

Expanding Medicaid in Ohio

County-level analysis

Introduction

The Ohio Medicaid Expansion Study (“Study”) was conducted with financial support from the Health Foundation of Greater Cincinnati, the Mt. Sinai Health Care Foundation and the George Gund Foundation to provide Ohio’s policymakers with neutral and independent analysis on a key policy decision facing the state—namely, whether to expand Medicaid eligibility to 138% of the Federal Poverty Level (FPL).

The Study, a partnership of the Health Policy Institute of Ohio (HPIO), The Ohio State University (OSU), the Urban Institute, and Regional Economic Models Inc. (REMI), analyzed the impact of Medicaid expansion on the state budget, Ohio economic growth and jobs, and the number of uninsured and people with health coverage. The Study partners conducted the analysis based on current federal and state law. Preliminary results were released in January 2013, with a final brief with statewide data released at the end of February 2013.

This paper provides county level projections and analysis. The data and methods used to produce the projections were developed by researchers at the John Glenn School of Public Affairs at The Ohio State University. Projections inherently involve uncertainty. The aim of providing this information to policymakers is not to predict definite future outcomes, but rather to project potential outcomes using currently available data and assumptions so that policymakers can make well informed decisions.

Local Coverage Effects Due to Medicaid Expansion

A chart providing county level coverage effects can be found in the appendix. Key findings on county level enrollment due to Medicaid expansion include:

- Medicaid expansion will result in an increase in uninsured residents obtaining health care coverage in every county, ranging from:
 - About 600 to over 72,000 by 2015 and about 800 to 89,000 by 2022 for total enrollment¹ due to Medicaid expansion (Maps 1 and 1a)
 - About 400 to slightly over 46,000 by 2015 and about 500 to over 55,000 by 2022) for uninsured obtaining coverage due to Medicaid expansion (Maps 2 and 2a)
- Though the enrollment counts are highest in the largest counties, the counties with the highest relative enrollment benefit are primarily in Southeast Ohio, as well as Clark and Crawford counties (Maps 3, 3a, 4 and 4a)
- The percent of total enrollment due to Medicaid expansion to total 18-64 year old population ranges from (Maps 3 and 3a)
 - 3% to 15% by 2015
 - 3% to 18% by 2022
- The percent of enrollment of uninsured due to Medicaid expansion to total 18-64 year old population ranges from (Maps 4 and 4a)
 - 2% to 10% by 2015
 - 2% to 12% by 2022

Local Medicaid managed care sales tax revenue effects

A chart providing county level Medicaid managed care sales tax revenue can be found in the appendix. Key findings on local sales tax revenues include:

- Each county will gain increased local revenue from the sales tax on payments to Medicaid managed care plans for people who gain coverage due to Medicaid expansion and live in that county ranging from:
 - Approximately \$35,000 to over \$6 million in 2015 (Maps 4 and 4a)
 - Approximately \$60,000 to a little over \$11 million in 2022 (Maps 5 and 5a)
 - About \$400,000 (Holmes County) to over \$74 million (Cuyahoga County) between 2014 and 2022
- While Noble County had the fewest people covered due to Medicaid expansion, it earned more local Medicaid managed care sales tax revenue than Holmes County due to a higher local sales tax rate. The projected total local Medicaid managed care sales tax revenue from 2014 to 2022 for Noble County is approximately \$450,000.
- Though the largest counties gain the most total new Medicaid managed care sales tax revenue, the significance of the increase in local Medicaid managed care tax to the overall local sales tax revenues varies, ranging from under 0.5% to a little over 8% in 2015 and about 0.5% to about 14% in 2022.
- The counties with the highest relative benefit are primarily in Southeast Ohio, along with Crawford, Morrow, Paulding and Stark Counties (Maps 6 and 6a).
- The amount of projected new Medicaid managed care tax revenue measured on a per-person basis ranges from a little over \$1 to about \$9 in 2015 and under \$2 to about \$15 in 2022 per person. Pike, Cuyahoga, and Vinton are the three with the highest dollars earned per person (Maps 7a and 7b)

Conclusion

The coverage effects of Medicaid expansion will be felt in every Ohio county. Each county will have more people being covered through Medicaid and fewer people who are uninsured. While the majority of people benefiting from Medicaid expansion reside in Ohio's largest counties, counties in Southeast Ohio and Clark County are projected to have the largest percentage enrollment benefit.

Every Ohio county is also likely to experience fiscal effects of Medicaid expansion. Each county will receive an increase in local Medicaid managed care tax revenues. The amount of this increased revenue varies across the counties, with the largest counties receiving the greatest total dollar increase in revenues. However, counties in Southeast Ohio, along with Crawford, Morrow, Paulding and Stark counties experience the highest percentage increase in local Medicaid managed care revenues due to Medicaid expansion.

Maps

The appendix of this report provides maps to display projections of Medicaid expansion for 2015 and 2022 on the following measures:

- Total 19-64 year old Ohioans who enroll on Medicaid due to Medicaid expansion by 2015 and by 2022 (Maps 1 and 1a)
- New total enrollment of 19-64 year olds as percent of 2010 total 18-64 year old population by 2015 and 2022 (Maps 2 and 2a)
- Uninsured 19-64 years who enroll on Medicaid due to Medicaid expansion by 2015 and 2022 (Maps 3 and 3a)
- Uninsured 19-64 year olds who enroll on Medicaid due to Medicaid expansion as percent of 2010 total 18-64 year old population by 2015 and by 2022 (Maps 4 and 4a)
- Total new local Medicaid managed care tax revenues due to Medicaid expansion in 2015 and 2022 (Maps 5 and 5a)
- Total new local Medicaid managed care tax revenues as percent of 2011 total sales tax revenue (maps 6 and 6a)
- Total new local Medicaid managed care tax revenues by total 2010 18-64 year old population (Maps 7 and 7a)

Methodological approach

This report provides projections on what those effects will be across all of Ohio's counties. These projections need to be used with caution as there is not a straightforward

way to project local effects of Medicaid expansion in Ohio because of data limitations at the county level.

This report displays the findings in two ways:

1. By showing the total count of people who get enrolled due to Medicaid expansion or count of new local Medicaid managed care tax revenues earned due to Medicaid expansion at the county level.^{2,3} Because this projection measures counts of people covered, the counties with larger population always have higher counts.
2. By showing the relative impact of the increase in enrollment or local Medicaid managed care tax revenues at the county level. Because this approach controls for the size of county it shows which counties received the greatest overall percentage benefit from Medicaid expansion.

The main assumption used for calculating the total number of people covered by Medicaid expansion to 138% FPL, the number of uninsured people covered, and the local sales tax revenue earned is that the people covered under Medicaid expansion distribute across Ohio's counties in the pattern that adults distribute under the Covered Families and Children (CFC) Medicaid program. CFC and Medicaid expansion have one critical similarity — they are both programs where adults qualify based on income with no asset or disability requirement.

