

Ohio Health Care Safety Net

*A description of public and
private programs*

Compiled by the Ohio Family Coverage Coalition • March 2007

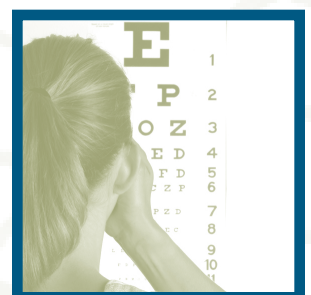
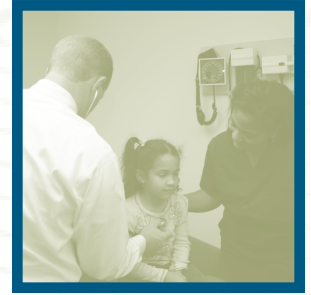


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Introduction

U.S. Census data released in August 2006 found that the number of uninsured Ohioans increased from 1.3 in 2004 to 1.4 million in 2005. About 65% of the uninsured have incomes below 200% of the Federal Poverty Level (see page 21). A Families USA analysis of Census data found that 2.8 million adult Ohioans under the age of 65 went without health insurance during part of the two year period between 2002 and 2003. The 2004 Ohio Family Health Survey also found that while the percentage of uninsured children in Ohio decreased from 1998 to 2004, the percentage of uninsured adults increased from 11.5 percent to 12.5 percent.

The erosion of employer-based health insurance and the loss of manufacturing jobs are two factors influencing this trend. Many of the uninsured are people who are working or have lost their jobs recently. Some uninsured people may be eligible for a government program and simply need to be pointed in the right direction. *Many of the uninsured, however, are not eligible for any government programs, regardless of their income.* These people are faced with navigating a complicated, fragmented system of uncoordinated health care options.

Until a more comprehensive solution or set of solutions is put in place, accessing the tenuous health care “safety net” is the only option for many Ohioans.

The Ohio Family Coverage Coalition (OFCC) hopes that this description of public and private programs will assist you in helping the uninsured tap into this system.

The mission of the Ohio Family Coverage Coalition is to work with the public and private sectors to expand health care coverage for low income families and people by advocating for affordable and adequate options.

Goals of the Ohio Family Coverage Coalition (2005-2007):

1. To preserve and expand Medicaid eligibility and services for parents and pregnant women
2. To preserve and expand funding for the Disability Medical Assistance program
3. To maintain current eligibility and services for children
4. To develop a model and support for health coverage for adults without dependents
5. To remain an advocate for Medicaid

OFCC is chaired by Cathy Levine (UHCAN Ohio) and Col Owens (Legal Aid of Cincinnati).

Government Safety Net

Medicaid

Description:

Medicaid was established in 1965 as a federal-state partnership to provide health care to certain groups of people. The federal government sets mandatory eligibility groups and benefits, but allows the states some flexibility in extending coverage. In Ohio, Medicaid is administered by the Ohio Department of Job and Family Services, and covers over 1.7 million people. People who are aged, blind or disabled (ABD) represent just 24% of the enrollees, but 74% of Medicaid expenditures. On the other hand, families and children represent 76% of the enrollees and 26% of the expenditures.

Medicaid covers many services, including inpatient hospitalization, physician services, diagnostic services and medical equipment. Ohio also has opted to provide additional services, such as prescription drugs, some dental services, vision services and mental health and alcohol and drug addiction treatment.

Eligibility:

Only certain categories of people are eligible for Medicaid. There are many people who are living at or near the federal poverty level (FPL) who are uninsured but NOT eligible for Medicaid.

The following categories are eligible:

Children and families—In Ohio, children are covered if their families have income that is not over 200% of FPL (see chart on page 21). Pregnant women are covered if their income is not over 150% of FPL. As of January 1, 2006, parents are covered if their incomes are not over 90% of FPL (the eligibility limit was reduced from 100% of FPL in 2005).

Aged, Blind, or Disabled (ABD)—Ohioans who are age 65 and older, who are blind, or who have a major disabling condition may be covered under the ABD program. In Ohio, the Bureau of Disability Determination reviews applications to determine whether a person has a disability that meets the Social Security Administration's guidelines. A person who is found to be disabled must also meet income and asset requirements. Some people found eligible in the ABD category have incomes over the "need standard."



They receive a Medicaid card only in those months when they have incurred medical expenses or paid a certain amount toward their medical expenses. This is known as “spenddown.” Many people with a spenddown requirement go without Medicaid because they do not understand the complex rules. Providers can help people to meet their spenddown if they understand the rules.

Medicare Premium Assistance—Some people who are enrolled in Medicare may be eligible by virtue of limited income and assets for Medicaid assistance in paying for Medicare premiums, deductibles and co-pays. These people are often referred to as partial “dual eligibles.” Medicare beneficiaries eligible for full Medicaid are referred to as “full dual eligibles.”

Breast and Cervical Cancer Project (BCCP) Medicaid—Uninsured women, with incomes below 200% of FPL who have breast or cervical cancer diagnosed through the Ohio Department of Health’s Breast and Cervical Cancer Project, are eligible for Medicaid during the course of their treatment.

