

Medicaid and Its Relationship to the Low-Income Population: Does Medicaid Serve Everyone Policymakers Intend?

Results from the Ohio Family Health Survey



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Key Findings:

Historically, states' Medicaid programs have covered low-income children, their parents, low-income aged, and the disabled. Ohio and other states have used Medicaid to expand coverage to many of the uninsured. Fiscal constraints may require contraction of Medicaid coverage.

- In 2004, survey respondents reported that, in a given week, Ohio Medicaid covered, not including the institutionalized, nearly 800,000 low-income or disabled children, over 27 percent of all community-dwelling children in Ohio. Nearly one million non-institutionalized adults, 11.4 percent, were also covered by Medicaid.
- Recent policy efforts to extend health coverage to all children in Ohio have left a fairly small remaining gap. Further coverage expansions may have difficulty reaching remaining uninsured children without creating “crowd-out” of job-based coverage.
- Low income adults are most likely to be uninsured. One-third of uninsured adults are below poverty. Even those holding full time jobs are at substantial risk of being uninsured.
- Medicaid coverage expansions to parents has contributed to reducing the numbers of uninsured. However, expansion of Medicaid to many more adults is restricted by the criteria for parenthood, income limits, or disability requirements, under the rules for Federal financial participation.

Medicaid and Access to Health Care

Medicaid provides for people with low-incomes—families, children, and elderly—as well as many of the disabled, access to health care services and long-term care services that otherwise would be unaffordable for most. While contributing financial support for states' Medicaid programs, the federal government sets standards for the states, determining in general the types of services that are covered and how they are paid, as well as setting the criteria by which people become eligible for Medicaid. Within those standards states have some flexibility for setting requirements according to their own priorities, so the Medicaid programs across states, federal territories, and the District of Columbia vary.

Many of the states along with the federal government have sought to expand the Medicaid program to cover more of the uninsured, and in the 1990s the Federal government authorized coverage of more children through a joint Federal-State program called the Children's Health Insurance Program, known as CHIP. In Ohio, this expansion authority was integrated into a Medicaid program called Healthy Start/Healthy Families. While parents are eligible with incomes up to 100 percent of the Federal Poverty Level, the financial eligibility standard is up to 150 percent of FPL, or 200 percent if the child has no other source of health insurance. Coverage of children through age 18 in families with incomes between 100 percent and 150 percent of the federal poverty level began in 1998.¹

Medicaid covers the disabled meeting certain eligibility criteria, along with elderly people with low incomes, by paying for health care costs not covered by the Medicare program. Among the Medicaid-eligible elderly the major costs paid by Medicaid are nursing home and community-based long-term care and for prescription drugs not covered by Medicare.

This report describes the types of people, excluding the institutionalized, who are covered by Medicaid in Ohio. Although Federal law requires that other sources of coverage such as Medicare or private health insurance that also cover Medicaid eligible individuals bear primary responsibility for their costs, Medicaid fills gaps in such coverage by paying for cost sharing and deductibles according to its rules. Thus the figures presented here represent anyone for whom Ohio Medicaid has some financial responsibility.

Medicaid's responsibility for low-income Ohioans has increased as the state's economy entered into economic difficulties over the past several years. As unemployment rates increased, job losses deprived families of income and poverty rates in Ohio increased compared to 1998, when this survey was last taken (see Table 1).

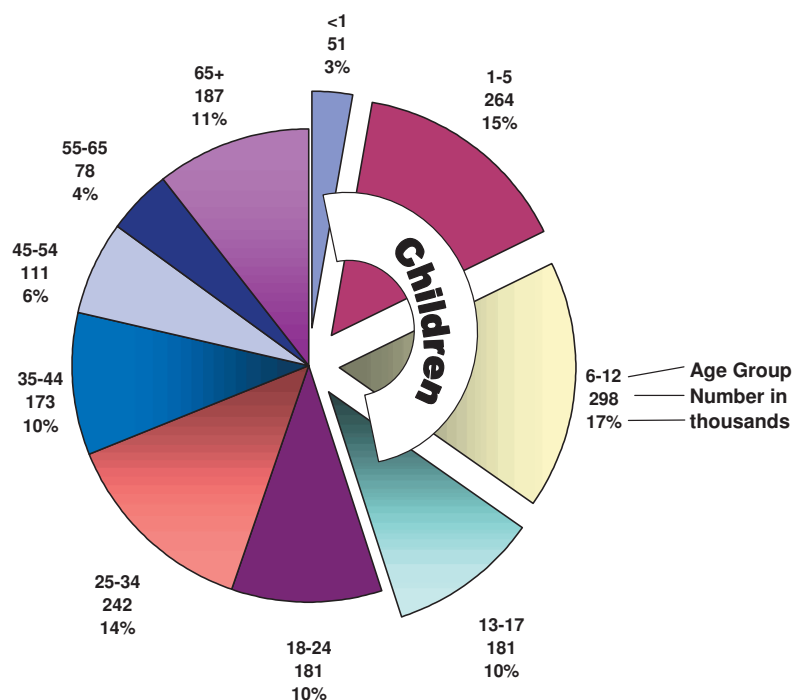
**Table 1
Comparing Economic Conditions in Ohio in 1998 and 2004**

	1998	2004
Total Ohio Population (thousands)	11,183	11,440
Number of people with family income below poverty (thousands)	1,352	1,936
Rate of Total Population living in poverty	12.1%	16.9%
Annual Average Unemployment Rate	4.3 %	6.0%
Numbers of Unemployed in Labor Force	242	355

Both children and adults benefit from Medicaid

Nearly 800,000 children and nearly one million adults are covered by Medicaid in Ohio (Chart 1)². Although children may become Medicaid-eligible with higher family incomes than adults, parents are ordinarily only eligible for Medicaid if they have incomes less than 100 percent of the Federal poverty level. However adults with a disability can qualify for Medicaid if they have spending on health care to reduce their effective incomes to a level considerably below poverty.