Using Ohio Medicaid administrative data provides a count of 19 to 64 year olds covered through CFC in each county. From this count we created the percent of the total CFC adult population covered within each Ohio county. We then multiplied the statewide estimates on total enrollment and uninsured enrollment by each county's percent of CFC enrollment to create a county enrollment estimate for each year from 2014 to 2022. The intensity measure estimates the increases in enrollment as percents of each county's estimated 2010 population of 18-64 year olds.⁴

The projection of local new Medicaid managed care sales tax revenues due to Medicaid expansion consists of distributing the total new statewide Medicaid spending by county using the expected portion of total enrollment by county and then multiplying that estimate by each county's respective local sales tax amount.⁵

The report provides two different Medicaid managed care sales tax revenue measures. The first measure calculates the percent of new Medicaid managed care tax revenues due to Medicaid expansion as percent of each county's 2011 total general sales tax revenues. The second measure calculates the new Medicaid managed care revenues earned per 18-64 year old in each county.

Appendix

Note: Data reflects projections for 2015

County	Projected total new 19-64 year old enrollment due to Medicaid expansion	Projected uninsured 19-64 year olds covered due to Medicaid expansion	Projected new local Medicaid managed care sales tax revenues	Projected total 19-64 year olds to enroll on Medicaid due to Medicaid expansion as a percentage of population (18-64 year olds per 2010 Census)	Projected uninsured 19-64 year olds to enroll on Medicaid due to Medicaid expansion as a percentage of the population (18-64 year olds per the 2010 Census)	Projected Medicaid managed care tax revenue due to Medicaid expansion as % of 2011 sales taxes	Projected Medicaid managed care tax dollars due to Medicaid expansion per 18-64 year olds
Adams	2,459	1,571	\$147,377	14.3%	9.1%	4.5%	\$8.58
Allen	5,688	3,634	\$227,244	8.7%	5.6%	1.6%	\$3.49
Ashland	2,184	1,395	\$109,071	6.8%	4.3%	1.7%	\$3.38
Ashtabula	6,582	4,205	\$262,929	10.6%	6.8%	2.9%	\$4.25
Athens	3,522	2,250	\$175,882	7.4%	4.7%	2.6%	\$3.70
Auglaize	1,578	1,008	\$94,561	5.8%	3.7%	1.3%	\$3.46
Belmont	3,887	2,483	\$232,896	8.9%	5.7%	2.0%	\$5.31
Brown	2,818	1,800	\$168,855	10.3%	6.6%	4.0%	\$6.18
Butler	16,679	10,655	\$499,722	7.2%	4.6%	1.6%	\$2.17
Carroll	1,579	1,009	\$63,091	9.0%	5.7%	3.1%	\$3.59
Champaign	1,811	1,157	\$108,509	7.4%	4.8%	2.4%	\$4.46
Clark	9,597	6,131	\$575,069	11.4%	7.3%	2.8%	\$6.85
Clermont	8,515	5,440	\$340,162	7.0%	4.5%	1.6%	\$2.79
Clinton	2,923	1,867	\$175,135	11.1%	7.1%	2.7%	\$6.64
Columbiana	5,840	3,731	\$349,966	8.7%	5.6%	2.6%	\$5.23
Coshocton	2,375	1,517	\$142,335	10.7%	6.9%	3.2%	\$6.43
Crawford	2,944	1,881	\$176,396	11.2%	7.2%	3.7%	\$6.71
Cuyahoga	72,189	46,117	\$6,488,696	9.1%	5.8%	3.0%	\$8.17
Darke	2,074	1,325	\$124,284	6.7%	4.3%	1.8%	\$4.02
Defiance	1,990	1,271	\$79,491	8.4%	5.4%	1.6%	\$3.35
Delaware	3,040	1,942	\$151,824	2.9%	1.9%	0.4%	\$1.47
Erie	4,089	2,612	\$163,336	8.7%	5.6%	1.2%	\$3.47
Fairfield	7,258	4,637	\$289,953	8.2%	5.2%	1.7%	\$3.27
Fayette	2,039	1,303	\$122,181	11.7%	7.5%	1.8%	\$7.00
Franklin	65,655	41,943	\$3,278,534	8.7%	5.6%	2.4%	\$4.35
Fulton	1,654	1,057	\$99,134	6.4%	4.1%	1.6%	\$3.85
Gallia	2,364	1,510	\$118,034	12.6%	8.0%	2.8%	\$6.29
Geauga	1,565	1,000	\$62,517	2.8%	1.8%	0.6%	\$1.13
Greene	5,875	3,753	\$234,701	5.7%	3.6%	1.1%	\$2.27
Guernsey	2,873	1,836	\$172,184	11.9%	7.6%	2.8%	\$7.15
Hamilton	39,490	25,228	\$1,577,565	7.8%	5.0%	1.2%	\$3.14
Hancock	3,220	2,057	\$128,649	7.0%	4.4%	1.1%	\$2.78
Hardin	1,604	1,025	\$96,126	7.9%	5.1%	2.7%	\$4.74
Harrison	918	586	\$54,994	9.7%	6.2%	3.7%	\$5.81
Henry	1,189	760	\$71,273	7.0%	4.5%	2.0%	\$4.19
Highland	3,125	1,996	\$187,266	12.0%	7.7%	3.5%	\$7.20
Hocking	2,004	1,280	\$100,089	11.2%	7.1%	3.3%	\$5.58

