




**Joint Legislative Budget Planning and
Management Commission**

Ohio Medicaid Basics

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www.hpio.org

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advancing the health of Ohioans through informed policy decisions



**HPIO's Approach to Medicaid
(and Everything)**

- Advancing the health of all Ohioans through informed policy decisions
- Independent, nonpartisan
- Forecast health trends, analyze key health issues, and communicate results to decision makers
- Methods include education, research, convening
- Anticipate future decision points, ask “what if” questions, and provide information on options

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Ohio Medicaid Basics 2009

**HEALTH POLICY INSTITUTE
of Ohio**

Ohio Medicaid provides a broad range of health services each year to 2.2 million low-income working families, children, seniors, and people with disabilities.

Ohio Medicaid at a Glance

Provides, on average, health services to 1.7 million Ohioans every month (15% of the total population) and a total of 2.2 million people throughout the year. Each month, Medicaid covers:

- 892,000 children (1 out of 3), including 34,000 children with disabilities;
- 340,000 parents;
- 100,000 seniors; and
- 250,000 people with disabilities, including CPARs.

Covers children in families earning up to \$42,600 annually for a family of four and parents in families earning up to \$10,000 annually for a family of two.

Pays 64,389 health care providers annually and accounts for 28% of all hospital and 47% of all nursing home spending in the state.

Spends \$13 billion annually and accounts for 3% of the Ohio economy and 23% of the State of Ohio budget. Every dollar the State of Ohio spends on Medicaid generates nearly \$2.64 in total health care spending in Ohio.

Note: Under other state rules, "Ohio Medicaid Basics" refers to state fiscal year 2008 (July 1, 2007 to June 30, 2008).

Introduction

Medicaid is Ohio's largest health and long-term care program. It combines state and federal funds to purchase health care coverage for low-income and medically vulnerable citizens. In reality, Medicaid is not one program but many:

- An insurance program for children, parents, pregnant women, elders, and people with disabilities who meet certain low-income requirements;
- A program of chronic and long-term care for people with disabilities, including people with mental illness, and low-income elderly;
- A supplement to Medicare for low-income elderly and people with disabilities; and
- A source of funding for uncompensated care in hospitals.

2008 Ohio Medicaid Enrollees and Spending

Category	Percentage
Children and Parents	20%
Elderly and Disabled	23%
Children and Parents	20%
Elderly and Disabled	23%

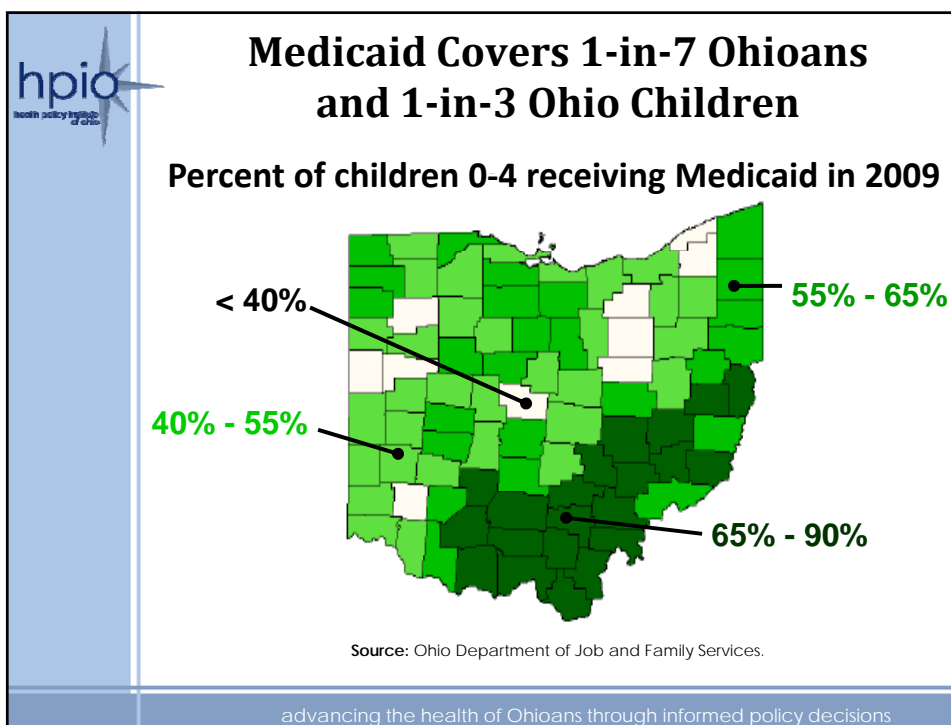
Source: Ohio Department of Job and Family Services. Expenditures based on SFY 2008 average monthly expenditures, based on expenditures for SFY 2008 (July 1, 2007 to June 30, 2008). Does not include 2009 payments, hospital IPI, or Medicare Part A, B or D.

