



Connecting Patients to Coverage

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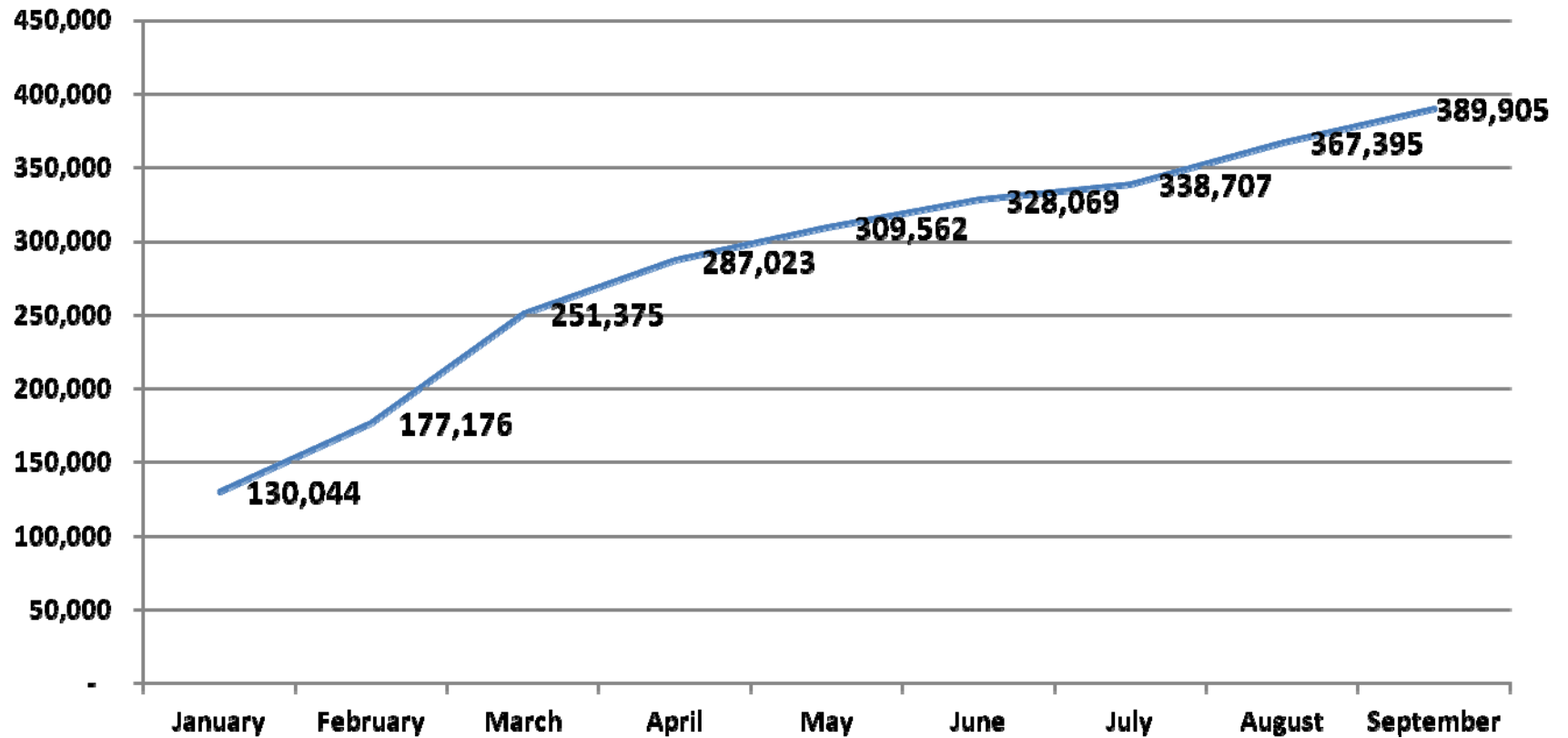
Medicaid Enrollment

- Total Medicaid enrollment for September was **2,832,792** individuals – 144,443 people (4.85%) below budget estimates effective October 2013
- Lower than expected enrollment due to fewer Ohioans who were previously eligible (“woodwork” population) not enrolling

Expansion as of September 30

- **389,905** have enrolled
- Actuaries estimate 563,000 Ohioans are newly eligible, and 366,000 would sign up for coverage by June 2015
- Includes 26,000 who received Medicaid coverage through Metro Health waiver

Medicaid Expansion in 2014



Expansion Outcomes

- MetroHealth – nine months of data
 - Better care, improved health outcomes and reduced costs
 - ED visits decreased by 60%
 - Primary care visits increased by 50%
 - Care cost \$150 less per month than estimated
 - Charity care dropped from \$268M in 2012 to \$132M in 2013

SOURCE: Policy Matters

Presumptive Eligibility

- **5,365** deemed PE as of June 2
- All hospitals are “turned on” and have ability to do PE
- Most hospitals facilitating full Medicaid enrollment instead of PE

Health Insurance Marketplace

- 154,668 Ohioans have selected plans on the exchange as of May 30.
- 85% have gotten financial assistance

| Age | Ohio Percentage | National Percentage |
|-------|-----------------|---------------------|
| >18 | 9% | 7% |
| 18-25 | 8% | 11% |
| 26-34 | 15% | 17% |
| 35-44 | 15% | 17% |
| 45-54 | 21% | 22% |
| 55-64 | 31% | 25% |
| ≥65 | 0% | 0% |

Metal Level Chosen

| Level | Ohio Percentage | National Percentage |
|--------------|-----------------|---------------------|
| Bronze | 25% | 17% |
| Silver | 60% | 69% |
| Gold | 12% | 9% |
| Platinum | 2% | 4% |
| Catastrophic | 2% | 2% |

Q4: How many exchange insurers has your hospital/health system contracted with for 2014?

| Number of contracts | Number of responses |
|---------------------|---------------------|
| 0 | 8 |
| 1-2 | 19 |
| 3-5 | 26 |
| More than 5 | 3 |

Average Number

3

Open Enrollment 2015

- November 15, 2014 – February 15, 2015
- Auto-renewals
- Consumer should have received letters from plans
- No guarantee that premiums or subsidies have remained the same
 - Subsidies based on second lowest cost silver plan
- Discontinued plans

Open Enrollment 2015

- Consumer engagement in healthcare.gov is key
- All consumers, regardless of renewal status, encouraged to revisit site
 - Update income information
 - Check plan and compare with other plans

Q15: Please select all of the following you have experienced in your hospital/health system since the Affordable Care Act went in to effect on Jan. 1, 2014.

| Choice | Response |
|---|----------|
| Increase in volume of Medicaid patients | 68.5% |
| Decrease in volume of uninsured patients | 42.6% |
| No changes in volumes of Medicaid or uninsured patients | 24.1% |
| Increase in volume of patients with high deductible plans | 79.6% |
| Increase in volume of insured patients who fail to pay plan deductibles, copays, and other cost-sharing amounts | 55.6% |
| A significant volume of out of network patients with exchange plans | 22.2% |

Q16: Please share any other concerns you have about the process of connecting patients to coverage in your hospitals.

- People choosing to remain uninsured and use charity care
- Premium assistance questions
- Narrow networks/network adequacy
- Poor patients education about their coverage
- High deductible plans – cost of collection and bad debt
- County backlogs of Medicaid applications

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