County	Projected total new 19-64 year old enrollment due to Medicaid expansion	Projected uninsured 19-64 year olds covered due to Medicaid expansion	Projected new local Medicaid managed care sales tax revenues	Projected total 19-64 year olds to enroll on Medicaid due to Medicaid expansion as a percentage of population (18-64 year olds per 2010 Census)	Projected uninsured 19-64 year olds to enroll on Medicaid due to Medicaid expansion as a percentage of the population (18-64 year olds per the 2010 Census)	Projected Medicaid managed care tax revenue due to Medicaid expansion as % of 2011 sales taxes	Projected Medicaid managed care tax dollars due to Medicaid expansion per 18-64 year olds
Holmes	870	556	\$34,768	3.8%	2.4%	0.7%	\$1.53
Huron	3,314	2,117	\$198,560	9.2%	5.9%	2.4%	\$5.51
Jackson	2,609	1,667	\$156,368	12.9%	8.2%	3.4%	\$7.72
Jefferson	4,124	2,635	\$247,147	9.6%	6.1%	2.5%	\$5.76
Knox	3,056	1,952	\$122,082	8.3%	5.3%	2.2%	\$3.31
Lake	7,055	4,507	\$352,298	5.0%	3.2%	2.3%	\$2.48
Lawrence	4,332	2,767	\$259,559	11.3%	7.2%	3.5%	\$6.77
Licking	7,949	5,078	\$476,330	7.8%	5.0%	1.9%	\$4.68
Logan	2,753	1,759	\$164,969	10.0%	6.4%	2.3%	\$6.00
Lorain	13,887	8,872	\$416,074	7.5%	4.8%	1.8%	\$2.25
Lucas	28,734	18,356	\$1,434,865	10.3%	6.6%	2.0%	\$5.15
Madison	1,901	1,215	\$94,951	6.8%	4.4%	2.2%	\$3.41
Mahoning	14,196	9,069	\$708,871	9.7%	6.2%	2.4%	\$4.86
Marion	4,120	2,632	\$164,585	9.7%	6.2%	2.2%	\$3.89
Medina	4,383	2,800	\$175,095	4.2%	2.7%	0.9%	\$1.67
Meigs	1,841	1,176	\$73,539	12.6%	8.1%	5.4%	\$5.04
Mercer	1,293	826	\$77,508	5.5%	3.5%	1.3%	\$3.27
Miami	3,530	2,255	\$176,259	5.7%	3.6%	1.3%	\$2.84
Monroe	868	555	\$52,031	9.8%	6.3%	3.1%	\$5.89
Montgomery	28,822	18,412	\$1,727,087	8.6%	5.5%	2.6%	\$5.18
Morgan	946	604	\$56,661	10.6%	6.8%	4.6%	\$6.37
Morrow	1,926	1,230	\$115,391	9.1%	5.8%	4.1%	\$5.44
Muskingum	6,309	4,030	\$378,033	12.1%	7.7%	2.5%	\$7.23
Noble	666	425	\$39,883	7.0%	4.5%	3.6%	\$4.18
Ottawa	1,529	977	\$76,351	6.1%	3.9%	1.2%	\$3.04
Paulding	996	636	\$59,675	8.4%	5.4%	3.6%	\$5.03
Perry	2,660	1,699	\$159,377	12.2%	7.8%	5.2%	\$7.29
Pickaway	2,895	1,850	\$173,508	8.2%	5.3%	2.8%	\$4.92
Pike	2,566	1,640	\$153,790	15.0%	9.6%	4.0%	\$8.97
Portage	5,973	3,816	\$298,252	5.6%	3.6%	1.8%	\$2.81
Preble	2,070	1,323	\$124,061	8.0%	5.1%	2.5%	\$4.81
Putnam	964	616	\$57,750	4.7%	3.0%	1.2%	\$2.83
Richland	7,193	4,595	\$431,038	9.3%	6.0%	2.3%	\$5.59
Ross	5,717	3,652	\$342,597	11.5%	7.3%	2.8%	\$6.89
Sandusky	2,732	1,745	\$163,726	7.4%	4.7%	1.7%	\$4.43
Scioto	5,894	3,766	\$353,209	12.1%	7.7%	3.4%	\$7.24
Seneca	3,129	1,999	\$187,501	8.9%	5.7%	2.7%	\$5.33
Shelby	2,039	1,303	\$122,181	6.9%	4.4%	1.6%	\$4.12

County	Projected total new 19-64 year old enrollment due to Medicaid expansion	Projected uninsured 19-64 year olds covered due to Medicaid expansion	Projected new local Medicaid managed care sales tax revenues	Projected total 19-64 year olds to enroll on Medicaid due to Medicaid expansion as a percentage of population (18-64 year olds per 2010 Census)	Projected uninsured 19-64 year olds to enroll on Medicaid due to Medicaid expansion as a percentage of the population (18-64 year olds per the 2010 Census)	Projected Medicaid managed care tax revenue due to Medicaid expansion as % of 2011 sales taxes	Projected Medicaid managed care tax dollars due to Medicaid expansion per 18-64 year olds
Stark	19,205	12,269	\$575,427	8.4%	5.4%	8.2%	\$2.51
Summit	26,504	16,932	\$1,058,817	7.8%	5.0%	2.9%	\$3.13
Trumbull	11,545	7,375	\$461,212	9.0%	5.7%	2.0%	\$3.58
Tuscarawas	4,500	2,875	\$179,771	8.1%	5.2%	1.9%	\$3.24
Union	1,736	1,109	\$86,699	5.4%	3.5%	0.9%	\$2.71
VanWert	1,290	824	\$77,325	7.5%	4.8%	2.0%	\$4.52
Vinton	1,113	711	\$66,672	13.4%	8.6%	6.9%	\$8.04
Warren	4,208	2,688	\$168,089	3.3%	2.1%	0.6%	\$1.31
Washington	2,729	1,744	\$54,518	7.1%	4.5%	0.5%	\$1.42
Wayne	4,453	2,845	\$133,416	6.5%	4.1%	1.5%	\$1.93
Williams	1,996	1,275	\$119,603	8.7%	5.5%	2.5%	\$5.19
Wood	3,575	2,284	\$142,803	4.3%	2.8%	0.9%	\$1.72
Wyandot	791	505	\$47,372	5.9%	3.8%	1.6%	\$3.53

Notes

1. Throughout this publication, the terms “covered” and “enrolled” are used interchangeably to describe people who have insurance coverage provided by Medicaid.
2. Because the policy question in front of policymakers is whether or not to expand Medicaid to all 19-64 year old adults with incomes up to 138% of poverty who are not currently eligible for Medicaid coverage today, this analysis focuses on projections of the newly eligible who would only gain coverage under a Medicaid expansion. It includes a small number of people who are currently eligible, but not enrolled and we project who would take up Medicaid coverage only if there is an expansion of Medicaid. The full Study brief also projects that there will be a much larger number of currently eligible, but not enrolled who take up Medicaid coverage even if there is no Medicaid expansion because of other provisions of the ACA. This analysis does not include these people in its county level estimates.
3. These total counts will not equal the statewide estimate because the Medicaid administrative data set does not have county of residence for everyone. Thus the local effects estimates will be lower that they would otherwise be if there were no people where the county of residence was missing.
4. The best census population reporting count is for people ages 18 to 64, while the Medicaid expansion is for people 19-64. While these measures differ by one year of age, since the calculation uses the same denominator across counties the relative intensity measures are consistent and plausible.
5. The estimate of local sale taxes are based on what is in current law. If the law changes these projections will also change.