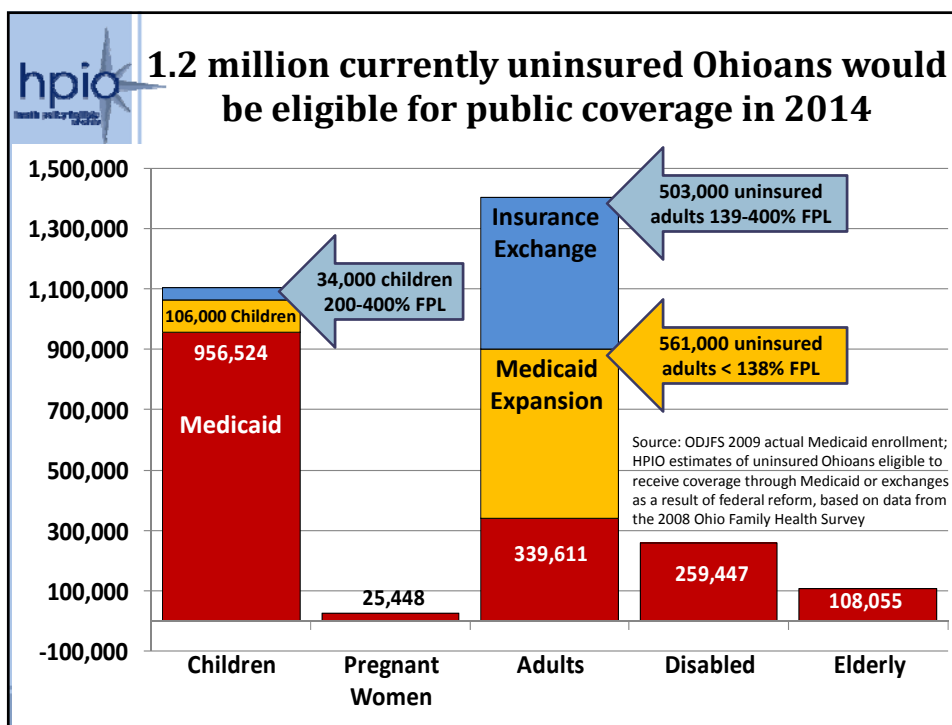
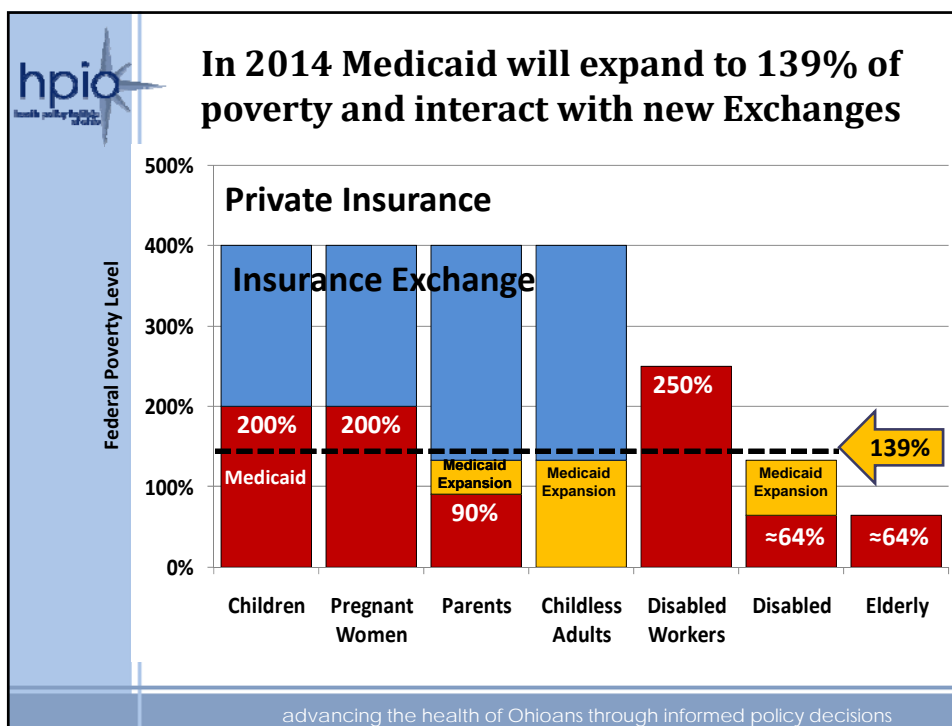
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http://www.hpio.net/pdf/MedicaidBasics_2009.pdf

