

Medicaid Program Overview

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What is Medicaid?

Medicaid is a public health care program funded by the state and federal government. It provides necessary health care coverage to certain individuals with limited income. In Ohio, a person is entitled to Medicaid health care coverage for free or at a low-cost if they meet specific income and eligibility requirements. As an entitlement program, the state cannot limit the number of eligible persons enrolled in Medicaid or deny access to medically necessary services to control costs.

Who is covered by Medicaid?

Ohio Medicaid provides health care coverage to children, pregnant women, families, adults age 65 and older and people with disabilities. Some consumers may need to pay monthly premiums or co-pays for certain services. Covered groups include:

- **Families and Children:** In general, families, children (up to age 19) and pregnant women with limited incomes (see chart) are covered through Medicaid under Healthy Start or Healthy Families programs. Certain youths aging out of the foster care system at age 18 may continue receiving health care coverage until age 21 at no cost to them.

Families who participate in the Ohio Works First (OWF) cash assistance program are automatically covered by Medicaid. Families who leave OWF for employment are eligible for 6-12 months of coverage during that transitional period.

- **Aged, Blind and Disabled (ABD):** Ohioans age 65 and older and people with disabilities of any age may also qualify for Medicaid health coverage. To be eligible for Medicaid as an ABD consumer in 2008, an individual's gross countable monthly income must be less than \$556. They must also have resources (e.g., cash, savings, stocks etc.) of \$1500 or less. Couples applying for Medicaid must have gross monthly income of \$956 or less and resources of \$2250 or less.
- **Medicaid Spenddown program:** In some cases, consumers applying for ABD Medicaid meet eligibility requirements except their income is too high. These individuals can participate in the Medicaid Spenddown program. A spenddown is like a monthly deductible determined by the county caseworker. To qualify for coverage in a given month, consumers must submit proof of medical expenses that equal the spenddown amount. They can also choose to pay their spenddown directly to the county office. Once the spenddown is reached, the consumer is then eligible for Medicaid for the rest of the month.

Monthly Income Guidelines

Family Size	Families	Children to age 19 and Pregnant Women
	90% FPL	200% FPL
1	\$780	\$1,734
2	\$1,050	\$2,334
3	\$1,320	\$2,934
4	\$1,590	\$3,534

These figures are based on 2008 Federal Poverty guidelines and change annually.



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Eligibility At A Glance*

- Medicaid Buy-In for Workers with Disabilities**

(MBIWD): MBIWD provides health care coverage to working Ohioans ages 16 to 64 who are disabled. MBIWD was created to encourage Ohioans with disabilities to work and still keep their health care coverage. To qualify for MBIWD, an individual's gross countable income must be no more than 250% of the federal poverty level (FPL), and they must also have resources that do not exceed \$10,000. Monthly premiums are required for those eligible for MBIWD with an annual gross income greater than 150% FPL.

- Medicare Premium Assistance Program:** Low-income Medicare beneficiaries can receive help from Medicaid with all or part of their Medicare cost sharing expense. This includes Medicare Part A and B premiums, co-insurance and deductibles. Different levels of assistance are available depending on income.

- Breast and Cervical Cancer Project (BCCP):**

Medicaid also provides health care coverage to eligible women screened through Ohio Department of Health's Breast and Cervical Cancer Project. To qualify for ODH's BCCP, women must have income below 200% FPL, be between the ages of 40-65 and uninsured. Once screened and diagnosed as having breast and/or cervical cancer, BCCP Medicaid may be available to women who are in need of treatment services. Women who are covered by BCCP Medicaid have access to the full Medicaid benefit package in addition to their cancer treatment.

Who's Covered?	Income Guideline
Former foster youth age 18 to 21	No income guidelines. Restrictions apply.
Children to age 19 and Pregnant Women	200% FPL
Parents	90% FPL
Disabled Persons	~ 64% FPL**
Workers with Disabilities	250% FPL*
Persons 65 & over	~ 64% FPL**
Medicare beneficiaries in need of premium assistance	200% FPL

* Exceptions and calculations will affect final amount counted toward eligibility. Actual determination of eligibility is done at a county department of job & family services office. Some eligibility categories consider resources other than income and health insurance.

** Deductions and exceptions apply; this is an approximate guide. Persons with incomes higher than 64% of the FPL may have medical expenses deducted from income calculations to "spenddown" to this level.

Eligibility and Application Process

Ohio county departments of job and family services determine eligibility for Medicaid programs with the exception of the BCCP program. Applications can be found at local county offices or online at www.jfs.ohio.gov/ohp/consumers/application. Some programs require a face-to-face interview with a caseworker while other programs accept applications by mail or fax. The Medicaid Consumer Hotline is available to provide application assistance, answer general questions and can direct consumers to their local county office or a health care provider. The Consumer Hotline number is: 1-800-324-8680/TTY 1-800-292-3572.



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How do consumers receive Medicaid services?

Once enrolled, consumers can get health care services from a Medicaid provider who accepts Medicaid as health insurance. This is generally called fee-for-service Medicaid. Consumers may be required to get their services from a Medicaid managed care plan. Both fee-for-service Medicaid and the managed care plans provide all medically necessary primary, specialty and emergency care, and preventive services.

Ohio Medicaid also provides both home health care and facility-based services for those consumers requiring long-term care services. Home care services allow consumers to remain in their homes and communities. Long-term care services are also available for consumers needing care in nursing homes and facilities for persons with mental retardation. Alternatives to institutional care are offered through home and community-based services waivers (e.g., PASSPORT, Ohio Home Care).

What services does Medicaid cover?

Ohio's Medicaid program includes services mandated by the federal government as well as optional services Ohio has elected to provide. Some services are limited by dollar amount, the number of visits per year, or the setting in which they can be provided. With some exceptions, all medically necessary services are available to all Medicaid consumers.

Federally Mandated Services

- Ambulatory Surgery Centers
- Certified family nurse practitioner services
- Certified pediatric nurse practitioner services
- Family planning services & supplies
- Healthchek (EPSDT) program services (screening & treatment services to children younger than age 21)
- Home health services
- Inpatient hospital
- Lab & x-ray
- Medical & surgical vision services
- Medicare Premium Assistance
- Non-Emergency Transportation
- Nurse midwife services
- Nursing Facility care
- Outpatient services, including those provided by Rural Health Clinics & Federally Qualified Health Centers
- Physician services

Ohio's Optional Services

- Ambulance / ambulette
- Chiropractic services for children
- Community alcohol & drug addiction treatment
- Community mental health services
- Dental services
- Durable medical equipment & supplies
- Home and Community Based Services Waivers
- Hospice care
- Independent psychological services for children
- Intermediate Care Facility services for people with Mental Retardation (ICF-MR)
- Occupational therapy
- Physical therapy
- Podiatry
- Prescription drugs
- Private Duty Nursing
- Speech therapy
- Vision care, including eyeglasses

