

"Healthy Ohio" Won't Lead to Healthy Ohioans

The Ohio legislature recently passed a law to create a new health care program for most people on Medicaid.

It is called "Healthy Ohio," but don't be fooled.

Healthy Ohio will restrict access to health care for many thousands of low income adults.

The good news is that the federal government must give Ohio permission to make such radical changes in Medicaid and public input matters.



If approved, all non-disabled adults over age 18 with incomes up to 138% of the poverty level will be required to enroll in "Healthy Ohio" if they are on Medicaid.

NOW	UNDER HEALTHY OHIO
No premiums	Monthly or yearly contributions to a "health savings account"
Immediate coverage once eligibility is determined and 3 months retroactive (back) coverage	Coverage only after required payment to health savings account
Continual coverage until yearly recertification	Loss of coverage for failure to pay monthly contribution and resumption of coverage requires payment of the full amount of the monthly installments.
All adults with incomes up to 138% of poverty are covered	All adults from 0% to 138% of poverty must pay

What's Wrong With "Healthy Ohio"?

1 It Will Lead to Poorer Health, More Costly Care for Ohioans on Medicaid.

Studies show that requiring even small contributions prevent low income people from accessing health care because they already have to choose between paying for food versus rent, mortgage payments, utilities, transportation, or other necessities. People with chronic conditions will not be able to remain healthy instead needing expensive care.

What's Wrong With "Healthy Ohio"?

2 It's Complicated

- The health savings account and point system is difficult to understand and use.
- Healthy Ohio uses debit "swipe" cards that are expensive to set up and operate.
- Patients could wait weeks or months between application and coverage.

3 It's a Waste of Taxpayer Money

Setting up and operating the debit card and point system will cost millions of dollars that could be spent more wisely.

What's Next?

The Ohio Department of Medicaid is responsible for applying to the federal government - Centers for Medicare and Medicaid Services (CMS) - for permission to change the way Ohio operates Medicaid now.

The state comment period ended on May 16, 2016, and the Ohio Department of Medicaid submitted their waiver proposal to CMS on June 30. CMS accepted Ohio's proposal, and the public now has 30 days to submit input to CMS on the waiver.

Weighing In On Proposed Changes to Ohio Medicaid



Federal Comment Period. The federal comment period started July 7 and closes August 6. Visit www.ohiovertylaw.org/ourwork or www.uhcanohio.org/healthyohiomedicaidwaiver for up-to-date information.

Ohio's current expanded Medicaid program is working well. It has made health care a reality for hundreds of thousands of low income Ohioans. Ohio Medicaid helps Ohioans get and keep employment, stabilizes their families, and helps them stay healthy. Making it harder for Medicaid enrollees to get health care will hurt Ohioans and take us in the wrong direction.



Visit www.ohiovertylaw.org/ourwork or www.uhcanohio.org/HealthyOhioMedicaidWaiver for up-to-date information on what you can do.

