The Ohio Legislative Children's Caucus

Medicaid: The State of Ohio's Children – Part 2

September 22, 2025, 2:30PM

Bridget Harrison

Deputy Director of Strategic Initiatives

Ohio Department of Medicaid

Medicaid 101

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September 22nd, 2025

Ohio Department of Medicaid

Objectives:

- What is Medicaid?
  - Who do we serve?
  - What services are covered?
- What is the Next Generation Managed Care Program?
  - How do we work?
- How does Medicaid serve children and families?

What is Medicaid?

Medicaid vs. Medicare

MEDICAID

- Aid for some poor Ohioans
- Must have low income
- Children, parents, disabled, and age 65+
- Primary, acute and long-term care
- State and federal funding
- No payroll deduction

MEDICARE

- Care for nearly all seniors
- No income limit
- Age 65+ and some people with disabilities
- Primary and acute care only
- Federal funding only
- Payroll deduction

What is Medicaid?

- Created by Congress in 1965 to provide health security for low-income Americans (along with Medicare for older Americans)

- Medicaid is a joint federal and state program that provides health coverage to millions of eligible Americans, including low-income adults, children, pregnant women, elderly adults and people with disabilities. Each state administers its own Medicaid program

- Financed through a matching funds payment arrangement called the Federal Medical Assistance Percentage (FMAP)

- FMAP rate is approximately 65%, meaning for every dollar we spend on a service, 65 cents comes from the federal government, and 35 cents is the required state match.
  - The ultimate result is that $1 of state share spending is expected to purchase $6.17 worth of services for Ohioans in SFY 2026.

$0.65 FEDERAL

$0.35 Ohio

Who do we serve?

Basic Covered Groups:

- Aged (over 65)
  - Blind
  - Disabled
  - Modified Adjusted Gross Income (MAGI)
  - Children under 19, parents and caretakers, foster kids, newly eligible group
  - Group VIII/Expansion population

- More than half of Ohio's births are covered by Medicaid.
- More than 1.3 million children (ages 0-21) in our state are served by Medicaid.
- More than 50,000 children with complex behavioral health needs and receiving specialized services through OhioRISE.
- There are approximately 2.6 million individuals enrolled in the seven Managed Care Program under the Next Generation of Managed Care.

What services are covered?

- Inpatient hospital services.
- Outpatient hospital services (including those provided by rural health clinics and federally qualified health centers).
- Physician services.
- Laboratory and x-ray services.
- Screening, diagnosis, and treatment services for children under 21 years old, under Healthchek, Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.
- Immunizations.
- Home health and private duty nursing services.
- Podiatry services.
- Chiropractic services.
- Blood glucometers and blood glucose test strips.
- Behavioral health services, including treatment for mental health and substance use disorders (see appendix for more information).
- Physical, occupational, developmental, and speech therapy services.
- Nurse-midwife, certified family nurse practitioner, and certified pediatric nurse practitioner services.
- Durable medical equipment and medical supplies.
- Nursing facility services.
- Respite services for eligible children receiving Supplemental Security Income (SSI).
- Hospice care.
- Telehealth.
- Coverage for mom and baby for 12 months following delivery
- Dental
- Vision Services
- Transportation Services

Structure of Medicaid: Fee for Service

FEE FOR SERVICE

- This method pays for individual units of service, e.g. doctor office visit, single prescription, medical equipment etc.
- Most are on a simple fee schedule
- Nursing facility ICF/IDD payments are a “per diem” but are considered fee for service and are the only two set in legislation

MANAGED CARE

- This method involves enrolling individuals in the Medicaid program into managed care plans. The Medicaid agency makes a monthly capitation payment (similar to an insurance premium) to the managed care plan. The managed care plan is responsible for covering the cost of all services for their customer.
- The managed care plan is “at risk” for service costs exceeding the capitation payment and thus the plan is incentivized to control costs and utilization across its entire enrollee population.
- Not all services are covered by Medicaid managed care. Some institutional care is “carved out”.

Most Ohio Medicaid members are served through Managed Care

What is the Next Generation Medicaid Program?

Next Generation Managed Care

- Governor DeWine asked ODM to redesign the state's healthcare program, bringing high quality affordable care that supports this administration's priorities for children and families.
- In response, ODM worked with the General Assembly and developed a bold new vision, **one that focuses on the individual and not just the business of managed care**.
- The result is the Next Generation of Medicaid Managed Care which represents the first structural change to the program in 15 years
  - OhioRISE (Resilience through Integrated Systems and Excellence)
  - Single Pharmacy Benefit Manager (SPBM)
  - Ohio Medicaid Enterprise System (OMES)
    - Centralized Credentialing
    - Fiscal Intermediary
  - Seven New Medicaid Managed Care Plans

Stakeholder Engagement

We prioritized the voice of members and providers from the beginning

The Approach

Partner with local organizations that already have member and provider trust and reach.

Demonstrate our commitment to hearing from members and providers by proactively seeking it using multiple strategies.

Conduct in-person listening sessions across the state, where ODM listens to feedback about the current program.

Create a comfortable environment for feedback that encourages candor and builds trust, including offering separate sessions for members and providers.

The Results

Listening Sessions

119	Medicaid members participated in in-person listening sessions.
36	Community partner organizations hosted listening sessions.
17	Listening sessions hosted across the state.

Requests for Information (RFI)

2	RFIs, designed with specific audiences in mind – member & provider and MCO.
1,000+	Pieces of feedback we received from providers, members, and advocates.
50+	Providers and provider associations with whom we met.

Next Generation Managed Care:

- **Improve health and wellness outcomes.** The Next Generation managed care structure adopts a unified approach to population health management and engages you in decisions about your health and wellbeing. The framework leverages member health data to identify services and supports unique to your situation. And it elevates the role managed care organizations play in coordinating care across your medical providers.

- **Emphasize a personalized care experience.** Next Generation managed care organizations (MCO) commit resources and trainings to address implicit biases and impersonal practices that turn too many Ohioans away from seeking the care needed. The program strives to engage you on care options and respects choices you make about your care.

- **Support providers in better patient care.** We're reducing administrative burdens for your healthcare providers so they have more time to spend with you. From a unified prescription drug list to the Fiscal Intermediary to centralizing provider credentialing, we're streamlining operations to eliminate unnecessary, time-consuming processes.

- **Improve care for children and adults with complex mental health needs**, including establishing OhioRISE, a specialized managed care program for youth with complex behavioral health and multisystem needs.