More Information:

- For a Medicaid application, contact the county department of job and family services or call the Medicaid hotline: (800) 324-8680 or <http://jfs.ohio.gov/Ohp/bcps/hotline.stm>
- For information about Medicaid eligibility or general questions about Medicaid, contact the Office of Ohio Health Plans, through Ohio Department of Job and Family Services: (800) 324-8680 or www.jfs.ohio.gov/ohp
- For spenddown related questions, and/or to learn about training, contact Ohio State Legal Services Association: www.oslsa.org
- For Ohio Job and Family Services 2006 Medicaid Report: http://jfs.ohio.gov/ohp/bhpp/reports/OMR_2006.pdf
- To find the Breast and Cervical Cancer Project in your region: (614) 728-2177 or www.odh.gov/odhprograms/hpr/bc_canc/bcanc1.aspx

Source:

- Ohio Medicaid Basics, Health Policy Institute of Ohio, February 2005, available at www.healthpolicyohio.org

Government Safety Net

Medicare

Description:

Like Medicaid, Medicare was created in 1965. Unlike Medicaid, Medicare Part A is social insurance, meaning that most workers pay into it and most can benefit from it, regardless of income. Medicare is financed through payroll taxes and is administered by the Centers for Medicare and Medicaid Services (CMS), a federal government agency.

There are four different programs under Medicare:

Medicare Part A is known as “hospital insurance” because it covers many of the services that are provided within a hospital (inpatient), nursing home or hospice. Generally, Part A is “free” as long as someone worked and paid into Medicare through payroll taxes, or their spouse did so. There may be a premium if s/he did not pay into Medicare. People who receive Social Security or Railroad Retirement payments receive benefits automatically. Other people need to enroll. There also may be co-pays and deductibles.

Medicare Part B helps cover physician services, outpatient hospital care, and some other medical services that Medicare Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Medicare Part B helps pay for some additional services and supplies, such as durable medical equipment, when they are medically necessary. While Part A is automatic, beneficiaries can opt out of Part B. There is a premium for Part B, as well as copays and deductibles. Some people purchase Medigap coverage to help with the costs not covered by Part A and Part B.

Medicare Part C is now known as “Medicare Advantage,” and is a managed care model. Beneficiaries can choose a plan and pay the Part B premium as well as a premium to the Medicare Advantage Plan. In return, the plan provides more benefits, while better coordinating care for cost effectiveness. People who enroll in a Medicare Advantage Plan do not need Medigap coverage.

Medicare Part D is the recently created Medicare Prescription Drug Plan. It is a voluntary program:

- In order to participate in the benefit a recipient must either enroll in a Medicare Advantage Plan or a stand alone prescription drug plan.
- Each recipient pays a premium averaging \$28.51/month in 2007 in Ohio. The premiums will increase yearly.
- In 2007 with standard plans, the plan pays 75 percent of all drug costs up to \$2,400. The Medicare recipient pays all prescription costs from \$2,400 to \$5,451.25 (AKA “donut hole”). Thus, after a beneficiary’s “true out of pocket” expenditures reach \$3,850, the recipient is eligible for “catastrophic” coverage and will only pay five percent or \$2.15 (for generic) or \$5.35 (for brand-name) co-pays, whichever is higher, for the remainder of the year. The coverage gap or donut hole is expected to increase.
- Each of the 61 stand alone prescription drug plans offered in Ohio vary in deductibles, co-pays, and whether/how much coverage they provide in the “donut hole.”

- Low-income beneficiaries (those below 150% of FPL with assets no more than \$11,710 for an individual or \$23,410 for a married couple) pay little or no premiums, depending on income. They are able to get prescription medications for co-pays of between \$1 and \$5.35, based on the individual's income, and whether the drug is generic or brand name. Despite initial estimates that 348,000 Ohioans would be eligible for this "extra help," only around 83,700 (as of November 2006) have been found to be eligible. This is in addition to the approximately 175,000 Medicare/Medicaid "dual eligibles" (see explanation below) who were enrolled automatically in the "extra help" low-income subsidy.

Eligibility:

Recipients must be at least 65 years old, be under age 65 and disabled (as defined by the Social Security Administration), have End-Stage Renal Disease, or have Amyotrophic Lateral Sclerosis (ALS-Lou Gehrig's Disease). As mentioned under the Medicaid section, some people with lower incomes may be eligible for the Medicare Savings Program, which provides assistance with their premiums, co-pays, deductibles and other costs through Medicaid. Those with even lower incomes and asset levels may be eligible for full Medicaid. These people are referred to as full "dual eligibles."