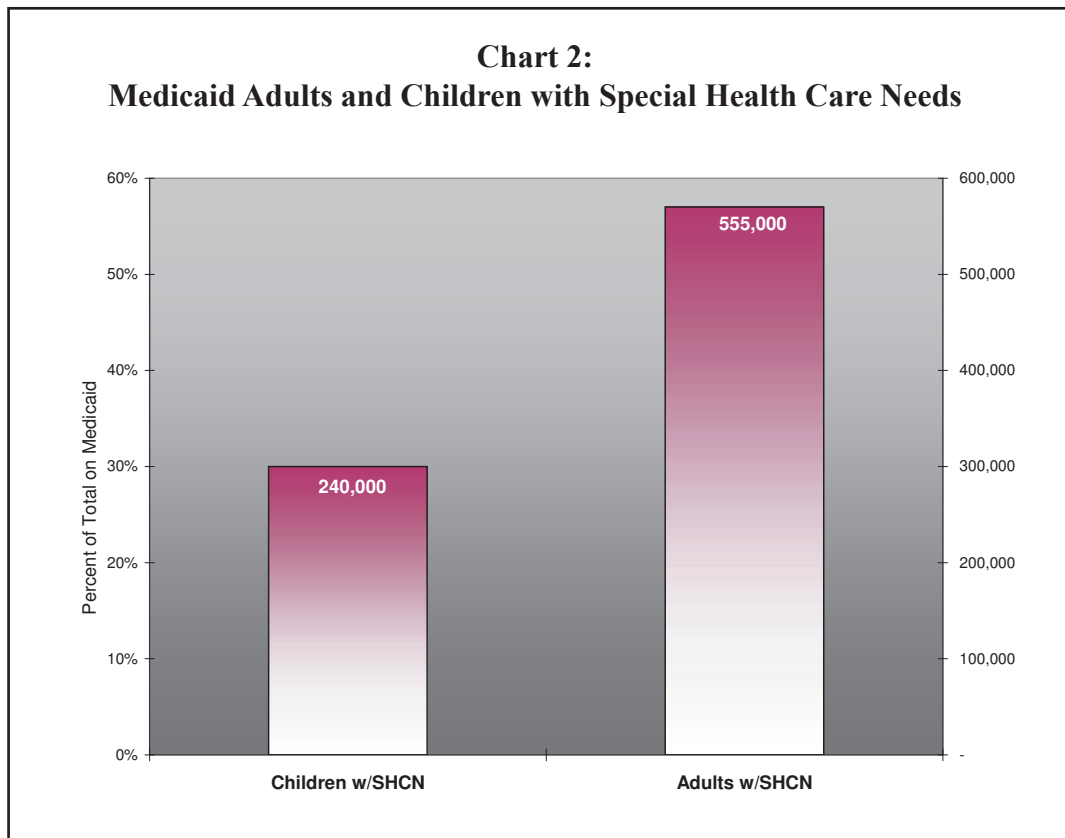
**Chart 1:
Medicaid Eligible by Age***



*Those covered by Medicaid may also covered by other insurance sources.

The Medicaid Population and Health Care Needs

Differences in levels of disability between adults and children can be seen from those in the Ohio Family Health Survey who cited having a special health care need (Chart 2). A special health care need is defined as needing medicine, regular health care, therapy, or assistance because of a medical condition, or has a mental or emotional condition, and that condition is expected to last at least 12 months. Over half of adults on Medicaid have a special health care need, compared with 30 percent of children.

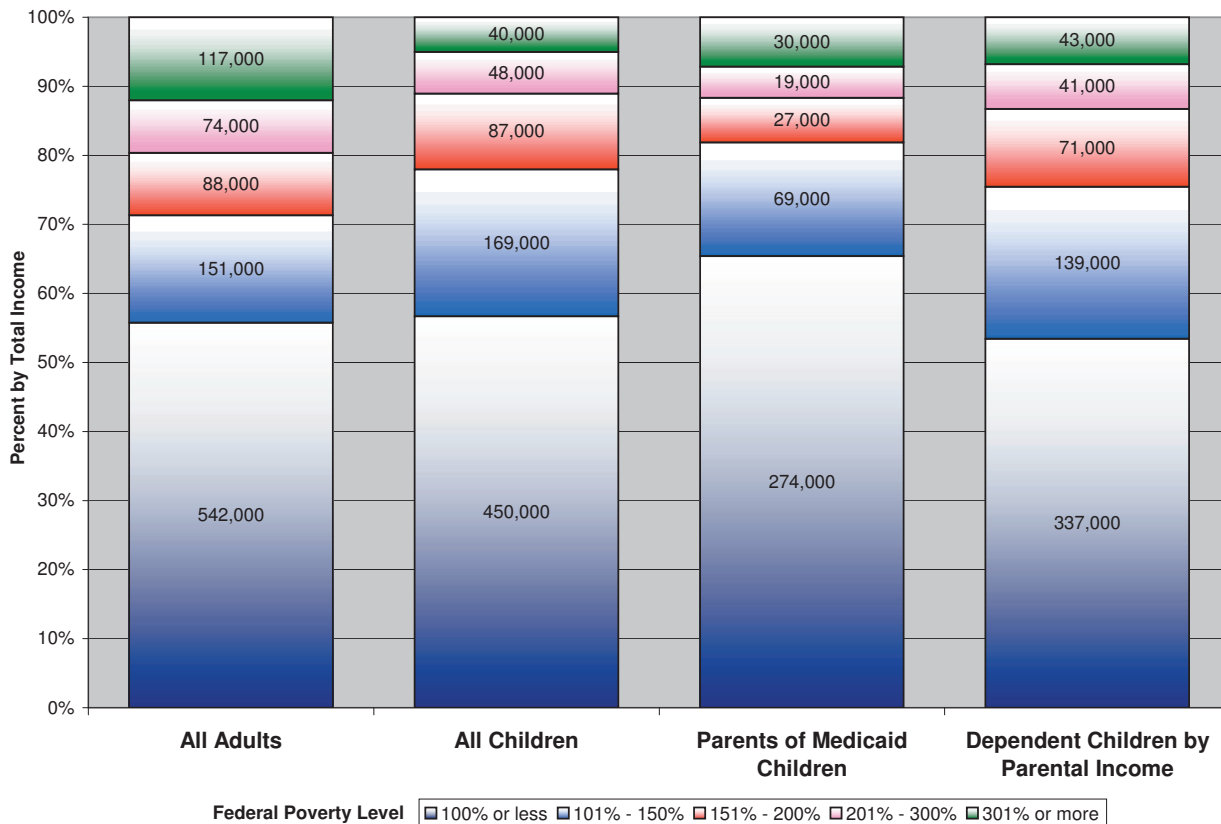


Income among the Medicaid eligible

The numbers of adults and children served by Medicaid differ somewhat by income, as shown in chart 3. Although more than half of both adults and children have incomes less than poverty, children on Medicaid tend to be concentrated in the lower income classifications. Adults with greater than poverty levels of income are likely to be disabled and on spend-down for high medical needs. In addition to those on spend-down, some in higher income groups might be covered because certain types of income must be excluded for purposes of calculating eligibility for Medicaid.