- Eligibility and Enrollment
- Benefits
- Delivery System
- Administration
- Financing



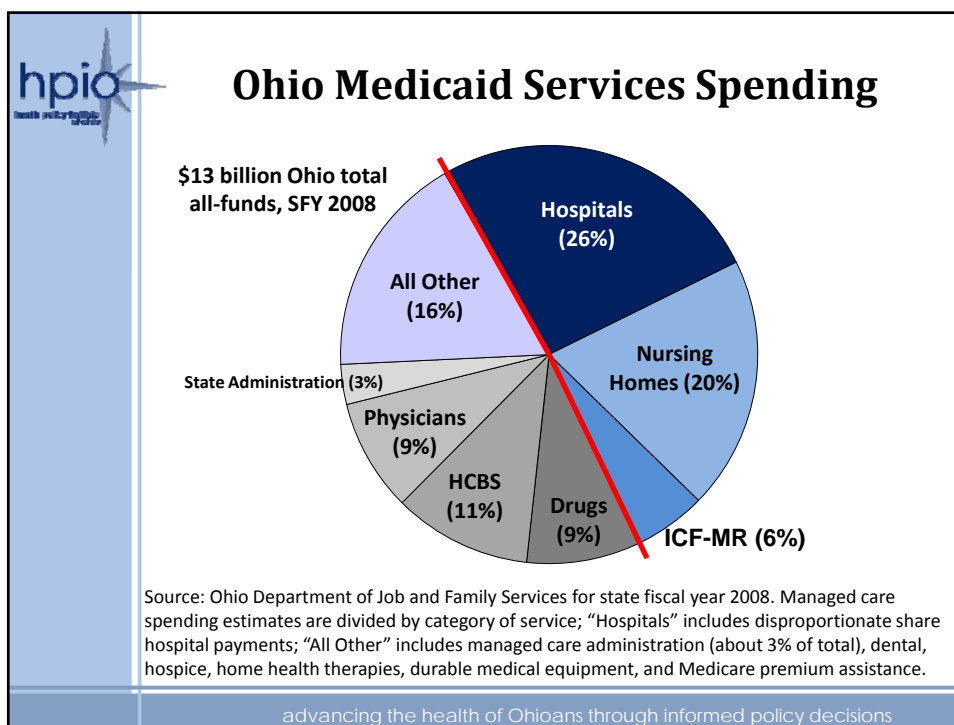


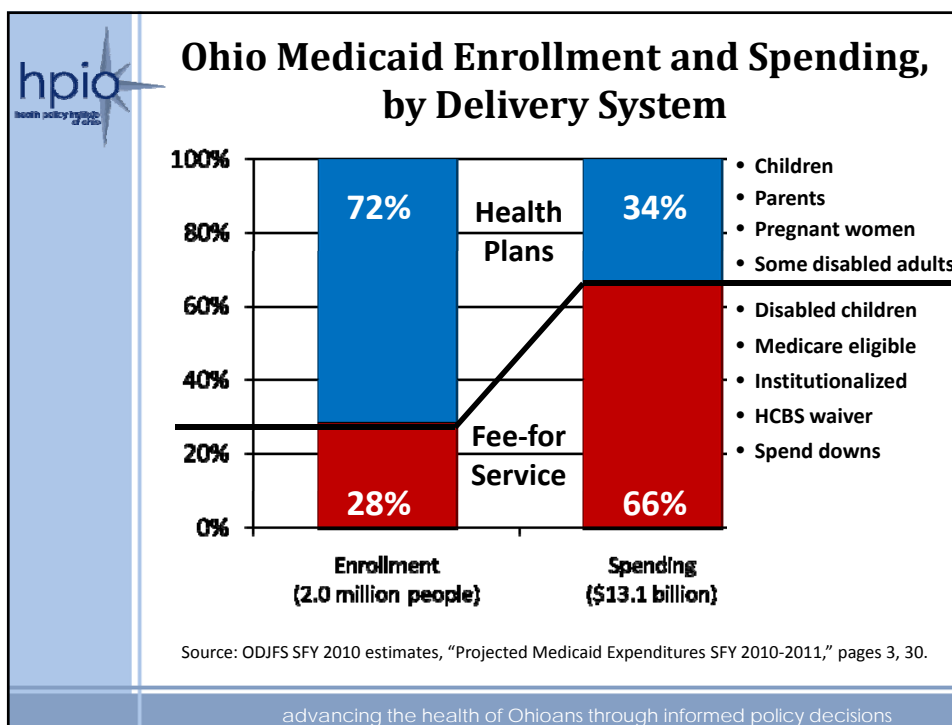
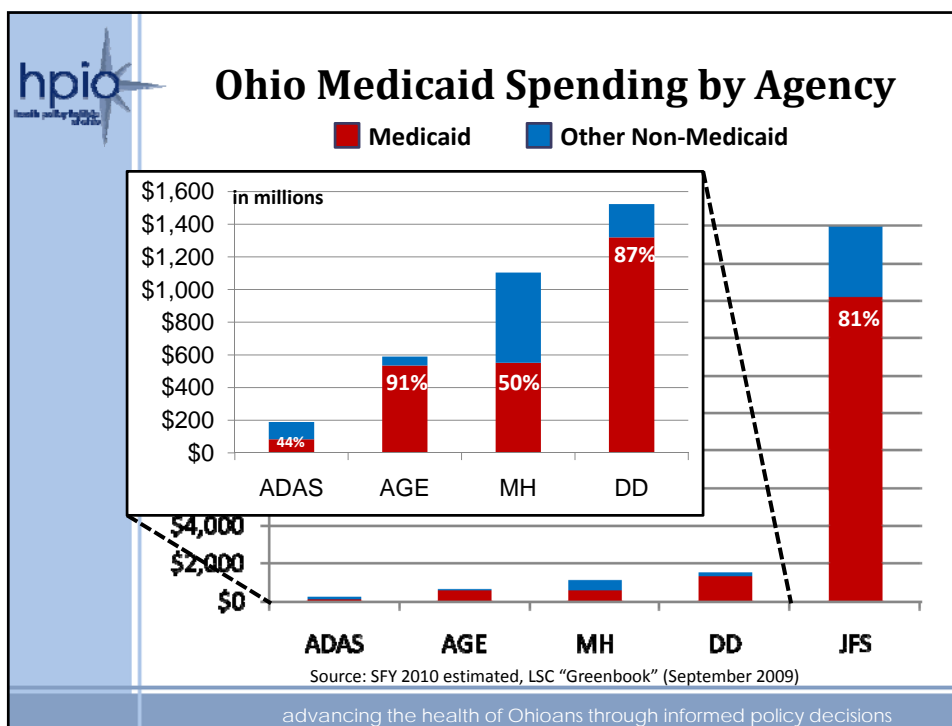
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Ohio Medicaid Benefits

Federally Mandated Services	Ohio's Optional Services
<ul style="list-style-type: none"> • Early and periodic screening, diagnosis and treatment (EPSDT) for children • Inpatient hospital • Physician • Lab and X-ray • Outpatient, including services provided by hospitals, rural health clinics, and Federally Qualified Health Centers • Medical and surgical vision • Medical and surgical dental • Transportation to Medicaid services • Nurse midwife, certified family nurse and pediatric nurse practitioner • Family planning services and supplies • Home health • Nursing facility • Medicare premium assistance 	<ul style="list-style-type: none"> • Prescription drugs • Durable medical equipment • Vision, including eyeglasses • Dental • Physical therapy • Occupational therapy • Speech therapy • Podiatry • Chiropractic services for children • Independent psych services for children • Private duty nursing • Ambulance/ambulette • Community alcohol and drug treatment • Home and community based services • Intermediate care facilities for people with developmental disabilities • Hospice • Community mental health services