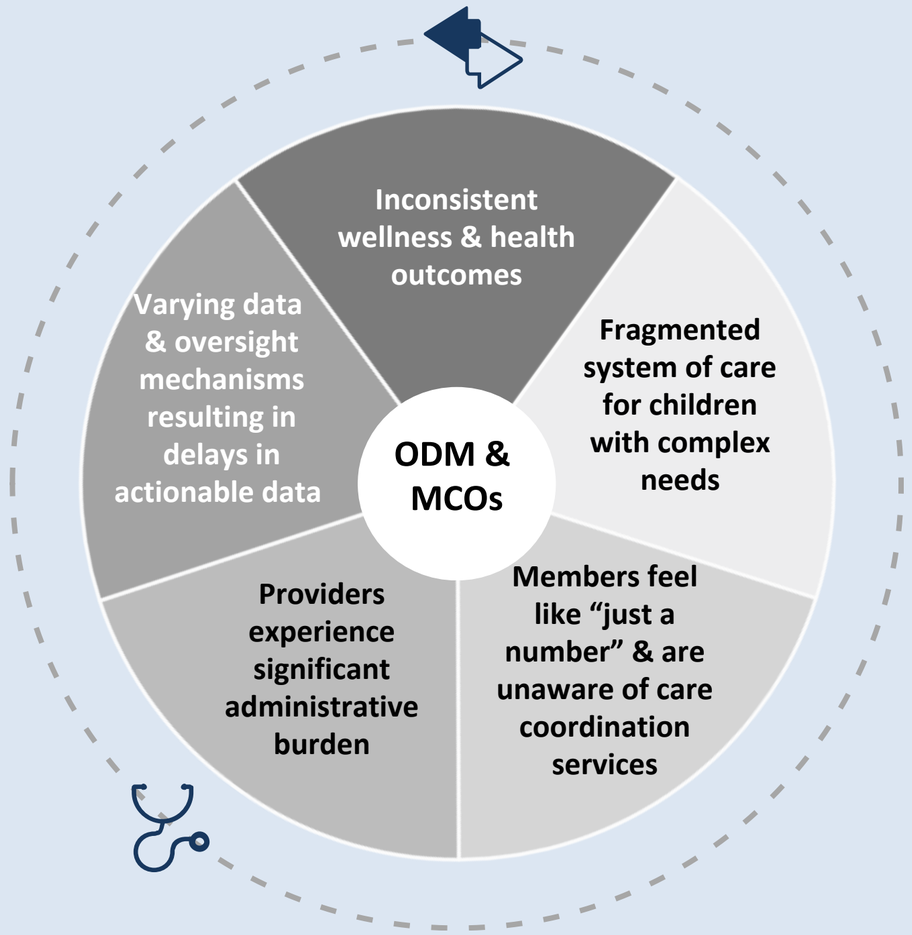
- **Increase program transparency and accountability** through the systematic and systemic use of information and tailored approaches to meeting member healthcare needs.

Putting the Pieces Together | Moving from the Past to Next Gen

The focus shifted to the individual with strong coordination, collaboration, and partnership

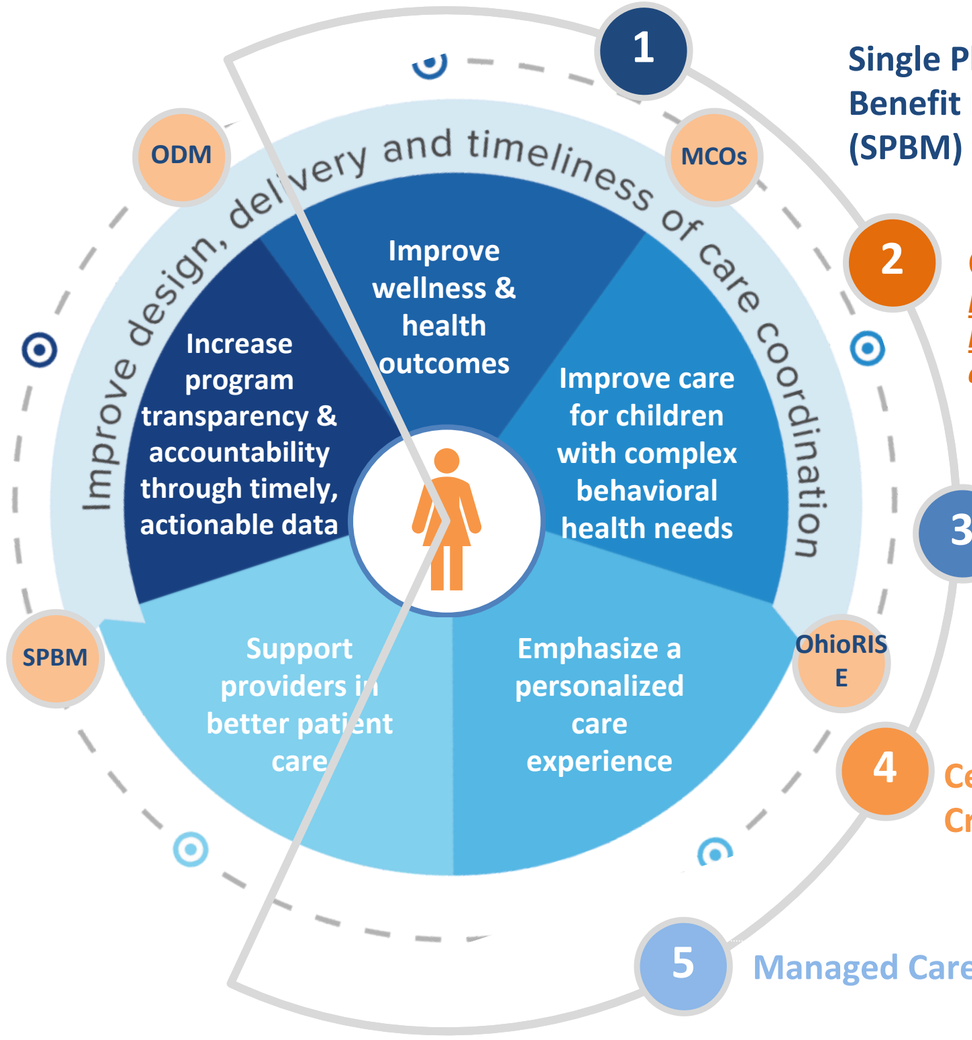
Past Ohio Medicaid Managed Care Program

Members were impacted by business decisions that didn't always take their needs or circumstances into consideration. Providers were not always treated as partners in patient care. We wanted to do better for the people we serve.



Next Generation of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.



How does Medicaid serve children and families?

Specialized Program Components for Children and Families

- OhioRISE
- Medicaid in Schools Program
- Maternal and Infant Support
  - Comprehensive Maternal Care (CMC)
- Outcomes Acceleration for Kids (OAK)

OhioRISE

Resilience through
Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multisystem needs

Specialized Managed Care Plan

Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.

Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same children, youth, and families.

Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.

Prevent Custody Relinquishment

OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Eligibility

Children and youth who may be eligible for OhioRISE:

- Are eligible for Ohio Medicaid (either managed care or fee for service)
- Are age 0-20, and
- Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or an inpatient behavioral health hospital admission.

OhioRISE Services

- All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- Intensive and Moderate Care Coordination *NEW*
- Intensive Home-Based Treatment (IHBT) *ENHANCED*
- Psychiatric Residential Treatment Facilities (PRTF) *NEW*
- Behavioral health respite *ENHANCED*
- Flex funds to support implementing a care plan *NEW*
- 1915(c) waiver that runs through OhioRISE *NEW*
  - Unique waiver services & eligibility
- Mobile Response and Stabilization Service (MRSS) *NEW*
  - Also covered outside of OhioRISE (managed care or fee for service)

OhioRISE Eligibility

Children and youth must meet all of the criteria below:

Be determined Medicaid eligible

Either Medicaid fee-for-service or Medicaid managed care

Age at time of enrollment

0 - 20

Requires significant and intensive behavioral health treatment

- As assessed by the Child and Adolescent Needs and Strengths (CANS); or
- An inpatient stay in a hospital for mental illness or Substance Use Disorder (SUD).

*OhioRISE youth may also have an existing 1915(c) waiver - intellectual/developmental disability, Ohio Home Care, etc.

Ohio Department of Medicaid

CHANGING youth behavioral health care CHANGED lives.

Ohio's legislature and Gov. DeWine have been committed to behavioral health, recognizing how the addiction and mental health epidemic was destroying lives and families in our state. Part of this commitment led to OhioRISE, and the outcomes in the first three years of OhioRISE demonstrate the value of the state's commitment.