Setting aside single adults and children without parents, and considering families with children alone, parents of Medicaid children are predominantly below poverty levels in incomes. This reflects Medicaid eligibility limits that ordinarily exclude parents above 100 percent of poverty. Those parents who are eligible above that level may have become eligible on their own under spend-down or disability criteria, or because of a recent decline in their monthly income³. Children have a wider dispersion of family incomes, as eligibility for children 18 and under extends to those in families with incomes up to 200 percent of poverty level if they have no other source of insurance.

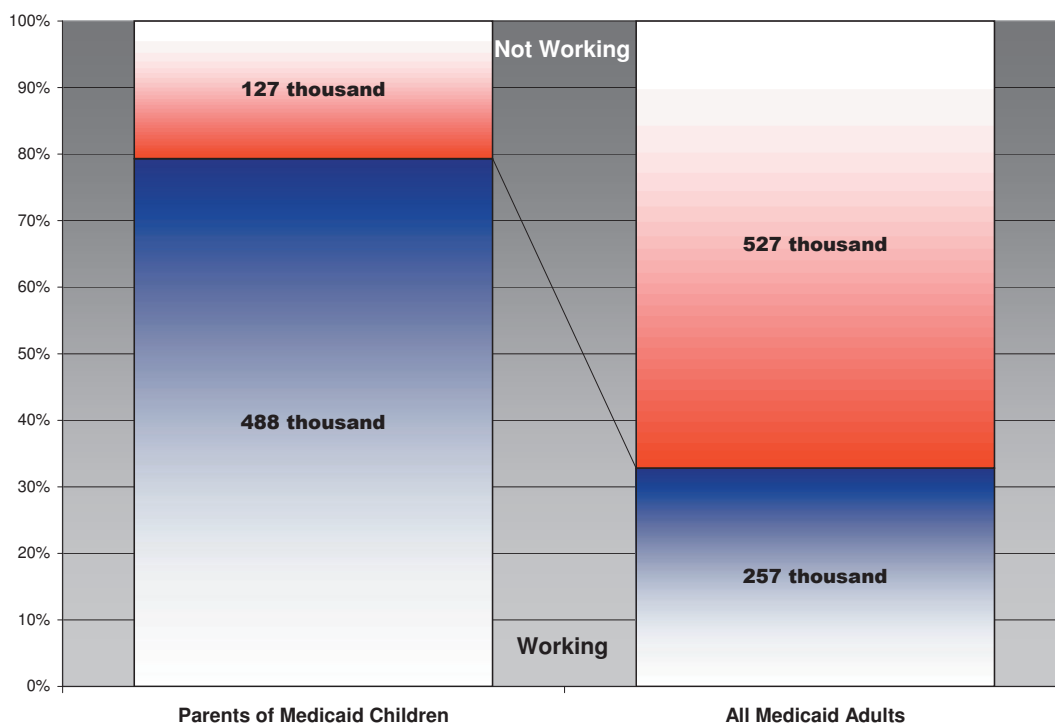
**Chart 3:
Medicaid Adults, Children, Parent, and Dependent Children by Poverty Level**



Medicaid Coverage and Working Families

Those with disabilities in the Medicaid population may be unable to lift themselves into a better economic condition through the labor market. However, many of the children on Medicaid are in families with a parent who is working. Although only about one-fourth of all adults on Medicaid have full or part-time jobs, half of children on Medicaid have a parent or other adult who is responsible for them working at least part-time.

Chart 4:
Medicaid Adults compared with Parents of Medicaid Children, by Work Status

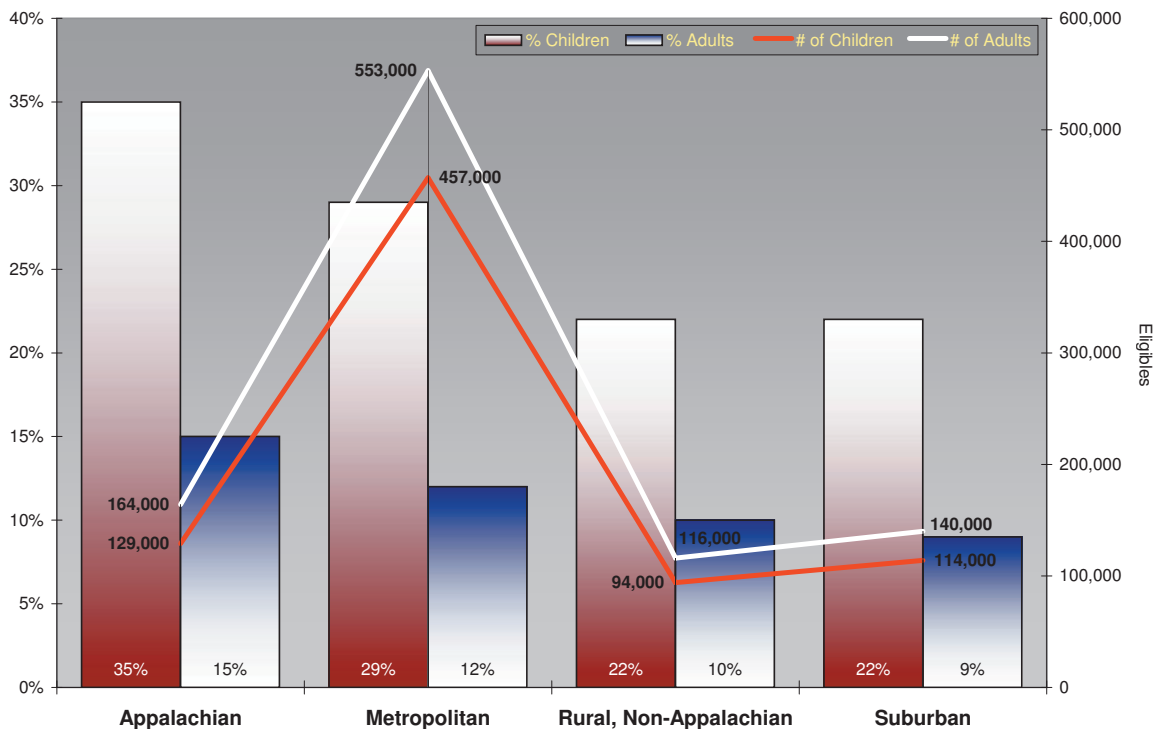


Regional Differences in Medicaid Coverage

Differences among urban, suburban, Appalachian, and rural non-Appalachian counties in Ohio (see list in appendix) have been of long interest to state policy makers. Regional differences in economic development lead to differences in health care access and differences in health status.

