

Overview of the Ohio Medicaid Program May 2008

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ohio medicaid

Overview

- What is Ohio Medicaid?
 - Who is eligible?
 - Who is enrolled?
 - What are the program expenditures?
 - What programs / services are provided?
 - How are services delivered?



Medicaid in Ohio, pt 1

- Publicly funded health care for Ohioans with limited income or chronic disabilities
- Funded with State (40%) and Federal (60%) dollars
- \$11.32 billion expenditures (est SFY 2008)
- 25 percent of Ohio's state spending
(Note: This % increases if Federal funding is counted)



Medicaid in Ohio, pt 2

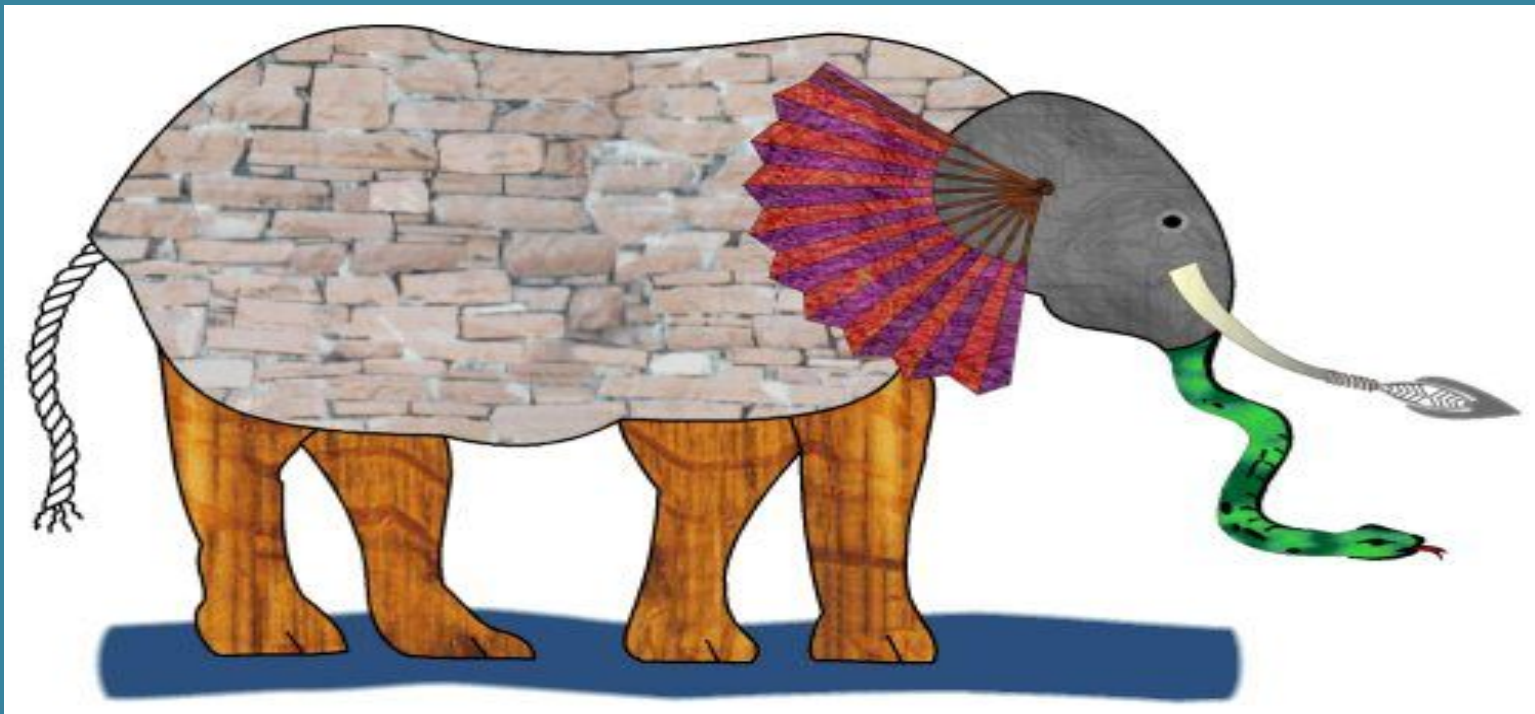
2.1 million Ohioans served (est SFY 2008)

