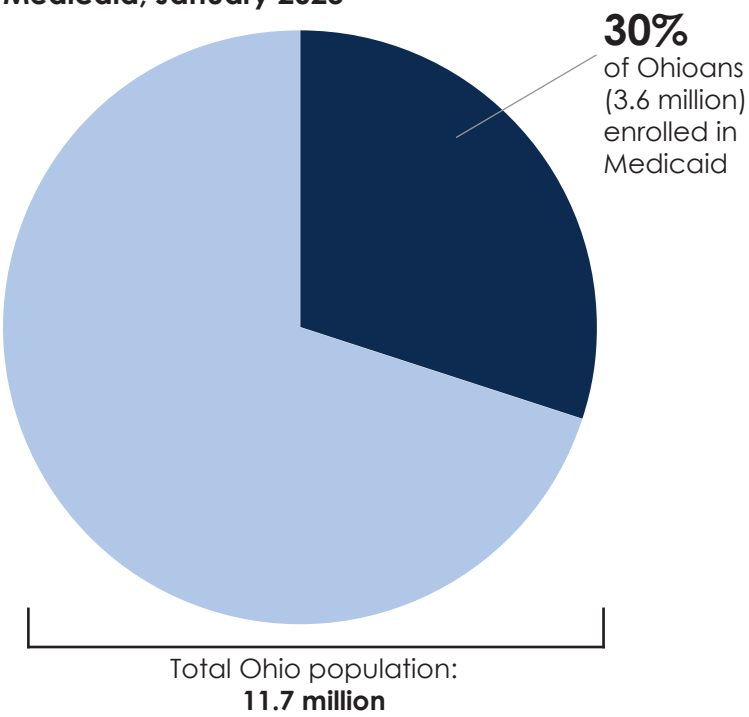
Ohio Medicaid Basics **2023**

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for approximately 3.55 million Ohioans with low incomes, as displayed in figure 1. This includes more than 1.33 million children.[1] In state fiscal year (SFY) 2022, federal and state expenditures on Medicaid accounted for about 39% of Ohio's budget.[2] The Ohio Department of Medicaid (ODM) is the state agency charged with managing the Medicaid program in Ohio.

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 also can receive federal funding for optional groups and services, such as extended postpartum coverage up to one year after childbirth. The federal government can grant flexibility to states and even waive certain requirements if the statutory goals of the program are met. The details of who is covered and what services are covered by Medicaid are defined through a combination of federal and state statutes, rules and administrative decisions, such as state plan amendments.

Figure 1. **Estimated percent of Ohioans enrolled in Medicaid, January 2023**



Sources: HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard (Accessed on Feb.15, 2023) and U.S. Census Bureau, American Community Survey

3 Key findings for policymakers

1. **Ohio Medicaid provides healthcare coverage for about 3.55 million Ohioans with low incomes**, most of whom are children, older adults, people with disabilities and low-income adults who could not otherwise afford private or employer-sponsored health insurance.
2. **Medicaid represents a significant share of government spending in Ohio**. In state fiscal year 2022, federal and state expenditures on Medicaid accounted for about 39% of Ohio's budget.
3. **The Ohio Department of Medicaid is in the process of implementing several large-scale program changes in 2023.** This includes the expansion of postpartum coverage to 12 months and the end of federal continuous coverage requirements, as well as programmatic updates aimed at streamlining administrative processes, increasing transparency and improving care access and coordination.

As the payor of healthcare services for 30% of all Ohioans, large-scale Medicaid policy changes affect the health of program enrollees, and impact the overall cost of the program. For example, increasing reimbursement rates paid to some providers may improve access to care, while at the same time increasing the cost of services. Policymakers are tasked with balancing the benefits of providing healthcare coverage with the cost of paying for services.

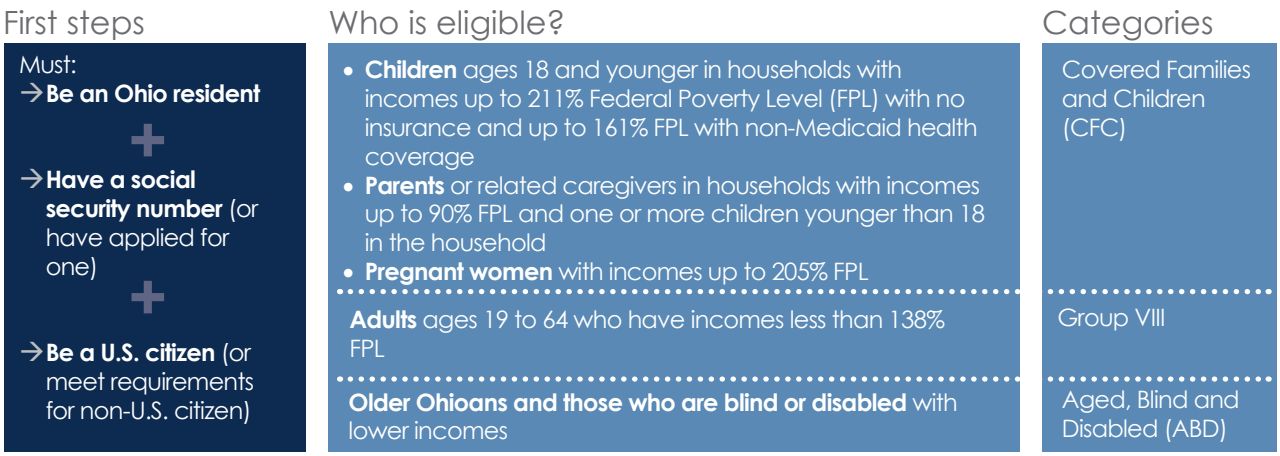
This publication provides an overview of the Ohio Medicaid program, including information on Medicaid eligibility, covered services, delivery systems, financing, spending and recent policy and programmatic changes.