The majority of Medicaid recipients reside in metropolitan counties (Chart 5), with 553 thousand adults and 457 thousand children in urban areas. On the other hand, rates of coverage by Medicaid are highest in Appalachian counties, with 35% of adults and 15% of children receiving Medicaid. Nevertheless, urban counties also have a high rate of coverage compared to rural, non-Appalachian counties and suburban counties. Maps of Medicaid coverage rates by county, shown in the appendix, also suggest higher coverage rates by Medicaid in southern and eastern Ohio, site of Appalachian counties.

**Chart 5:
Rates of Medicaid Coverage and Numbers Covered Within Ohio Regions**



Populations Potentially Eligible for Expansions

Policy efforts to increase sources of health care coverage have often looked to expanding Medicaid for the near-poverty population. In order to increase coverage of children, the SCHIP program authorized expansion of Medicaid coverage to all children below 150 percent of poverty, and to children between 151 and 200 percent of poverty if they had no other source of insurance.

Table 2 illustrates the current status of these expansion efforts. Medicaid coverage is highest among poor children, who had already been eligible before the SCHIP expansion. Medicaid coverage declines as income levels increase, but employment-based coverage assumes a large share of covering near poverty-income children. At the 151-200 percent of poverty, eligibility requirements are supposed to screen out children who have other sources of coverage. At this level, employment-based coverage is close to the state average for all children (64 percent), so it is likely that most of those children covered from the CHIP expansion would have been uninsured otherwise. Higher income children are predominantly covered by employment-based insurance, with Medicaid coverage likely being limited to disabled children spending down to medically-needy levels. This evidence suggests that Medicaid eligibility expansions focusing on children have nearly filled gaps in coverage.

**Table 2:
Coverage Sources of Poor and Near-Poor Children in Ohio**

Children by poverty level	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
100% of Federal Poverty Level or less						
Percent	3%	74%	4%	18%	8%	6%
Lower Confidence Limit	2%	72%	3%	16%	7%	5%
Upper Confidence Limit	4%	76%	4%	19%	9%	7%
Number in thousands	18	450	22	107	48	39
Lower Confidence Limit	13	426	17	96	40	32
Upper Confidence Limit	22	474	26	119	56	46
101%-150% of FPL						
Percent	1%	51%	3%	42%	9%	6%
Lower Confidence Limit	1%	48%	2%	39%	7%	5%
Upper Confidence Limit	2%	54%	4%	45%	11%	8%
Number in thousands	5	169	9	139	29	21
Lower Confidence Limit	2	154	5	125	23	16
Upper Confidence Limit	7	183	12	152	35	26
151%-200% of FPL						
Percent	1%	26%	2%	62%	9%	7%
Lower Confidence Limit	0%	23%	1%	59%	7%	6%
Upper Confidence Limit	2%	29%	3%	65%	10%	9%
Number in thousands	3	87	6	208	29	24
Lower Confidence Limit	1	77	3	192	23	19
Upper Confidence Limit	5	98	8	224	35	30
201%-300% of FPL						
Percent	0%	9%	1%	79%	6%	8%
Lower Confidence Limit	0%	7%	1%	78%	5%	7%
Upper Confidence Limit	1%	10%	2%	81%	7%	10%
Number in thousands	2	48	8	434	30	47
Lower Confidence Limit	1	40	5	412	25	39
Upper Confidence Limit	3	55	10	456	36	54

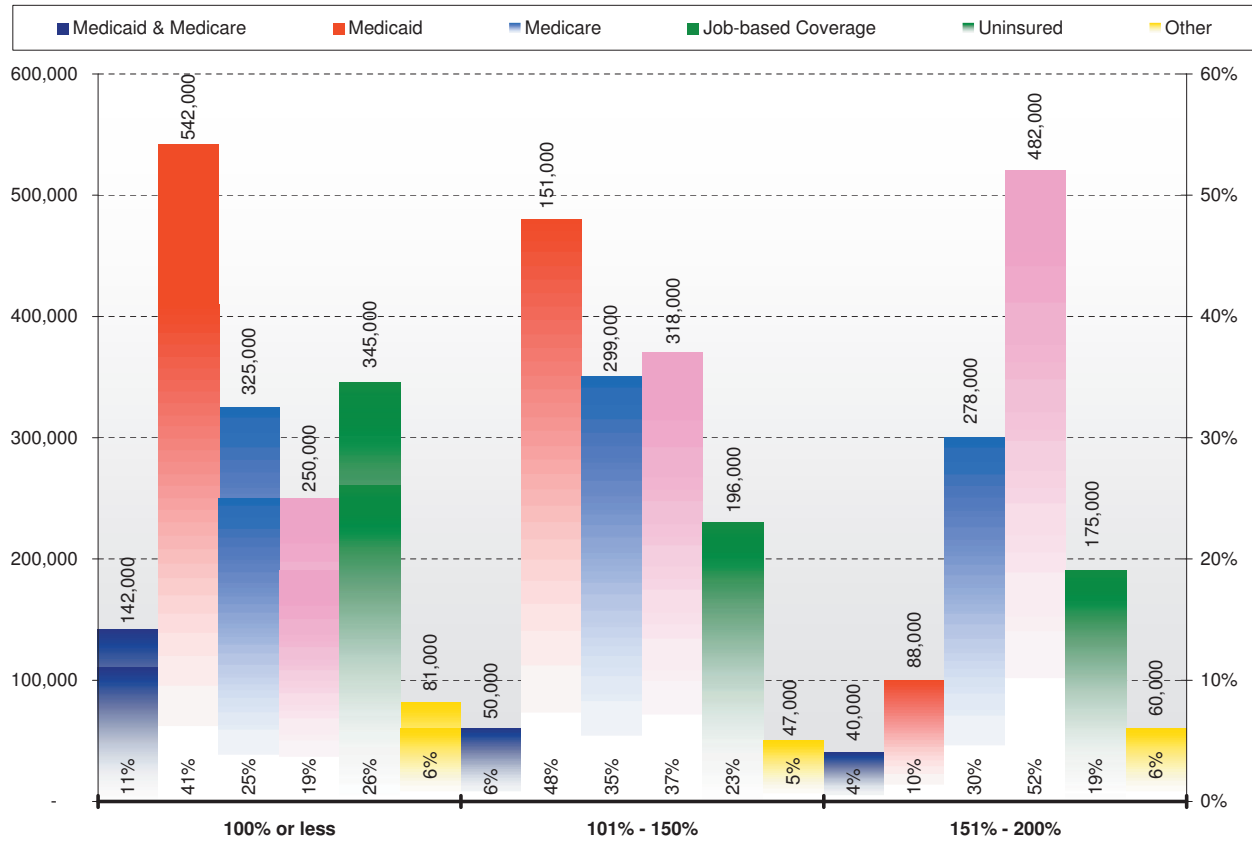
Adults Near Poverty

Medicaid coverage for adults is limited to parents whose incomes are less than the Federal poverty level, the elderly with low incomes whose Medicare premiums and cost-sharing are required by Federal law to be paid by state Medicaid programs, or others whose health expenses are so high that their income remaining after spending down is substantially below poverty.

