

Medicaid expansion benefits Ohio

Better health, better care, controlled costs

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Ohio's Medicaid program, expanded under the Affordable Care Act to provide coverage for working poor adults, is already showing positive outcomes. Early outcomes demonstrate the benefits of broad access to a doctor's care: better care, improved health outcomes, and lower costs. Trends noted by Ohio's health systems include:

- MetroHealth Systems in Cleveland sponsored an early Medicaid expansion pilot project. Emergency department visits dropped by 60 percent and primary care visits rose by 50 percent. Charity care dropped by half, from \$268 million in 2012 to \$132 million in 2013.
- Ohio State University's Wexner Medical Center reported a 19 percent drop in uninsured care between July 2013 and June 2014.
- Mount Carmel Health System saw a 10 percent decline in uninsured patients during the first half of 2014 compared to the last six months of 2013.
- St. Vincent's Hospital in Cleveland saw Medicaid enrollees in the hospital's payer mix rise by 19 percent and the cost of charity care go down.
- The Cleveland Clinic reported a substantial increase in its Medicaid volumes.
- Berger Health System of Circleville, Ohio saw a 30.4% decline in the number of uninsured patients from January to July 2014. Most of these patients have migrated to Medicaid.

Key findings

Medicaid expansion is working.

- Pilot Medicaid expansion at Cleveland's MetroHealth has improved health, lowered costs.
- Enrollment is increasing substantially: 367,395 Ohioans enrolled in Medicaid expansion by August, 2014
- Undermining or retreating from Medicaid expansion would hurt patients and communities: federal waivers of Medicaid rules can create barriers to care, reduce use, and limit benefits.

Ohio's Medicaid program provides a good base to build on in the upcoming state budget for fiscal years 2016 and 2017. The federal government has waived traditional Medicaid rules for demonstration projects in four states. Features of the waivers, like charging for health care services, will weaken outcomes. Low-income families live on extremely tight budgets, struggling to pay for necessities, like food and shelter, and for unexpected emergencies, like car repairs. Studies demonstrate that charging poor people for care reduces participation in the health care system, eroding the opportunity to improve health and control costs.

Legislators need to focus on what works best in Ohio for Ohioans in the upcoming budget debates. Ohio's straightforward approach to Medicaid expansion is already showing signs of success. Ohio should stay the course.