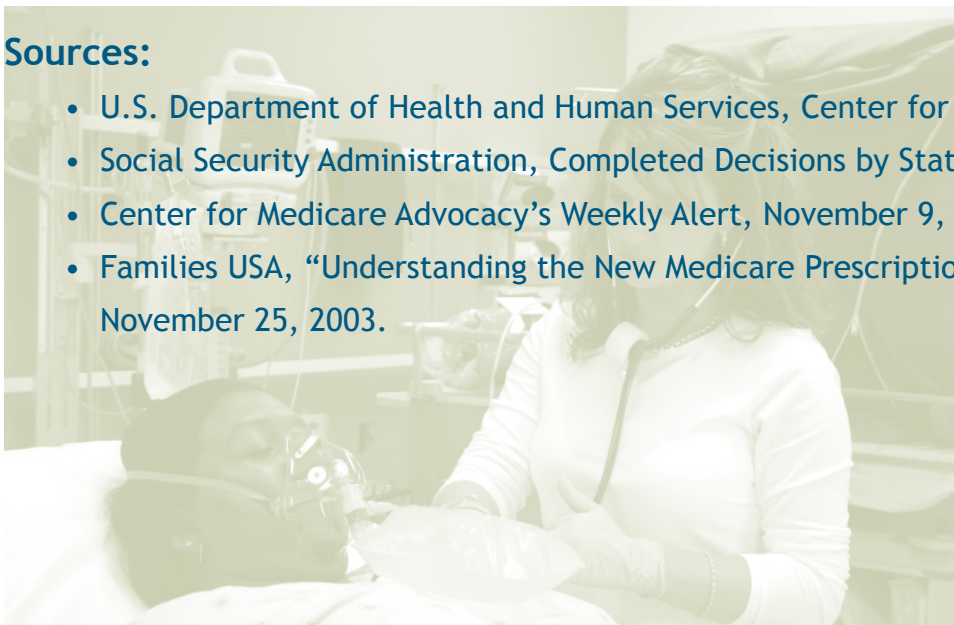
In the past, dual eligibles have obtained medications through the Medicaid program, but as of January 1, 2006 they must obtain their medications through Medicare Part D and pay co-pays for the first time. Many dual eligibles have such low incomes that co-pays may create a serious hardship. There are a modest number of drugs excluded from Part D that Medicaid will continue to cover.

More Information:

- For more information about Medicare, visit the US Department of Health and Human Services' website: www.medicare.gov, AARP's website: www.aarp.org, or contact the Ohio Senior Health Insurance Information Program (OSHIIP): (800) 686-1578 or <http://www.ohioinsurance.gov/ConsumServ/ConServIndex.asp?Menu=2>
- For assistance with selecting a prescription drug plan, contact OSHIIP: (800) 686-1578, or the Ohio Access to Benefits Coalition: (800) 648-1176

Sources:

- U.S. Department of Health and Human Services, Center for Medicare and Medicaid
- Social Security Administration, Completed Decisions by State (11/17/06)
- Center for Medicare Advocacy's Weekly Alert, November 9, 2006.
- Families USA, "Understanding the New Medicare Prescription Drug Benefit," November 25, 2003.



Government Safety Net

Disability Medical Assistance

Description:

Disability Medical Assistance (DMA) is a state-funded program designed to serve extremely poor Ohioans whose health is dependent on prescription medications. This program was created in the mid-1990's when General Assistance was dismantled. For many, DMA provides assistance with medical needs while eligibility is determined for Medicaid.

Eligibility:

DMA provides medical assistance and prescription medications to very low income individuals who are: (1) citizens of the U.S., (2) dependent on prescription medications, and (3) not eligible for Medicaid.

In order to be considered “medication dependent,” a licensed physician must certify that the individual is receiving treatment “for a chronic medical condition of sufficient severity (including severe pain) such that the absence of continuous prescription medication could reasonably be expected to result in placing the patient’s health in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or death. The medical condition may include physical and/or mental impairment(s) and must have lasted or can be expected to last for a continuous period of at least nine months. The physician must also specify that without medication, the individual’s likelihood of experiencing a medical emergency and risk being unemployed would increase” (Ohio Administrative Code).

Additionally, an individual’s income cannot exceed \$115 per month for a family of one, \$159 for a family of two, and, \$193 for a family of three. Other eligibility requirements also apply. Application for DMA is made through the local county department of job and family services. Eligibility is re-determined every six months.

Due to diminished funding for DMA and increased costs, especially for prescription drugs, the state is not accepting new applications for this program. The monthly enrollment for the program is projected to be about 3,300 by June 2007. An estimated 40,000 to 50,000 people would be eligible for the program if enrollment was opened.

More Information:

- Contact Mary Haller, Chief, Stakeholder Relations, Office of Ohio Health Plans, ODJFS: (614) 466-9170
- Contact Amy Rohling McGee, Ohio Association of Free Clinics: (614) 221-6494

Sources:

- Ohio Association of Free Clinics, ODJFS, Ohio Association of County Behavioral Health Authorities, Ohio United Way and the Health Policy Institute of Ohio



Government Safety Net

Department of Veteran Affairs (VA)

Description:

In 1930, Congress united the Veterans' Bureau, the Bureau of Pensions and the National Homes for Disabled Volunteer Soldiers to create the Veterans Administration (VA). In 1989 the status of the Veterans Administration was elevated when it became the Department of Veterans Affairs.

