

Seeking Legislative Approval to Extend Health Care Coverage

Fact Sheet

In the past three years, under Gov. John Kasich's leadership, Ohio has worked successfully to improve the quality of health care delivered by Medicaid while also improving its efficiency to give taxpayers better value.

- Reforming long-term care helps keep more seniors in their own homes instead of being moved into nursing homes. These changes both improve their quality of life and reduce taxpayer spending;
- Better coordinating the care of Ohioans with multiple chronic conditions helps improve their health outcomes while controlling costs;
- Transforming the way that Medicaid pays health care providers to reward quality, not just quantity, helps drive further improvements to the care patients receive and the way taxpayer funds are managed;
- Replacing Medicaid's aging computer systems with new, state-of-the-art IT systems has helped reduce waste and fraud while also making it cheaper and faster for officials to manage the program.

Ohio's reforms in Medicaid makes it well prepared to extend coverage: Together these and other reforms have helped save \$3 billion for Ohio taxpayers and put Ohio's Medicaid program on an increasingly stable footing. Ohio's Medicaid reforms have been recognized nationally for helping to reduce costs, improve health outcomes, and improve care coordination. Prior to these reforms, Ohio would have been unprepared to efficiently extend Medicaid coverage. Today, however, more Ohioans can be brought into a program that provides higher quality care and better value for the taxpayers who pay for it. Extending coverage will help keep working Ohioans in jobs, put Ohio's federal taxes to work and create a ladder up and out of public assistance for low-income residents.

With federal approval in-hand, Ohio is ready to move forward after the Ohio General Assembly acts: On October 10, the federal Centers for Medicare and Medicaid Services (CMS) approved Ohio's proposal to expand Medicaid. As a result, federal funds are available to extend Medicaid coverage in Ohio beginning January 1, 2014. Ohio law (R.C. 131.35) authorizes a state agency to spend federal funds pursuant to an appropriation of the General Assembly or authorization by the Controlling Board. On October 11, 2013, the Ohio Department of Medicaid submitted a request to the legislative Controlling Board seeking authorization to spend federal-only funds to extend Medicaid coverage in Ohio beginning January 1, 2014 and lasting through the biennium (June 30, 2015).

About the Controlling Board: The Controlling Board is a spending-control authority that must approve certain state expenditures and oversee other spending-related decisions. The board consists of six members of the General Assembly – three from each chamber to assure legislative control of its actions – and one representative of the Office of Budget and Management who presides over the body. Ohio law (R.C. 131.35) allows state agencies to spend federal funds that have been appropriated by the Ohio General Assembly or authorized by the Controlling Board.

About the federal government's role in changes to state Medicaid programs: The federal government must approve any change in the state's eligibility standards. States seek approval for such changes through the submission of a State Plan Amendment to the federal Centers for Medicare and Medicaid Services (CMS), a branch of the U.S. Department of Health and Human Services. Ohio law (R.C. 5162.07) gives the Ohio Medicaid director authority to seek a state plan amendment without additional legislative actions. Since 2011, CMS has approved more than 60 State Plan Amendments for Ohio.

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