

What is Medicaid?

Medicaid is a state and federally funded health care coverage plan providing assistance to certain low-income and medically vulnerable people. Ohioans eligible for Medicaid are entitled to medically necessary services at no cost. The state cannot limit the number of eligible persons enrolled in Medicaid or deny access to medically necessary services in order to control costs.

Who is Covered by Medicaid?

Medicaid provides health care coverage to people who meet certain financial requirements including:

Families and Children Families, children up to age 19 and pregnant women with limited incomes are covered through Medicaid under Healthy Start or Healthy Families. Additionally, families with children under age 18 who participate in the Ohio Works First cash assistance program (OWF) are automatically covered by Medicaid. Families who leave OWF for employment are eligible for 6-12 months of coverage during that transitional period. Low-income adults without dependent children do not qualify for Medicaid under existing eligibility categories.

Aged, Blind and Disabled (ABD) Adults 65 and older can be eligible for Medicaid. Individuals of any age with disabilities, including individuals who are legally blind, can also qualify for Medicaid. In some cases, individuals can "spenddown" their income to become Medicaid eligible.

What is Medicaid Spenddown? Medicaid spenddown is for individuals in this group who meet the Medicaid eligibility guidelines except their income is too high. These individuals can use paid or incurred medical expenses to "spend down" their income to qualifying Medicaid income levels. Once the consumer reaches his or her designated "spenddown" limit each month he or she becomes qualified for Medicaid. The date of eligibility each month depends on the date the consumer reaches the spenddown amount.

Medicare Premium Assistance Program

Individuals with low incomes who are eligible for Medicare can receive help with all or part of their Medicare Part B premiums, co-payments and/or other deductibles. Different levels of assistance are available depending on income.

Breast & Cervical Cancer Medicaid Medicaid is available to women who have been screened for breast or cervical cancer through the Ohio Department of Health's Breast & Cervical Cancer Prevention Project, and are found to be in need of treatment for breast and/or cervical cancer, including precancerous conditions. In order to qualify, women also need to be uninsured and meet the basic Medicaid requirements (e.g., income, Ohio residency, etc.) Women who qualify will receive full Medicaid coverage benefits not just cancer treatment benefits. Medicaid coverage ends when cancer treatment is completed.

Eligibility At A Glance*

Who's Covered?	Income Guideline
Children (up to 19)	200% FPL
Pregnant Women	150% FPL
Parents	100% FPL
Disabled Persons	~ 64% FPL**
Persons 65 & over	~ 64% FPL**
Medicare Premium Assistance Program	Varies
Institutional Level of Care	Income less than the cost of care

* Exceptions and calculations will affect final amount counted toward eligibility. Actual determination of eligibility is done at a county job & family services office. Some eligibility categories consider resources other than income.

** Deductions and exceptions apply; this is an approximate guide. Persons with incomes higher than 64% of the FPL may have medical expenses deducted from income calculations to "spenddown" to this level.

Monthly FPL Guidelines

Family Size	100% FPL	150% FPL	200% FPL
1	\$798	\$1197	\$1595
2	\$1070	\$1604	\$2139
3	\$1341	\$2012	\$2682
4	\$1613	\$2419	\$3225

For more information about the Medicaid program please contact the local county department of job and family services or call the Medicaid Consumer Hotline 1-800-324-8680. TDD 1-800-292-3572.

How Do Consumers Receive Medicaid Services?

Medicaid provides primary and acute care services through a fee-for-service system or, for consumers in some areas, managed care plans. Both delivery systems provide all medically necessary primary care, specialty and emergency care and preventive services.

Ohio Medicaid also provides both home health care and facility-based services for those consumers requiring a long-term care benefit package. Home care services allow consumers to remain in their homes and communities. Long-term care services are also available for consumers needing care in nursing homes and facilities for persons with mental retardation. Alternatives to institutional care are offered through Home and Community Based Services Waivers.

What Services Does Medicaid Cover?

Ohio's Medicaid program includes services mandated by the federal government as well as optional services Ohio has elected to provide. Some services are limited by dollar amount, the number of visits per year, or the setting in which they can be provided. With some exceptions, all services are available as medically necessary to all Medicaid consumers.

Federally Mandated Services

- Transportation to Medicaid services
- Medical & surgical dental services
- Medical & surgical vision services
- Durable medical equipment & supplies
- Family planning services & supplies
- Home health services
- Inpatient hospital
- Lab & x-ray
- Medicare Premium Assistance
- Nursing Facility care
- Nurse midwife services
- Certified family nurse practitioner services
- Certified pediatric nurse practitioner services
- Outpatient services, including those provided by Rural Health Clinics & Federally Qualified Health Centers
- Physician services
- Healthchek (EPSDT) program services (screening & treatment services to children 21 and younger)

Ohio's Optional Services

- Ambulance / ambulette
- Chiropractic services for children
- Community alcohol & drug addiction treatment
- Dental services
- Home and Community Based Services Waivers
- Hospice care
- Intermediate Care Facility services for people with Mental Retardation (ICF-MR)
- Physical therapy
- Occupational therapy
- Speech therapy
- Podiatry
- Prescription drugs
- Independent psychological services for children
- Vision care, including eyeglasses