Who is eligible for Medicaid coverage?

The federal government allows states to set certain criteria for Medicaid eligibility.[3] For example, in addition to income, Ohio considers household characteristics and medical need in determining Medicaid eligibility and coverage.[4] To qualify 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.[5]

Figure 2 provides a high-level overview of Ohio Medicaid eligibility categories through which most Ohioans enrolled in Medicaid are covered.

Figure 2. **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**.

Inside

Figure 3. **Federal poverty level (FPL) and selected Medicaid income eligibility limits by household size, 2023**

			Medicaid eligibility categories			
			Adults (ages 19-64)	Pregnant women	Children without insurance	Medicaid Buy-In for Workers with Disabilities (MBIWD)
		Federal poverty level	**138%**	**205%**	**211%**	**250%**
Family size	**1**	$14,580	$20,120	$29,889	$30,764	$36,450
	2	$19,720	$27,214	$40,426	$41,609	$49,300
	3	$24,860	$34,307	$50,963	$52,455	$62,150
	4	$30,000	$41,400	$61,500	$63,300	$75,000

Note: Refers to federal poverty levels for the 48 contiguous states and the District of Columbia (Washington D.C.). For children, pregnant women, adults and parents/caregivers, a 5% income disregard, which is included in the figure, is allowed by federal law.
Source: Office of the Assistant Secretary for Planning and Evaluation. Additional analysis by HPIO.

The income eligibility limit for most Ohioans enrolled in Medicaid is set as a percentage of the FPL, based on household **Modified Adjusted Gross Income** (MAGI), and is determined monthly.[6] See figures 3 and 4 for more information.

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).[7]

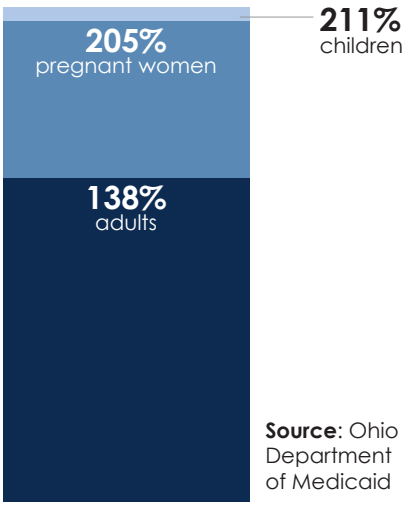
Covered Families and Children (CFC)

CFC includes children, pregnant women, parents and related caregivers in Ohio. As of January 2023, 66.4% of the nearly 1.92 million individuals enrolled in Ohio Medicaid's CFC category were children (as displayed in figure 5).[8]

Group VIII

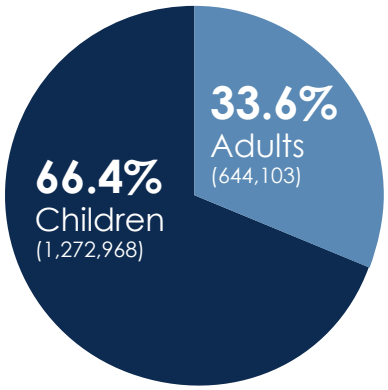
Group VIII coverage includes adults ages 19 to 64 who have incomes less than 138% FPL and are not eligible for other categories of Medicaid.[9] Due to the continuous enrollment requirement that was tied to

Figure 4. **Ohio Medicaid income eligibility thresholds for MAGI-categories, by FPL, 2023**



Source: Ohio Department of Medicaid

Figure 5. **Ohio Medicaid Covered Families and Children (CFC) enrollment for adults and children, as of January 2023**



Source: HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard. Accessed Feb. 8, 2023.

enhanced federal medical assistance percentage (eFMAP) offered by the federal government during the COVID-19 pandemic, enrollment in Group VIII has grown to about 975,000 as of January 2023, reversing a previous downward trend in enrollment.[10]

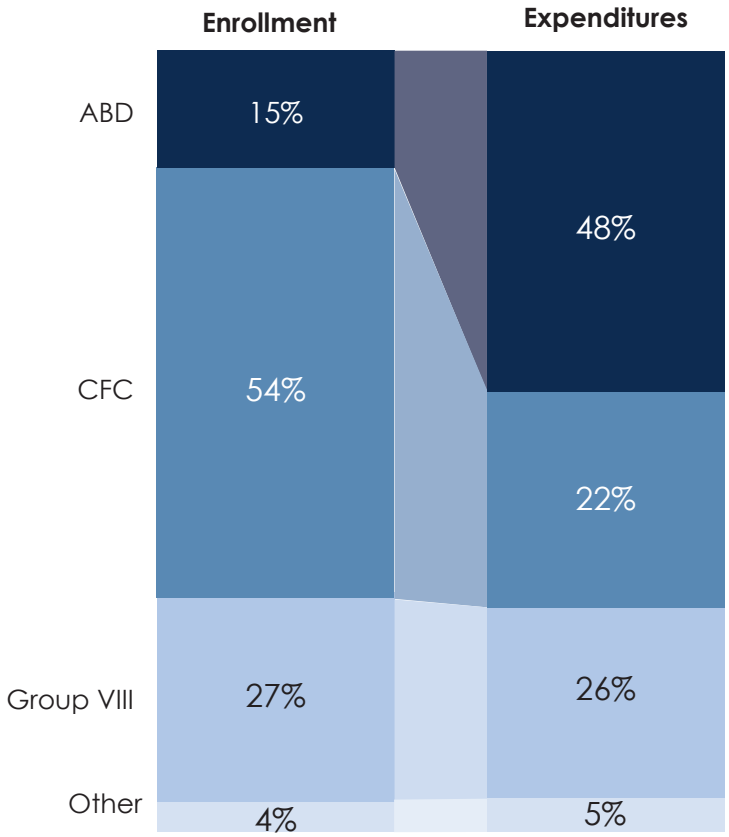
Aged, Blind and Disabled (ABD)
ABD includes individuals with low incomes who are ages 65 or older (aged), are blind or have a disability.[15] Because people covered in ABD have significant healthcare needs, this group accounts for a high proportion of Medicaid spending in Ohio (as show in figure 6). The ABD category has different rules for determining income than other Medicaid eligibility categories, including the income eligibility limit[16] and resource limit[17] (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.[18]