VA's health care system now includes 157 medical centers, with at least one in each state, Puerto Rico and the District of Columbia. The VA operates more than 1,300 sites of care including ambulatory care and community-based outpatient clinics. More than 5 million people received care in VA health care facilities in 2004. By the end of fiscal year 2004, 78 percent of all disabled and low-income veterans had enrolled with VA for health care; 65 percent of them were treated by VA. In 2004, VA inpatient facilities treated 587,000 patients. VA's outpatient clinics registered nearly 54 million visits.

Eligibility:

All veterans are potentially eligible to receive VA benefits. Veteran's healthcare is not just for service-connected injuries or medical conditions. Eligibility is usually based on active military service in the Army, Navy, Air Force, Marines, or Coast Guard, and discharge under other than dishonorable conditions. Reservists and National Guard members who were called to service by a Federal Executive Order may also qualify for VA healthcare benefits. Returning veterans who served in combat positions are granted special eligibility for hospital care, medical services, and nursing home care for a period of two years following discharge from active duty.

People who are exempt and do not need to enroll include veterans with a service-connected disability of 50 percent or more, veterans who were discharged from the military within one year but have not yet been rated for a VA disability benefit and veterans seeking care for only a service-connected disability. Veterans with service-connected disabilities receive priority access to care for hospitalization and outpatient care.



More Information:

- To learn more about VA benefits, visit the U.S. Department of Veterans Affairs' website: www.va.gov, or the Ohio Governor's Office of Veterans' Affairs' website: <http://veteransaffairs.ohio.gov/>

Source:

- Department of Veteran Affairs

Government Safety Net

Refugee Medical Assistance Program

Description:

The Refugee Medical Assistance (RMA) Program offers health coverage for a limited period of time to refugees upon their arrival to the U.S. According to the U.S. government, a refugee is “any person who is outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution.” Persecution or the fear thereof must be based on the alien’s race, religion, nationality, membership in a particular social group, or political opinion. Refugees are subject to ceilings by geographic area set annually by the President in consultation with Congress, and are eligible for lawful permanent resident status after one year of continuous presence in the United States.

The purpose of RMA is to help refugees become self-sufficient as quickly as possible. RMA is only available to qualifying refugees for the first eight months that they are in the U.S. Those who are found eligible will have access to the entire Medicaid benefit package.

Eligibility:

To qualify, a refugee must:

- Be a new arrival who has lived in the U.S. less than eight months; and
- Have income up to 100% of the federal poverty level; and
- Be categorically ineligible for Medicaid.

When applying for RMA, applicants must provide proof of income, pregnancy, citizenship and other health insurance (if applicable). A face-to-face interview is necessary. Note: Refugees who meet the categorical and financial requirement (see pages 4-5) remain eligible for Medicaid for 7 years after entry into the U.S.

More Information:

- Visit the County Department of Job and Family Services website:
<http://jfs.ohio.gov/county/cntydir.stm>

Sources:

- UHCAN Ohio, the Ohio Department of Job and Family Services (<http://jfs.ohio.gov/ohp/consumers/refugee.stm>), and U.S. Citizenship and Immigration Services



Government Safety Net

Alien Emergency Medical Assistance (AEMA)

Description:

AEMA is a category of Medicaid that provides coverage for treatment of an emergency medical condition for certain “aliens” or non-citizen patients who do not meet Medicaid citizenship requirements. Even patients who lack immigration documentation may be eligible for AEMA. “Alien” also includes non-immigrants, such as visitors and students.

AEMA covers full treatment of the emergency medical condition, not just an emergency room visit. An emergency medical condition is defined as: “After sudden onset, a medical condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient’s health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part. An emergency medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care” (OAC 5101:1-41-20).

AEMA covers all medically necessary services covered by Medicaid, including hospital, physicians, tests and medicine. AEMA covers services during the “emergency medical condition episode” and stops when that condition no longer puts “the patient’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part” (OAC 5101:1-41-20).

Eligibility:

To be eligible for AEMA, “aliens” must meet the financial and categorical eligibility requirements of Medicaid, and be residing in Ohio; they are not required to meet Medicaid citizenship requirements.

To be eligible for AEMA, an individual must submit an application for Medicaid for each emergency medical assistance episode. The individual does not have to provide a social security number, proof of immigration status, or have a face-to-face interview.

More Information:

- For a Medicaid application, visit the County Department of Job and Family Services website: <http://jfs.ohio.gov/county/cntydir.stm>, or call the Medicaid hotline: (800) 324-8680
- For more information about AEMA, visit the UHCAN Ohio website: www.uhcanohio.org or (614) 456-0060

Source:

- UHCAN Ohio

Government Safety Net

Health Departments/Health Districts

Description:

Each health district is a separate political subdivision, similar to a school district, with an appointed Board of Health. Each district has a Health Commissioner who reports to the Board of Health. There are general health districts (county), city health districts and combined health districts (county and city). There are currently 135 districts in Ohio.

Generally, local public health funding breaks out as follows:

- 75% Local Funding Sources (levies, inside millage and user / permit fees)
- 20% State Sources (competitive grants, pass through federal monies and per capita subsidy from the Ohio Department of Health to qualified health departments)
- 4.3% Federal Sources / Private Sources (targeted federal grant monies, golf outings, etc.)

