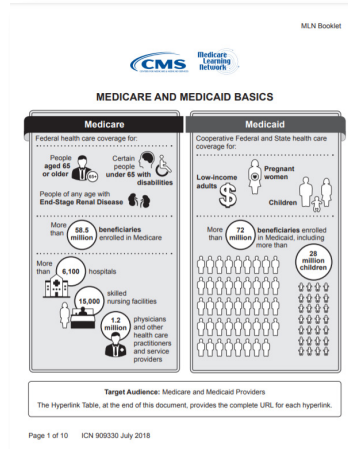
## Congressional Research Service Medicaid Primer (November 2020)



## Robert Wood Johnson Foundation Medicaid: The Basics (February 2019)



## The Center for Community Solutions Protecting Ohio: How Policymakers Can Support Ohioans and the State Budget through Medicaid (May 2020)



## Centers for Medicare and Medicaid Services Medicare and Medicaid Basics (July 2018)

## Appendix: Ohio Medicaid eligibility categories

Eligibility categories	Requirements for coverage
<b>Covered Families and Children (CFC)</b>	
<b>Children</b>	Medicaid covers children ages 18 and younger in households with incomes up to 211% of the FPL with no insurance and up to 161% with non-Medicaid health coverage. <sup>54</sup>
<b>Parents</b>	Medicaid covers parents or related caregivers in households with incomes up to 90% FPL and one or more children younger than 18 in the household. <sup>55</sup>
<b>Pregnant women</b>	Medicaid covers pregnant women with incomes up to 205% of the FPL and allows them to keep their coverage for the duration of their pregnancy and for up to 60 days after the baby is born, regardless of changes that would otherwise impact eligibility. <sup>56</sup> In addition, the newborn child is eligible for Medicaid for one year after the date of birth if the birth mother is enrolled in Medicaid on the date of the child's birth. <sup>57</sup>
<b>ABD: Individuals with low incomes who are ages 65 or older (aged), blind or disabled</b>	
<b>Medicaid Buy-In for Workers with Disabilities (MBIWD)</b>	MBIWD provides full Medicaid benefits to working individuals ages 16 to 65 who have a disability, income below 250% of the FPL and resources valued at less than \$12,555. <sup>58</sup> However, people with incomes above 150% of the FPL are required to pay a monthly premium. <sup>59</sup>
<b>Dual eligible beneficiaries</b>	People eligible for both Medicaid and Medicare are often referred to as "dual eligibles." For these individuals, Medicaid pays for some services that are not part of the Medicare benefit package, most notably, long-term care services and supports (see figure 2). In Ohio, some individuals who are eligible for both Medicaid and Medicare are covered by MyCare Ohio, a coordinated care program that is currently available in 29 of Ohio's 88 counties, including the 10 most populous counties. <sup>60</sup>
<b>Group VIII: Adults ages 19 to 64 who have incomes less than 138% of the FPL and were not eligible for other categories of Medicaid</b>	
<b>Other categories of Medicaid</b>	
<b>Presumptive eligibility</b>	Presumptive eligibility allows children, parents or qualifying caretaker relatives, pregnant women and adults enrolled as part of Medicaid Group VIII to receive immediate healthcare services through Medicaid before completing a full application. <sup>61</sup> To be enrolled, a qualified entity must determine an individual's eligibility based on household income and other requirements. In Ohio, qualified entities include: <ul style="list-style-type: none"> <li>• Medicaid-approved healthcare providers</li> <li>• Special Supplemental Food Program for Women, Infants and Children (WIC)</li> <li>• County Departments of Job and Family Services</li> <li>• Ohio Department of Youth Services</li> <li>• Local health departments</li> </ul>
<b>Medicare Premium Assistance Program (MPAP)</b>	MPAP provides a limited Medicaid benefit that helps cover costs associated with Medicare. Depending on income, MPAP beneficiaries are split into four groups: Qualified Medicare Beneficiaries (QMB), Specific Low-Income Medicare Beneficiaries (SLMB), Qualified Individuals (QI) and Qualified Disabled and Working Individuals (QDWI). <sup>62</sup>

## Appendix: Ohio Medicaid eligibility categories (cont.)

Eligibility categories	Requirements for coverage
<b>Other categories of Medicaid (cont.)</b>	
<b>Breast and Cervical Cancer Project (BCCP)</b>	To be eligible for Medicaid coverage through BCCP, an individual must be screened through the Ohio Department of Health (ODH) BCCP screening and diagnostic program. This Ohio-specific program is open to women ages 21 to 39 with a physician's report of abnormality or other factors and women ages 40 and older with incomes below 300% of the FPL who are uninsured or underinsured. <sup>63</sup> BCCP provides full Medicaid benefits to treat diagnosed cancer or pre-cancerous conditions. <sup>64</sup> Women in the BCCP category also cannot be eligible for another category of Medicaid. <sup>65</sup>
<b>Alien Emergency Medical Assistance (AEMA)</b>	AEMA provides treatment for emergency medical conditions to non-U.S. citizens who are not otherwise eligible for Medicaid. <sup>66</sup>

## Notes

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- Income eligibility thresholds are increased by five per cent to reflect the effective income eligibility limit – the income limit after a five percent income disregard is applied. From Ohio Administrative Code (OAC) § 5160:1-4-01: "(3) Before comparing an individual's household income to the highest income standard under which the individual may be determined eligible using MAGI-based methodologies, deduct a dollar amount.
- The term used in Ohio Administrative Code (OAC) is "Caretaker relative." Caretaker relative is defined in Ohio Administrative Code § 5160:1-1-01 as "...a relative of a



## Notes (cont.)

- dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care..." The rule goes on to name qualifying relationships.; OAC § 5160:1-4-05.
56. Ohio Administrative Code (OAC) § 5160:1-4-04; "a span of at least sixty days, beginning on the date a woman's pregnancy ends and ending on the last day of the month in which the sixtieth day falls" is defined as "Postpartum period" in Ohio Administrative Code § 5160:1-1-01.
  57. Ohio Administrative Code (OAC) § 5160:1-4-02
  58. Rules regarding eligibility determination for MBIWD are outlined in Ohio Administrative Code (OAC) § 5160-1-5-03. For resource eligibility limit see Ohio Revised Code § 5163.092.
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  65. Ohio Administrative Code (OAC) § 5160:1-5-02.2
  66. Ohio Administrative Code (OAC) § 5160:1-5-06.

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