







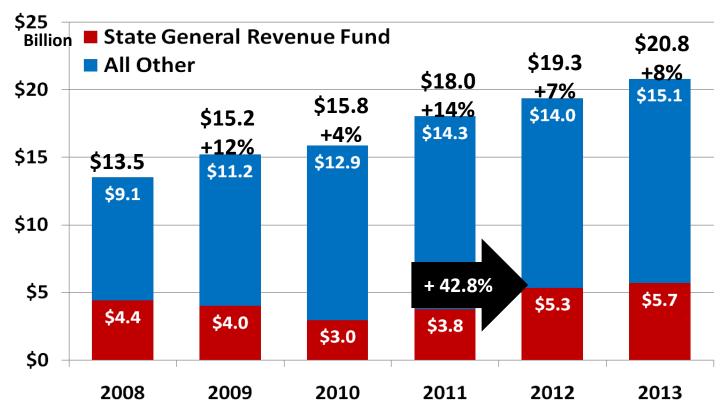
MEDICAID EXPANSION IN OHIO
A PRESENTATION TO:
THE NORTH CAROLINA GENERAL
ASSEMBLY'S
JOINT LEGISLATIVE COMMITTEE ON
ACCESS TO HEALTHCARE AND
MEDICAID EXPANSION

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Controlling the Ohio Medicaid Budget Pre-Expansion

Ohio Medicaid Spending Trend 9 percent average annual growth, 2008-2011





Governor's Office of Health Transformation Source: Office of Health Transformation Consolidated Medicaid Budget, All Funds, All Agencies; actual SFY 2008-2010 and estimated SFY 2011-2013; "All Other" includes Federal Funds and Non-General Revenue Funds (non-GRF)

Controlling the Ohio Medicaid Budget Pre-Expansion

- Moved more populations into managed care
- Reformed the managed care program
 - Went from 8 regions to statewide
 - Dropped from 7 plans to 5
- Implemented a Duals integration program
- Reformed payments to both nursing facilities and hospitals by tying payment to quality
- Eliminated waiting lists for the Department of Aging's home- and community-based waiver
- Many other initiatives



Impact on Ohio Medicaid Budget

Around 700,000 people are enrolled under Group
 VIII

The 10% state share equals roughly \$300 million

 Moving to a standard match rate about \$1 billion more in state dollars are needed each year



Impact of Reforms

Ohio Medicaid Annual Growth Projections

(calculated on a Per Member Per Month basis)

State Fiscal Year	JMOC (Optumas) Upper Bound	Medical CPI	JMOC (Optumas) Target	Executive Budget	
				(All Agencies)	(Excluding DD)
2016	3.00%	3.30%	3.00%	1.38%	0.75%
2017	3.60%	3.30%	3.30%	4.50%	4.05%
Avg.	3.30%	3.30%	3.15%	2.94%	2.40%