However, as concern about the uninsured in the Federal government and in state capitals has turned to the issue of adults who lack coverage, some have questioned whether Medicaid can be expanded to fulfill the gap. Under current law a state must obtain a waiver from Federal government Medicaid eligibility standards in order to broaden coverage of adults, by establishing that a program designed to cover adults at higher income levels will result in no net increase in Medicaid costs. Some states have sought Federal waivers to enroll their uninsured adults in Medicaid, while attempting to control costs through strict managed care programs, but their success has been mixed.

Current coverage patterns of low income adults show gaps in coverage (Chart 6). Although expanding Medicaid to more low income adults provides one option to fill these gaps, limits on funding sources suggest considering other options as well. Among adults with incomes less than poverty level, 26 percent or 345 thousand people lack any source of health insurance, representing one-third of all uninsured adults. Medicaid already covers forty-one percent of all adults below poverty, or 542 thousand individuals. As income levels rise, so do rates of coverage by job-based sources, and Medicaid coverage correspondingly declines. Still, adults with incomes close to poverty have higher than average uninsurance rates: 23 percent of those with incomes between 100 and 150 percent of poverty, or 196 thousand people, lack insurance, 19 percent or 175 thousand are without coverage among those 151-200 percent of poverty.

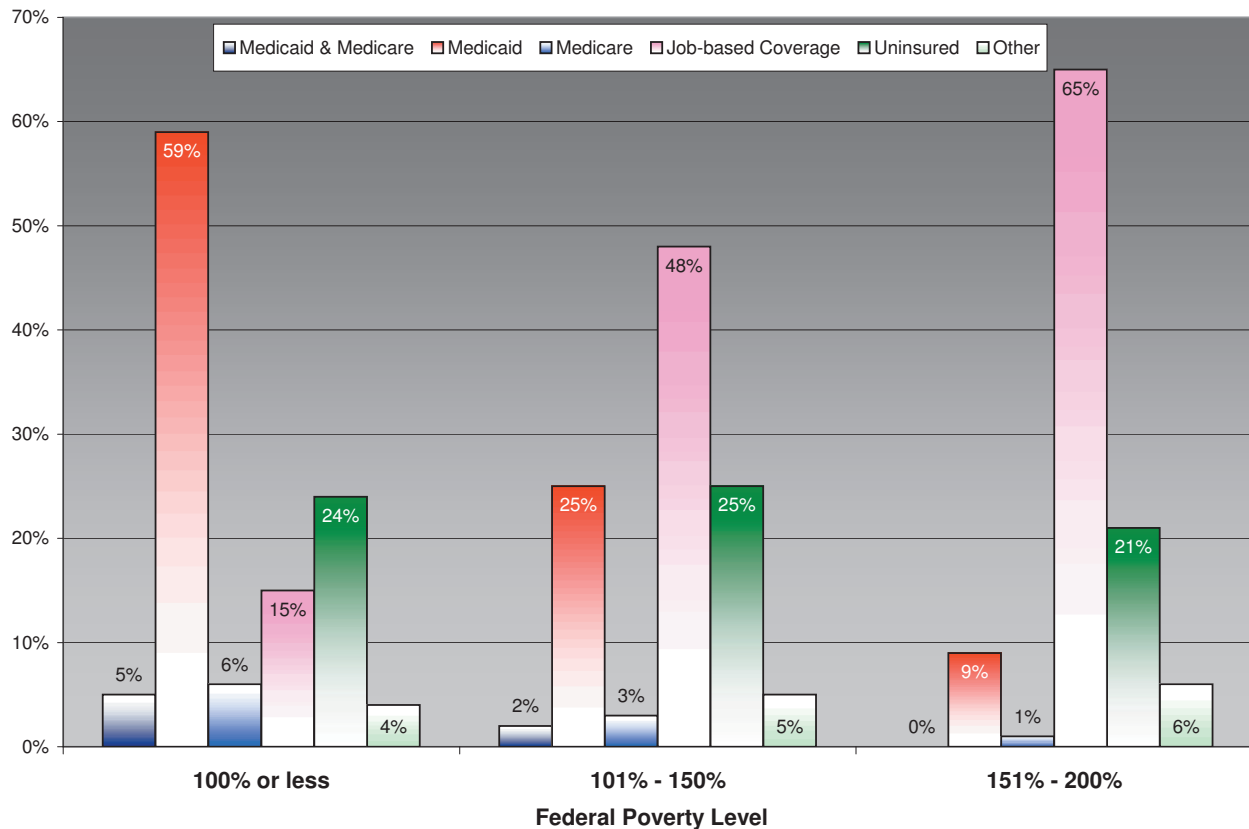
**Chart 6:
Sources of Coverage Among Low Income Adults in Ohio***



*Numbers and Percent represent individuals in each category and do not sum to the total.

As Medicaid is considered to be a program supporting working families, the scope of a proposal to fill insurance coverage gaps be limited to covering low-income parents of children. Chart 7 shows the extent of coverage from various sources among low income parents. Among parents with incomes less than poverty, who in theory should be automatically eligible for Medicaid, less than 60 percent currently are covered, and one-fourth are uninsured. At higher income levels, Medicaid is not available to parents without other qualifying conditions, but a similar proportion are uninsured.

**Chart 7:
Low Income Parents and Their Sources of Coverage***



*Numbers and Percent represent individuals in each category and do not sum to the total.

Of course, Medicaid is not the only alternative to increase health insurance coverage. As income goes up, access to private, job-based coverage increases. However, job-based coverage may not be commonly available among the low income population, even for those who work. Table 3 shows the sources of coverage by income level for part-time and full-time working adults with poverty-level or near poverty incomes.