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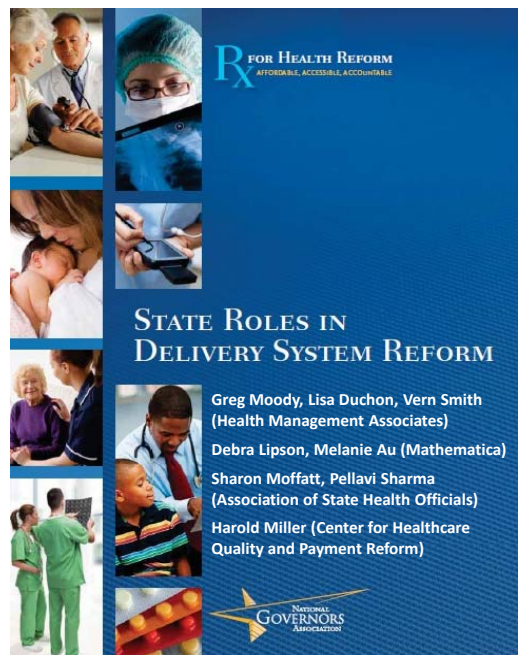
Most Medicaid beneficiaries (50%) have few or no health care expenses (less than 5%)

But as a group, Medicaid enrollees are more likely to have asthma, bipolar disorder, congestive heart failure, pulmonary disease, and diabetes

A few (5%) high-cost, medically complicated cases consume 50% of Medicaid spending

Source: Ohio Department of Job and Family Services

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FOR HEALTH REFORM
AFFORDABLE, ACCESSIBLE, ACCOUNTABLE

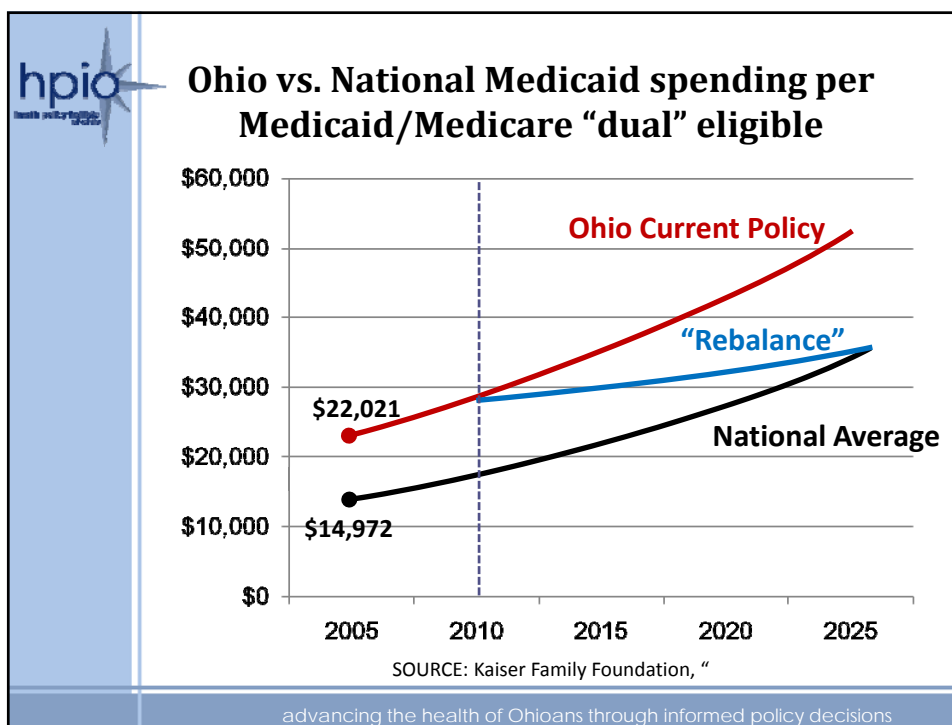
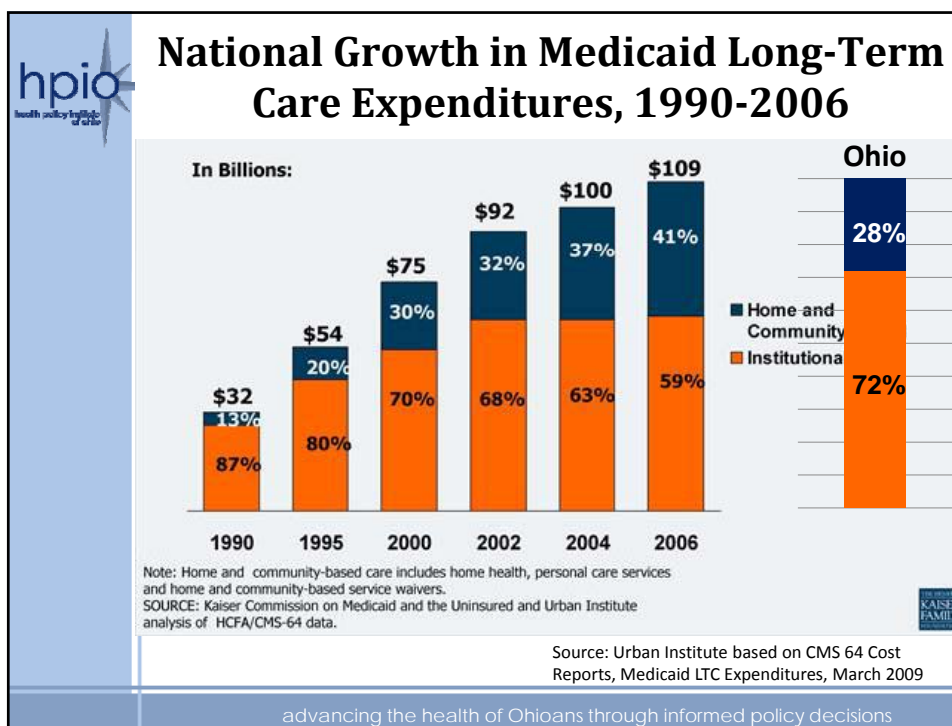
STATE ROLES IN DELIVERY SYSTEM REFORM