Ohio ranks 45th in the nation for state investment in public health, according to the U.S. Department of Health and Human Services. This ranking has led to increasing pressure on local funding sources.

Health departments vary in size and services. A department will typically offer various personal health services, administrative services, including vital statistic offices, and environmental services. Larger departments may also operate laboratory facilities. Local health departments work with community leaders and service providers to lead, facilitate, catalyze and collaborate on addressing community public health needs.

Eligibility:

Varies by health department and service

More Information:

- Contact the Association of Ohio Health Commissioners: (614) 221-5994 or <http://www.aohc.net/index.cfm>

Source:

- Association of Ohio Health Commissioners

Government Safety Net

Save Our Sight

Description:

The Ohio Department of Health administers the Save Our Sight Fund. The goal of this Fund is to provide early detection of vision problems and the promotion of good eye health and safety. When Ohioans apply for or renew their license plates, they are asked if they want to contribute \$1 to the Save Our Sight Fund.

Money raised:

- Provides training, certification and equipment for vision screeners
- Provides protective eyewear for youth sports and school activities
- Develops and provides eye health and safety programs for our schools
- Provides information and case management services to children diagnosed with amblyopia (lazy eye) and their families through the Ohio Amblyope Registry

Eligibility:

Children under the age of 18

More Information:

- Contact Save our Sight: (614) 466-5332 or (800) 755-GROW or <http://www.saveoursight.org/>

Source:

- Save Our Sight



Government Safety Net

ODH Bureau of Oral Health

Description:

The 1998 Ohio Family Health Survey found that oral health was the number one unmet health need in Ohio. A number of initiatives have sought to address this need. While progress has been made, oral health access remains a significant problem.

The Ohio Department of Health's Bureau of Oral Health Services funds several programs, utilizing a combination of funding sources (state, federal, master tobacco settlement):

Safety Net Dental Clinics—These clinics are housed typically within other organizations, such as health departments or community health centers, and provide dental care both to people with Medicaid coverage and to the uninsured. Diagnostic, preventive and therapeutic dental care is provided.

School-Based Dental Sealant Programs—Dental sealants are thin, plastic coatings applied to children's permanent molar teeth to prevent the most common type of tooth decay (on the chewing surfaces of permanent molars). The Dental Sealant Program provides dental sealants to high-risk students in selected grades. With parental consent, teams of dental hygienists and dental assistants place sealants on children's teeth in targeted schools in accordance with treatment plans developed by examining dentists.

OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services)—OPTIONS is a statewide program that provides referrals to community dental care programs or to dentists who have agreed to treat patients in their own offices for free or for a reduced fee.

Eligibility:

Eligibility varies from program to program. Often there are long waiting lists for dental services.

More Information:

- For information about dental programs and referral to community dental programs, contact Dental OPTIONS: (888) 765-6789 or:
<http://www.odh.ohio.gov/odhPrograms/ohs/oral/dcare/finddental.aspx>

Source:

- Ohio Department of Health



Government Safety Net

ODH Medical Specialty Clinics for Children

Description:

The Specialty Clinic Program provides access to pediatric specialists for children in medically underserved areas of Ohio. Children are pre-screened or referred to determine if they are in need of a specialist's services. Clinics are typically held in a local county/city health department; however, some may be held in speech and hearing centers, rehabilitation centers or hospitals. Presently there are 6 types of clinics that are held in more than half of Ohio's 88 counties: developmental, hearing, neurology, orthopedic, plastic and vision.



Eligibility:

Eligibility is based on medical criteria that vary by the type of clinic.

More Information:

- Contact ODH Medical Specialty Clinics for Children: (614) 466-5332 or: <http://www.odh.ohio.gov/odhprograms/cfhs/medspec/medspec1.aspx>

Source:

- Ohio Department of Health

Private Sector Safety Net

Hospitals/HCAP

Description:

Patients who need medical care, but are unable to pay for it, may be eligible for free or reduced fee care at local hospitals through the Hospital Care Assurance Program (HCAP) or other hospital assistance programs. In order to receive this financial assistance, the patient must fill out an application and provide proof of income.

While no state funds are used for HCAP, state law and rule requires that hospitals provide “without charge to the individual, basic, medically necessary hospital-level services to the individual who is a resident of this state, is not a recipient of the Medicaid program and whose income is at or below the federal poverty line” (OAC 5101:3-2-07.17). Assessments levied against all acute care and freestanding hospitals in Ohio generate the basic funding source for this program. These assessment dollars are pooled with matching federal Medicaid Disproportionate Share Hospital (DSH) funds. This pool is then distributed back to the hospitals based on a formula that considers many factors, including the amount of uncompensated care provided.

Prior hospital bills, paid or unpaid, may be covered by HCAP. Patients can apply for HCAP up to 3 years after they are notified about it. Patients should contact the hospital’s billing department about prior bills, and ask to apply for HCAP - even if the bill has already been sent to collections. If a patient paid a bill but was eligible for HCAP, the hospital must reimburse the patient.