- Coverage for 1 in 6 Ohioans
 - 1 in 4 children
 - 1 in 4 seniors age 85+
 - 265,000 non-elderly adults and children w/ disabilities
- Pays for 1 in 3 births in Ohio
- Pays for 70 percent of nursing home care



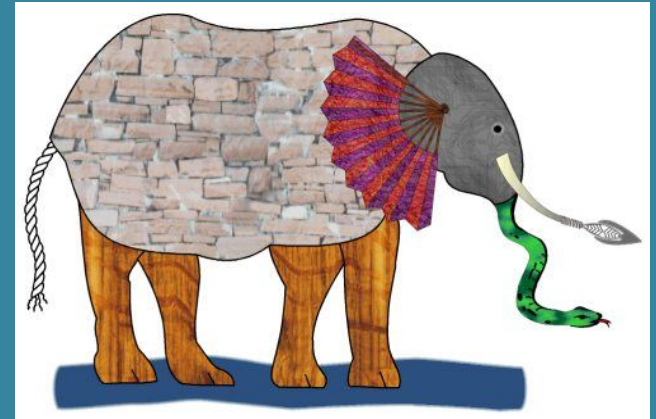
There's something about Medicaid: "Visions" Differ by Perspective...

Like "The Blind Men and the Elephant"



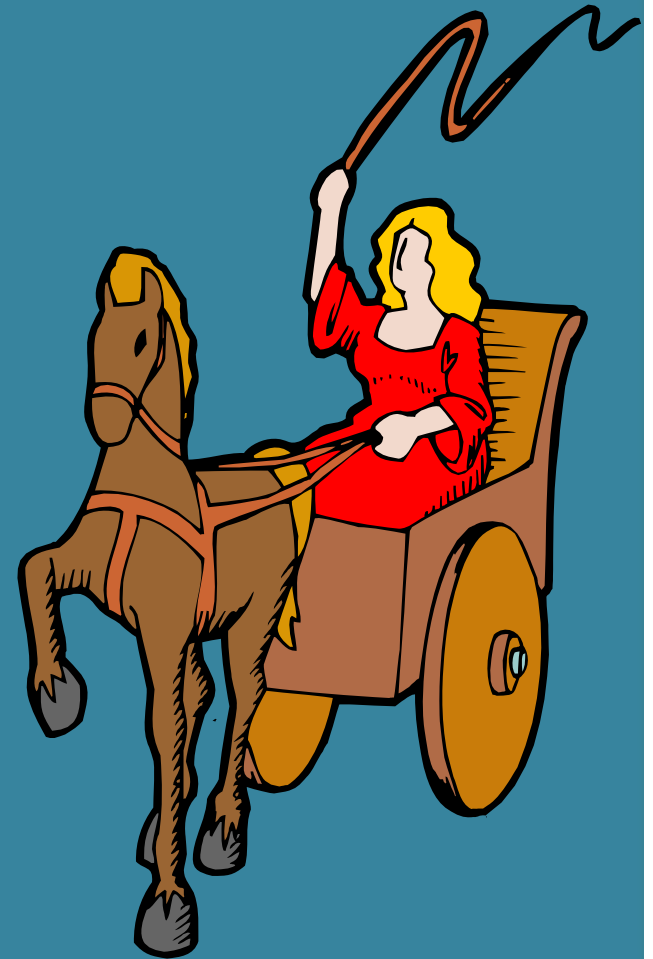
What is OH Medicaid?

- Health coverage for low income families
- The main payer for long term care
- A “gap-filler” for Medicare & employer insurance
- A tool for assuring civil rights (ADA)
- A national emergency response system
- A financing stream for public/community health/safety net
- A huge stimulus to Ohio’s economy
- The “pac man” of state spending due to its entitlement nature