- **Reducing ED visits, total psychiatric hospital stays and length of stays:** OhioRISE has reduced ED visits by 41%, total psychiatric hospital stays by 28% and the average length of hospital stay by 40%.[1] With OhioRISE, more kids are able to receive care in their homes and communities.
- **Keeping kids close to home:** Before OhioRISE, youth often had to go out-of-state to receive intensive behavioral health care.[2] In 2023, 90 youth needed out-of-state treatment. And in 2024, **OhioRISE reduced that number to 60**, with more in-state treatment options under development. More kids are staying in Ohio and staying close to family, receiving care in our communities and by our behavioral health experts.
- **Improved health outcomes for the most intensive care:** OhioRISE has decreased the average stay for youth at psychiatric residential treatment facilities by 60%.[3] The average cost of this care is $140,000.
- **96% engagement:** Between all three tiers of OhioRISE, 96% of youth enrolled are engaged in behavioral health services as evidenced by claims data. To maintain an open door as a resource to families, outreach is hands-on and continuous to those who are not actively engaged.
- **Over $7 million in flex funds to enhance health outcomes:** Beyond traditional behavioral health care, OhioRISE provides flex funds, helping youth access services, equipment and more that are not typically covered as a Medicaid benefit. Flex funds are not a cash benefit and must be tied to a child and family care plan and implemented through care coordination. Thanks to OhioRISE, youth receive services that enhance and supplement their care, leading to stronger health outcomes.
- **Ohio families value OhioRISE:** 3,000 Ohio families participated in an independent survey, and even at this early stage of OhioRISE, nearly 80% of respondents had a favorable opinion of the services and support they receive, and nearly 90% indicated the services they receive are right for their family.[4]

2023 Healthcare Effectiveness Data and Information Set Results

Measure	OhioRISE	Ohio Medicaid Managed Care (MMC)	OhioRISE outperforms MMC by
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	86.1%	75.32%	14%
	> than 95th National Percentile	Between 90 and 95th National Percentile	
Follow-Up Care for Children Prescribed ADHD Medication, Initiation Phase	56.34%	46.13%	22%
	Between 90 and 95th National Percentile	Between 50 and 66.67th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 7-Day Follow-Up, Ages 13-17	48.15%	29.07%	66%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 30-Day Follow-Up, Ages 13-18	66.67%	44.27%	51%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (6-17)	75.9%	68.43%	11%
	Between 90 and 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (6-17)	88.81%	80.94%	10%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Hospitalization For Mental Illness-7 days (6-17)	56.15%	48.9%	15%
	Between 75th and 90th National Percentile	Between 50th and 66.70th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (13-17)	63.09%	56.09%	12%
	> than 95th National Percentile	Between 90th and 95th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (13-17)	31.33%	22.76%	38%
	> than 95th National Percentile	> than 95th National Percentile	

Medicaid School Program Services

Current MSP services

- Occupational therapy
- Physical therapy
- Speech-language pathology
- Audiology
- Nursing
- Mental health services
- Transportation in limited situations
- Targeted case management

In development:

- Updating nursing services to include chronic disease management;
- Adding potential providers, such as Educational Service Centers
- Plans of care to include 504 plans, Universal health forms, and individualized health plans;
- Increasing the types of behavioral health services and provider types; and
- Enhancing targeted care management services.

Maternal and Infant Support

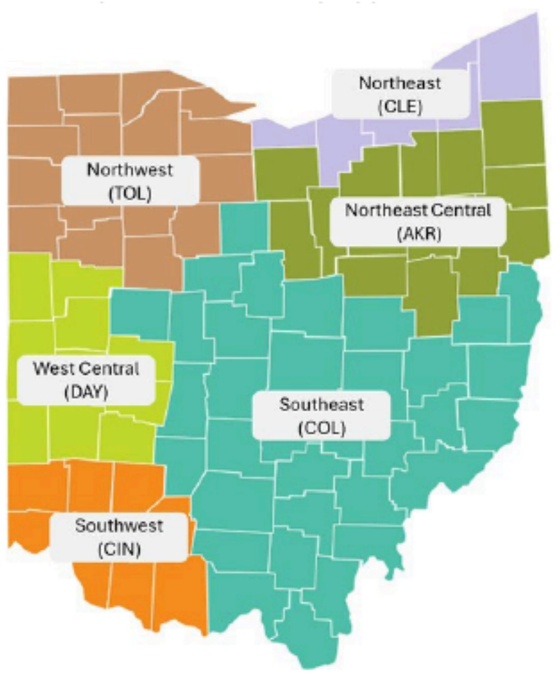
Comprehensive Maternal Care

- The program provides support for obstetrical practices to develop community connections and culturally aligned supports for women with Medicaid as they and their families navigate pre- and post-natal care.

- In its first year, 77 practices from 24 organizations across 19 counties enrolled in the program, collectively serving nearly 36,000 women. Participating practices committed to:
  - Collaborating with local community service providers
  - Integrating mental and behavioral health into care
  - Listening to feedback from moms and families
  - Sharing best practices with peer organizations
  - Focusing on the overall health and well-being of mothers—not just pregnancy care

Outcomes Accelerated for Kids (OAK)

- The goal of OAK is to deliver the **highest quality care** by connecting regional partners to identify opportunities to close gaps for Ohio's pediatric population, achieve **superior outcomes** by transforming care delivery to meet patient's needs and ensure whole child health. The collaboration, a critical part of Ohio Medicaid's Next Generation of Managed Care, is a partnership between families, Medicaid Managed Care Organizations (widely known as Health Insurance Organizations), Children's Hospitals, and the Ohio Department of Medicaid.



Core Structure of OAK

OAK divides Ohio into six regions. Teams of Children's Hospitals, Managed Care Entities, and families are collaborating to deliver improved outcomes in priority focus areas:

Asthma
Improving Controller Medication Use

Behavioral Health
Improving ED follow-up care for mental health and substance use visits

Sickle Cell Disease (SCD)
Improving transcranial ultrasound, a routine screening for SCD

