**Who is covered in Ohio’s Medicaid Program?**

**ELIGIBILITY GROUPS**

**FFS**
- Incarcerated**
- Undocumented Immigrants+

**MCO**
- 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

**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.°

**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?**

- 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**°

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

* 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.

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**Value-Based Healthcare Initiatives**
Ohio Department of Health created the patient-centered medical home (PCMH) model of primary care focused on support, comprehensive care, 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
- Colonoscopy
- Gastrointestinal bleed
- Urinary tract infection
- Cholecystectomy
- Esophagogastroduodenoscopy
- Upper respiratory infection
- Attention deficit and hyperactivity disorder
- Coronary artery bypass graft
- Headache
- Congestive heart failure exacerbation
- Hysterectomy
- Oppositional defiant disorder
- Pediatric acute lower respiratory infection
- Skin and soft tissue infections
- Cholecystectomy
- Esophagogastroduodenoscopy
- Upper respiratory infection
- Appendectomy
- Colonoscopy
- Gastrointestinal bleed
- Urinary tract infection
- Diabetic ketoacidosis/hyperosmolar hyperglycemic state
- Cardiac valve
- HIV
- Low back pain (concept paper, DBR, code sheet)
- Neonatal (high/moderate/low-risk)
- Otitis media
- Pancreatitis
- Tonsillectomy

**Family Planning**
Family planning services and supplies.

**Women’s Health**
Covered pregnancy services include:14, 15
- Education
- Counseling
- Preconception care
- Prenatal care
- Delivery
- Transportation
- Help with scheduling medical and prenatal appointments
- Information about Healthcheck services
The Breast and Cervical Cancer Project (BCCP) provides full Medicaid coverage for low-income Medicaid-eligible women ages 40-65 who are diagnosed with breast or cervical cancer.16

**Mental Health & Substance Use Disorder**
Behavioral health services are covered through fee-for-service (FFS).17 Covered services include:17
- Community psychiatric supportive treatment (104 hours/year)
- Crisis intervention
- Health home comprehensive care coordination
- Individual or group counseling with a mental health and addiction services (MHA) certified provider (52 hours/year for those 21 years of age or older).
- Individual or group counseling with a non-MHA certified provider (25 visits/year)
- Long-acting antipsychotic medications
- Mental health assessment (4 hours/year for those 21 years of age or older)
- 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)
Covered services for substance use disorder (SUD) include:17
- Alcohol/drug screening analysis/lab urinalysis
- Ambulatory detoxification
- Assessment
- Case management
- Crisis intervention
- Individual or group counseling with an MHA-certified provider (30 hours/week with medical somatic)
- Induction of buprenorphine
- Injection of naltrexone
- Intensive outpatient
- Medical somatic (30 hours/week with counseling)
- Methadone administration
- Covered drug therapies: methadone, naltrexone, naltrexone, acamprosate, and disulfiram.18

**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
- Root canals
Enrollees 21 years of age and older (who are not pregnant or residing in a nursing facility or intermediate care facility for people with intellectual disabilities) can receive the following services with a $2 copay per visit:
- Checkups and cleanings every 12 months
- Dentures
- Fillings, extractions, and crowns
- Medically necessary medical and surgical dental services
- Root canals
**Federal**

- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.
- Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- Children and pregnant women become mandatory Medicaid eligibility groups.
- Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- Olmstead decision allows expanded HCBS coverage for persons with disabilities.

**Ohio**

- 1965: Ohio adopts the Medicaid program.  

- 1966:  

- 1972:  

- 1981:  

- 1984:  

- 1989: Ohio begins the first mandatory managed care program.  

- 1990:  

- 1997: The state implements the Children's Health Insurance Program (CHIP), covering children 19 years of age and under with family incomes of up to 150% of the federal poverty level (FPL).  

- 1999: Ohio creates a program for the all-inclusive care for the elderly (PACE) to expand comprehensive, managed care services to adults over age 55 who require a nursing home level of care.  

- 2002: Ohio's Medicaid managed care program begins to be phased in by region. It is mandatory for most low-income children and families and certain Medicaid enrollees with disabilities. Foster care children and American Indians/Alaska Natives can enroll on a voluntary basis. The program covers acute, primary, and specialty care services.  

- 2005: Mental health and substance use services change from being excluded to allowing enrollment on a voluntary basis in the managed care program.  

- 2010: Children diagnosed with cancer, cystic fibrosis, or hemophilia, who previously have been excluded from managed care, can voluntarily enroll in managed care.  

- 2011: Ohio authorizes Medicaid expansion to cover eligible adults up to 138% of the FPL.  

- 2014: Ohio establishes plans to carve-in Medicaid behavioral health benefits; offering services as part of the managed care program.  

- 2016:  

- 2017:  

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For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org