Other Medicaid eligibility categories
Only 4% of Ohioans enrolled in Medicaid as of February 2023 were covered as part of categories other than CFC, ABD or Group VIII.[19] People enrolled in other Medicaid categories have access to a limited set of services or are enrolled only for a limited period of time. Figure 6 compares enrollment in Medicaid eligibility categories to expenditures for each group.

Children's Health Insurance Program (CHIP)

CHIP, a block grant program funded partially by the federal government,[11] 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.[12] Ohio chose to expand Medicaid coverage to children who are eligible for CHIP instead of creating a separate program.[13] In December 2022, the Consolidated Appropriations Act reauthorized federal CHIP funding through fiscal year 2029.[14]

Figure 6. **Enrollment and expenditures by Medicaid eligibility category**



Source: HPIO analysis of Ohio Department of Medicaid Demographics and Expenditures Dashboard. Accessed on Feb. 8, 2023.

What services does Medicaid cover?

States are required to pay for federally-mandated services and can opt to cover additional services as show in figure 7. Some services require a determination of medical necessity, prior authorization or a co-payment, and can also be limited in duration and scope. Additionally, managed care organizations (MCOs) may offer services in addition to the traditional Medicaid benefits, and some MCOs may have slightly different coverage rules.

Figure 7. Ohio Medicaid covered services

Federally mandated services	Examples of optional services covered by Ohio Medicaid
• Inpatient hospital services • Outpatient hospital services • Healthchek (Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)) • Nursing facility services • Home health services • Physician services • Laboratory and x-ray services • Family planning services • Nurse midwife services • 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	• Ambulance • Chiropractic services • Alcohol and drug screening analysis • Medical and surgical dental care • Durable medical equipment and supplies • Medical and surgical vision care • Occupational therapy • Podiatrist services • Prescription drugs • Private duty nursing • Speech therapy • Ambulatory surgical centers • Telehealth • Case management • Behavioral and mental health interventions, including: o Assertive Community Treatment for Adults o Assessment o Community Psychiatric Supportive Treatment (CPST) o Comprehensive addiction treatment services (e.g., methadone administration) o Counseling (individual and group) o Crisis intervention o Day treatment o Family counseling o Intensive home-based treatment for youth o Substance Use Disorder treatment

Note: Ohio Medicaid recently started reimbursing behavioral health providers to provide primary medical care services such as office visits, vaccinations and blood tests.
Source: For the most up-to-date list of covered services, eligibility requirements and co-payments, visit the **Ohio Medicaid Covered Services webpage**. Accessed March 16, 2023.

Ohio Medicaid extends postpartum coverage to 12 months

In 2021, the American Rescue Plan Act (ARPA) gave states the option to extend Medicaid postpartum coverage to 12 months via a state plan amendment. This flexibility is available to states for five years (April 2022 to April 2027). Ohio took advantage of this flexibility by including a provision in the SFY 2022-23 operating budget to extend postpartum coverage from 60 days to the federal permitted maximum of one year after childbirth. The SFY 2022-23 budget also provided $15 million in each fiscal year to fund the extension.[20]

Health insurance coverage during the postpartum period is critical for ensuring optimal health for new mothers. Ohio has high rates of severe maternal morbidity (71.9 per 10,000 deliveries in 2019).[21] New mothers can experience a variety of life-threatening complications in their first year postpartum, including cardiovascular disease and behavioral health challenges.[22] Women living in urban and Appalachian counties experience higher rates of severe maternal morbidity compared to Ohio overall. Across both urban and Appalachian counties, Black mothers have the highest rates of maternal morbidity (short- or long-term pregnancy-related health problems or complications influenced by factors such as age and health status).[23] Research indicates that extended Medicaid coverage is likely to improve outcomes for mothers postpartum.[24]

How does Ohio Medicaid pay for services?

In Ohio, Medicaid coverage is provided through either MCOs or through fee-for-service payments. As of February 2023, 89.1% of Ohioans utilizing Medicaid were enrolled in an MCO, while 6.8% were enrolled in the fee-for-service (FFS) system and 4.1% were enrolled in limited coverage.[25] Medicaid provider rates are typically lower than the rates paid by Medicare or commercial insurance plans.[26] This reduces the cost of the program but can also limit access.[27]

Managed care organizations (MCOs)

MCOs are privately-operated health insurance companies that contract with providers, such as physicians and hospitals, to deliver Medicaid-covered services to enrollees. MCOs pay for care for Ohioans enrolled in Medicaid in exchange for capitation payments, which are per-member, per-month (PMPM) payments that are set and adjusted annually by ODM.[28] The MCOs receive capitation payments to cover the costs of serving their members. Each MCO is "at risk" financially, meaning the MCO must pay for expenses that exceed capitation revenue but keep funds if expenses are lower.[29] The current MCO reimbursement structure is intended to reduce costs and create incentives for improved quality, coordination and continuity of care.

