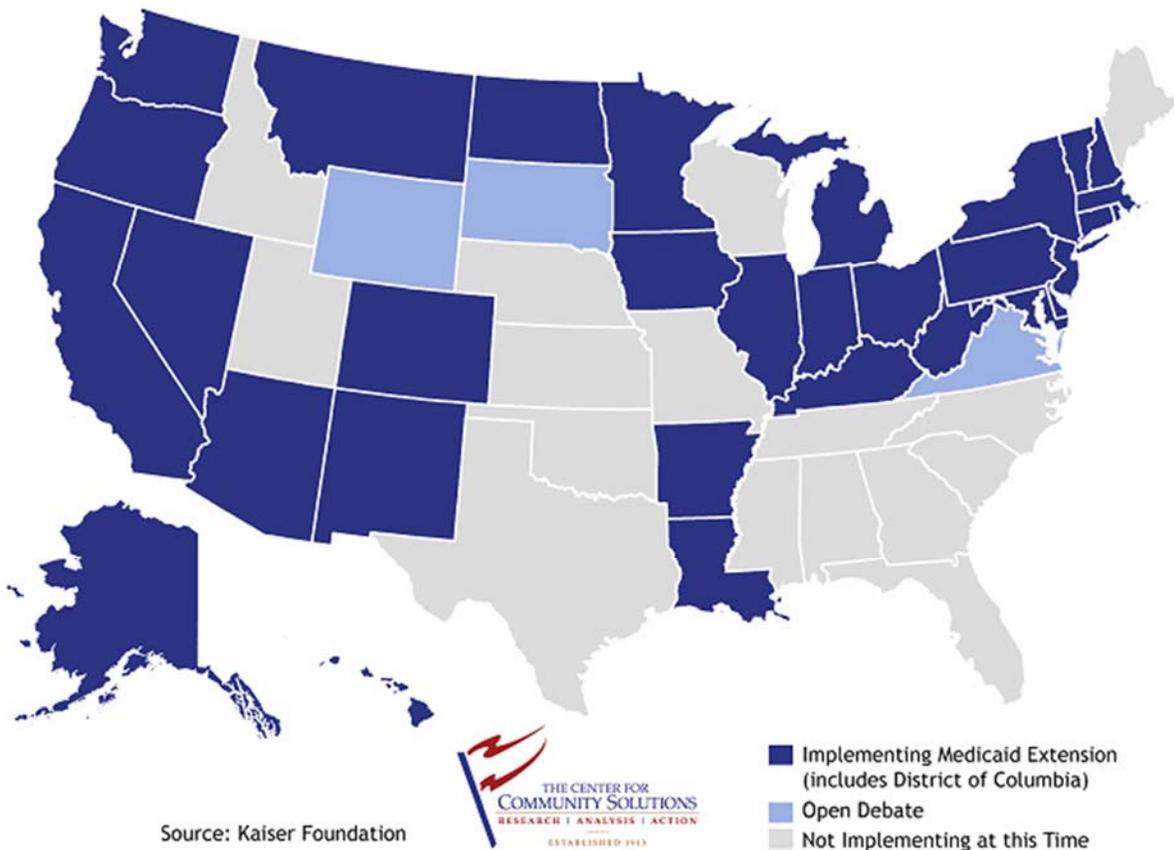


Medicaid Extension Provides Health Insurance for Over 650,000 Ohioans

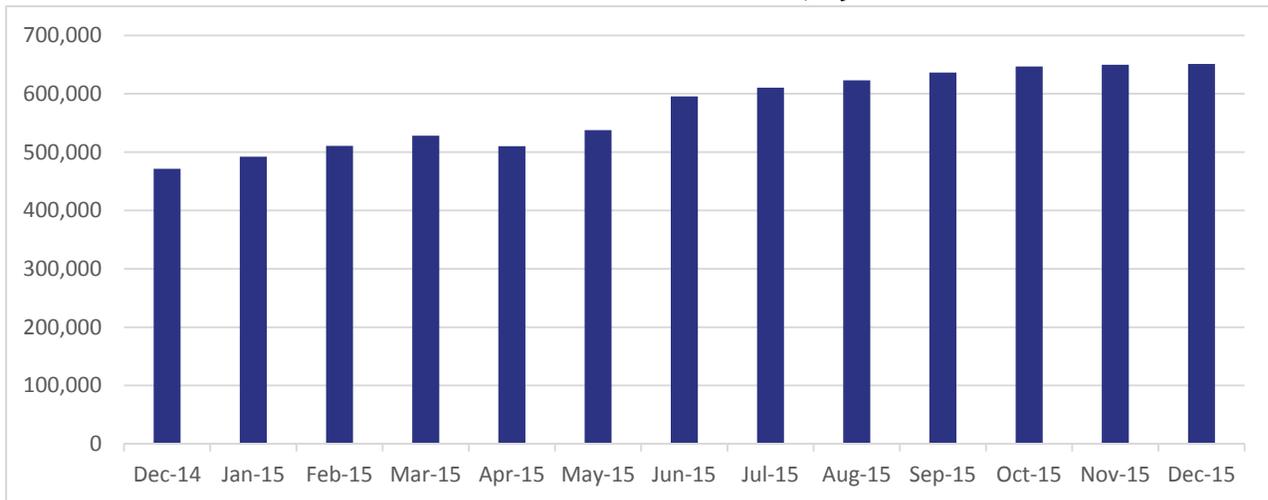
- The Affordable Care Act (ACA), known broadly as health reform, was signed into law in 2010 with the primary goal of reducing the number of uninsured Americans by expanding health insurance options. For adults in or near poverty who did not qualify for Medicaid's parent coverage, this goal was to be accomplished by extending Medicaid to all adults under age 64 with incomes less than 138 percent of the federal poverty level. Some of these individuals are working but cannot afford or are not offered employer sponsored insurance.
- The Medicaid extension is fully federally funded through calendar year 2016 (and primarily federally funded beyond 2016).
- The Supreme Court ruled in 2012 that the ACA is constitutional, but made Medicaid extension optional for states. This means that each state can decide whether or not to extend. The major components of the ACA, including Medicaid extension, went into effect at the beginning of 2014. Thus far, 31 states and the District of Columbia, have extended Medicaid.

Current Status of Medicaid Expansion Decision, by State



- The 2016-2017 state budget maintains the extension of Medicaid. This is the first budget in which the state must fund a portion of the Medicaid extension, but this funding, in the newly established Health and Human Services Fund, is only accessible via Controlling Board request.
- Over 650,000 Ohioans were determined eligible under the extension option through November, 2015. Because of the ACA, only 7 percent of Ohio adults lack health insurance.¹