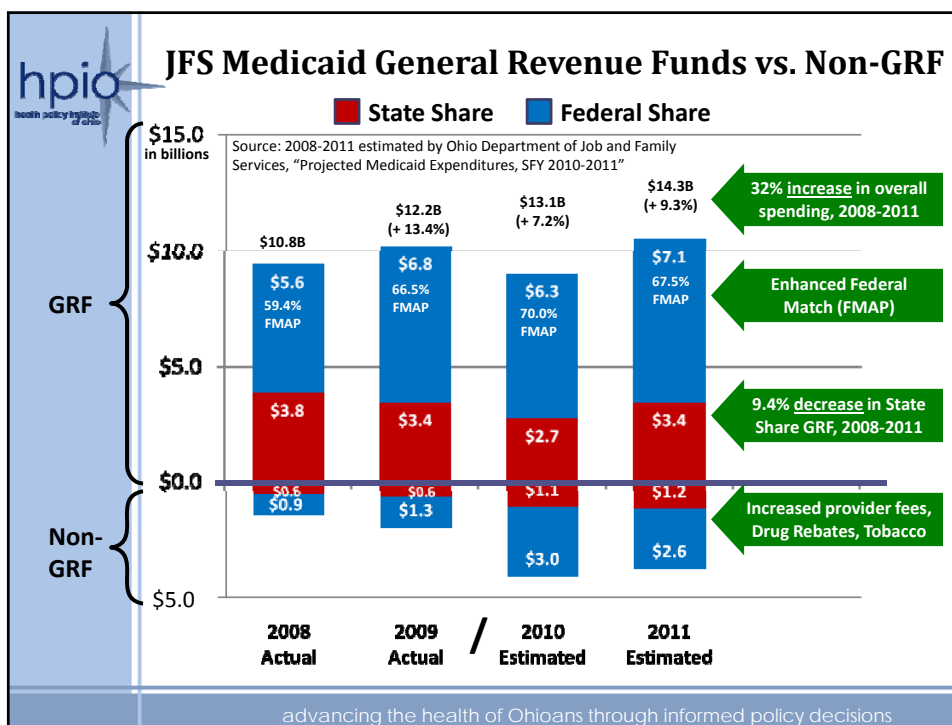
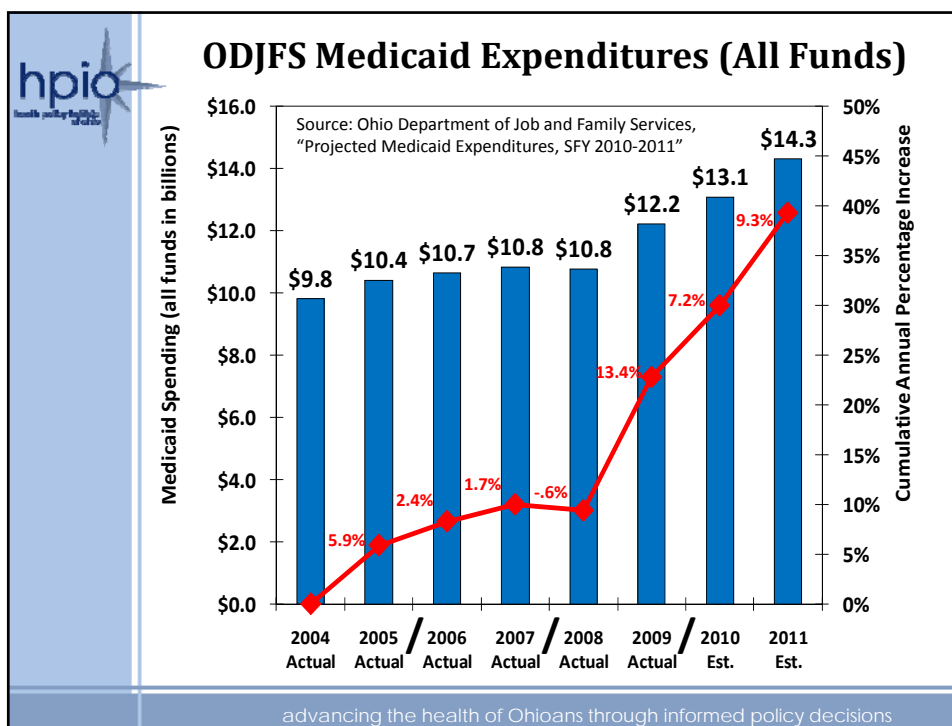
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