Although employment-based coverage is higher for full-time than for part-time workers at every income level, roughly one third of part-time workers and full time workers up to 150 percent of poverty are uninsured. Nineteen percent of full-time workers from families with incomes between 151-200 percent of poverty lack health insurance coverage as well.

Nonetheless, for full time workers at 151-200 percent of poverty, job-based coverage plays an important role. Seventy-three percent of such workers have coverage. To limit the costs to Medicaid, any expansion to cover near poor adults should be mindful of how Medicaid might “crowd-out”, or substitute for employment-based coverage.

**Table 3:
Coverage of Working Poor and Near Poor Adults**

Part Time: Less than 35 hours per week	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
Income 100% of Federal Poverty Level or less						
Percent	3%	36%	5%	19%	33%	13%
Lower Confidence Limit	2%	32%	3%	15%	28%	9%
Upper Confidence Limit	5%	41%	7%	23%	37%	17%
Number in thousands	6	65	9	34	59	23
Lower Confidence Limit	3	57	6	26	49	16
Upper Confidence Limit	9	73	12	41	69	31
Income 101-150% of Federal Poverty Level						
Percent	2%	20%	3%	36%	35%	10%
Lower Confidence Limit	1%	16%	2%	30%	29%	6%
Upper Confidence Limit	3%	25%	5%	42%	41%	13%
Number in thousands	2	20	3	34	34	9
Lower Confidence Limit	1	15	2	27	27	6
Upper Confidence Limit	3	24	5	42	41	13
Income 151-200% of Federal Poverty Level						
Percent	3%	11%	4%	42%	34%	12%
Lower Confidence Limit	1%	7%	2%	36%	29%	8%
Upper Confidence Limit	5%	15%	6%	48%	40%	16%
Number in thousands	3	11	4	41	33	12
Lower Confidence Limit	1	7	2	34	26	8
Upper Confidence Limit	4	15	6	48	41	16

**Table 3:
Coverage of Working Poor and Near Poor Adults (continued)**

Full Time: 35 hours or more per week	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreport-ed
Income 100% of Federal Poverty Level or less						
Percent	1%	23%	2%	42%	32%	5%
Lower Confidence Limit	0%	20%	1%	38%	29%	3%
Upper Confidence Limit	1%	26%	3%	46%	36%	7%
Number in thousands	2	59	5	107	82	13
Lower Confidence Limit	1	50	2	94	71	8
Upper Confidence Limit	4	68	7	119	93	18
Income 101-150% of Federal Poverty Level						
Percent	0%	11%	2%	58%	30%	5%
Lower Confidence Limit	0%	8%	1%	54%	26%	3%
Upper Confidence Limit	1%	13%	3%	61%	33%	6%
Number in thousands	1	26	5	143	74	12
Lower Confidence Limit	0	20	2	128	63	8
Upper Confidence Limit	2	31	8	157	84	16
Income 151-200% of Federal Poverty Level						
Percent	1%	4%	2%	73%	19%	5%
Lower Confidence Limit	0%	3%	1%	70%	17%	4%
Upper Confidence Limit	1%	5%	3%	76%	22%	7%
Number in thousands	3	13	6	255	68	19
Lower Confidence Limit	0	9	2	236	58	14
Upper Confidence Limit	5	18	9	274	79	24

Conclusion

Although a program expanding Medicaid coverage could cover gaps among the working uninsured, it will be difficult to consider such a program in a time of fiscal austerity. There may be other opportunities for policy interventions to expand employment-based coverage, by enacting policies to lower the costs of insurance and encourage more employers to offer coverage. At the same time fostering economic growth and increasing the availability of higher paid jobs that are more likely to offer insurance coverage may also reduce the numbers of uninsured adults.

Survey Background:

The 2004 Ohio Family Health Survey is a substantial expansion of a survey originally conducted in 1998 by Ohio Department of Health. It was intended to provide better data on health issues in Ohio than had been available from other, national surveys, such as the Census Bureau's Current Population Survey.

In 2003, the Ohio Department of Job and Family Services, with participation from the Ohio Department of Health and research partners including the Health Policy Institute of Ohio, the Cuyahoga County Department of Job and Family Services, the Center for Community Solutions (formerly Cleveland Federation for Community Planning), the Franklin County Department of Job and Family Services, and the Franklin County Health Department, assumed responsibility for replicating the survey. ORC Macro, International, was awarded the contract to collect the survey data and perform statistical analysis.

The survey is a stratified sample of the community-dwelling population of Ohio. Thus the sample frame does not include persons dwelling in institutional settings such as nursing homes, military bases, or college dorms. The survey was conducted beginning in late 2003 through August 2004.

The survey was stratified to represent households in each of Ohio's 88 counties, allowing more accurate county level estimates. Trained telephone interviewers located an adult respondent in households they reached through a random-digit telephone dialing algorithm. For about one-third of the households, the adult proxy was also asked about information for a child in the household.

To be able to obtain greater survey coverage of underrepresented minorities, a portion of the sample was targeted to obtain coverage of known census tracts with large minority populations, and additional minority respondents were sought by obtaining commercially available lists of Hispanic and Asian surnames. ORC Macro calculated weighting adjustments based on the stratified sampling design and the over-sample of minorities, enabling the survey data to generate estimates about the entire Ohio population.

The survey obtained a sample consisting of 39,953 adult and 15,447 child records. The large samples increase confidence in state-level estimates and allow more accurate analysis of sub-populations.

Like any survey, the Ohio Family Health Survey has limitations. Despite the large sample size, sampling error will exist because the characteristics of individuals selected for interviews may differ from the true distribution of those characteristics in the total population. The potential sampling error can be estimated and described by reporting confidence intervals, as discussed below.

Other limitations are more difficult to measure or control. With any survey, individuals choose whether to participate in the survey as a whole, and in their accuracy or willingness to provide information on an individual question. These choices may create unknown and unmeasurable biases in the responses, although it is hoped that biases or errors collectively cancel one another.

Telephone surveys are an established way to obtain interviews from large numbers of respondents at relatively low cost. However, that survey technique assumes phone coverage is universal in the population being selected. In recent years, decreases in land-line phone coverage have occurred as many persons have switched to mobile telephones. This may exclude some people from the sampling universe, and could lead the survey to under-represent low-income groups and minorities.

The users of the OFHS data should be mindful that measurement error, selective participation, and other sources of potential bias cannot be completely controlled in any survey. These threats to data validity can at best be minimized by good survey technique.