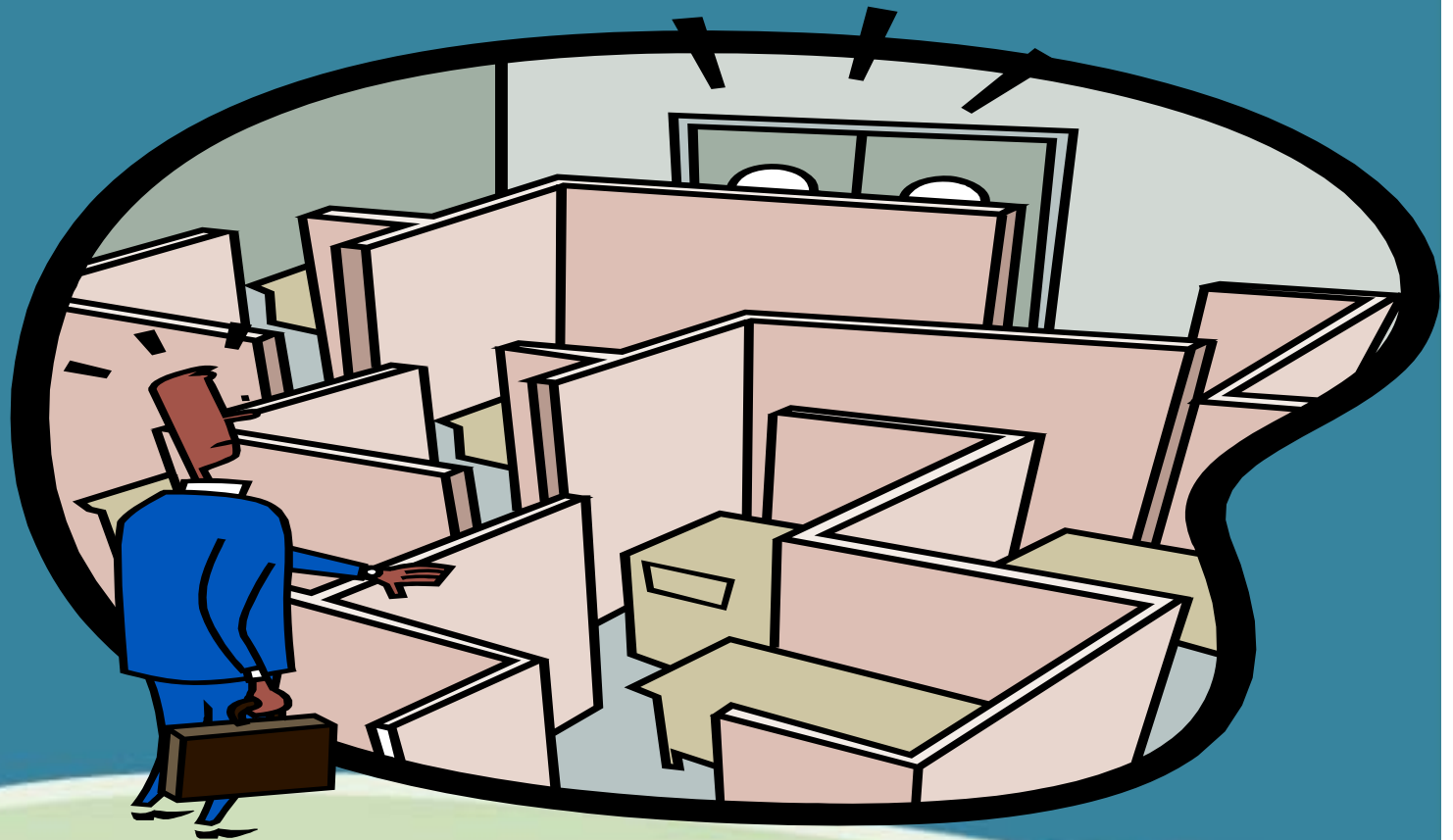


Medicaid is the US's Healthcare “WORKHORSE”