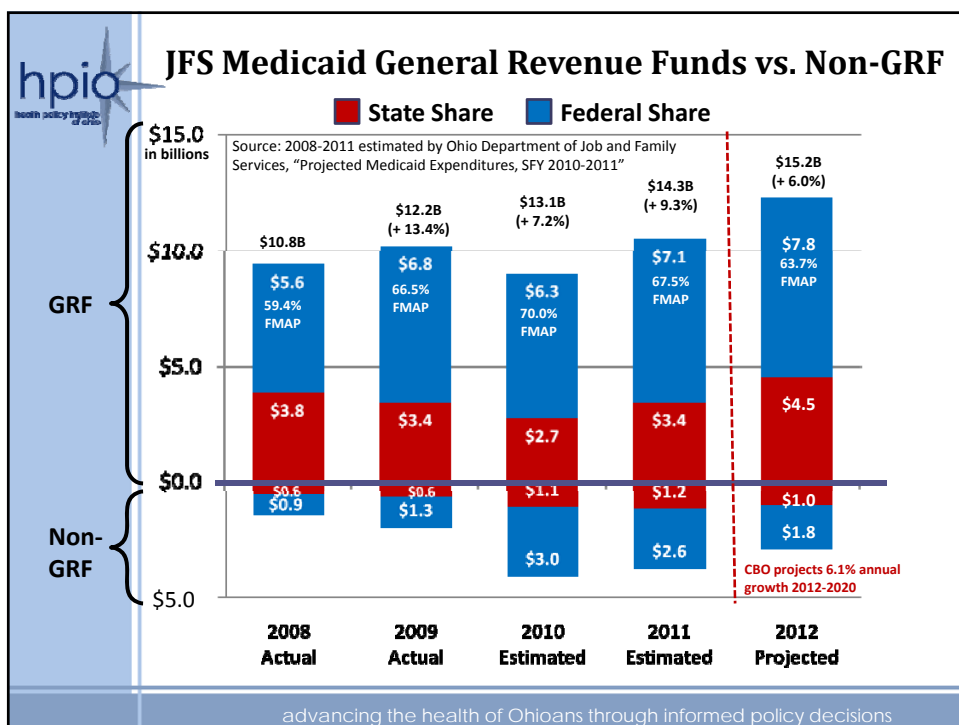
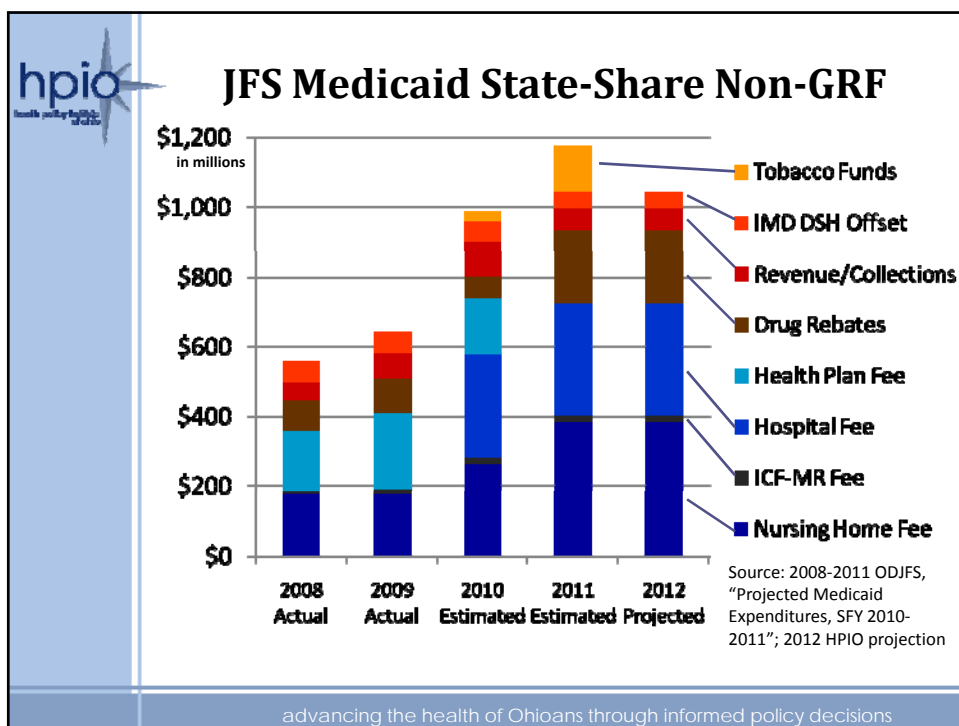
NATIONAL GOVERNORS ASSOCIATION