Fee-for service (FFS)

Populations with services paid for through FFS include[30]:

- Ohioans with developmental disabilities and others living in an institution or with a Medicaid waiver
- Some Ohioans who are dually eligible for Medicaid and Medicare
- Ohioans who recently enrolled in Medicaid and have not yet selected or been automatically enrolled in an MCO[31]

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.[32] For some Ohio Medicaid waivers, such as MyCare Ohio and OhioRISE,the state makes capitated payments to MCOs, while for other waivers, such as PASSPORT, the state reimburses providers directly. An explanation of Medicaid waivers can be found on page 12.[33]

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. In contrast, Medicare is fully operated, administered and financed by the federal government.[34] Medicare primarily serves Americans ages 65 and older, while Medicaid serves low-income individuals of all ages and other groups determined to be eligible.[35] Figure 8 outlines key differences between the Medicaid and Medicare programs. Some people are covered by both Medicaid and Medicare; see the description of dual-eligible beneficiaries on page 14.

How is Medicaid financed?

Medicaid is funded 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 77.9% in federal fiscal year (FFY) 2023.[36] State FMAPs are determined using a formula that provides a greater share of federal assistance to states with a relatively low per capita income compared to the U.S. national average per capita income.[37]

States are eligible for enhanced FMAP for enrollees in the Children's Health Insurance Program (CHIP) and Medicaid Group VIII categories, described on pages 3 and 4, respectively.[38] Information on pandemic-related enhanced FMAP is on page 10. Ohio's regular FMAP for federal fiscal year (FFY) 2023 is 63.6% for most enrollees and 74.5% for CHIP enrollees (down from 78.9% in FFY 2021).[39] The federal match for enrollees in Group VIII is 90%.[40]

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.[41]

Figure 8. **Medicaid and Medicare**

Medicaid
- Pays for care for Ohioans with low incomes
- Eligibility based on income and other factors
- Primary, acute and long-term care services and supports
- Federal and state funding

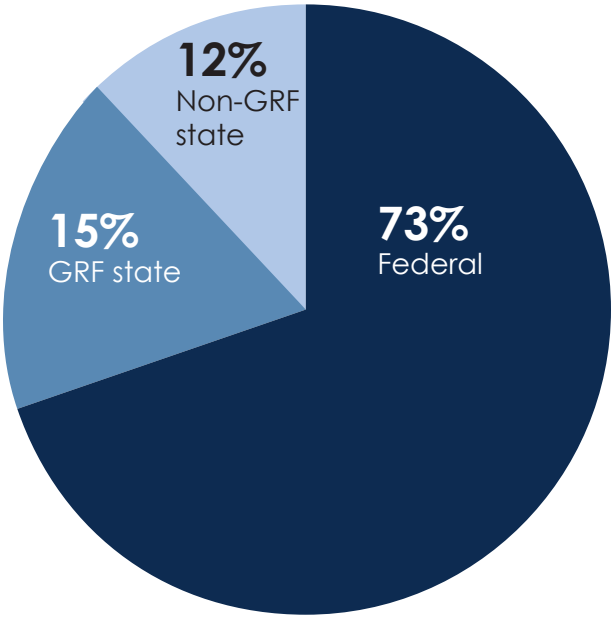
Medicare
- Pays for care for nearly all Ohio seniors (generally, 65 years or older)
- Eligibility based on age or disability status and work history
- Primary and acute care only
- Federal funding
- Funded by payroll deduction from most employees, employers and self-employed people

How much does Ohio Medicaid cost?

In SFY 2022, federal and state expenditures on Medicaid accounted for about 39% ($35.1 billion) of Ohio's budget.[42] In SFY 2022, the federal government contributed 73.4% of the cost of Ohio's Medicaid program, with the state government paying the remaining 26.6% using both state general revenue fund (GRF) and non-GRF fund as shown in figure 9.[43]