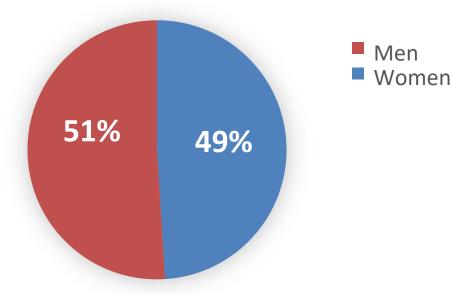
Expansion Demographics



Expansion Enrollment Overview

Medicaid Enrollment Overview

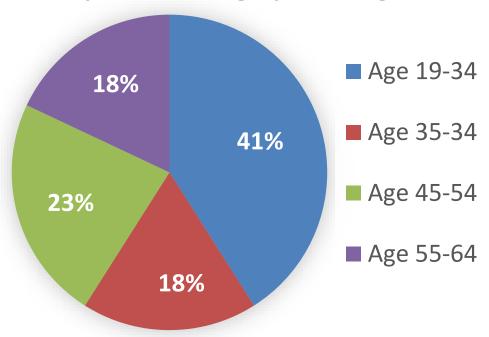
Group VIII: Demographics – Men / Women





Expansion Enrollment Overview

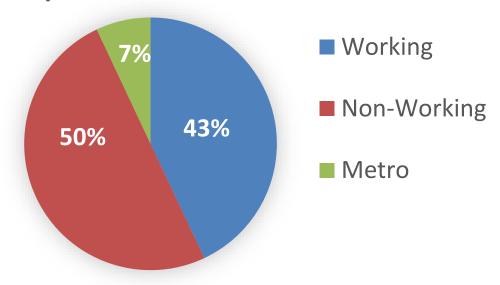






Expansion Enrollment Overview

Group VIII: Individuals with Income



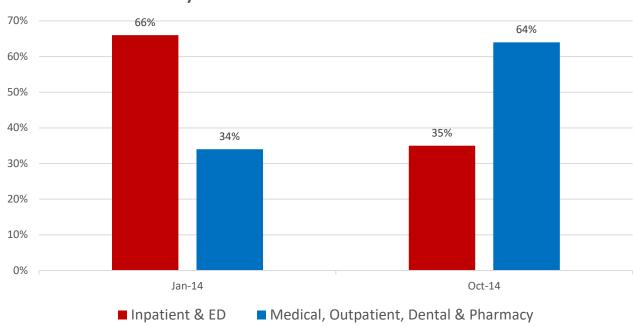


Expansion Utilization Overview

Group VIII Comparison of PMPM (MC and FFS) Categories of Costs:

Shifting FROM Uncoordinated Care Settings (Inpatient) TO Coordinated Care Services



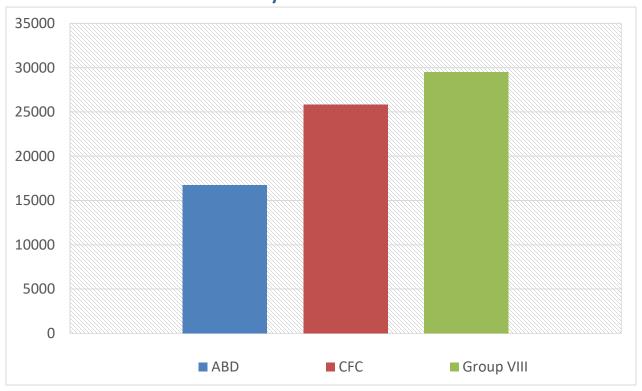




Expansion Utilization Overview

Medicaid Consumers with a Primary Diagnosis of Cancer







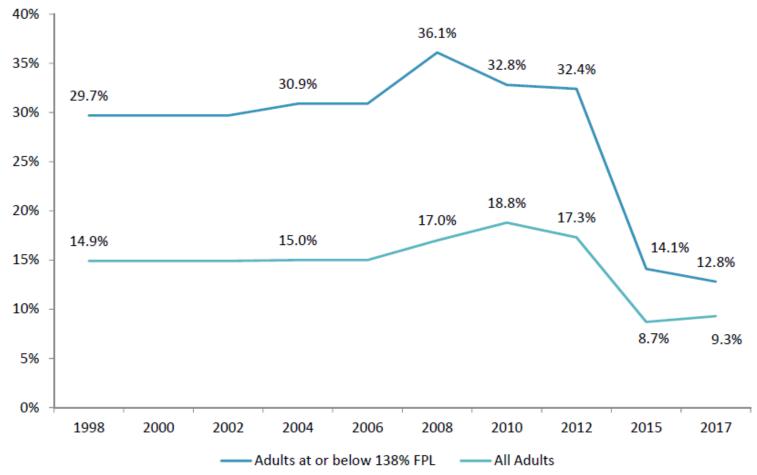
Impact of Medicaid Expansion

- The budget mandates a report on expansion every two years.
- It is called the "Medicaid Expansion Assessment"
- Both reports can be found at:
- https://medicaid.ohio.gov/reports



Impact on Coverage

Figure 2: Percentage of Ohioans Ages 19-64 with Family Income at or Below 138% Federal Poverty Level (FPL) who are Uninsured: 1998-2017