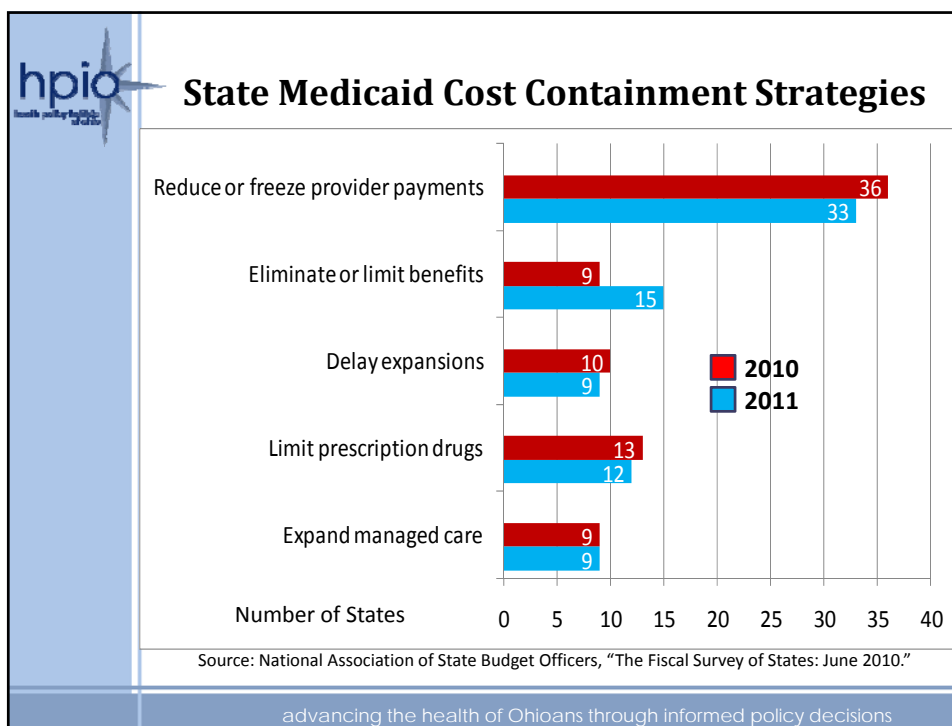
<http://www.nga.org/Files/pdf/1007DELIVERYSYSTEMREFORM.PDF>

- Focus on Prevention and Primary Care
- Care Coordination and Disease Management
- Price and Quality Transparency
- Payment Reforms that Reward Value
- Behavioral/Physical Health Integration
- Rebalance Medicaid Long-Term Care









June, 2010

Thinking the Unthinkable
Finding Common Ground for Resolving Ohio's Fiscal Crisis

John A. Begala
Executive Director

THE CENTER FOR
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