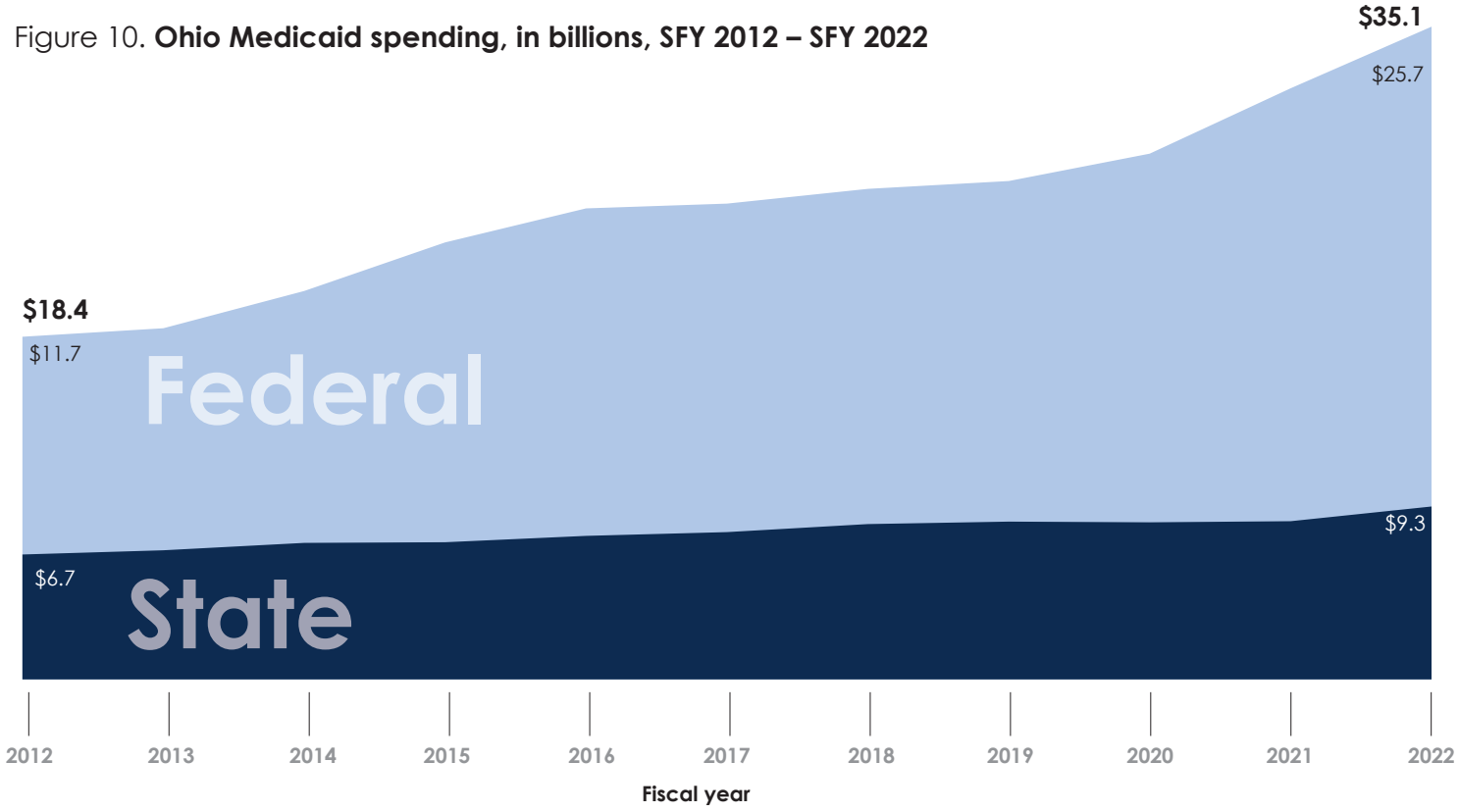
Between SFYs 2012 and 2022, total federal and state spending on Ohio's Medicaid program grew by an average of 6.7% per year, from about $18.4 billion in SFY 2012 to over $35 billion in SFY 2022.[44] Figure 10 shows this trend. The state share of Medicaid spending is projected to increase by 6.0% from an estimated $36 billion in SFY 2023 to $40 billion in SFY 2024 due, in part, to projected increases in per member per month costs.[45]

Figure 9. **Ohio Medicaid spending, by source, SFY 2022**



Source: Ohio Legislative Services Commission

Figure 10. **Ohio Medicaid spending, in billions, SFY 2012 – SFY 2022**



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

Why do people enroll in Medicaid?

Many Ohioans who have low incomes enroll in Medicaid because other health insurance coverage is too expensive, unavailable or provides inadequate coverage for necessary services, such as long-term services and supports (LTSS), adult day programs and paratransit. Medicare and private health insurance typically do not cover these services.[46]

Circumstances that impact health insurance coverage

Examples of circumstances that can cause periods of unemployment and result in being uninsured include:

- Being a caregiver for another person (including leaving a job to provide care to relatives or friends)
- Changes to household composition, including death of a partner or divorce
- Attending school or vocational training
- Transitioning between employers or careers
- Sudden unemployment
- Illness

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 11).

Price of individual (non-group) health insurance coverage

Private health insurance is often cost prohibitive for Ohioans with lower incomes. For plan year 2022, the average unsubsidized premium on the **federal health insurance marketplace** for an individual in Ohio was $575 per month.[47] For a single person with an income of 138% FPL, this would account for more than one-third (34.3%) of their monthly income. In addition to premiums, cost-sharing expenses, such as copayments, coinsurance and deductibles, can be very high and unaffordable for many.

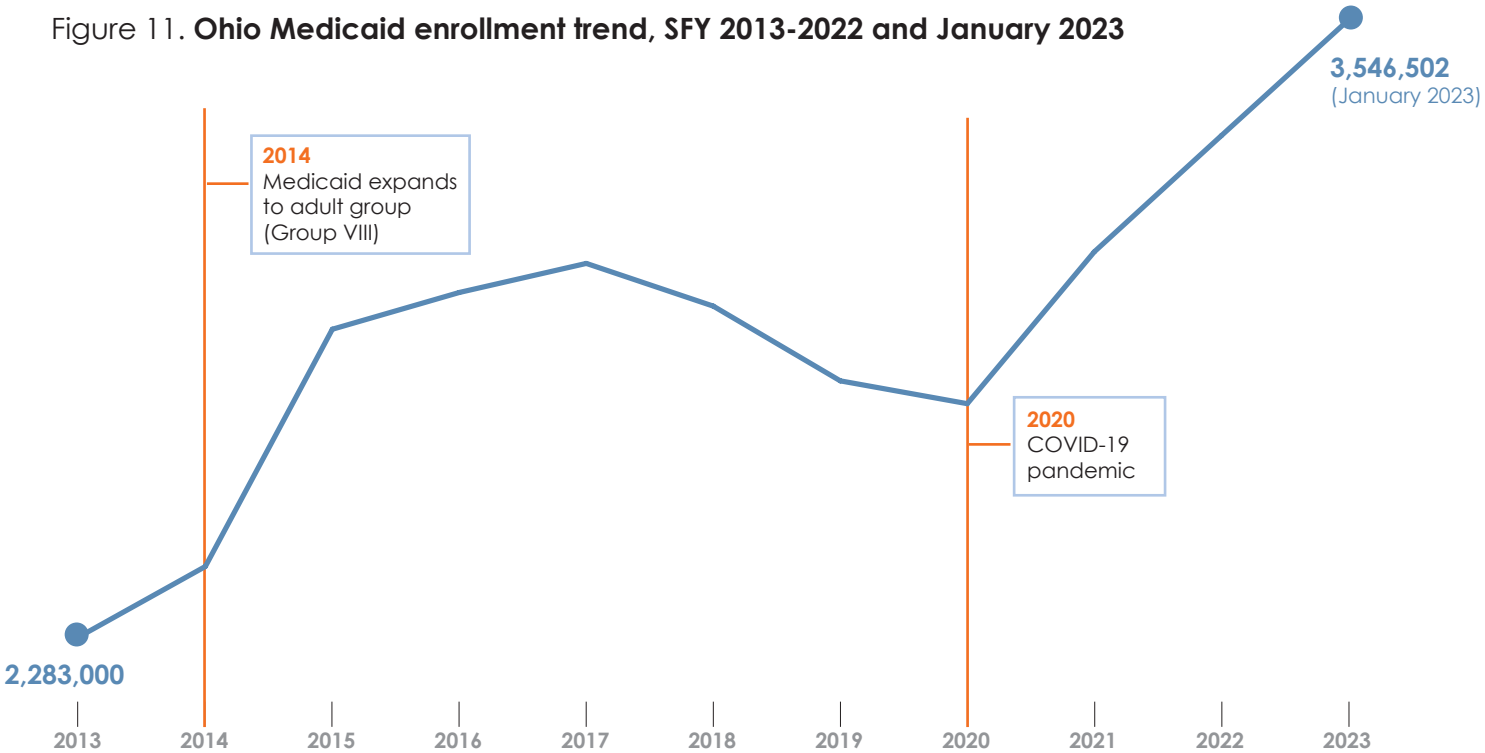
Low employer-sponsored health insurance rates