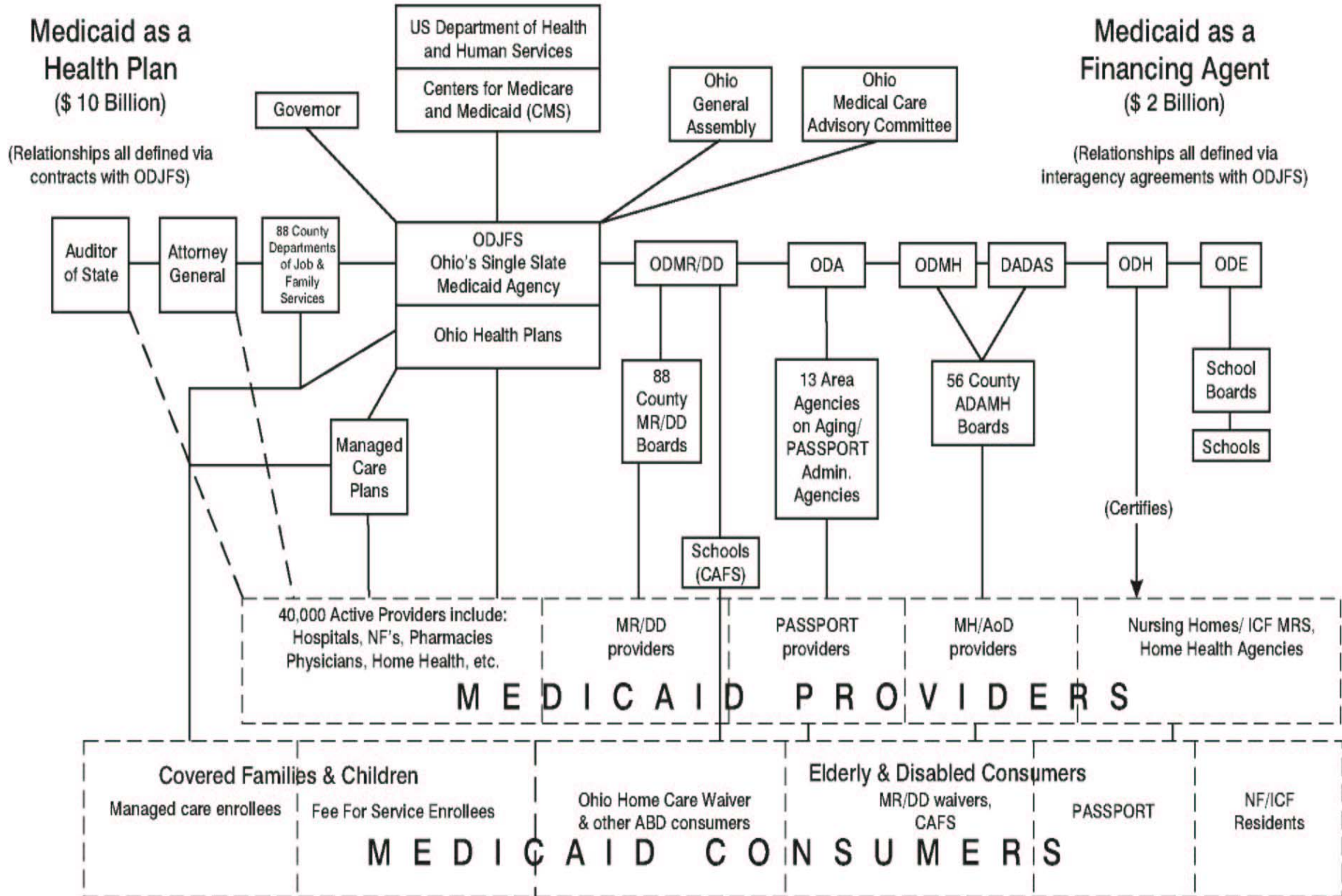
- Larger than Medicare with
 - 53 million Americans covered;
 - \$300 Billion in expenditures.
- An income based “entitlement” program for targeted eligible people.
- Federal/ State Partnership
- Largest source of Federal \$ to states.



Ohio Medicaid is BIG & COMPLICATED...



Major Organizational Relationships of Ohio's Medicaid Program



Everyone **LOVES** Medicaid...

- And wants to enroll more people (eligible but unenrolled, more children, low income adults, uninsured, disabled)
- Provide more types of new services
- Pay providers higher rates...

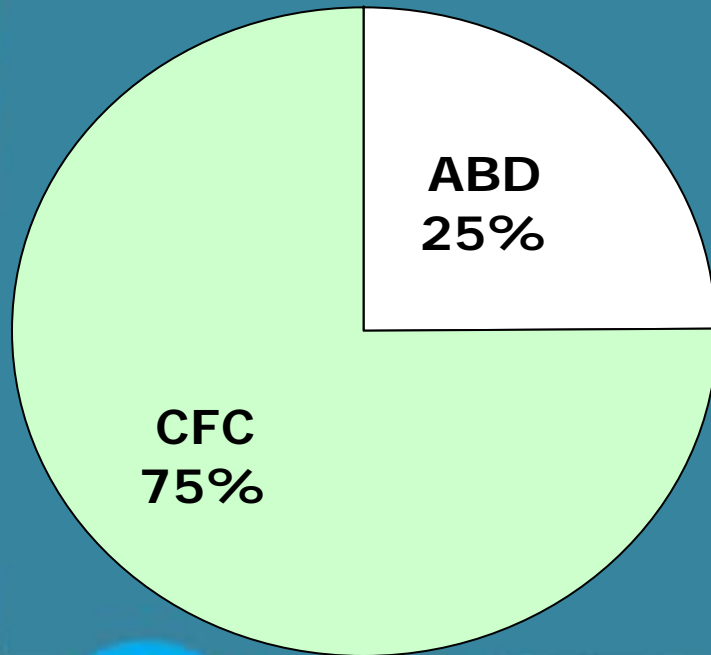
But Few want to **PAY** for Medicaid!



