Proposal to charge Medicaid enrollees draws critics in Ohio


COLUMBUS, Ohio (AP) - A plan to require more than 1 million Ohioans on Medicaid to pay a new monthly cost is drawing mostly criticism from health care advocates, Democrats and others who claim the proposal would burden low-income beneficiaries and cause some to drop out of the government-funded program.

State officials are gathering public comments on the proposed Healthy Ohio program, which requires federal approval for the new charges to begin in 2018.

The Cleveland-based Center for Community Solutions is among those who have weighed in on the idea. The policy think tank, led by Ohio's former Medicaid director John Corlett, says the proposal serves as a barrier to maintaining or gaining health coverage and could result in the "broad disenrollment" of foster children, women with cancer and other vulnerable Medicaid beneficiaries.

"This overly complex and bureaucratic proposed waiver leaves too many questions unanswered and threatens to undo the progress Ohio has made to improve health outcomes, control costs and improve care," Corlett has said in a statement.

But a key lawmaker behind Healthy Ohio says critics are overlooking the plan's efforts to get people to take healthier steps, such as seek preventive care.

"The intent of this program is to create incentives for people to get the very best care that they can, to engage and utilize the health care system in a way that is going to benefit them," said state Rep. Jim Butler, an Oakwood Republican, who helped get the idea into the state budget.

Butler points to survey data from Indiana showing that participants in a similar program there increased their use of preventative and primary care services. He also believes health care providers will pitch in to help lower the monthly cost for enrollees.

The proposal would require nearly all non-disabled adults in Medicaid to pay premiums and co-pays for their health coverage. Those who fail to make payments would lose coverage and must pay back the debt to re-enroll.

Enrollees, with the exception of pregnant woman and people with no income, would contribute up to $8.25 per month. The amount depends on their incomes, and their contribution would be capped at $99 annually. The money would go into
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a health savings account, along with an annual deposit of $1,000 from the state's Medicaid agency. People would use the funds to help pay for doctor visits and other medical services.

Participants also could earn extra dollars for completing programs that help them quit smoking or lose weight.

Some consumer advocates say the proposal further complicates the Medicaid program for some enrollees.

"We see many people who have Medicaid who are just learning how to use their benefits and connect to primary care," said Nita Carter, of the Universal Health Care Action Network. "Adding complexity defeats our work to help Ohioans become health literate, and use their benefits to improve health outcomes."

About 1.3 million Ohioans on Medicaid could be required to pay the new charges, according to the state's estimates. Between 125,000 and 140,000 people may drop their coverage or choose not to enroll in the program over its proposed five-year period.

U.S. Sen. Sherrod Brown and other Democrats claim the proposal will erode the progress Ohio's made to cover the uninsured through Republican Gov. John Kasich's decision to expand Medicaid eligibility. More than 673,000 people have enrolled under the expansion.

"These are hardworking Ohioans who aren't looking for a handout," Brown said in a recent conference call with reporters. He's urged people in the program to submit their comments to state the before the May 16 deadline for feedback.

The Kasich administration plans submit the proposal for federal approval in June.