People who hold part time, temporary and/or low-wage jobs are generally less likely to be offered employer-sponsored health insurance (ESI). Throughout the U.S. in 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.[48] In 2019, 23% of part-time employees (working less than 35 hours weekly) were offered ESI, compared to 87% of full-time workers.[49]

Coverage for long-term services and supports

Long-term services and supports (LTSS), such as ongoing care provided in a nursing facility or at home, are not usually covered by Medicare or private health insurance plans. Long-term care is also expensive. The national average annual cost was $108,405 for a private room in a nursing home, $54,000 for an assisted living facility and $61,776 for a home health aide in 2021.[50] People with low incomes, few assets and no long-term care insurance may apply for Medicaid in order to pay for LTSS.

Figure 11. **Ohio Medicaid enrollment trend, SFY 2013-2022 and January 2023**



Sources: SFY 2013-2023 Ohio Department of Medicaid Caseload Reports
Note: Enrollment data is the average for each state fiscal year except for January 2023, which was the most current month available before HPIO analysis.

Recent issues affecting enrollment and spending

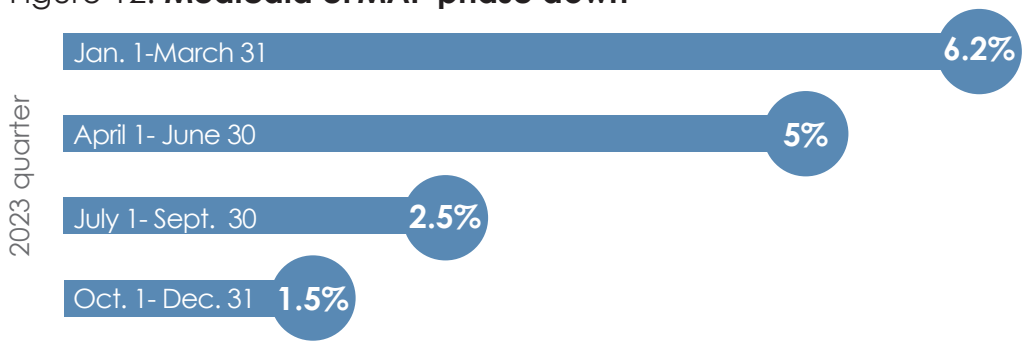
Following the federally-declared COVID-19 public health emergency (PHE) that began on January 31, 2020,[51] the Families First Coronavirus Response Act (FFCRA) granted states a 6.2 percentage point increase in FMAP with the requirement that states provide continuous Medicaid coverage to people enrolled during the PHE.[52] Enhanced FMAP (eFMAP) made it easier for states to finance Medicaid programs during a period of fiscal uncertainty.

In Ohio, Medicaid enrollment increased by approximately 27.2% from March 2020 to January 2023, growing from about 2.79 million to 3.55 million enrollees.[53] This increase in enrollment represents a reversal of the downward trend in Medicaid enrollment from 2017 to 2020, shown in figure 11 on page 9.

The federal Consolidated Appropriations Act (CAA), passed in December 2022, decoupled the continuous coverage requirement from the PHE. This requirement ended on April 1, 2023, and states have up to 12 months to initiate and 14 months to complete redetermination of eligibility and termination of enrollment, if necessary, for all people with Medicaid coverage.[54]

Medicaid redetermination will include a phase down of the eFMAP, as shown in figure 12.[55] States received the 6.2 percentage point increase in eFMAP during the first quarter of 2023, and the eFMAP percentage will decrease quarterly throughout 2023.

Figure 12. **Medicaid eFMAP phase down**



According to the Kaiser Family Foundation, there are many people who continue to meet the Medicaid eligibility criteria but are at a greater risk of losing coverage because of barriers to completing the renewal process, especially people with disabilities, those with low literacy and limited English proficiency and those who changed addresses since the public health emergency started.[56] In addition, the dual eligible population may be at a heightened risk of losing Medicaid coverage because of higher rates of disability and need for assistance with daily activities during the impending redetermination process.[57] The Centers for Medicare and Medicaid Services (CMS) issued guidance outlining specific steps that states can take to ensure that people who are eligible for Medicaid are not disenrolled due to the redetermination process.[58]

The Ohio Department of Medicaid (ODM) is taking several steps to make sure that Ohioans with Medicaid coverage receive communications about the renewal process. ODM has also requested that other stakeholders share information about redetermination with people who have Medicaid coverage.[59]

Next Generation of Ohio Medicaid Managed Care

In 2019, the Ohio Department of Medicaid announced a series of programmatic changes—collectively referred to as the Next Generation of Ohio Medicaid Managed Care—aimed at streamlining administrative processes, increasing transparency and improving access to care and care coordination for Ohioans.[60] The table below provides details on objectives and status updates for three components of the Next Generation of Ohio Medicaid Managed Care initiative: MCO procurement, Single Pharmacy Benefit Manager and OhioRISE.

