At a glance
Medicaid...
- Combines federal and state funds to cover vulnerable populations
- Is Ohio’s single largest payer of health care services
- Is the largest payer of long-term care in the state
- Covers over one-half of Ohio’s youngest children, ages 0 to 4, and 40% of Ohio’s children ages 0-19
- Covers more than 2.2 million Ohioans with low incomes every month, including children, parents, pregnant women, seniors and certain people with disabilities
- Contracts with private managed care plans to provide health care to over 1.64 million clients
- Helps fund hospital care for Ohio’s uninsured
- Supplements Medicare for certain low-income seniors and people with disabilities
- Is administered in Ohio by the Ohio Department of Job and Family Services/Office of Medical Assistance

Cost differences between types of enrollees
Although 3 of 4 Medicaid enrollees are a child or parent, their care accounts for about a third of all Medicaid expenditures.

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered families and children (CFC) 1.66 million</td>
<td>75%</td>
</tr>
<tr>
<td>Aged, blind or disabled (ABD) 421,000</td>
<td>19%</td>
</tr>
<tr>
<td>Other 130,000</td>
<td>61%</td>
</tr>
</tbody>
</table>

Source: ODJFS Data Run, 1/16/2013. Additional calculations by HPIO. Note: Payment data for SFY2012 is not complete. Services for sister agencies (those outside ODJFS) are included, but due to data issues, only the federal portion of the payment is reflected in the data.
Overview

Congress created Medicaid in 1965 as Title XIX of the Social Security Act to provide health care to certain categories of people who have low incomes and cannot afford health services or health insurance on their own. Over the years, Medicaid coverage has focused on children, parents, and pregnant women, as well as the blind, aged, and disabled.

Medicaid is funded and administered jointly by the state and federal governments. Under broad federal guidelines, states establish their own standards for Medicaid eligibility, benefits, and provider payment rates, although states must meet certain minimum standards.

In state fiscal year (SFY) 2012, the total expenditure for Ohio’s Medicaid program was $17 billion, including both state and federal funds. This accounts for about 3.5% of Ohio’s economy. State funds were $6.1 billion of the $17 billion total Medicaid budget.

Who pays for Medicaid?
Total annual Medicaid spending (SFY 2012):

$17.01 billion
(across all Ohio agencies)

64.3%
federal

$10.9 billion

35.7%
Ohio

$6.1 billion

Source: CMS-64 Spending across all agencies, SFY2012; ODJFS Data Run, 1/24/2013. Additional calculations by HPIO.

Eligibility

In order to qualify for Medicaid coverage, a person must be a U.S. citizen and an Ohio resident, have or obtain a Social Security number, and meet certain income and categorical requirements. Ohio Medicaid covers low-income children, parents of dependent children, pregnant women, seniors, and people with disabilities. The income level for each category varies, as outlined in the table to the right.

Notes

1. ODJFS Data Run, 1 24 2013.