Confidence Interval

To allow readers to evaluate the level of sampling error in the estimates, data in OFHS survey reports are shown with their associated confidence intervals. The reported estimate (number or percentage) is the most likely true population level for groups or subgroups. The confidence interval is defined as the range of estimates which includes the true population estimate with 95% probability. If confidence intervals between two estimates overlap, the population levels in the relevant groups are not significantly different.

Comparison of OFHS with Census Bureau and Administrative Data

One of the intentions of the Ohio Family Health Survey is to obtain more reliable estimates of insurance status than can be obtained from other sources. Most national estimates of insurance coverage come from the U.S. Census Bureau's Current Population Survey.

The CPS asks if the respondent had any of various coverage sources at any time in the previous year. Only those who lacked any coverage for any entire year are considered uninsured, and any mention of a coverage source during the previous year lists a person as having had that coverage. In the OFHS, a series of questions determines the respondent's and child's coverage status as of the last week, effectively producing a snapshot of coverage and the measure of uninsurance.

The CPS also takes a relatively small sample in each state, and the data are weighted to regional rather than state level controls. The OFHS can obtain more accurate estimates for Ohio because its sample is so much larger.

Researchers have observed differences between CPS estimates of coverage by Medicaid in Ohio and those known through administrative records to be covered by the program. The following table shows differences in the estimated levels of Medicaid coverage for the CPS, the OFHS, and administrative totals.

	Current Population Survey, 2003	Ohio Family Health Survey, 2004	Administrative Data, SFY 2003*
Persons Covered by Medicaid (thousands)	1,207	1,765	1,882
Percent of Population Covered by Medicaid	10.7%	15.4%	16.5%

*Includes institutional population

Sources

Current Population Survey: Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2003, http://pubdb3.census.gov/macro/032004/health/h05_000.htm

Medicaid Administrative Data: Ohio Medicaid Report SFY 2003: http://jfs.ohio.gov/ohp/bhpp/reports/omr2005/OMR_SFY_2003.pdf

Footnotes

1 In Ohio, children under age 6 were already covered up to 133 percent of the federal poverty level before the 1998 expansion.

2 This survey, to be consistent with the 1998 Ohio Family Health Survey and other surveys of health insurance, defines children as those under age 18, and adults ages 18 and older. This differs from the Ohio Medicaid program's definitions, which include 18 year olds among children.

3 Ohio Medicaid confers eligibility base on most recent monthly income. This survey estimates annual income levels. People with annual incomes higher than eligibility standards could be eligible for Medicaid in the most recent month because of changes in income related to job loss, etc. Furthermore, children who are enrolled in community-based long term care waiver programs have no family income eligibility limitations.

Appendix

Ohio Counties by Region

Appalachian	Rural Non-Appalachian	Metropolitan	
Adams	Ashland	Allen	
Athens	Ashtabula	Butler	
Belmont	Champaign	Cuyahoga	
Brown	Clinton	Franklin	
Carroll	Crawford	Hamilton	
Clermont	Darke	Lorain	
Columbiana	Defiance	Lucas	
Coshocton	Erie	Mahoning	
Gallia	Fayette	Montgomery	
Guernsey	Hancock	Richland	
Harrison	Hardin	Stark	
Highland	Henry	Summit	
Hocking	Huron		
Holmes	Knox	Suburban	Auglaize
Jackson	Logan		Clark
Jefferson	Marion		Delaware
Lawrence	Mercer		Fairfield
Meigs	Morrow		Fulton
Monroe	Ottawa		Geauga
Morgan	Paulding		Greene
Muskingum	Preble		Lake
Noble	Putnam		Licking
Perry	Sandusky		Madison
Pike	Seneca		Medina
Ross	Shelby		Miami
Scioto	Van Wert		Pickaway
Tuscarawas	Warren		Portage
Vinton	Wayne		Trumbull
Washington	Williams		Union
	Wyandot		Wood

Medicaid Coverage of Adults (18 and older) by County of Residence, 2004						
County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Adams	22%	16%	28%	5	3	6
Allen	13%	9%	18%	10	7	14
Ashland	11%	6%	17%	5	2	7
Ashtabula	10%	7%	14%	8	6	10
Athens	11%	6%	16%	6	3	8
Auglaize	4%	0%	9%	1	0	3
Belmont	12%	8%	17%	7	4	9
Brown	15%	12%	19%	5	4	6
Butler	9%	7%	11%	23	18	28
Carroll	16%	6%	26%	4	1	6
Champaign	8%	3%	13%	2	1	4
Clark	11%	7%	14%	12	8	16
Clermont	8%	6%	10%	11	8	14
Clinton	12%	6%	18%	4	2	6
Columbiana	14%	10%	17%	12	8	15
Coshocton	14%	8%	20%	4	2	5
Crawford	13%	6%	19%	4	2	7
Cuyahoga	13%	12%	15%	138	122	154
Darke	8%	4%	12%	3	2	5
Defiance	9%	5%	13%	3	1	4
Delaware	6%	3%	9%	5	3	8
Erie	12%	8%	16%	7	5	10
Fairfield	10%	5%	14%	9	5	14
Fayette	22%	13%	30%	5	3	6
Franklin	11%	10%	13%	93	82	105
Fulton	6%	3%	9%	2	1	3
Gallia	17%	10%	23%	4	2	5
Geauga	4%	0%	9%	3	0	6
Greene	13%	7%	19%	15	8	23
Guernsey	16%	9%	22%	5	3	7
Hamilton	11%	9%	12%	65	55	75
Hancock	7%	4%	10%	4	2	6
Hardin	13%	5%	21%	3	1	5
Harrison	16%	5%	27%	2	1	3
Henry	4%	2%	7%	1	0	1
Highland	12%	9%	15%	4	3	5
Hocking	23%	11%	36%	5	2	8
Holmes	12%	9%	15%	3	2	4
Huron	10%	6%	14%	4	3	6
Jackson	21%	11%	31%	5	2	8
Jefferson	14%	9%	18%	8	5	10
Knox	12%	6%	17%	5	3	7
Lake	11%	7%	15%	19	12	26
Lawrence	24%	18%	29%	11	9	14