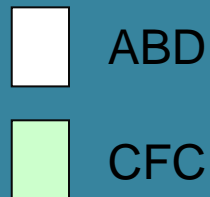
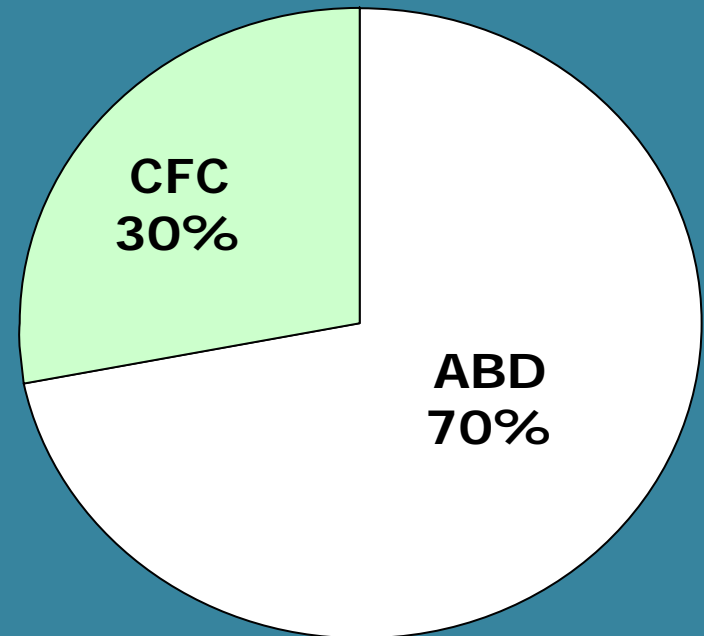
OH Medicaid Consumers & Their Cost of Care

75% of consumers are in the Covered Families and Children Group but 70% of cost is among the smaller "Aged, Blind or Disabled" group

Consumers



Cost



Medicaid is the LAST payer

COMMERCIAL HEALTH INSURANCE

MEDICARE

MEDICARE PREMIUM
ASSISTANCE PROGRAM

SPENDDOWN/PATIENT
LIABILITY

MEDICAID



To Be Eligible for Medicaid...

A person must:

1. Apply (remotely for CFC; in person for ABD)
2. Be a member of a "covered group"
3. Have income below the upper income threshold (after certain deductions) - See also "Medicaid Spend down"
4. Older or disabled applicants must have limited resources and prove age or disability status
5. Document identity and citizenship status one time



Broad Medicaid Covered Groups

Covered Families & Children (CFC)

- Children (Up to age 19)
- Youth in Foster Care (18-21)
- Pregnant Women
- Families (Parents & Children)

Total Covered ~ 1.3 million

Aged Blind or Disabled (ABD)

- Seniors (65 & older)
- People with disabilities

Total Covered ~ 400,000

BREAST & CERVICAL CANCER PROGRAM (BCCP)

Women screened through ODH

Total Covered ~ 400



Medicaid for Children & Families (CFC)

Children

(up to age 19; former foster care youth age 18-21)

200% FPL

(\$3442 / month
family of four)

PLANNED:

250% FPL

\$5163 / month
family of four

PREGNANT

Women

(any age)

200% FPL

(\$3442 / month
family of four)

FAMILIES

(Parents & Children)

Healthy Families

90% FPL

(\$1549 / month
family of four)



SCHIP & OH Medicaid

- SCHIP = Title XXI of Social Security Act
- Ohio's State Children's Health Insurance Program (SCHIP) is operated as part of Ohio's existing Medicaid program
- Identical benefit package
- Eligibility differences – SCHIP/Medicaid :
 - Higher income
 - Children must be uninsured



Medicaid for People who are Older or have Disabilities (ABD)

Aged: 65 years or older

Blind: Visual acuity of 20 / 200 or less OR
SSI eligible due to visual impairment

Disabled:

Physical/mental impairment inhibiting work
and has lasted, or will last, 12 months or
result in death

Receiving SSI, SSDI, or JFS has determined
disability



Medicaid “Spend Down”

- A program unique to Ohio and 13 other states (209-B)
- Allows eligibility for certain people with incomes above the income threshold
- Like monthly deductible; Amt = the difference between countable income and the Medicaid upper income threshold
- Person must document medical expenses up to their spend down amount before coverage can begin.



