

Health Policy Brief

Impact of Ohio Medicaid

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Ohio Medicaid has undergone substantial structural reforms in recent years including eligibility changes for parents, foster youth, and disabled children; new federal rules requiring documentation of citizenship; and the expansion of Medicaid managed care across Ohio Medicaid.

Data from the 2008 Ohio Family Health Survey (OFHS), a statewide, random digit dial telephone survey of over 50,000 Ohio residents, was used to compare the current status of Medicaid beneficiaries to the privately insured, uninsured, and non-continuously covered Ohio population. In addition to the 2008 comparisons, the report examines changes in access and utilization since the 2004 OFHS, by coverage type (Medicaid, employer sponsored and other private, uninsured/non-continuous coverage) and Medicaid category (Aged, Blind, Disabled, Health Start/Health Families, and Medicaid managed care market).

How do Medicaid children's access and utilization compare to the privately insured?

Medicaid children's results compare favorably to the privately insured and substantially better than uninsured children and children with transient/part year coverage.

Compared to the privately insured, Medicaid children reported:

- Equivalent access to outpatient services as the privately insured
- Equivalent self-assessed quality of care
- Equivalent or fewer reported problems seeing specialists and accessing care
- Lower likelihood of identifying cost as a barrier to care.

How have the 2004-2008 program changes affected Medicaid children?

Medicaid children's results have largely held steady when compared to the privately insured.

The reforms within Medicaid have led to several changes:

- Inpatient hospital admissions decreased from 2004 to 2008.
- Emergency room visits showed even larger reductions between 2004 and 2008.

- The largest changes came in the counties that transitioned from fee-for-service in 2004 to mandatory managed care by 2008.
- These reductions in utilization came with lower satisfaction and perceived quality of care.

How do Medicaid adults' access and utilization compare to the privately insured?

Medicaid's adult enrollees consist primarily of the very poor and the very sick. While Medicaid children report results that are similar or better than the privately insured, the pattern is mixed for Medicaid adults

- Medicaid adults report more problems entering the health care system (securing a usual source of sick care, seeing a specialist, obtaining dental care).
- However, Medicaid adults report fewer costs barriers and more utilization than the privately insured once they enter the system.
- Within Medicaid, the Aged, Blind, and Disabled population reported higher utilization yet lower access when compared to Healthy Start/Healthy Families enrollees.

Policy Implications

1. For Medicaid's key constituency of low income children, Medicaid produces results comparable to the privately insured. This success should be monitored and maintained.
2. The OFHS does not collect data on costs. Research is needed on total costs (administrative plus utilization) per beneficiary in the older, managed care counties compared to the new mandatory managed care counties.
3. While Medicaid children report results that are similar or better than the privately insured, the results are mixed for Medicaid adults and especially ABD adults. Future efforts should focus on the provider networks available to Medicaid adults and specifically monitor the status of ABD adults as the Medicaid reforms progress.