For patients who do not qualify for HCAP, most hospitals have their own financial assistance programs. Since these programs are voluntary, each hospital has different rules and procedures. Patients should contact the hospital’s billing department for details.

Both HCAP and hospital financial assistance programs cover only hospital charges, not bills from non-hospital providers. However, many doctors may reduce or drop their fees when told that the patient qualified for HCAP. Patients should ask hospital billing departments to provide them with documentation stating they qualified for HCAP or other programs. The patient can then share this documentation with non-covered providers.

Eligibility:

To be eligible for HCAP:

- A patient must be an Ohio resident, and
- Must not be a recipient of the Medicaid program, and
- Must have family income that is at or below 100% of FPL, OR be covered by the Disability Assistance Program

More Information:

- Contact the Ohio Hospital Association: (614) 221-7614 or www.ohanet.org
- Contact UHCAN Ohio: (614) 456-0060 or www.uhcanohio.org
- Contact ODJFS Office of Ohio Health Plans: <http://jfs.ohio.gov/OHP/bhpp/hcap/>

Sources:

- Ohio Hospital Association and UHCAN Ohio

Private Sector Safety Net

FQHCs/Community Health Centers

Description:

Located predominately in inner city and rural areas, Community Health Centers, also known as Federally Qualified Health Centers (FQHCs), have compiled a remarkable record of achievement: access to superior quality care, exceptional cost-efficiency, and reduced health disparities. Through thirty networks in more than 110 Medically Underserved Areas (MUA), health centers serve as the family doctor and healthcare home to over 320,000 Ohioans annually.

FQHCs provide comprehensive primary care services such as medical and dental. They also provide several support services including translation and transportation.

Community health centers receive funding through federal, state and local government, as well as private sources. FQHC governing boards consist of a patient-majority and establish the policy for center operations.

Eligibility:

FQHCs provide services to anyone, regardless of ability to pay or insurance status. Services are billed through Medicaid, Medicare, private health insurance or a sliding fee scale (based on a patient's family income and size).

More Information:

- For more information and locations of Ohio's FQHCs, contact the Ohio Association of Community Health Centers: (614) 884-3101 or www.ohiochc.org
- For more information about FQHCs on the national level, contact the U.S. Department of Health and Human Services—Bureau of Primary Health Care: www.bphc.hrsa.gov/ or the National Association of Community Health Centers: www.nachc.com/



Source:

- Ohio Association of Community Health Centers

Private Sector Safety Net

Free Clinics

Description:

Free clinics are community-based, nonprofit organizations that utilize volunteers, including physicians, nurses and others, as well as paid staff, to serve people who are uninsured. Due to the use of volunteers and other donated services, each dollar invested in free clinics nets an average of \$10 in return. About one-third of the free clinics in Ohio are affiliated with churches or faith-based organizations. Over 115,000 patient care visits were provided to the uninsured through free clinics in 2005.

Free clinics operate with the philosophy that having access to health care without the barrier of a fee increases the chances that a patient will seek care earlier, thus preventing more costly health conditions from developing. While most free clinics do not request any payment from patients, some clinics request a minimal fee but cannot deny services or bill patients if they cannot afford the fee.

Services vary, but may include: primary care, prescription assistance, dental, vision, behavioral health and other specialties. Most free clinics do little or no billing of third party payers, focusing instead on serving the thousands of uninsured Ohioans who are living at or near the poverty level. Currently, most free clinic funding comes from the local community, including community foundations, businesses, United Way, local government and individuals.

Eligibility:

Generally, free clinics serve the uninsured and underinsured. Eligibility criteria vary and are determined by each free clinic. For example, some clinics treat patients below 100% of FPL and others treat patients below 200% of FPL.

More Information:

- Contact the Ohio Association of Free Clinics: (614) 221-6494 or www.ohiofreeclinics.org

Source:

- Ohio Association of Free Clinics

Private Sector Safety Net

Prevent Blindness Ohio/Vision Care Outreach Program

Description:

Prevent Blindness Ohio administers a Vision Care Outreach (VCO) program. The purpose of this program is to provide access to donated, comprehensive, professional eye exams, follow-up care, education and eyewear to medically indigent children, youth, families and homeless/uninsured adults. The ultimate goal of the VCO program is to reduce the incidence of unnecessary vision loss and impairment by providing access to on-going, donated system of comprehensive vision care services.

The VCO program uses a vast network of social service agencies, eye and other health care professionals, hospitals, optical companies and others to provide donated preventive vision care for disorders as easily correctable as myopia (near-sightedness) to more serious diseases such as diabetic retinopathy or glaucoma to indigent populations. PBO trains and equips staff of local healthcare and social service agencies (VCO partner agencies) to conduct vision assessments for their clients. Through PBO, agency clients receive access to eye exams, eyeglasses and surgical care when needed, at no cost or low cost to the recipient.

Eligibility:

In order to be eligible for the VCO program, individuals must be uninsured or underinsured with incomes of 200% or less of FPL. Program participants must be referred by a partnering agency and have not received benefits from the VCO program in the past 12 months.