Well Child
Increase well child visit attendance and preventative care

Participating Organizations

Children's Hospitals

Accountable Care Organizations

Akron Children's Hospital
Akron Children's Health Collaborative

Nationwide Children's Hospital
Partners for Kids

Cincinnati Children's Hospital
HealthVine

ProMedica Russel J. Embeid Children's Hospital

Dayton Children's Hospital
Partners for Kids

University Hospitals Rainbow Babies & Children's Hospital

Managed Care Entities

Aetna
Anthem
AmeriHealth
CareSource
Buckeye
Humana
Molina
United Healthcare

Ohio Department of Medicaid

Georgetown University
McCourt School *of* Public Policy
CENTER FOR CHILDREN
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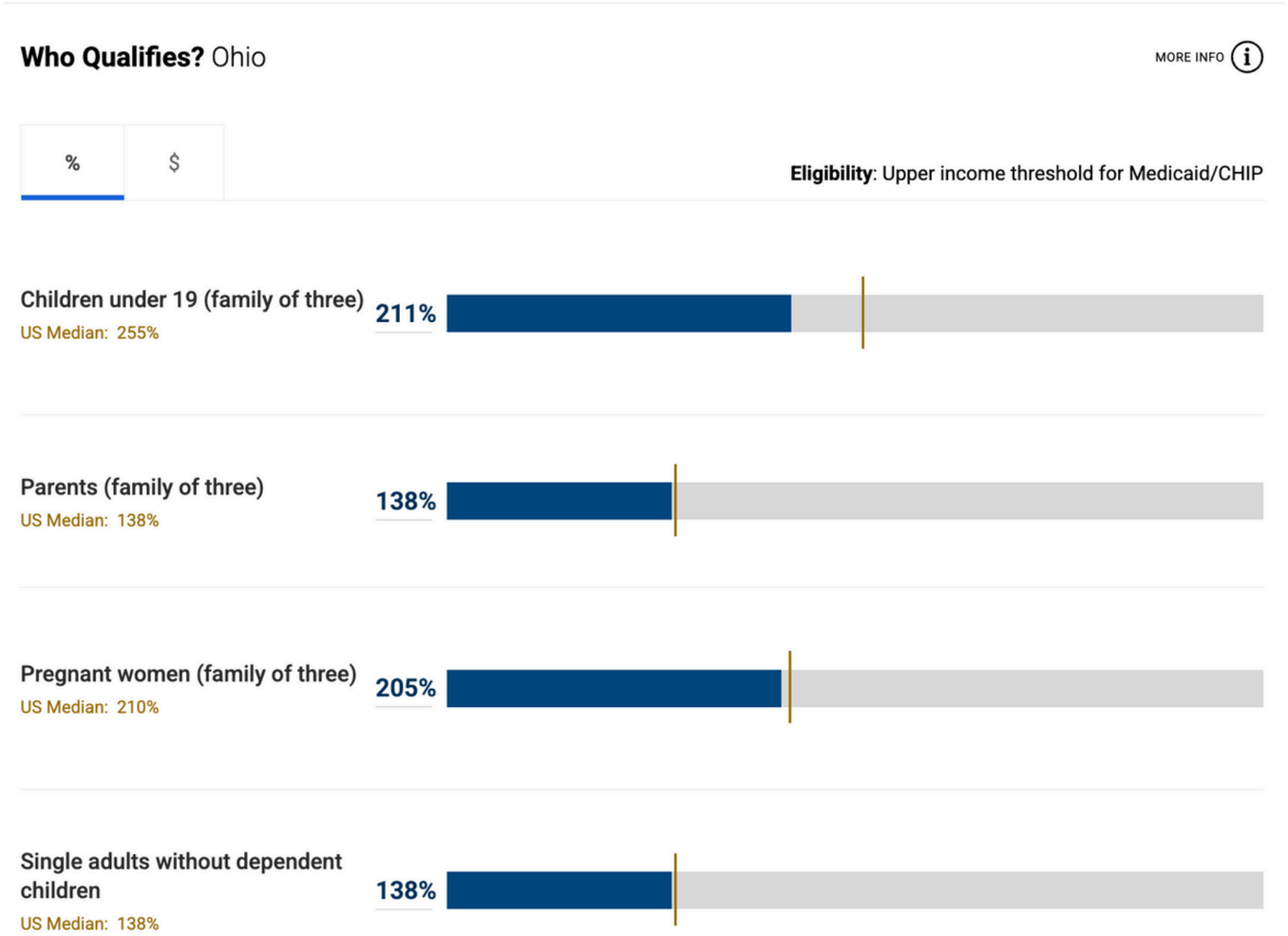
CENTER FOR CHILDREN AND FAMILIES

Ohio Legislative Children's Caucus
Medicaid: The State of Ohio's Children Part 2

Anne Dwyer, Associate Research Professor
Georgetown Center for Children and Families

September 22, 2025

Ohio: State of Child Health Coverage



From 2022 to 2024, the rate of uninsured children in Ohio ***increased*** from 4.5% to 5.6%

Sources: https://kidshealthcarereport.ccf.georgetown.edu/states/ohio; https://ccf.georgetown.edu/2025/09/12/u-s-and-state-by-state-child-health-coverage-trends/;

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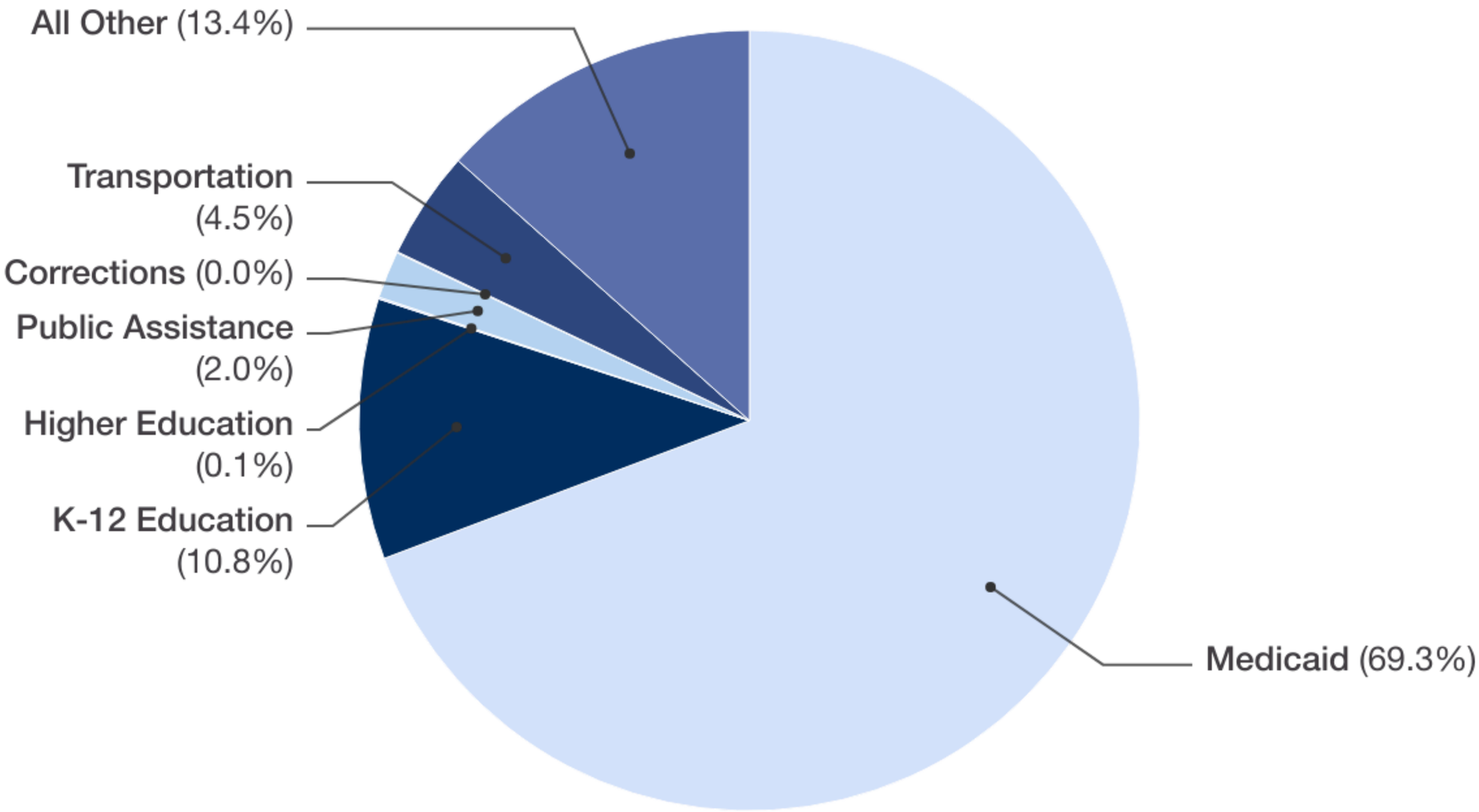
CENTER FOR CHILDREN AND FAMILIES

Federal Funds for Ohio, FY2024



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Source: CCF analysis of National Association of State Budget Officers (NASBO) data for state fiscal year 2024 (estimated).

Funding and Coverage Losses

HR1 Estimated Spending and Coverage Impacts, FFY 2025-2034	
National	**Ohio**
Federal spending: **-$911B**	**Federal Medicaid funds to Ohio: -$33B, or -13% of spending baseline**
Coverage: **-10M people**	**Coverage: -340,000 Ohioans, or -3 percentage point change**

Work requirements alone put 9.9M - 14.9M people at risk of losing coverage, nationally.
These totals do not account for all interactions that further increase spending and coverage losses.

