Medicaid’s Role in Ohio

Medicaid in Ohio

- Nearly **3 million** people in Ohio are covered by Medicaid (21% of the total population). While four in five (79%) of enrollees are children and adults, more than one-half (59%) of the state’s Medicaid spending is for the elderly and people with disabilities.

- **345,300** (17%) of Ohio’s Medicare enrollees are also covered by Medicaid, which accounts for over two-fifths (41%) of Medicaid spending.

- **40%** of all children in Ohio are covered by Medicaid, including **46%** of children with special health care needs.

- **59%** of nursing home residents in Ohio are covered by Medicaid and **39%** of Medicaid long-term care spending in Ohio is for nursing home care. Medicare beneficiaries rely on Medicaid for assistance with services not covered by Medicare, particularly long-term care.

- **88%** of Medicaid enrollees in Ohio are in managed care. Since Ohio has already transitioned most enrollees to managed care, it would not be able to recoup much of the one-time savings that some states experience during that transition.

- Ohio has a below average per capita income and therefore a relatively high federal Medicaid matching assistance percentage (FMAP) at 62.3%. For every $1 spent by the state, the federal government matches $1.65. Almost three quarters (72%) of all federal funds Ohio receives are for Medicaid. In Calendar Year 2017, the federal match rate for the Medicaid expansion population is 95%.

What is at Risk under a Per Capita Cap?

- Capping Medicaid funding would reduce the federal assistance for Ohio to maintain its current Medicaid program.
  - Under the Better Care Reconciliation Act of 2017 (BCRA), to maintain its current Medicaid program, **Ohio would have to make up $20.5 billion in loss of federal funds** between 2020-2029, including $10.8 billion for the phase-out of the enhanced match for the ACA expansion and $9.7 billion for the per enrollee cap on all groups.
  - If Ohio dropped the Medicaid expansion in response to the loss of enhanced federal financing, **the state would forgo an additional $32.8 billion** over the 2020-2029 period, and by 2029, **858,000 Ohioans** estimated to be covered in the expansion group would lose Medicaid coverage.

- Capping federal Medicaid funding could put Medicaid programs designed to improve quality of life and access to new therapies and long-term care for people with disabilities at risk. 14% of Ohio’s non-institutionalized population reported a disability, compared to a U.S. average of 13%.
• Reducing federal funds through a per capita cap or block grant would limit Ohio’s ability to respond to public health crises such as the opioid epidemic, HIV, or Zika.
  
o Ohio had the third highest opioid death rate in the country in 2015 (24.7 deaths per 100,000 population).
  
o Two-thirds (66.5%) of people in Ohio are overweight or obese and more than one-third (35%) report poor mental health status. Ohio’s population faces many health challenges, ranking 40th in overall health status.