Initiative and vendor	Objectives	Implementation status and other highlights
Managed care organization procurement **Vendors selected:** • AmeriHealth Caritas Ohio • Anthem Blue Cross and Blue Shield • Buckeye Community Health Plan • CareSource Ohio • Humana Health Plan of Ohio • Molina Healthcare of Ohio • UnitedHealthcare Community Plan of Ohio	• Save costs for the state, ensure better care coordination and benefit provision for Ohioans enrolled in Medicaid and increase transparency for MCOs. • Address social drivers of health, equity and population health.	• New Medicaid managed care agreements went into effect on February 1, 2023. • New MCO agreements include enhanced reporting on quality measures and requirements related to community reinvestment and health equity.
Single Pharmacy Benefit Manager (SPBM) **Vendor selected:** Gainwell Technologies	• Manage prescription drug benefits for Ohioans enrolled in Medicaid on behalf of health insurers, Medicare Part D drug plans, large employers and other payors to increase transparency. • Act as an intermediary organization that manages contracts with pharmacies, determines costs of specific pharmaceutical drugs for MCOs and determines Ohioans' access to certain medications. • Provide fair and predictable pricing based on costs that are audited.[61,62]	• On Oct. 1, 2022, the SPBM began providing pharmacy services across all Medicaid MCOs and members (from more than 2,600 pharmacy locations)[63], "unbundling" many aspects of pharmacy benefit administration from MCO contracts and fulfilling a 2019 Ohio legislative mandate.[64] • The SPBM gives Ohioans enrolled in Medicaid a new choice of specialty pharmacies to access medications to treat conditions such as cancer, hemophilia and other rare diseases.[65]

Next Generation of Ohio Medicaid Managed Care (cont.)

Initiative and vendor	Objectives	Implementation status and other highlights
Ohio Resilience through Integrated Systems and Excellence (OhioRISE) **Vendor selected:** Aetna Better Health of Ohio	• Provide expanded, specialized treatment options and coordination of support services for Ohio children and adolescents enrolled in Medicaid who have complex behavioral health needs. • Prevent the practice of parents needing to relinquish custody of children with complex behavioral health needs to access appropriate care for their child.	• OhioRISE launched on July 1, 2022. • As of March 23, 2023, there were 18,963 children and youth enrolled in OhioRISE.[66] • New or enhanced services include a psychiatric residential treatment facilities (PRTF) benefit, intensive home-based treatment (IHBT), mobile response stabilization services (MRSS) and behavioral health respite. • ODM and Aetna regularly convene two advisory groups: the OhioRISE Advisory Council and the OhioRISE Provider Advisory Council (PAC).[67]

Note: AmeriHealth Caritas Ohio and Humana Health Plan of Ohio were newly selected as MCOs as a result of the procurement process, while the others had previously been under contract with ODM. All MCOs, however, signed new agreements with ODM, effective February 1, 2023.

Along with OhioRISE, MCO procurement and the SPBM, ODM implemented four additional initiatives as part of the Next Generation of Ohio Medicaid Managed Care, including:

- **Provider Network Management (PNM):** Processes certain administrative functions such as claims submissions, prior authorizations and member eligibility verification
- **Centralized credentialing:** Functions as a unified, single credentialing system managed by ODM, rather than having each MCO manage provider credentials individually
- **Electronic Data Interchange (EDI):** Reduces business and administrative costs as well as improves service and data flow through exchange of Medicaid-related documents during business and non-business hours
- **Fiscal Intermediary:** Routes MCO claims submitted through the EDI and settles/pays for FFS claims

PNM and Centralized Credentialing were implemented in October 2022, while the Fiscal Intermediary and EDI were implemented in February 2023, alongside the new Ohio Medicaid MCO contracts. Though distinct in their roles in Medicaid services delivery, these initiatives are all part of the Ohio Medicaid Enterprise System (OMES), which replaced Medicaid Information Technology System (MITS).[68] For more information on these initiatives, visit the ODM **Next Generation of Medicaid Managed Care webpage**.

What are Medicaid waivers?

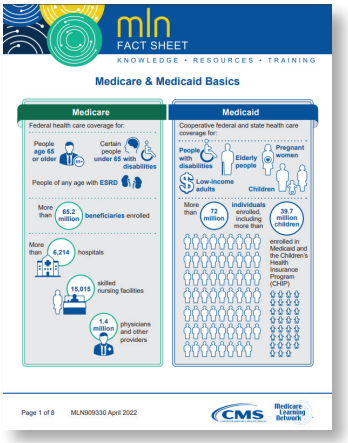
CMS can waive certain federal Medicaid requirements and grant states flexibility in administering their Medicaid programs.[69] Waivers allow states to implement innovative approaches for targeting and delivering services while meeting the overall goals of Medicaid. Ohio has several approved waivers[70,71] including a number of home and community-based services waivers (HCBS).[72] HCBS waivers enable people with disabilities and/or chronic conditions to choose to live in the community rather than in an institutional setting.