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CENTER FOR CHILDREN AND FAMILIES

Sources: E. Park and S. Corlette, "Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained," (Washington: Center for Children and Families); R. Euhus, et. al, "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package," (Washington: KFF) July 23, 2025; A. Burns, et. al, "How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State?" (Washington: KFF), August 20, 2025.

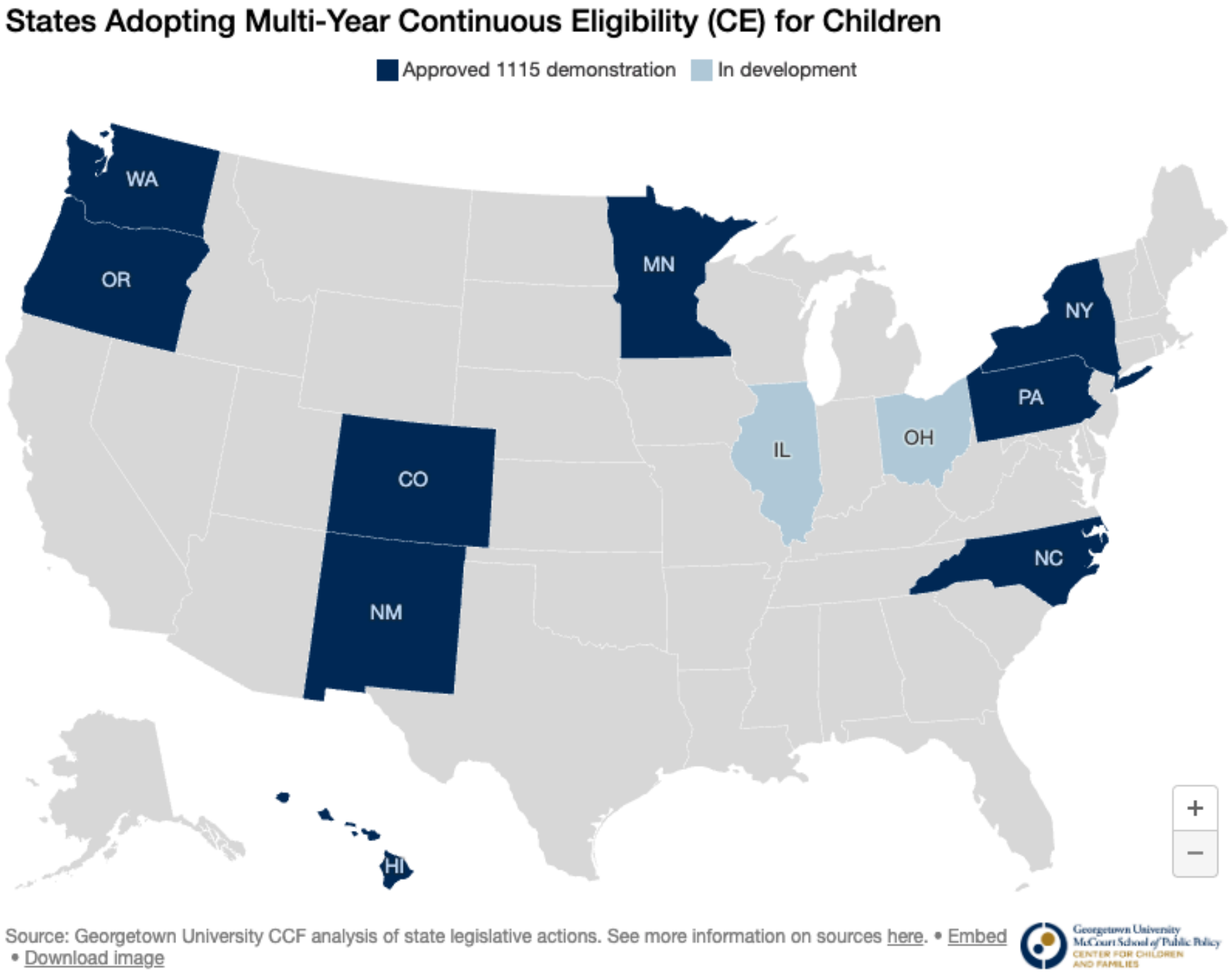
Major Areas of Medicaid/CHIP Cuts

- 21 Medicaid/CHIP provisions in budget reconciliation law
- 81% of gross Medicaid/CHIP cuts – or $805 billion – are from just four areas of cuts:
  1. Many provisions targeting coverage for expansion adults
  2. Provisions restricting immigrant coverage
  3. Provisions restricting provider taxes
  4. Provision limiting state directed payments

Other Notable Cuts

- Moratorium on most of three important eligibility/enrollment and nursing home regulations
- Reduces retroactive eligibility from 90 days to 60 days -- and only 30 days for **expansion** individuals
- More severe payment error penalties for states
- One year exclusion of Planned Parenthood
- *Outside of Medicaid*: Reduction of Tax Credits for Marketplace coverage

Other Federal Medicaid Actions: No More 0-6 CE



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SUBJECT: Section 1115 Demonstration Authority for Continuous Eligibility Initiatives

July 17, 2025

Dear Colleague:

I am writing today regarding the use of section 1115 demonstration authority for expanded continuous eligibility. The Centers for Medicare & Medicaid Services (CMS) has approved several demonstrations under the authority of section 1115(a) of the Social Security Act (the Act) that provide federal financial participation (FFP) for expanding continuous eligibility to certain populations for periods of time beyond what is allowable under the state plan under the current Medicaid or Children's Health Insurance Program (CHIP) statutes. These demonstration initiatives allowed states to expand continuous eligibility to additional populations, as well as to increase the length of time that individuals could stay enrolled in Medicaid or CHIP, regardless of changes in circumstance that would have made an individual otherwise ineligible for continued Medicaid or CHIP eligibility. After reviewing these approvals, CMS has concerns about the appropriateness of providing continuous eligibility for additional populations and for longer durations of time than are required or available under the Medicaid and CHIP state plans, which could affect fiscal and program integrity. As such, CMS does not anticipate approving new state proposals of section 1115 demonstration expenditure authority that allow for expanded continuous eligibility or extending existing section 1115 demonstration authority for expanded continuous eligibility, beyond what is required or available under the Medicaid or CHIP statutes. This shift in approach reflects the agency's commitment to preserving these vital programs for the most vulnerable Americans and being good stewards of taxpayer dollars.

Background

Under federal Medicaid and CHIP regulations, states generally must redetermine a beneficiary's eligibility once every 12 months, as well as when the individual experiences a change in circumstances that could affect their Medicaid or CHIP eligibility. This includes changes in income, household size, residency, or new health coverage, for example. However, section 5112 of subtitle B of title V of division FF of the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023), which amended sections 1902(e)(12) and 2107(e)(1) of the Social Security Act, requires that, effective January 1, 2024, states must provide 12 months of continuous

Source: Center for Medicaid & CHIP Services, available at https://ccf.georgetown.edu/2025/08/08/trump-administration-blocks-states-from-keeping-babies-and-toddlers-connected-to-health-coverage/.