Turn Around Ohio Health Care Expansions

- Children in families btwn 200-300% FPL (est. 20,000)
- Pregnant women btwn 150-200% FPL (est 1,700)
- Youth ages 18-21 formerly in Foster Care (est. 900)
- Medicaid buy-in for workers with disabilities (est. 5,800)
- Children's Buy In for uninsured children >300% FPL (est 6,000)



Medicaid Basic Benefit Package

- Doctor visits
- Prescriptions**
- Dental*
- Behavioral Health
- Home Health
- Durable Medical Equipment (DME)
- Therapies
- Immunizations
- Vision*
- Inpatient & Outpatient Hospital
- Lab & X-Ray
- Transportation
- Private Duty Nursing
- Other Services

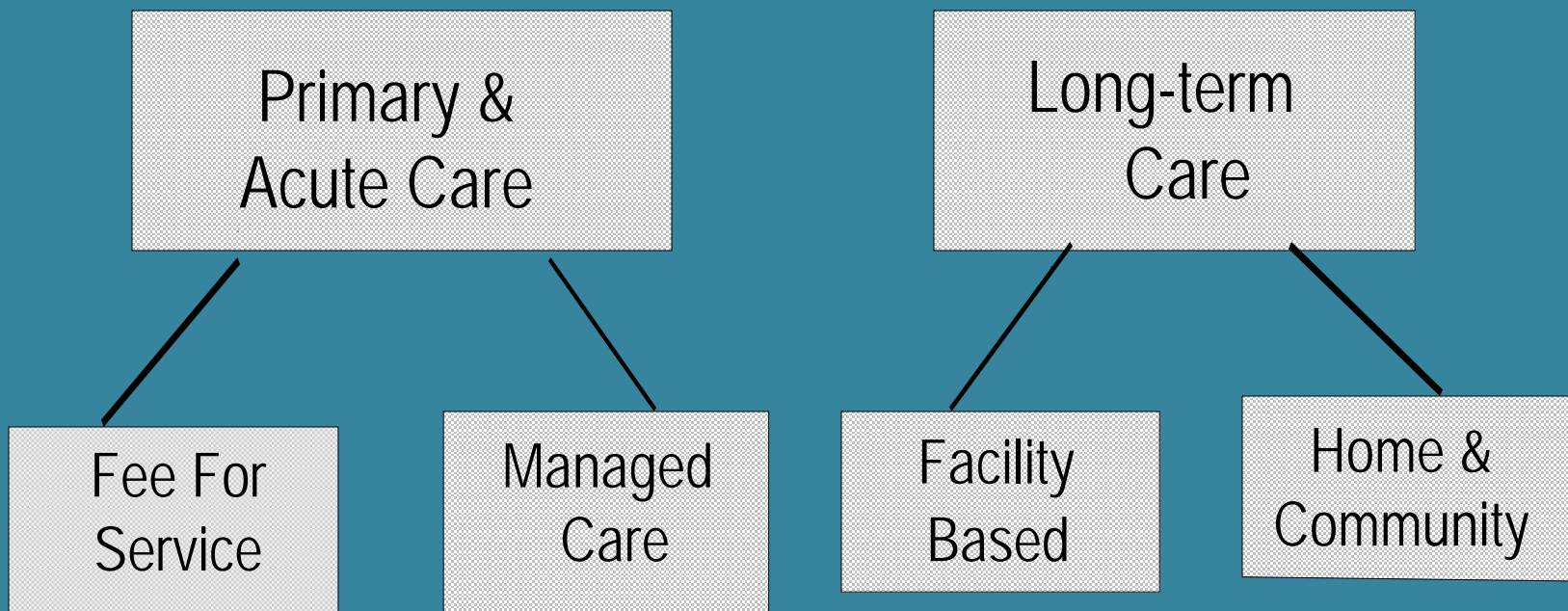
(*) Services subject to co-payments

(**) Drug benefit provided thru Medicare for certain ABD consumers



Medicaid Service Delivery System

2 Benefit Plans through 4 delivery systems



Medicaid Managed Care

- Statewide expansion to an additional 690,000 Medicaid consumers
- Exempts: disabled children younger than 21, institutionalized individuals, spenddown consumers, dual eligibles and waiver
- Benefits:
 - savings compared to Fee-For-Service
 - Improved health care access
 - Increased consumer satisfaction