Looking ahead

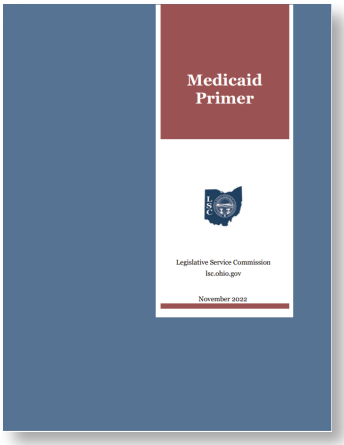
Medicaid provides coverage for healthcare services to 3.55 million Ohioans. For people who are sick or injured, access to care can mean the difference between a timely return to health or prolonged illness. For Ohioans with low incomes and chronic diseases, mental health conditions or substance use disorder, 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.

As Ohio continues to implement updates to the Medicaid program and undertakes the eligibility redetermination process, it will be important to pay attention to the needs of Ohioans most at risk of poor health outcomes and ensure that they are not losing critical healthcare coverage. State policymakers and other leaders should continue monitoring the outcomes of these program changes to evaluate impacts on health, equity and Medicaid spending over the next several years.

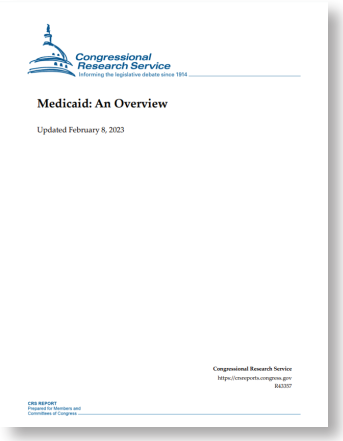
Other Medicaid resources



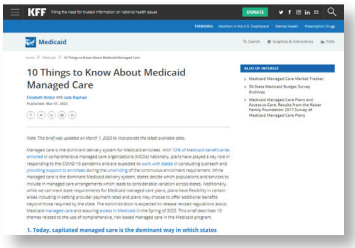
Medicare & Medicaid Basics
Centers for Medicare & Medicaid Services
(April 2022)



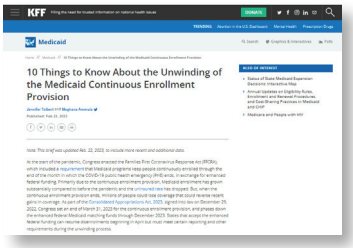
Medicaid Primer
Ohio Legislative Service Commission
(November 2022)



Medicaid: An Overview
Congressional Research Service
(February 2023)



10 Things to Know About Medicaid Managed Care
Kaiser Family Foundation
(March 2023)



10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision
Kaiser Family Foundation
(April 2023)

Appendix: Ohio Medicaid eligibility categories

Eligibility categories	Requirements for coverage
Covered Families and Children (CFC)	
Children	Medicaid covers children ages 18 and younger in households with incomes up to 211% FPL with no insurance and up to 161% with non-Medicaid health coverage.[73]
Parents	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.[74]
Pregnant women	Medicaid covers pregnant women with incomes up to 205% FPL and allows them to keep their coverage for the duration of their pregnancy and for up to 12 months after the baby is born, regardless of changes that would otherwise impact eligibility.[75] 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.[76]
ABD: Individuals with low incomes who are ages 65 or older (aged), blind or disabled	
Medicaid Buy-In for Workers with Disabilities (MBIWD)	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 $13,233.[77] People with incomes above 150% of the FPL are required to pay a monthly premium.[78]
Dual eligible beneficiaries	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, and it pays copays and deductibles for Medicare-covered services (a list of covered services is found in figure 7 on page 5). 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 Ohio's 10 most populated counties.[79]
Group VIII: Adults, ages 19 to 64, who have incomes less than 138% of the FPL and are not eligible for other categories of Medicaid	
Other categories of Medicaid	
Presumptive eligibility	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.[80] To be enrolled, a qualified entity must determine an individual's eligibility based on household income and other requirements. In Ohio, qualified entities include: • Medicaid-approved healthcare providers • Special Supplemental Food Program for Women, Infants and Children (WIC) • County Departments of Job and Family Services • Ohio Department of Youth Services • Local health departments
Medicare Premium Assistance Programs (MPAP)	MPAPs provide a limited Medicaid benefit that helps cover costs associated with Medicare. There are four types of these programs: The Qualified Medicare Beneficiaries (QMB) program, the Specified Low-Income Medicare Beneficiary (SLMB) program, the Qualified Individuals (QI) program and the Qualified Disabled and Working Individuals (QDWI) program.[81]
Breast and Cervical Cancer Project (BCCP)	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 64 with a physician's report of abnormality or other factors and women ages 40 and older with incomes below 300% FPL who are uninsured or underinsured.[82] BCCP provides full Medicaid benefits to treat diagnosed cancer or pre-cancerous conditions.[83] Women in the BCCP category also cannot be eligible for another category of Medicaid.[84]
Alien Emergency Medical Assistance (AEMA)	AEMA provides treatment for emergency medical conditions to non-U.S. citizens who are not otherwise eligible for Medicaid.[85]
State Funded Medical Assistance for Non-Citizen Victims of Trafficking (NCVOT)	NCVOT is available to non-citizen Ohio residents who are victims of human trafficking and are applying for T Non-Immigrant Status. To qualify, individual monthly income must be at or below 100% FPL and the individual also should not have eligibility under another category of assistance.[86]
Refugee Medical Assistance (RMA)	RMA offers temporary health coverage to refugees upon arrival in the states. RMA is available to individuals who have been in the U.S. for less than 8 months, have an income up to 100% FPL and are not eligible for other categories of Medicaid.[87]

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17. Rules regarding resources for ABD applicants are outlined in Ohio Administrative Code (OAC) § 5160:1-3-5.1 through § 5160:1-3-5.20 (§ 5160:1-3-5.15 is rescinded).
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