Opportunities for States: Education, Monitor, Mitigate

- Fact check and educate on HR1 implications
- Request or help support state-based analysis of HR1 financial impacts (e.g. Michigan, New Jersey)
- Explain relevant details of the new law, linking HR1 provisions to state outcomes/actions where possible (e.g. hospital closures, budget strains)
- ID/use data points at the policy, community, or provider levels to track health system changes ahead (e.g. enrollment/coverage, hospital or OB rollbacks, care access, new restraints)
- Collect and share stories of individuals, families, providers impacted
- Check out state options to access the **Rural Health Fund** - $50B - applications due in 11/5
- Monitor and engage in state budget impacts/responses
- Track and engage in work requirements and other implementation discussions

Sources: https://ccf.georgetown.edu/2025/08/08/what-to-expect-from-states-when-theyre-expecting-big-changes-due-to-hr-1/; https://shvs.org/medicaid-cuts-and-the-states-tracking-state-specific-estimates-of-the-impacts-of-proposed-changes/; https://www.cms.gov/priorities/rural-health-transformation-rht-program/rural-health-transformation-rht-program

For More Information

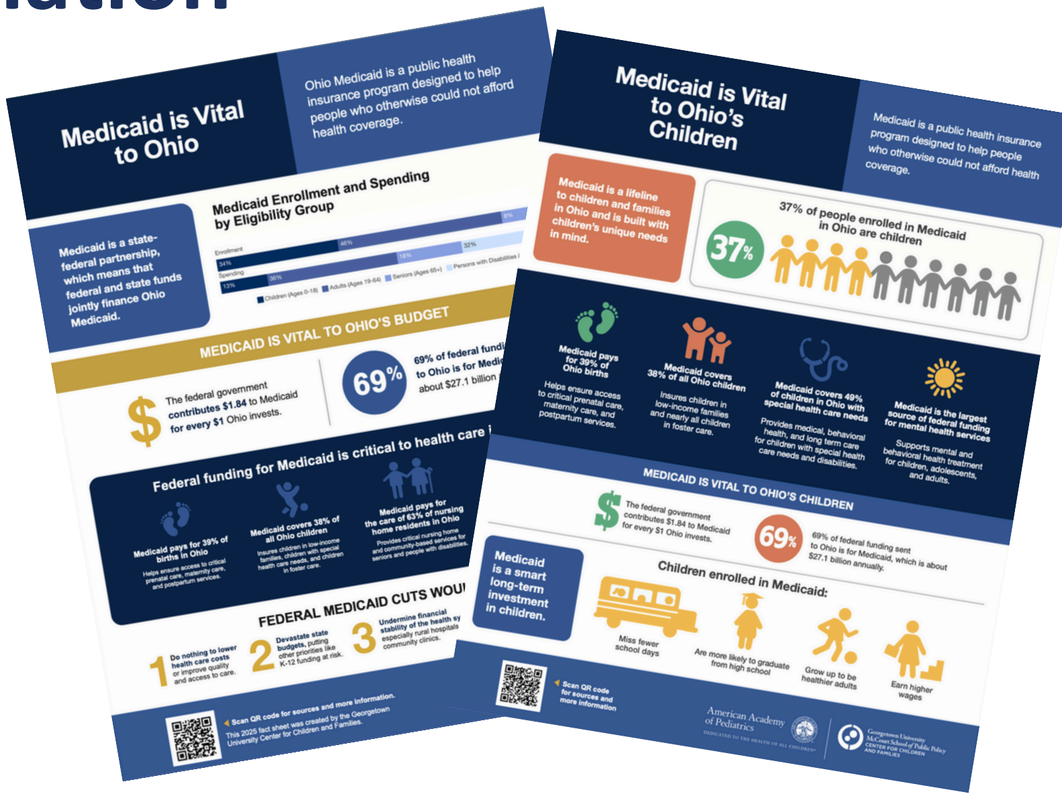
Website/Say Ahhh! Blog: https://ccf.georgetown.edu/

Additional CCF Resources:

- **CCF Explainer on Medicaid/CHIP and ACA Provisions of HR 1:** https://ccf.georgetown.edu/2025/07/22/medicaid-chip-and-affordable-care-act-marketplace-cuts-and-other-health-provisions-in-the-budget-reconciliation-law-explained/

- **Resource on State-by-State Medicaid/CHIP Impacts:** https://ccf.georgetown.edu/2025/08/15/new-resource-on-state-by-state-impacts-of-budget-reconciliation-law/

- **CCF State Data Hub:** https://kidshealthcarereport.ccf.georgetown.edu/



Medicaid 2025 & Fact Sheets -
50 state fact sheets and a growing library of population-specific briefs

Brian O’Rourke

Healthcare Policy Analyst

health policy institute of ohio

Medicaid and the Ohio 2026-27 biennial budget

Brian O'Rourke, PhD MA

September 22, 2025

hpio
health policy institute of ohio

Vision

Ohio is a model of health, well-being and economic vitality

Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

health policy institute of ohio

Core funders

bi3

Bruening

CareSource

Cleveland Foundation

The Columbus Foundation

The George Gund Foundation

harmonyproject

HealthPath

Interact for Health
A Catalyst for Health and Wellness

NCMF
North Canton Medical Foundation

Mt. Sinai Health Foundation

The Nord Family Foundation

Ohio State Bar Foundation

Sisters of Charity Foundation of Canton

Overview

1. State budget description and Medicaid background

2. Key Medicaid budget provisions for children and families

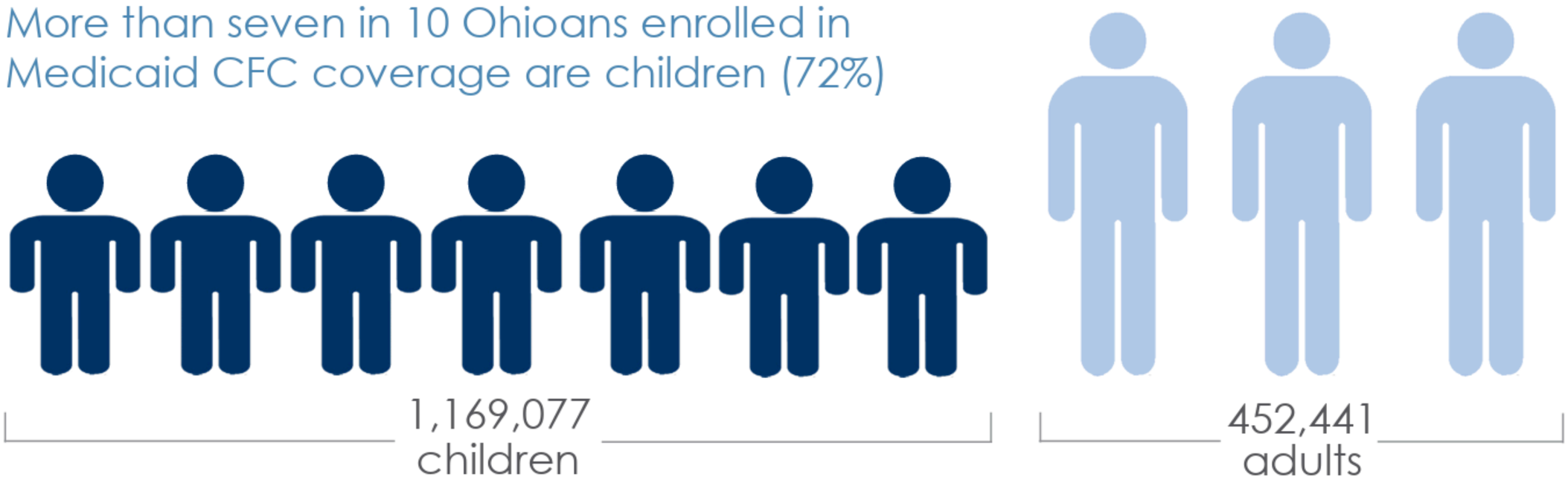
3. Looking forward: upcoming decisions and challenges

Biennial state budget (HB 96)

- $22B in Medicaid funding for FY2026, including federal dollars
- 67 total line-item vetoes, including five in the Ohio Department of Medicaid Budget

Ohio Medicaid for children and families

Ohio enrollment for adults and children, as of December 2024



Source: Health Policy Institute of Ohio, "Ohio Medicaid Basics 2025." Data from the Ohio Department of Medicaid Demographic and Expenditure Dashboard.