Managed Care Fast Facts, 5/2008

- ODJFS contracts with 8 managed care plans in Ohio
- 1,265,000 enrolled in Medicaid managed care (70% of all Medicaid consumers):
 - 1,157,000 CFC (95% of those eligible)
 - 107,792 ABD (87% of those eligible)
- Medicaid Spending for managed care =
\$4.2 B for SFY '08 (37%)
\$4.7 B in SFY'09 (39%)



Facility Based Long-Term Care

Nursing Facilities:

- ~ 900 Nursing Facilities
- ~ 80,000 Medicaid licensed beds
- Ave # Medicaid consumers / month = 57,300
- Unduplicated # consumers = 86,113
- 23% of all Medicaid spending or \$2.568 Billion



ICFs/MR

- ~ 350 Intermediate Care Facilities for people with MR/DD
 - ~ 5900 Total Licenses beds
 - Ave Monthly # consumers = 5827
 - Medicaid Spending = \$529 Million
- (SFY 2007 data)



HCBS Waivers Differ From Medicaid

- “Permission to break Federal rules”
- Targeted populations
- Not an entitlement
- Different / specialized services such as: case management, home modifications, home delivered meals, homemaker, supplemental adaptive & assistive devices
- In Ohio, operated by three different state agencies



Medicaid Home and Community-Based Services Waivers

- **ODJFS (7690 OH Hm Care; 4372 Transitions 1/2008)**
 - **Ohio Home Care Waiver** – People with severe disabilities and medically unstable conditions who would require care in a nursing home or hospital
- **ODA (26,300 people enrolled 1/2008)**
 - **PASSPORT / Choices waivers** – People age 60 or over who would require care in a hospital or nursing home
 - **Assisted Living Waiver (349 enrolled 1/2008)**
- **ODMRDD (17,551 people enrolled 1/2008)**
 - **Individual Options & Level One**
 - People with ICF/MR level of care who would require care in an institution



Medicare Premium Assistance Program

- Medicaid programs are required to pay the Medicare premiums (and in some cases coinsurance, and deductibles) for certain low income Medicaid enrollees.
- Categories:
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualifying Individual 1 (QI-1)



Medicare Premium Assistance Program

| Category | Individual | Couple | Benefit |
|----------------------------|------------|--------|--|
| QI-1 (federally funded) | \$1149 | \$1541 | Payment of Medicare Part B Premium only |
| SLMB | \$1021 | \$1369 | Payment of Medicare Part B Premium only |
| QMB | \$851 | \$1141 | Payment of Medicare coinsurance, deductibles, Medicare Part B premium, and Medicare Part A premium, if necessary |

Resource Limit – **Individual** - \$4,000 **Couple** – \$6,000



Hospital Care Assurance Program (HCAP), 1

- Ohio's Disproportionate Share Hospital (DSH) payment program
- Payments are made to hospitals for care to indigent patients
- Non-Federal funds come from a provider assessment levied against all non-psychiatric hospitals
- Non-Federal funds draw down federal match



HCAP, 2

- \$ Distributed to hospitals based on their amount of indigent care compared to statewide totals
- In exchange, hospitals must provide free basic hospital services to people with incomes at or below 100% FPL
- **In SFY 2007, HCAP distributed \$548 million to Ohio Hospitals**



AEMA

- Alien Emergency Medical Assistance
- Provides treatment of emergency medical conditions that could result in serious jeopardy without immediate medical attention
- Individual must be a non-qualified alien or meet other qualified alien status requirements



How Apply for Medicaid

- Medicaid Consumer Hotline
 - **1-800-324-8680 / 1-800-292-3572 TTD**
- Local social service agencies/OH Benefits Bank
- County Dept of Job and Family Services
- Web site – jfs.ohio.gov/ohp