Total Medicaid Extension Enrollment, by month



Source: Ohio Department of Medicaid, Expenditures and Eligibles Reports

- In Cuyahoga County, the MetroHealth Care Plus program expanded Medicaid beginning in early 2013 through a federally-approved waiver. The results of this early expansion show improvements on several health measures related to diabetes and high blood pressure, compared to people who remained uninsured. The costs associated with the population covered by the waiver were also significantly less than expected.²
- Across Ohio, trends in medical services showed a pent up demand for care amongst the newly enrolled. Over 80 percent of the newly enrolled used their new coverage to receive a service(s) in the first 6 months and there has been a consistent need for behavioral health services.³
- The newly enrolled became more engaged in the maintenance of health conditions as the use of outpatient visits and prescription medications started out low, but increased further into 2014.

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¹ Ohio Medicaid Assessment Survey, The Ohio Colleges of Medicine Government Resource Center, 2015.

² Cebul, Randall D., Thomas E. Love, Douglas Einstadter, Alice S. Petrulis, and John R. Corlett. *MetroHealth Care Plus: Effects Of A Prepared Safety Net On Quality Of Care In A Medicaid Expansion Population*. July 2015.

³ McCarthy, John, Ohio Medicaid Director. *Ohio Department of Medicaid: FY16-17 Budget Priorities*. Testimony before the Ohio House Finance Subcommittee on Health and Human Services. February 26, 2015.