More Information:

- Contact Prevent Blindness Ohio: (800) 301-2020 or <http://www.preventblindness.org/Ohio/index.html>

Source:

- Prevent Blindness Ohio



Private Sector Safety Net

Behavioral Health

Description:

From 1835, when the General Assembly authorized the construction of the “The Lunatic Asylum of Ohio,” to 1967, people with mental illnesses were institutionalized but often not treated. In 1955, the population of state psychiatric hospitals peaked at 28,663. In 1967, the General Assembly established the community mental health system and local Mental Health Boards. In 1988, General Assembly passed the Mental Health Act, which resulted in further movement toward community-based services and away from deinstitutionalization. The number of patients in hospital facilities dropped from 4,000 to 1,200.

In 1989, General Assembly created a cabinet-level Department for Alcohol and Drug Addiction Services, one of the few stand-alone state AoD Departments in the country. Today, the community Alcohol, Drug Addiction and Mental Health (ADAMH) Boards, Alcohol and Drug Addiction Services (ADAS) Boards, and Community Mental Health (CMH) Boards are responsible for planning, developing, funding, managing and evaluating community-based mental health and alcohol and drug addiction services for individuals who are uninsured, under-insured, or covered by Medicaid. These services include assessment, hospitalization, detoxification, outpatient treatment, counseling, medication, housing vocational and employment services, prevention and more.

The combination of reduced state funding, difficulties passing new levies, and sharp increase in demand for Medicaid match (which is paid for by the county board) has produced a decline in the availability of community based public mental health and addiction treatment services.

Eligibility:

All individuals on Medicaid are entitled to mental health and alcohol and drug addiction services. Eligibility for the uninsured and under-insured varies from Board area to Board area depending on several factors, including the: 1) amount of funds available after the Board meets its Medicaid match responsibility, 2) availability of levy funds (not all Boards have levies), and 3) demand for service. In some Board areas, waiting lists for services are several months long.

More Information:

- For more information regarding community alcohol, drug addiction and mental health services, contact the Ohio Association of County Behavioral Health Authorities: (614) 224-1111 or www.oacbha.org (this website includes a directory of all ADAMH, ADAS and CMH Boards contact information)

Source:

- Ohio Association of County Behavioral Health Authorities

2007 Federal Poverty Level Guidelines

Incomes at 90% of Poverty Level

Family Size	Per Hour	Per Month	Per Year
1	\$4.42	\$766	\$9,189
2	\$5.90	\$1027	\$12,321
3	\$7.43	\$1288	\$15,453
4	\$8.94	\$1549	\$18,585
5	\$10.44	\$1810	\$21,717

Incomes at 100% of Poverty Level

Family Size	Per Hour	Per Month	Per Year
1	\$4.91	\$851	\$10,210
2	\$6.58	\$1141	\$13,690
3	\$8.25	\$1431	\$17,170
4	\$9.93	\$1721	\$20,650
5	\$11.60	\$2011	\$24,130

Incomes at 150% of Poverty Level

Family Size	Per Hour	Per Month	Per Year
1	\$7.36	\$1276	\$15,315
2	\$9.87	\$1711	\$20,535
3	\$12.38	\$2146	\$25,755
4	\$14.89	\$2581	\$30,975
5	\$17.40	\$3016	\$36,195

Incomes at 200% of Poverty Level

Family Size	Per Hour	Per Month	Per Year
1	\$9.82	\$1702	\$20,420
2	\$13.16	\$2282	\$27,380
3	\$16.51	\$2861	\$34,340
4	\$19.86	\$3442	\$41,300
5	\$23.20	\$4021	\$48,260

**Hourly = 40 hours per week = 2080 hours per year Rev. 2/07*

Acknowledgments

This document is a project of the Ohio Family Coverage Coalition. Information for this document was compiled and edited by Amy Rohling McGee of the Ohio Association of Free Clinics. Ms. McGee is the chair of the Government Affairs Committee for the Ohio Family Coverage Coalition. If you have suggestions or revisions for the document, please contact her at (614) 221-6494 or amcgee@ohiofreeclinics.org.

Thanks to the following organizations for assisting with the production of this document:



Ohio Health Safety Net At-a-Glance

Medicaid

Some people with low incomes and/or disabilities are eligible for Ohio Medicaid which provides such services as inpatient hospitalization, physician services, diagnostic services and medical equipment, as well as prescription drugs, some dental services, vision services and mental health and alcohol and drug addiction treatment.

More Information:

- *County Departments of Job and Family Services:* <http://jfs.ohio.gov/county/cntydir.stm>
- *Ohio Medicaid Hotline: (800) 324-8680 or* <http://jfs.ohio.gov/Ohp/bcps/hotline.stm>
- *Ohio Health Plans through Ohio Department of Job and Family Services:* www.jfs.ohio.gov/ohp
- *Ohio State Legal Services Association:* www.oslsa.org

Medicare

Those 65 years or older, under 65 and disabled, or with End-Stage Renal Disease are eligible for Medicare, which is administered by the federal government. Part D is the recently created Medicare Prescription Drug Plan.