Access to Care

Provider Capacity and Access to Care

- 1. The percentage of working age Medicaid enrollees (including Group VIII enrollees and participants in other Medicaid programs) with at least one primary care visit increased from 60.3% in 2013 to 64.5% in 2017 a 4.2 percentage point increase.
- 2. The percentage of working age Medicaid enrollees receiving a primary care visit has remained level for the past two years (calendar years 2016 and 2017). This period of stability follows a three-year period where primary care access increased in all regions.
- 3. Rural and Appalachian regions had the highest primary care visit level for enrollees.
- 4. Provider participation in the Medicaid program continued to increase to meet higher health services demand. This growth was driven by increases in the number of participating Advance Practice Nurse Practitioners (APNPs) (53.4% increase from 2013 to 2017) and Physician Assistants (PAs) (95.8% increase from 2013 to 2017).
- 5. Unenrolled Group VIII were considerably more likely than Continuous to report problems accessing at least one type of needed care than those who remained continuously enrolled (55.4% vs. 37.5%).
- 6. From the 2017 Ohio Medicaid Assessment Survey, privately insured individuals at or below 138% FPL were equally likely to avoid obtaining needed health care as the Group VIII enrolled (31.7% versus 29.5%) comparatively, the uninsured at or below 138% FPL were significantly more likely to avoid needed care (41.0%).



Utilization of Care

Health System Utilization

- 1. Most of the Continuous Group VIII enrollees in the 2018 telephone survey who reported having a chronic condition were receiving treatment for that condition (73.2% for hypertension, 66.2% for high cholesterol, and 85.8% for diabetes).
- 2. Use of primary care as a usual source of care has increased. Most (78.7%) Continuous Group VIII reported having a *non*-emergency department usual source of care in 2018, an increase from 71.2% in 2016.
- 3. As duration of enrollment increased, Group VIII enrollees' emergency department utilization declined (16.8% decline after two years since onset of enrollment according to Medicaid administrative data).



Impact on Physical Health

Physical Health

- 1. 30.6% of Continuous Group VIII reported that their physical health had improved since enrolling in Medicaid, compared to 9.5% who reported that their health was worse, and 59.3% who reported that their health was the same.
- 2. When asked what Medicaid meant to them, 35.7% of survey respondents specifically mentioned either their health or access to care. In the words of one respondent: "If it wasn't for Medicaid, I would not have been able to pay for surgery that was needed for a heart condition I was born with."
- 3. Almost one-third (28.3%) of Unenrolled Group VIII dropped Medicaid coverage because their health had improved or because they no longer thought they needed coverage (includes Unenrolled Group VIII who were aware that their coverage had ended).
- 4. Among Churn Group VIII, 25.7% cited declining health as a reason for reenrolling in Medicaid (includes Churn Group VIII who were aware of having had a coverage gap).



Impact on Mental Health

Mental Health

- 1. Continuous Group VIII were 3.4 times as likely to report that their mental health had improved since enrolling on Medicaid, compared to those reporting that it had worsened.
- 2. Around 1 in 4 (24.6%) individuals in the Continuous Group VIII, Churn, and Non-Group VIII Medicaid groups screened positive for depression, while the Unenrolled Group had lower rates (17.4%).
- 3. Continuous Group VIII enrollees who met screening criteria for depression and anxiety were significantly less likely to report being employed (26.9% versus 60.7%).
- 4. More than half (51.2%) of Unenrolled Group VIII who met screening criteria for anxiety or depression reported difficulties obtaining needed prescriptions, compared to less than one-fourth (22.1%) of the Continuous Group VIII who met such screening criteria.
- 5. The majority of Continuous Group VIII enrollees with depression or anxiety (84.3%) reported that access to mental health treatment was "not a problem".



Impact on Hospitals

Estimated Uncompensated Care In Hospitals w/ Group VIII - 2014

Northwest:

Total w/o Expansion: \$152.5m

Actual total w/ Expansion: \$50.3m

2013-14 Change:

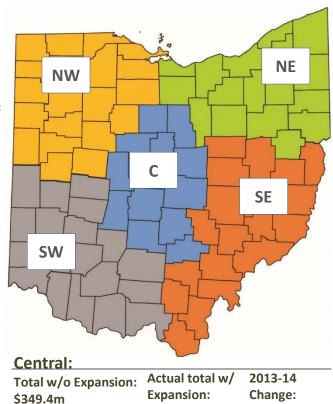
-70.52%

Southwest:

Total w/o Expansion: \$464.6

Actual total w/ **Expansion:** \$227.8m

2013-14 Change:



\$157.7m

-55.30%

Northeast:

Total w/o Expansion: \$512.8m

Actual total w/ **Expansion:** \$147.2m

2013-14 Change: -69.91%

Southeast:

Total w/o Expansion: \$95.4m

Actual total w/ Expansion: \$63.2m

2013-14 Change: -37.55%



-55.57%



QUESTIONS

