Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022*

**Medicare**
In Ohio, approximately 1,863,400 residents are enrolled in Medicare, about 16% of the state’s population (2022 data). Of those, 54% are enrolled in a Medicare Advantage plan. For Ohio residents in the traditional Medicare program, the Ohio Department of Insurance (ODI) regulates Medicare supplemental plans and provides consumer-facing information about these plans.

**Medicaid and the Children’s Health Insurance Program (CHIP)**
In Ohio, about 2,436,500 residents are enrolled in Medicaid or CHIP, around 21% of the population (2022 data).
Ohio adopted Medicaid expansion under the Affordable Care Act (ACA) and covers childless adults under age 65 up to 138% of the federal poverty level (FPL). It currently covers around 863,000 low-income adults (June 2023 data).

Medicaid covers children up to 211% FPL. Approximately 40% of all births in Ohio are covered by Medicaid (June 2023 data). In Ohio, the CHIP program is operated as an expansion of Medicaid.

Medicaid also covers pregnant women up to 205% FPL.

In Ohio, most Medicaid enrollees receive benefits via private managed care organizations (MCOs). These insurers contract with the Ohio Department of Medicaid (ODM).

**Employer-sponsored Insurance**

In Ohio, approximately 5,891,400 people are covered by employer-sponsored insurance (ESI), or around 51% of the total state population (2022 data). Approximately 46.3% of private-sector establishments in Ohio offer ESI. However, offer rates vary significantly by size of firm. In Ohio, 97.7% of large firms (50 or more employees) offer ESI, while only 27.4% of small employers offer ESI.

In Ohio, approximately 51.6% of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 72.1% self-fund at least one health plan.

**Individual Market Insurance**

Approximately 5% of Ohio residents are enrolled in the individual market (2022 data). In 2023, 294,644 Ohio residents selected a plan through the ACA Marketplace, which in Ohio is run by the federal government and is accessible through HealthCare.gov. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Ohio by the Department of Insurance (ODI).

**Other Coverage**

Some Ohio residents are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 1%, or roughly 87,300 residents (2022 data).

**The Uninsured**

Approximately 6%, or 667,400 Ohio residents are uninsured (2022 data), which is lower than most states’ uninsured rates.

Among the non-elderly population: in general, people of color are more likely to be uninsured in Ohio than White people. Hispanic residents have the highest uninsured rate (15.3%), followed by Black residents (8.3%). White residents (6.2%) have the lowest uninsured rate.
among racial groups. Lack of insurance is also highly correlated with income. Approximately 9.3% of people under 100% FPL and 11.2% of people between 100-199% FPL are the uninsured in Ohio, while just 3.4% of people at or above 400% FPL are uninsured.

State Regulators: Ohio
The CMS Regional Office for Ohio is based in Chicago. Media inquiries may be submitted here.

Ohio Department of Insurance (ODI)
The Ohio Department of Insurance (ODI) regulates the business of insurance in the state. For health insurance companies, ODI is responsible for:

- **Licensure**: All insurers operating in the state must obtain a certificate of authority. Insurers must demonstrate that they are financially solvent and capable of paying claims. After initial certification, companies must file financial information with ODI. A list of companies licensed to sell insurance in Ohio can be found here. Financial examination reports are available here.
- **Form review**: ODI reviews health insurers’ contracts and covered benefits to ensure that they comport with state and federal law.
- **Rate review**: Health insurers must submit proposed premium rates to ODI, and the agency has the authority to review and require adjustments.
- **Enforcement**: ODI has authority to enforce state and federal insurance laws. Enforcement tools can range from issuing a cease and desist order, imposing fines, seeking an injunction, or suspending a license. Administrative actions taken by ODI can be searched here, and market conduct reports and orders are available here. Consumers can access the online system to file a complaint against insurers here.
- **Marketing**: The Insurance Department is responsible for enforcing laws against unfair or deceptive tactics in marketing. The Insurance Department is also responsible for the licensing and oversight of health insurance agents.
- **Appeals**: Under the ACA, insurers must provide enrollees with an internal review of adverse benefit decisions and the right to an external, independent appeal. ODI contracts with independent review organizations to conduct these appeals, and provides information to enrollees seeking external review here.

Ohio Department of Medicaid (ODM)
The Ohio Department of Medicaid (ODM) runs the state’s Medicaid program, and manages the contracts with managed care organizations (MCOs) that deliver Medicaid in Ohio. Information about managed care in Ohio, including a list participating MCOs, is available here.

ODM monitors MCO performance. Reports on MCO quality metrics are available here.

ODM can also audit an MCO’s performance, impose corrective action requirements, and take other enforcement actions such as suspending enrollment or financial sanctions.
Ohio Attorney General
The Ohio Attorney General (AG) enforces consumer protection laws and represents ODI and ODM in litigation. Consumers can file complaints with the AG’s office here, and consumer complaints can be searched here. Consumer protection lawsuits filed by the AG’s office can be searched here.

Other Sources of Information
Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”)
The federal government provides grants to local organizations called “Navigators” that are tasked with assisting consumers, determining eligibility for coverage affordability programs, and helping consumers with post-enrollment questions. Ohio-based insurance agents and brokers perform similar consumer assistance functions, but they are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through this page on the federal Marketplace website.