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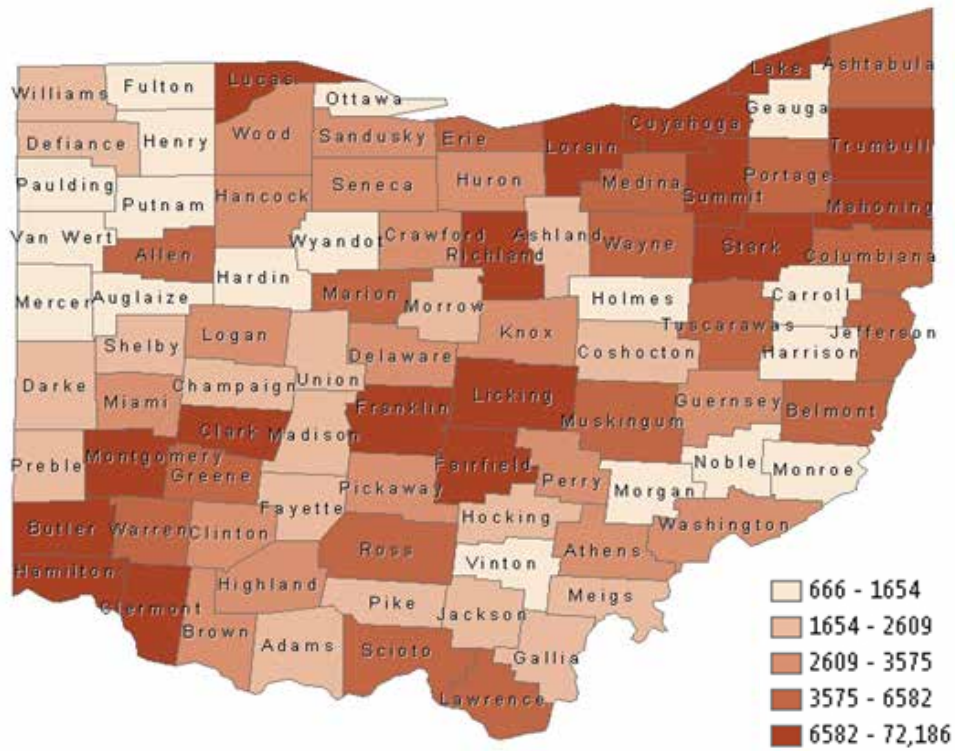
The Ohio Medicaid Expansion Study is a partnership between the following organizations:



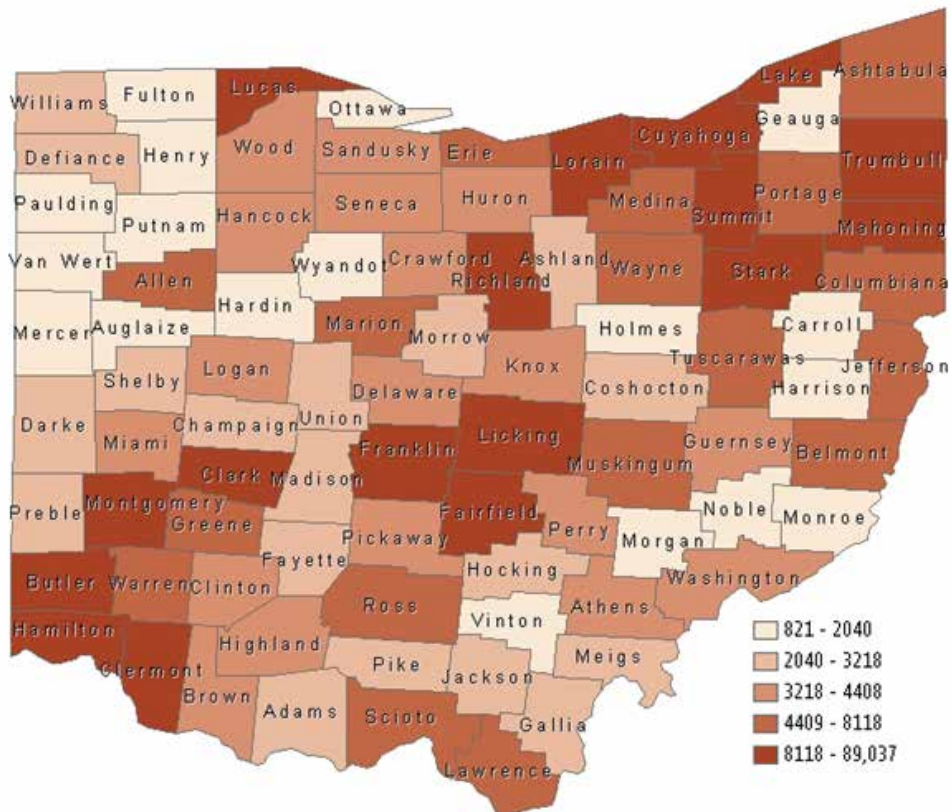
To review all material produced by the Ohio Medicaid Expansion Study, visit

<http://bit.ly/Ybiquxi>

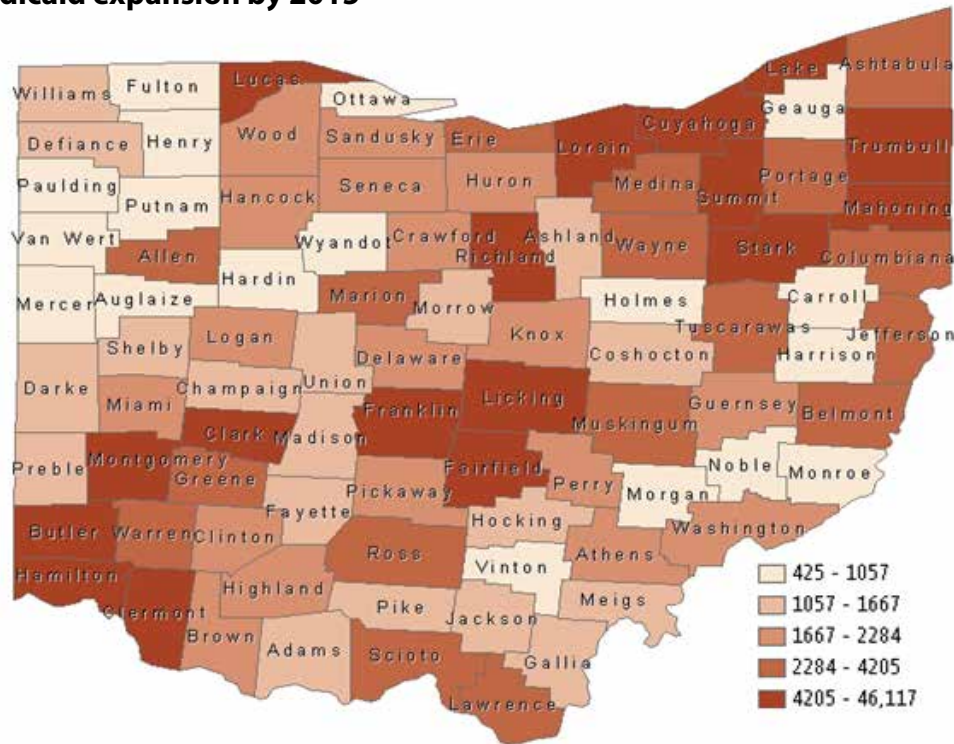
Map 1 Projected total new enrollment due to Medicaid expansion by 2015