Medicaid eligibility for children and families

Who is eligible?

Children
- Up to age 18, in households with incomes up to 211% FPL

Parents
- Earning up to 90% FPL

Parents
- Earning above 90% FPL, up to 138% FPL

Categories

CFC
Covered Families and Children

Group VIII
Medicaid expansion

Federal government **covers 90% of expenditures** for expansion population

Source: HPIO Ohio Medicaid Basics 2025

Key state budget provisions

Continuous enrollment for children ages 0-3

MCDCD41: Eliminates a provision of law that requires ODM to seek approval to provide continuous Medicaid enrollment for Medicaid-eligible children from birth through age three.

- **VETOED** by Gov. DeWine
- July 17: Centers for Medicare and Medicaid Services (CMS) no longer approving waivers that expand continuous enrollment

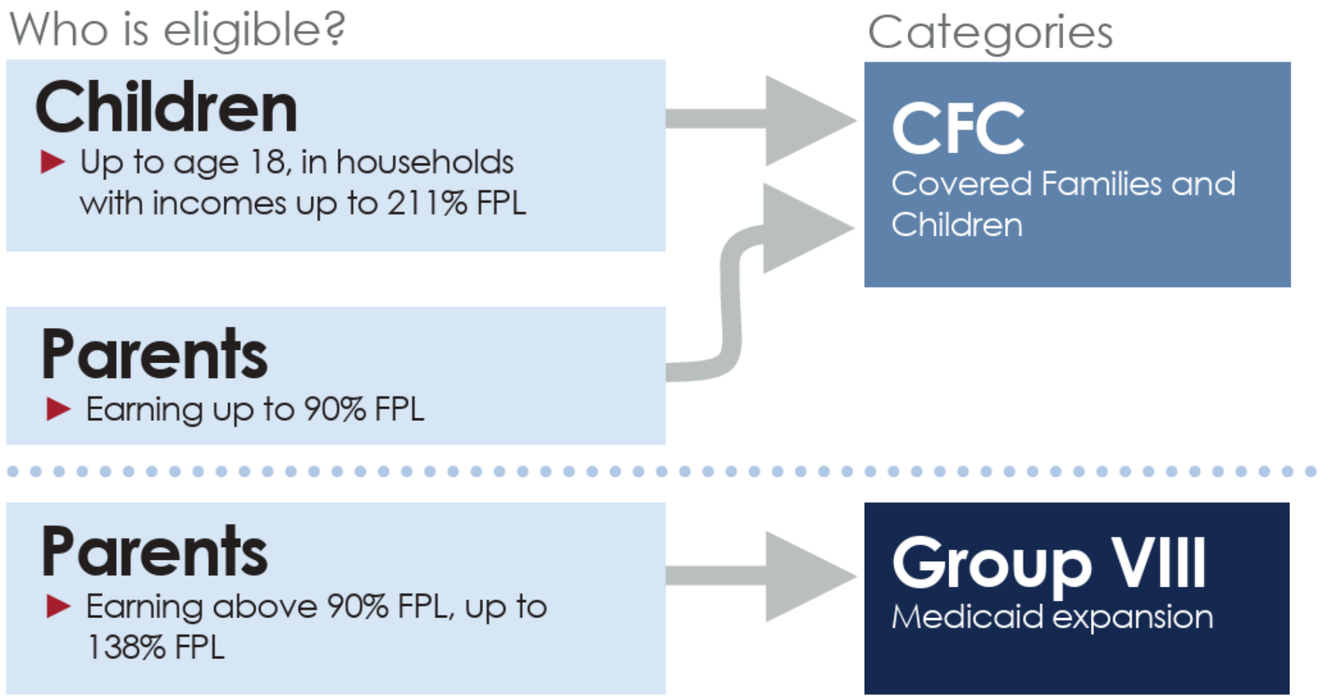
Medicaid expansion group

MCDCD32: If, during FY 2026 or FY 2027, the [federal match rate] for the Medicaid Group VIII is set below 90%, requires ODM to establish a phased transition plan to assist individuals who are no longer Medicaid eligible by redirecting them to private insurance subsidies or charity care programs that provide medical assistance.

- HR 1 did **NOT** change federal match rate for Medicaid expansion group

Medicaid expansion: children and families

In 2023, **57% of all Medicaid enrollees earning between 100% and 138% FPL had a child in the home**, meaning that if Medicaid expansion was eliminated, a portion of this group may lose coverage for themselves and their children



Source: HPIO Ohio Medicaid Basics 2025

Financing changes and pressures

- New funding sources to enhance access to dental and vision services (MCDCD34)
  - Total amount cut in final budget from Governor's proposal
- Substantial reductions in Ohio Department of Medicaid funding from the Governor's proposed budget
  - $94 million in FY2026, $650 million in FY2027

Looking forward

Upcoming challenges and decisions

- Risk to Group VIII (expansion) population, which covers many parents → consequences for children too

- Funding shortfalls from HR 1 and state budget

Potential ways to lower spending in response to funding shortfalls:

Reducing reimbursement to providers

Eliminating optional services (ex: prescription drugs)

Cutting eligibility groups, such as expansion population

HPIO work on Medicaid access in Ohio

August 2025

Healthcare access and affordability in Ohio series

hpio health policy institute of ohio

Fact sheet

Major federal and Ohio healthcare access and affordability policy changes

Two new laws were recently adopted that have provisions which could significantly affect healthcare access and affordability in Ohio. One new law was created through federal legislation, and the other was created through state legislation:

- HR 1, the federal reconciliation bill sometimes referred to as the "Big Beautiful Bill", was signed into law on July 4, 2025.
- HB 96, the state biennial budget bill, was signed into law on June 30, 2025.

HR1 contains provisions related to Medicaid and health insurance, among many other provisions. For example, according to analysis by KFF of Congressional Budget Office (CBO) estimates, Ohio is expected to lose more than $33 billion in federal Medicaid funding compared to baseline over the next decade as a result of HR 1.

In the coming months, HPIO will release several briefs that will explore in more depth how these changes, especially in HR1, are likely to impact Ohioans. Many of the one in four Ohioans (about 3 million people) who have health coverage through Ohio's Medicaid program and the more than 580,000 Ohioans who have health insurance obtained through the federal marketplace are expected to experience the most significant effects of these changes.

This fact sheet provides a high-level summary of several HR 1 provisions, along with information about related changes contained in HB 96. It also explores potential impacts and future policy changes that Ohio leaders will need to make as HR 1 is implemented. Notably, the implementation timeline for these provisions varies.

For more information about HR 1, see sources such as:

- Health Provisions in the 2025 Federal Budget Reconciliation Law (KFF)
- Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained (Georgetown University McCourt School of Public Policy Center for Children and Families)
- Senate-Passed H.R. 1: Updated Estimates on Impact to State Medicaid Coverage and Expenditures, Hospital Expenditures, Including Impacts by Congressional District (State Health and Value Strategies)

While HR 1 lays out requirements, future rules and guidance issued by the federal government will set the details of how the law will be implemented. Ohio and other states will likely wait for this guidance before making many final decisions regarding next steps.

Will Medicaid Expansion continue in Ohio?

Throughout Spring 2025, HPIO released a series of briefs, collectively called the 2025 Ohio Medicaid Expansion Study. The study examined the impact that eliminating Medicaid expansion coverage could have on Ohioans, the state budget, jobs and Ohio's economy.

