The ACA in Ohio

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www.HealthTransformation.Ohio.gov

Health Care Spending per Capita by State (2011) in order of resident health outcomes (2009)

Ohioans spend more per person on health care than residents in all but 17 states

36 states have a healthier workforce than Ohio

States (left to right): MN HI CT UT CA MA IA VT WI ND CO ID WA NH NE WY NY OR NJ RI AZ TX ME MD MT FL AK VA NM SD KS IL PA DE MI IN GA NV NC MO OH SC OK KY LA AL AR TN WV MS

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Sources: CMS *Health Expenditures by State of Residence* (2011); The Commonwealth Fund, *Aiming Higher: Results from a State Scorecard on Health System Performance* (October 2009).

The Impact of the ACA in Ohio

On Coverage

- New mandates on individuals to purchase, employers to provide, and what insurance companies may offer
- New federal Health Insurance Exchange to subsidize health insurance premium costs for individuals 100-400% of poverty
- Extend Medicaid coverage to everyone below 133% of poverty (the Supreme Court decided this provision is optional for states)
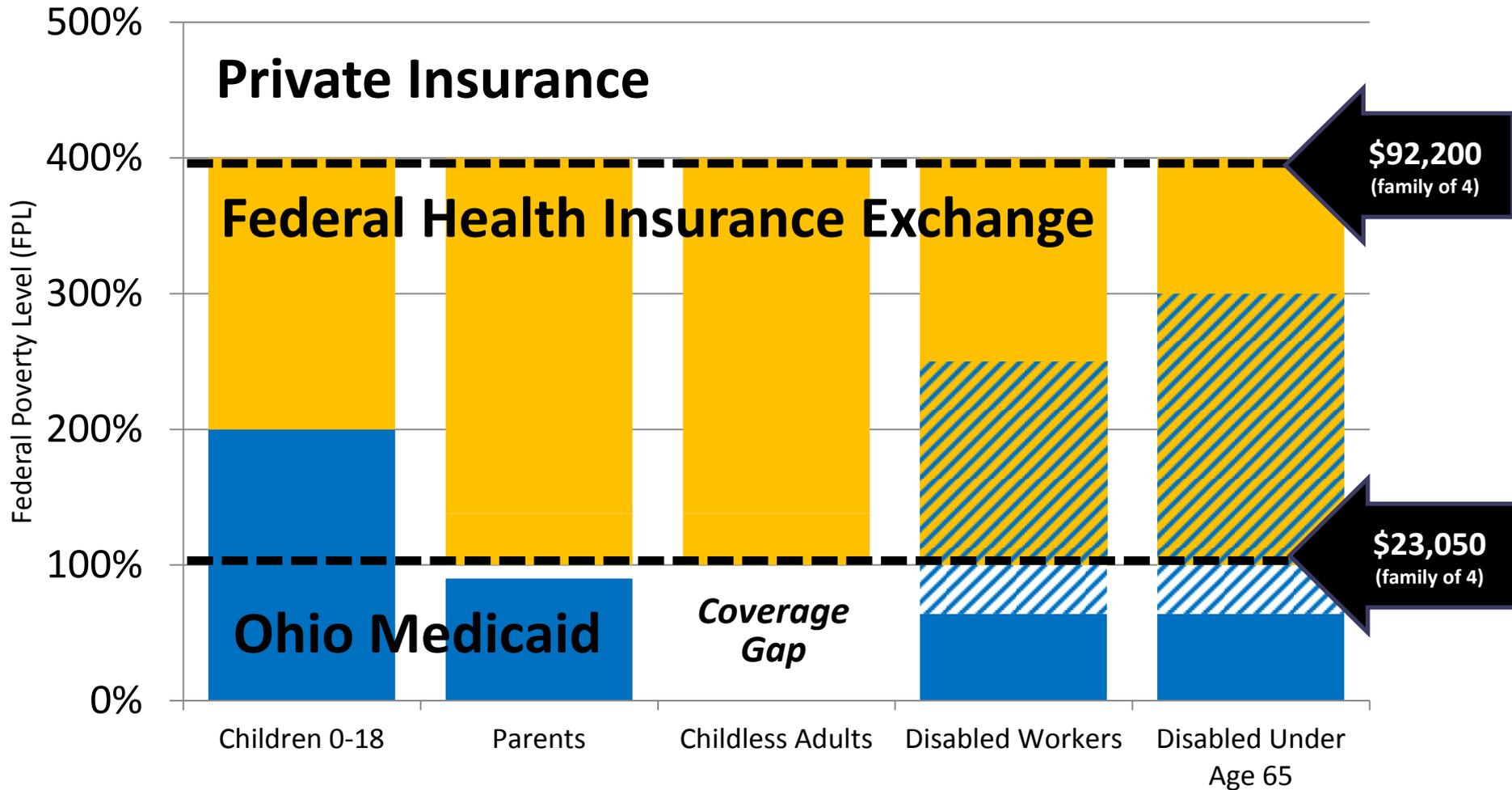
On the Delivery System

- Increased focus on strategies for better health, better care, and cost savings through improvement

http://www.hhs.gov/healthcare/facts/timeline/index.html

Ohio Health Transformation Plan

Modernize Medicaid	Streamline Health and Human Services	Pay for Value
Initiate in 2011	*Initiate in 2012*	*Initiate in 2013*
Medicaid Cabinet: OHT (sponsor); AGE, ODH, ADA, MH, DD, Medicaid; with connections to JFS	**HHS Cabinet:** DAS, OBM, OHT (sponsors); JFS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX	**Payment Innovation Task Force:** OHT (sponsor); Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OPERS, ODI, TAX
• Eliminate fraud and abuse • Prioritize home and community services • Reform nursing facility payment • Enhance community DD services • **Integrate Medicare and Medicaid benefits** • Rebuild community behavioral health system capacity • **Create health homes for people with mental illness** • Restructure behavioral health system financing • Improve Medicaid managed care plan performance • **Extend Medicaid coverage to more low-income Ohioans**	• Create the Office of Health Transformation (2011) • Implement a new Medicaid claims payment system (2011) • Create a unified Medicaid budget, accounting system • Create a cabinet-level Medicaid Department (July 2013) • Consolidate mental health and addiction services (July 2013) • **Simplify and replace Ohio's 34-year-old eligibility system** • Coordinate workforce programs • Share services across local jurisdictions • Recommend a permanent HHS structure (coming soon)	• Participate in Catalyst for Payment Reform • **Provide access to medical homes for most Ohioans** • **Use episode-based payments for acute medical events** • Coordinate health sector workforce and training programs • **Accelerate electronic health information exchange** • Report and measure performance • **Support regional payment innovation**

Who is Stranded in the Coverage Gap?

- Ohioans with income less than 100% of poverty ($11,170 for an individual or $23,050 for a family of four)
- Many work but their employer does not offer or they cannot afford health insurance
- Many work as health care providers for others but don't themselves have coverage
- Many are over age 55 looking for work but finding it difficult
- At least 26,000 are veterans
- Some are unable to work because of mental illness or addiction but have no regular source of care to recover
- ***When these uninsured individuals seek care, often in the emergency room, other Ohioans pay the cost through higher premiums and other indigent care programs***