

OHIO MEDICAID FACTS

Who is covered in Ohio's Medicaid Program?

ELIGIBILITY GROUPS

FFS¹⁻³

MCO⁴⁻⁷

Incarcerated**

Undocumented

Immigrants+



Children (0-18 years)



Current & Former Foster Care Children



Parents and Other Caretaker Relatives



Pregnant Women



Aged, Blind, and Disabled Adults



Dual Eligibles++



Disabled Children



Intellectual and Developmental Disabilities



Qualified Non-Citizens*



Newly Eligible Adults



American Indians/ Alaskan Natives

- Qualified non-citizens are subject to a 5-year waiting requirement, except for children under 18 years of age and pregnant women.
- ** Inpatient hospital services only.
- + Emergency Medicaid services only.
- ++ Only for prescription drugs.

Important News

September 2016 - Centers for Medicare & Medicaid Services denied a new waiver proposal from Ohio that would have required all enrollees, including those with incomes below the poverty line, to pay 2% of their income.⁸





Medicaid Medical Director's Network

Ohio has implemented opioid prescription limits at 7 days for adults and 5 days for members younger than 18 years of age.

Do Medicaid health plans provide coverage? 9



YES



NO

- Buckeye Community Health Plan
- CareSource
- Molina Healthcare
- Paramount Advantage
- UnitedHealthcare Community Plan of Ohio

How has Ohio's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS 10

The Group VIII Work Requirement and Community Engagement

waiver was created to require 80 hours of employment or community engagement activities per month for adult Medicaid beneficiaries. This can be fulfilled through employment, SNAP education and training activities, job search or job readiness activities (for no more than 30 days), participation in the Work Experience program, or other approved activities. Pregnant women, individuals who are mentally or physically unfit for employment, caretakers, individuals receiving unemployment compensation, students, individuals participating in substance use disorder treatment programs, individuals receiving SSI, eligible incarcerated individuals and participants in the Specialized Recovery Services Program are exempt from this requirement. The waiver application was submitted on 04/30/2018, and as of June 2018, is still pending approval.

STATUS: Application pending approval





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How is Ohio meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Ohio Department of Health created the patient-centered medical home coordination and accessibility of services, and improvements in quality and safety of care. Goals of the program include:11

- Control costs and ensure that health care in Ohio is affordable
- Improve health outcomes
- Enhance the patient experience

Ohio offers episode-of-care payment for the following: 12

- Appendectomy
- Gastrointestinal bleed

- Esophagogastroduodenoscopy Gastrointestinal bleed
- Upper respiratory infection
- Attention deficit and
- Coronary artery bypass graft
- Headache
- Congestive heart failure exacerbation
- Hysterectomy
- Oppositional defiant disorder
- Pediatric acute lower respiratory infection
- Skin and soft tissue infections Tonsillectomy

- Upper respiratory infection
- Appendectomy

- Urinary tract infection
- Diabetic ketoacidosis/ hyperosmolar hyperglycemic state
- Cardiac valve
- Low back pain (concept paper, DBR, code sheet)
- Neonatal (high/moderate/low-risk)
- Otitis media
- Pancreatitis



Oral Health 19

Services for enrollees under age 21 include:

- Braces in extreme cases Checkups and cleanings every 6 months
- Dentures
- Fillings, extractions, and crowns Medically necessary medical and surgical dental services

or residing in a nursing facility or intermediate care facility for people with intellectual disabilities) can receive the following services with a \$3 copay per visit:

- Medically necessary medical and surgical dental services
- Root can<u>als</u>



Family Planning¹³

Family planning services and supplies.



Women's Health

- Prenatal care

- Healthcheck services
- Care coordination

- Other referrals based on needs
- Help with scheduling Referrals to the Women, Infants, medical and prenatal and Children (WIC) program



for low-income Medicaid-eligible women ages 40-65 who are diagnosed

Behavioral health services are covered through fee-for-service (FFS). 38 Covered services include: 17

- Individual or group counseling with a mental health and addiction services (MHA) certified provider (52 hours/year for
- Individual or group counseling with a non-MHA certified
- Long-acting antipsychotic medications Mental health assessment (4 hours/year for those 21 years of
- Partial hospitalization
 Pharmacological management (24 hours/year for those 21
- years of age or older) Psychiatric diagnostic interview (2 hours/year for those 21 years of age or older)
 Psychological testing (8 hours/year)

- Alcohol/drug screening analysis/lab urinalysis Ambulatory detoxification

- Individual or group counseling with an MHA-certified provider (30 hours/week with medical

- Intensive outpatient
 Medical somatic (30 hours/week with
- Covered drug therapies: methadone, naloxone, naltrexone, acamprosate, and disulfiram.¹⁸





Timeline