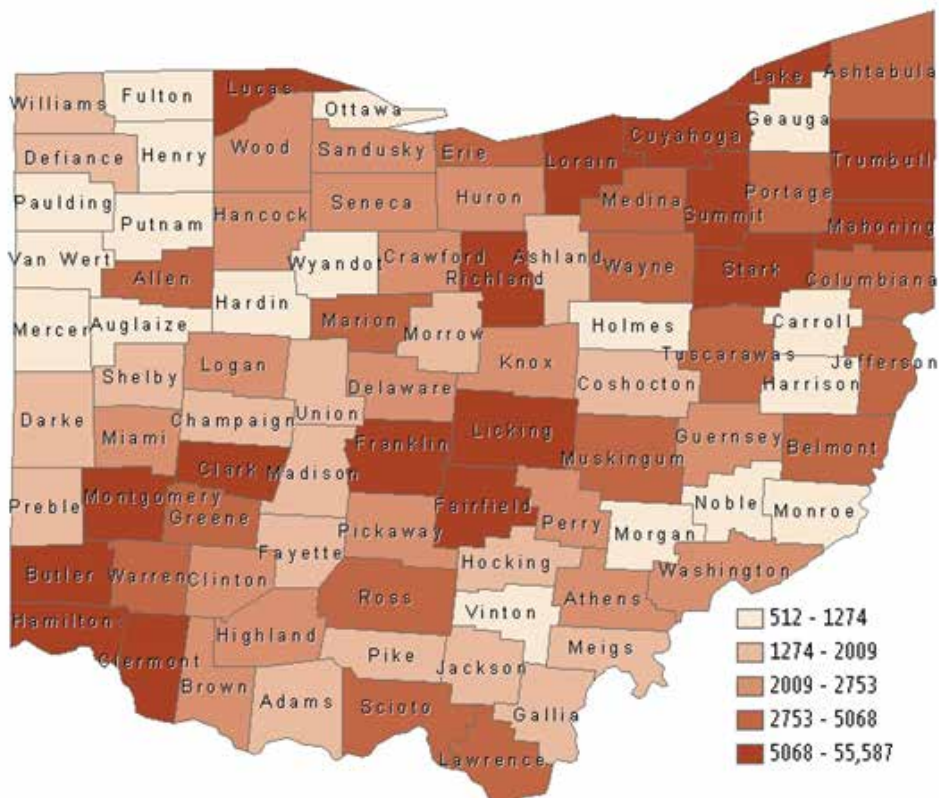
Map 1a Projected total new enrollment of 19-64 years olds due to Medicaid Expansion



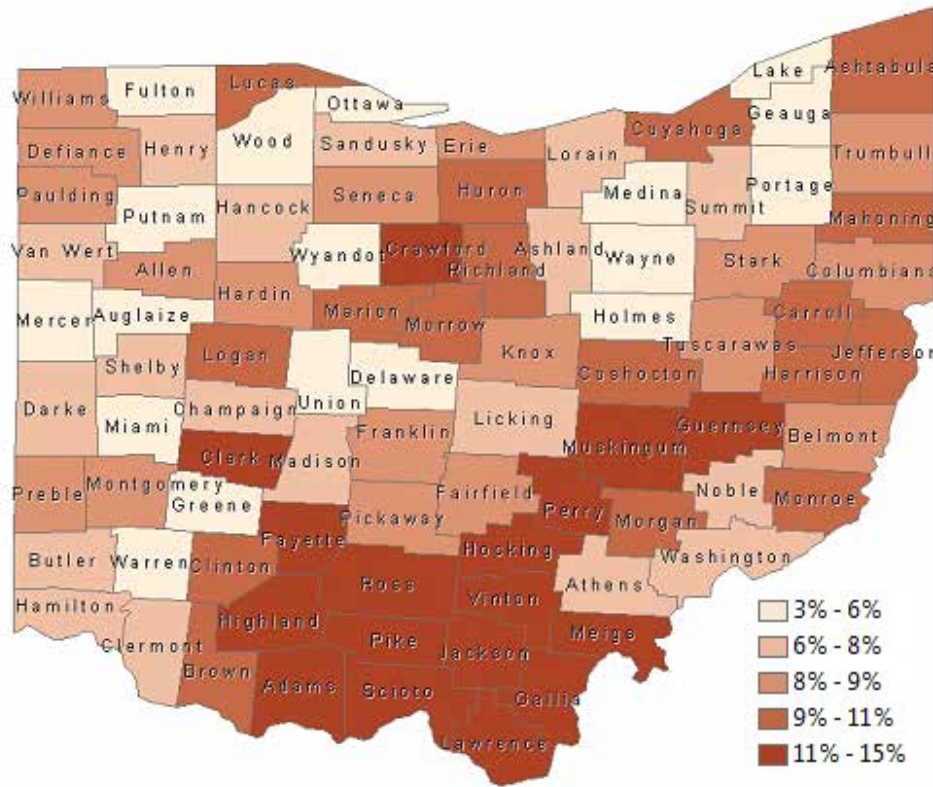
Map 2 **Projected number of 19-64 year old uninsured who enroll on Medicaid due to Medicaid expansion by 2015**



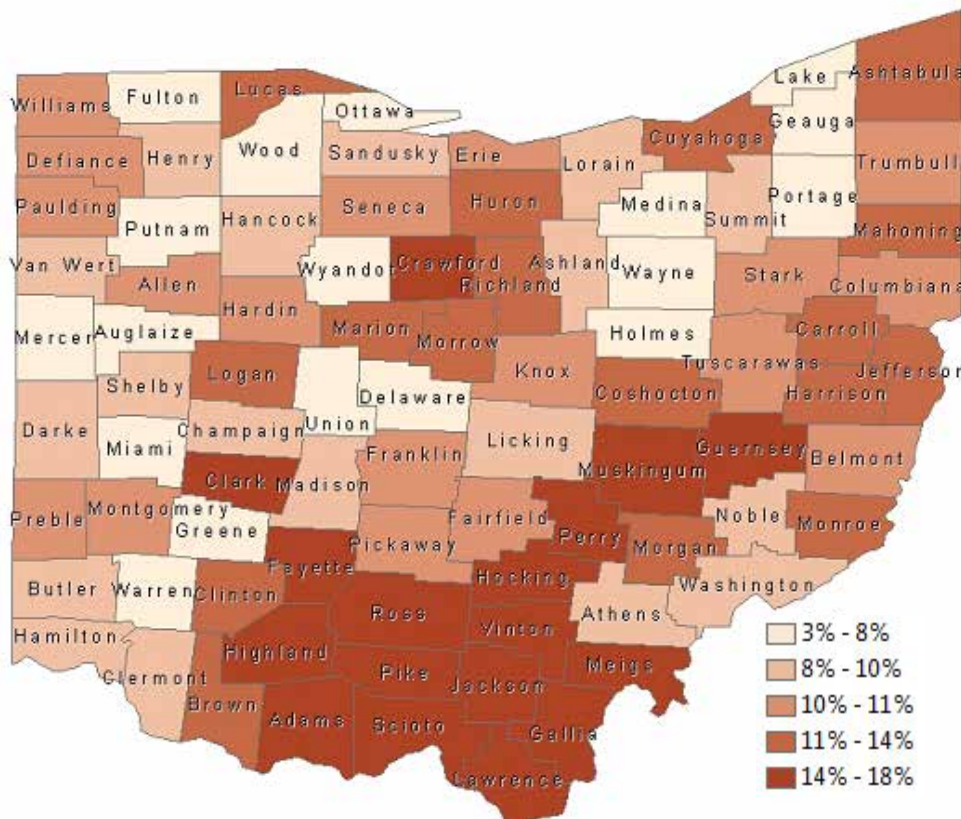
Map 2a **Projected number of 19-64 year old uninsured who enroll on Medicaid due to Medicaid expansion by 2022**