More Information:

- *U.S. Department of Health and Human Services:* www.medicare.gov
- *AARP:* www.aarp.org
- *Ohio Senior Health Insurance Information Program (OSHIIP): (800) 686-1578 or* <http://www.ohioinsurance.gov/ConsumServ/ConServIndex.asp?Menu=2>

Disability Medical Assistance

A state-funded program designed to serve extremely poor Ohioans whose health is dependent on prescription medications. Program enrollment is closed, though, due to state budget constraints.

More Information:

- *Mary Haller, Chief, Stakeholder Relations, Office of Ohio Health Plans, ODJFS:* (614) 466-9170
- *Amy Rohling McGee, Ohio Association of Free Clinics:* (614) 221-6494

Veterans Affairs' Health Care Benefits

All veterans are potentially eligible to receive VA benefits, which are provided at more than 1,300 sites including ambulatory care and community-based outpatient clinics.

More Information:

- *U.S. Department of Veterans Affairs:* <http://www1.va.gov/health/>
- *Ohio Governor's Office of Veterans' Affairs:*

Refugee Medical Assistance Program

This program offers health coverage for a limited period of time to qualifying refugees within the first eight months of entry to the U.S.

More Information:

- *County Departments of Job and Family Services:* <http://jfs.ohio.gov/county/cntydir.stm>

Alien Emergency Medical Assistance (AEMA)

This category of Medicaid provides coverage for treatment of an emergency medical condition for certain "aliens" or non-citizen patients who do not meet Medicaid citizenship requirements.

More Information:

- *County Department of Job and Family Services:* <http://jfs.ohio.gov/county/cntydir.stm>
- *Medicaid Hotline: (800) 324-8680*
- *UHCAN Ohio: (614) 456-0060 or* www.uhcanohio.org

Health Departments/Health Districts

Local health departments work with community leaders and service providers to lead, facilitate, catalyze and collaborate on addressing community public health needs. Many health departments also provide some health care services.

More Information:

- *Association of Ohio Health Commissioners: (614) 221-5994 or* <http://www.aohc.net/index.cfm>

Ohio Health Safety Net At-a-Glance *(continued)*

Save Our Sight

This program is administered by the Ohio Department of Health to provide early detection of vision problems and the promotion of good eye health and safety for children.

More Information:

Save Our Sight: (614) 466-5332 or (800) 755-GROW or <http://www.saveoursight.org/>

ODH Bureau of Oral Health

ODH Bureau of Oral Health funds Safety Net Dental Clinics, School-Based Dental Sealant Programs, and OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) utilizing state, federal, and master tobacco settlement funding sources.

More Information:

• *Dental OPTIONS: (888) 765-6789 or <http://www.odh.ohio.gov/odhPrograms/ohs/oral/dcare/options.aspx>*

ODH Medical Specialty Clinics for Children

Provides access to developmental, hearing, neurology, orthopedic, plastic and vision clinics for children in medically underserved areas of Ohio.

More Information:

• *ODH Medical Specialty Clinics: (614) 466-5332 or <http://www.odh.ohio.gov/odhprograms/cfhs/medspec/medspec1.aspx>*

Hospitals/HCAP

Patients who need medical care, but are unable to pay for it, may be eligible for free or reduced fee care at local hospitals through the Hospital Care Assurance Program (HCAP) or other hospital assistance programs.

More Information:

• *Ohio Hospital Association: (614) 221-7614 or www.ohanet.org*
• *UHCAN Ohio: (614) 456-0060 or www.uhcanohio.org*
• *ODJFS: <http://jfs.ohio.gov/OHP/bhpp/hcap/>*

FQHCs/Community Health Centers

Local, nonprofit primary health care providers funded through federal, state, and local governments and private sources that provide services to anyone, regardless of insurance status or ability to pay. Services rendered are charged on a sliding-fee scale, Medicaid, Medicare, or private insurance.

More Information:

• *Ohio Association of Community Health Centers: (614) 884-3101 or www.ohiochc.org*
• *Bureau of Primary Health Care: www.bphc.hrsa.gov*
• *National Association of Community Health Centers: (301) 347-0400 or www.nachc.com*

Free Clinics

Free clinics are nonprofit organization whose primary mission is to provide health care services for free or for a minimal contribution to individuals with limited resources through the use of volunteers.

More Information:

• *Ohio Association of Free Clinics: (614) 221-6494 or www.ohiofreeclinics.org*

Prevent Blindness Ohio/Vision Care Outreach Program

This program provides access to donated, comprehensive, professional eye exams, follow-up care, education and eyewear to the medically indigent.

More Information:

• *Prevent Blindness Ohio: (800) 301-2020 or <http://www.preventblindness.org/Ohio/index.html>*

Behavioral Health

County behavioral health authorities are responsible for the administration of mental health and alcohol and drug addiction services for individuals who are uninsured, under insured, or covered by Medicaid.

More Information:

• *Ohio Association of County Behavioral Health Authorities: (614) 224-1111 or www.oacbha.org*