Medicaid Coverage of Adults (18 and older) by County of Residence, 2004						
County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Licking	9%	5%	12%	9	5	14
Logan	17%	9%	24%	6	3	8
Lorain	11%	9%	12%	23	19	26
Lucas	13%	12%	15%	45	39	51
Madison	9%	3%	15%	3	1	5
Mahoning	13%	10%	15%	25	20	29
Marion	13%	8%	18%	6	4	9
Medina	5%	1%	9%	6	2	10
Meigs	17%	12%	21%	3	2	4
Mercer	7%	3%	11%	2	1	3
Miami	8%	4%	12%	6	3	9
Monroe	16%	7%	25%	2	1	3
Montgomery	10%	8%	12%	42	35	49
Morgan	13%	8%	17%	1	1	2
Morrow	19%	9%	28%	5	2	7
Muskingum	16%	11%	21%	10	7	13
Noble	21%	9%	34%	2	1	4
Ottawa	9%	4%	15%	3	1	5
Paulding	8%	3%	13%	1	0	2
Perry	17%	8%	25%	4	2	6
Pickaway	16%	8%	23%	6	3	9
Pike	20%	12%	28%	4	2	6
Portage	8%	4%	11%	9	5	13
Preble	13%	9%	18%	4	3	6
Putnam	7%	2%	12%	2	0	3
Richland	8%	4%	11%	7	4	11
Ross	21%	14%	27%	12	8	16
Sandusky	8%	5%	11%	4	2	5
Scioto	21%	16%	26%	12	9	15
Seneca	9%	6%	13%	4	2	6
Shelby	6%	2%	10%	2	1	3
Stark	12%	9%	14%	34	27	41
Summit	12%	10%	13%	49	42	55
Trumbull	15%	11%	18%	24	19	30
Tuscarawas	11%	7%	14%	7	5	10
Union	6%	1%	11%	2	0	4
Van Wert	4%	1%	8%	1	0	2
Vinton	23%	12%	34%	2	1	3
Warren	6%	4%	8%	8	5	11
Washington	9%	5%	14%	5	2	7
Wayne	8%	5%	10%	6	4	9
Williams	12%	8%	16%	3	2	5
Wood	8%	5%	10%	7	5	10
Wyandot	6%	0%	11%	1	0	2

Medicaid Coverage of Children (ages 0-17) by County of Residence, 2004						
County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Adams	57%	44%	69%	4	3	5
Allen	27%	17%	37%	8	5	11
Ashland	36%	21%	51%	5	3	7
Ashtabula	36%	26%	47%	10	7	13
Athens	38%	23%	53%	6	3	8
Auglaize	11%	0%	23%	1	-	3
Belmont	32%	19%	44%	5	3	7
Brown	37%	29%	45%	4	3	6
Butler	19%	14%	24%	17	13	22
Carroll	51%	33%	69%	4	2	6
Champaign	14%	3%	25%	1	0	2
Clark	29%	21%	38%	11	7	14
Clermont	22%	16%	27%	11	8	14
Clinton	28%	14%	41%	3	2	5
Columbiana	41%	32%	51%	11	8	14
Coshocton	37%	24%	50%	4	2	5
Crawford	17%	6%	27%	2	1	3
Cuyahoga	31%	28%	34%	103	92	114
Darke	17%	9%	24%	2	1	3
Defiance	19%	9%	28%	2	1	3
Delaware	10%	4%	16%	4	2	6
Erie	33%	24%	43%	6	4	8
Fairfield	15%	7%	23%	5	2	8
Fayette	44%	27%	60%	3	2	5
Franklin	28%	25%	31%	77	67	86
Fulton	13%	6%	20%	1	1	2
Gallia	38%	22%	54%	3	1	4
Geauga	6%	0%	13%	2	-	4
Greene	21%	12%	31%	8	4	12
Guernsey	48%	32%	64%	5	3	7
Hamilton	30%	25%	34%	63	53	73
Hancock	16%	7%	26%	3	1	5
Hardin	30%	11%	50%	2	1	4
Harrison	60%	38%	82%	2	1	3
Henry	20%	9%	30%	2	1	2
Highland	29%	22%	36%	3	2	4
Hocking	27%	11%	44%	2	1	3
Holmes	22%	16%	28%	3	2	4
Huron	18%	10%	27%	3	2	5
Jackson	39%	24%	54%	3	2	5
Jefferson	29%	18%	40%	5	3	6
Knox	27%	14%	40%	4	2	6
Lake	21%	12%	29%	11	7	16
Lawrence	42%	32%	53%	6	5	8
Licking	31%	20%	41%	12	8	17

Medicaid Coverage of Children (ages 0-17) by County of Residence, 2004

County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Logan	20%	7%	33%	2	1	4
Lorain	26%	23%	30%	20	17	23
Lucas	30%	26%	34%	35	30	40
Madison	26%	5%	47%	3	0	5
Mahoning	43%	37%	50%	26	21	30
Marion	28%	16%	40%	4	2	7
Medina	18%	8%	28%	8	3	13
Meigs	52%	42%	63%	3	2	4
Mercer	14%	7%	22%	2	1	3
Miami	26%	16%	37%	7	4	10
Monroe	43%	20%	66%	1	1	2
Montgomery	25%	21%	30%	34	28	41
Morgan	36%	22%	51%	1	1	2
Morrow	31%	14%	48%	3	1	5
Muskingum	40%	29%	51%	9	6	12
Noble	27%	5%	50%	1	0	2
Ottawa	24%	10%	38%	2	1	4
Paulding	22%	4%	41%	1	0	2
Perry	39%	20%	58%	4	2	6
Pickaway	31%	13%	49%	4	1	6
Pike	34%	18%	50%	3	1	4
Portage	22%	12%	33%	9	4	13
Preble	45%	33%	56%	5	3	6
Putnam	11%	3%	20%	1	0	2
Richland	33%	20%	45%	10	6	15
Ross	31%	19%	43%	5	3	8
Sandusky	17%	8%	26%	3	1	4
Scioto	45%	36%	54%	8	6	10
Seneca	27%	16%	37%	4	2	6
Shelby	9%	3%	16%	1	0	2
Stark	30%	23%	36%	28	21	34
Summit	27%	24%	31%	37	32	42
Trumbull	41%	33%	50%	22	17	27
Tuscarawas	22%	15%	30%	5	3	7
Union	4%	0%	10%	1	-	1
Van Wert	18%	2%	34%	1	0	3
Vinton	50%	29%	71%	2	1	3
Warren	8%	5%	12%	4	2	6
Washington	35%	21%	49%	5	3	8
Wayne	24%	16%	31%	7	5	10
Williams	27%	17%	38%	3	2	4
Wood	18%	12%	24%	6	4	8
Wyandot	9%	0%	20%	1	-	1