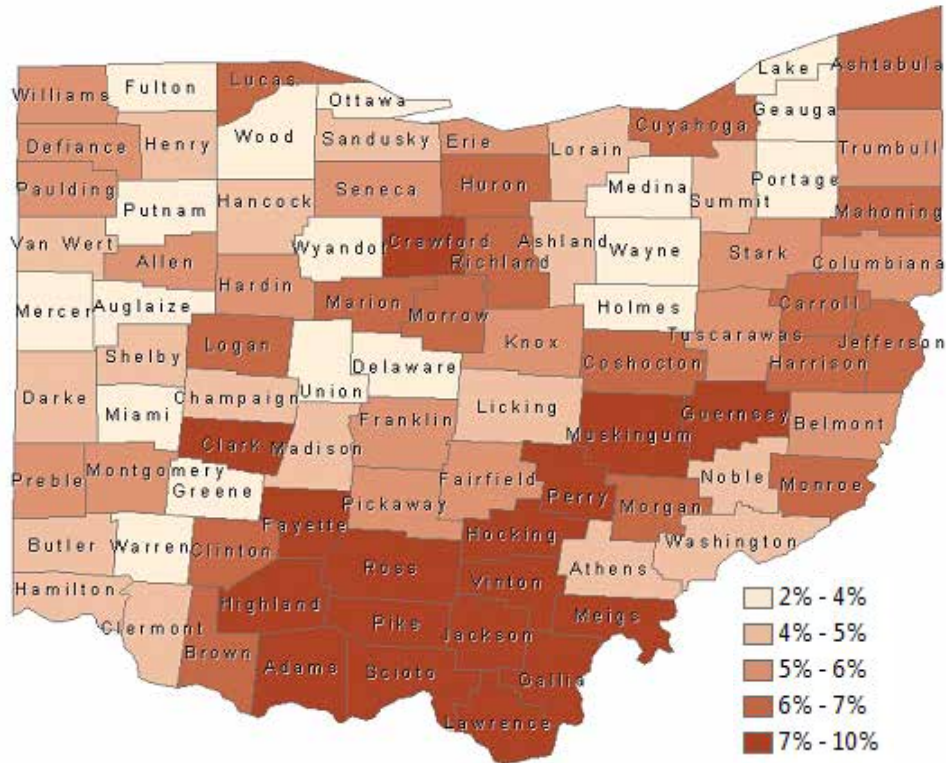
Map 3 Total enrollment of 19-64 year olds due to Medicaid Expansion by 2015 as a percentage of population (18-64 year olds per 2010 Census)



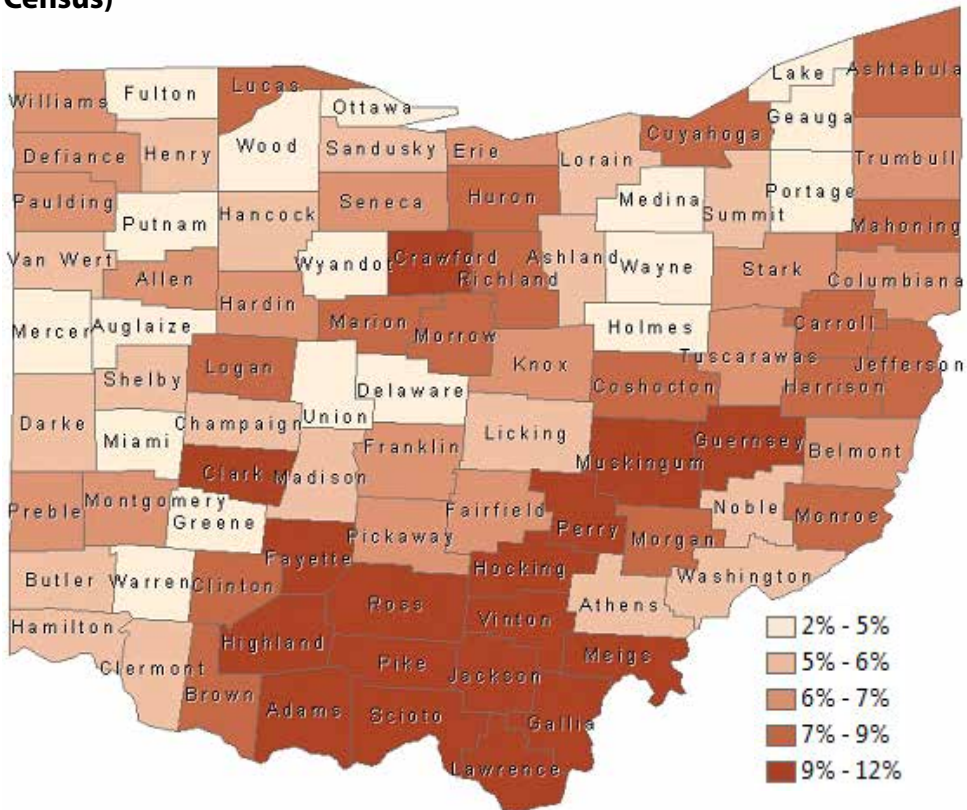
Map 3a Total enrollment of 19-64 year olds due to Medicaid Expansion by 2022 as a percentage of population (18-64 year olds per 2010 Census)