This study was designed to inform policy discussions at both the state and federal levels. HB 96 contains a provision that would "trigger" the end of Medicaid expansion coverage for over 700,000 Ohioans if the federal government reduced the amount of its financial match contribution below 90%.

Notably, HR 1 did not reduce the 90% federal match. Therefore, Ohio's Medicaid Expansion will remain in place for now. However, there are many other provisions in HR 1 that will have significant impacts on Ohio Medicaid and Ohioans with Medicaid coverage.

www.hpio.net

May 2025

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2025 OHIO MEDICAID EXPANSION STUDY

Impact on parents, caregivers and their children

Medicaid provides health insurance coverage to millions of Ohioans who would otherwise be uninsured. In 2014, Ohio expanded Medicaid coverage to hundreds of thousands of adults with low incomes – including people who are working or veterans and parents, grandparents and other caregivers. As of March 2025, nearly 770,000 Ohioans are covered through Medicaid expansion.[1]

Ohio policymakers are considering discontinuation of Medicaid expansion coverage if the federal government reduces funding for this group. To inform the decision, HPIO is releasing a series of briefs that summarize data and research on the potential impact of the change. The background section on page 4 has more information.

This policy brief describes the role of Medicaid expansion in improving the health and well-being of parents, caregivers and their children.

Key findings

- **Children's uninsured rate decreased.** As parents enrolled in Medicaid expansion, their eligible children were also enrolled. This led to a drop in percent of Ohio children who were uninsured, from 7.5% in 2013 to 6.5% in 2023.
- **Health and well-being are supported.** Healthy, well-supported parents and caregivers are critical to the health and stability of children. Medicaid expansion covers parents and caregivers and supports health care access for parents, caregivers and the children for whom they care.
- **Women are connected to needed care before pregnancy.** Medicaid connects women to health care before becoming pregnant, the first step to a healthy pregnancy and baby.

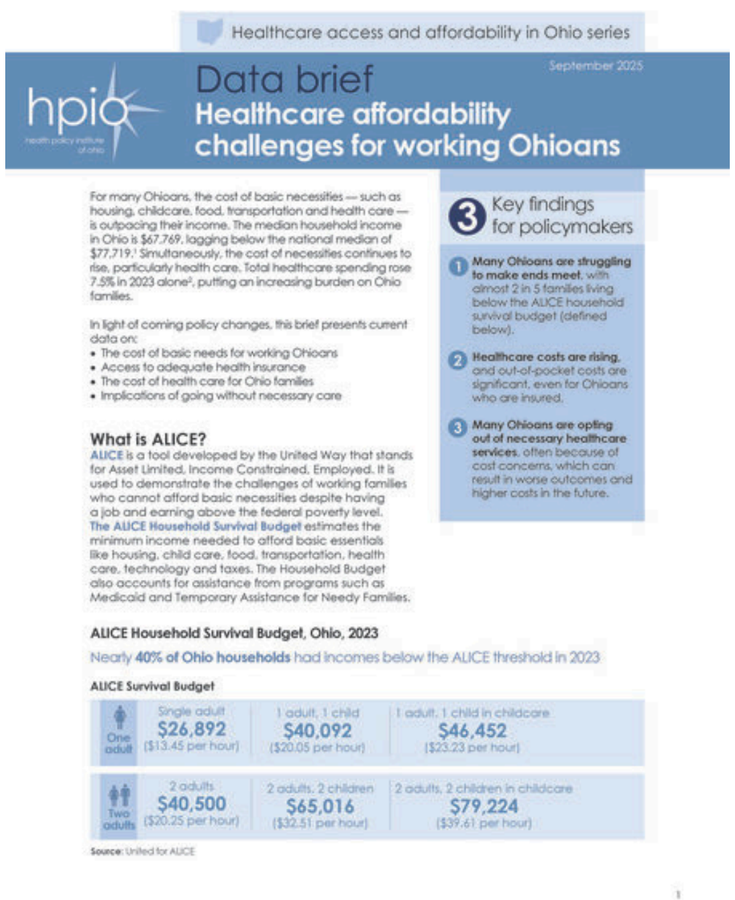
Medicaid expansion led to reduced uninsured rates for children

Medicaid has provided health insurance coverage for children since the program began in 1965. In 1997, the Children's Health Insurance Program (CHIP) was established by the federal government under the Balanced Budget Act of 1997. CHIP marked a pivotal effort to expand coverage to more children and pregnant women. By 2000, all fifty states had expanded children's coverage as permitted by federal law and the establishment of CHIP. Income eligibility limits among states vary, with Ohio's limit set at 211% FPL.[2] These efforts permitted by federal law and CHIP drove down the national children's uninsurance rate from 14.2% in 1997 to 10.1% by 2003.[3]

Despite the establishment of CHIP and other efforts to streamline enrollment processes, many children remained uninsured even when eligible for Medicaid. The 2012 Ohio Medicaid Assessment Survey revealed that among the 140,000 uninsured children in Ohio, 74% came from families within Medicaid eligibility limits.[4]

In 2014, when Medicaid coverage was extended to more adults, including parents and caregivers, enrollment of children in Medicaid increased. As parents were enrolled in Medicaid, their children who were previously eligible were also enrolled in the program. Ohio experienced a rapid decline in the state's child uninsured rate following its decision to expand Medicaid, to a low of 4% in 2016 (illustrated by figure 1).[5] Despite the state's child uninsurance rate increasing 50% since 2016, it remains lower than the ten states that have not expanded coverage.[6]

When parents are covered, their children are more likely to be covered.



Healthcare access and affordability in Ohio series

hpio health policy institute of ohio

September 2025

Data brief

Healthcare affordability challenges for working Ohioans

For many Ohioans, the cost of basic necessities — such as housing, childcare, food, transportation and health care — is outpacing their income. The median household income in Ohio is $67,769, lagging below the national median of $77,719.[1] Simultaneously, the cost of necessities continues to rise, particularly health care. Total healthcare spending rose 7.5% in 2023 alone[2], putting an increasing burden on Ohio families.

In light of coming policy changes, this brief presents current data on:

- The cost of basic needs for working Ohioans
- Access to adequate health insurance
- The cost of health care for Ohio families
- Implications of going without necessary care

What is ALICE?

ALICE is a tool developed by the United Way that stands for Asset Limited, Income Constrained, Employed. It is used to demonstrate the challenges of working families who cannot afford basic necessities despite having a job and earning above the federal poverty level. The ALICE Household Survival Budget estimates the minimum income needed to afford basic essentials like housing, child care, food, transportation, health care, technology and taxes. The Household Budget also accounts for assistance from programs such as Medicaid and Temporary Assistance for Needy Families.

3 Key findings for policymakers

1. **Many Ohioans are struggling to make ends meet**, with almost 2 in 5 families living below the ALICE household survival budget (defined below).
2. **Healthcare costs are rising**, and out-of-pocket costs are significant, even for Ohioans who are insured.
3. **Many Ohioans are opting out of necessary healthcare services**, often because of cost concerns, which can result in worse outcomes and higher costs in the future.

ALICE Household Survival Budget, Ohio, 2023

Nearly 40% of Ohio households had incomes below the ALICE threshold in 2023

ALICE Survival Budget

One adult	Single adult $26,892 ($13.45 per hour)	1 adult, 1 child $40,092 ($20.05 per hour)	1 adult, 1 child in childcare $46,452 ($23.23 per hour)
Two adults	2 adults $40,500 ($20.25 per hour)	2 adults, 2 children $65,016 ($32.51 per hour)	2 adults, 2 children in childcare $79,224 ($39.61 per hour)

Source: United for ALICE

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The Ohio Legislative Children's Caucus

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