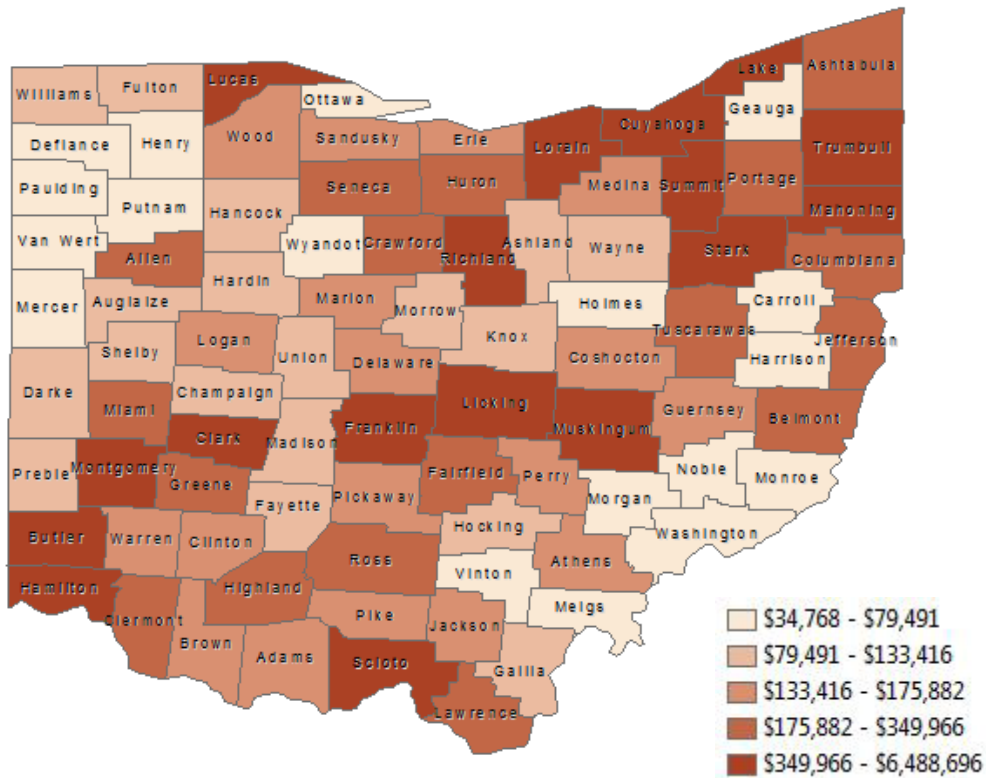
Map 4 Projected enrollment of uninsured 19-64 year olds due to Medicaid expansion by 2015 (or 2022) as a percentage of population (18-64 year olds per 2010 Census)



Map 4a Projected enrollment of uninsured 19-64 year olds due to Medicaid expansion by 2015 (or 2022) as a percentage of population (18-64 year olds per 2010 Census)



Map 5 **Projected New Local Medicaid Managed Care Tax Revenues in 2015**



Map 5b **Projected New Local Medicaid Managed Care Tax Revenue in 2022**

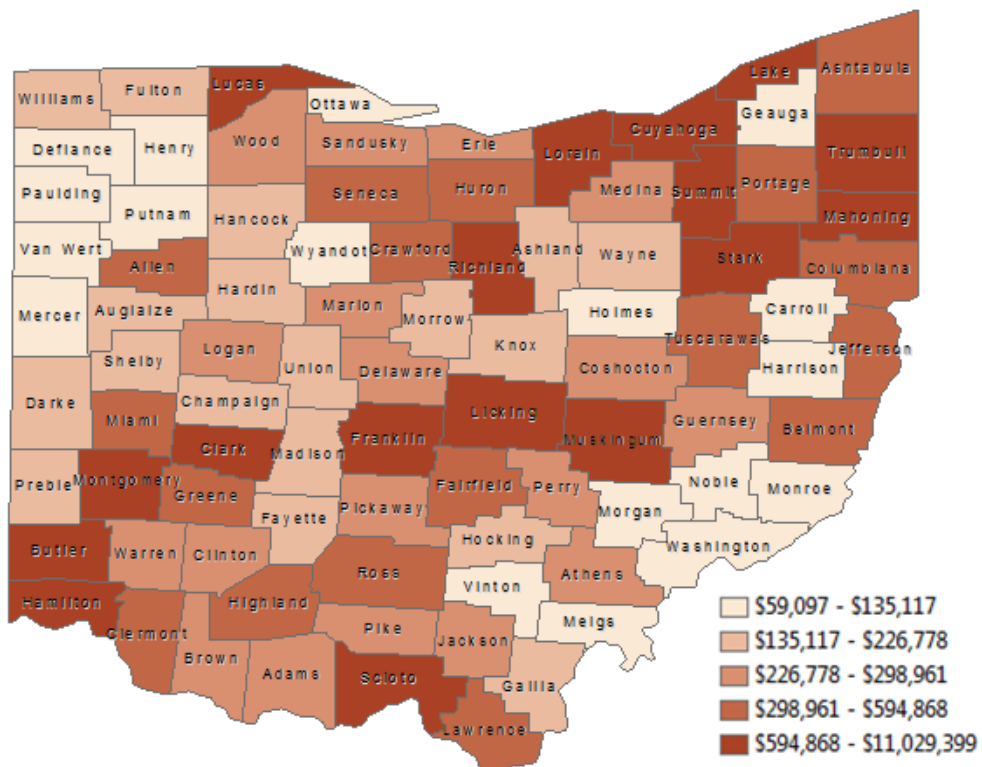


Table 6 Projected New Local Medicaid Managed Care Tax Revenues due to Medicaid Expansion in 2015 as a Percent of Total 2011 Local Sales Tax Revenues

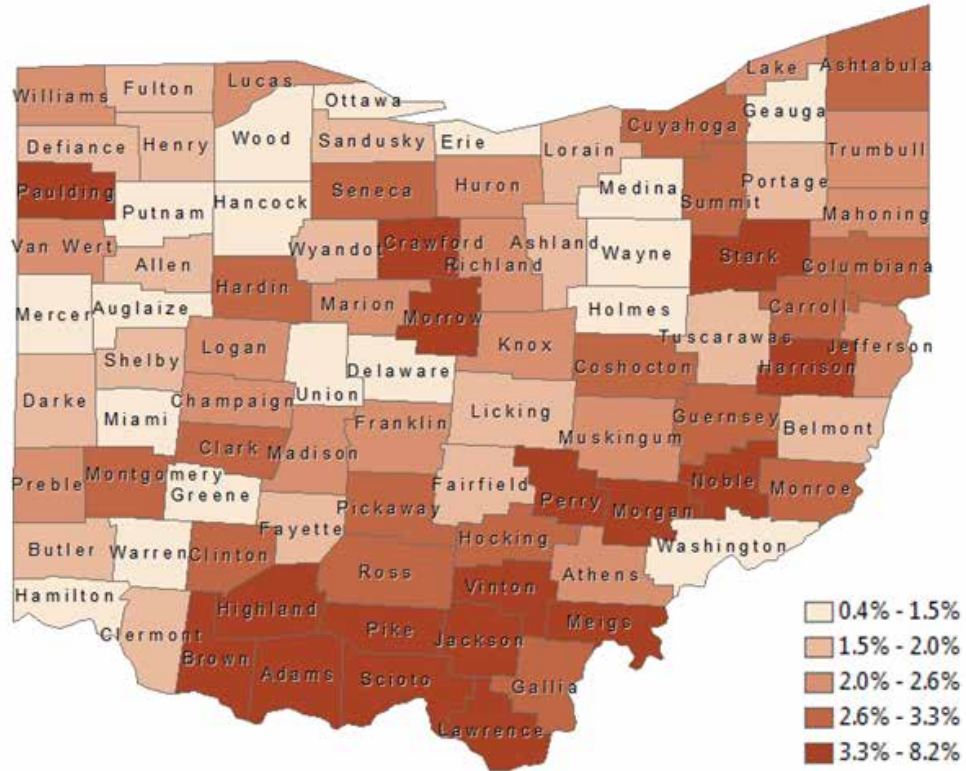
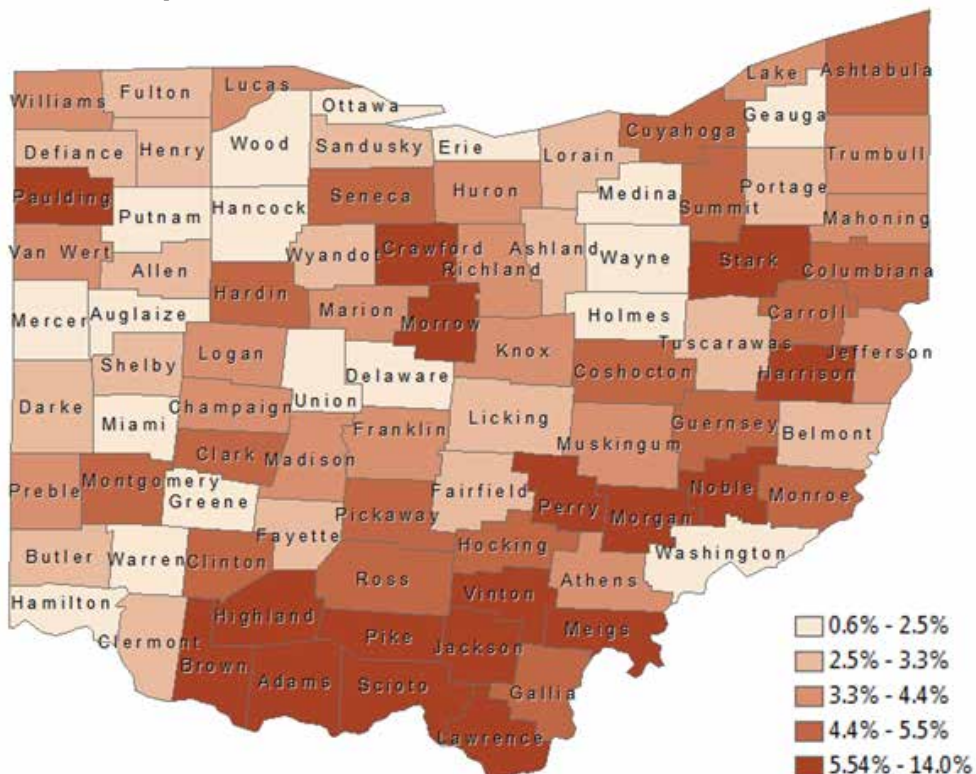
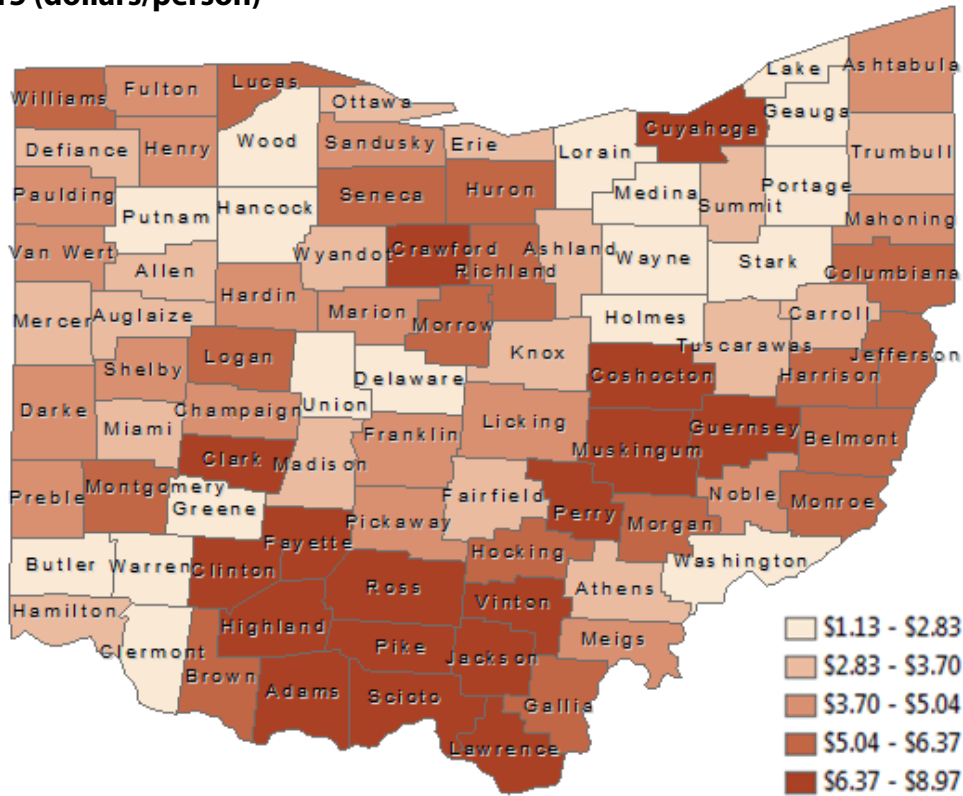


Table 6a Projected New Local Medicaid Managed Care Tax Revenues in 2022 due to Medicaid Expansion as a Percent of Total 2011 Local Sales Tax Revenues



Map 7 **Projected New Local Medicaid Managed Care Tax Revenue due to Medicaid Expansion Relative to the Number of 18-64 Year Olds People in Each County in 2015 (dollars/person)**



Map 7a **Projected New Local Medicaid Managed Care Tax Revenue due to Medicaid Expansion Relative to the Number of 18-64 Year Olds People in Each County in 2022 (dollars/person)**

