THE NELSON A.
ROCKEFELLER
INSTITUTE
OF GOVERNMENT

SUNY The State University
of New York

BROOKINGS

Fels Institute
of Government
UNIVERSITY *of* PENNSYLVANIA

*The Public Policy
Research Arm of the
State University
of New York*

**411 State Street
Albany, NY 12203-1003
(518) 443-5522**

www.rockinst.org

OHIO: INDIVIDUAL STATE REPORT

State-Level Field Network Study of the Implementation of the Affordable Care Act

September 2015

**Rockefeller Institute of Government
State University of New York**

The Brookings Institution

**Fels Institute of Government
University of Pennsylvania**

Field Research Associates

	Amy Rohling McGee, President, Health Policy Institute of Ohio arohlingmcgee@hpio.net, 614-545-0750 Amy Rohling McGee has served as the president of the Health Policy Institute of Ohio, a nonpartisan, independent nonprofit organization that provides information and analysis to state policymakers, since 2010. Her prior public sector experience includes work in the executive branch of state government focused on policy related to issues such as health insurance, health system improvement, health information technology, and Medicaid and service in the state legislature as a Legislative Service Commission intern in the mid-1990s. Private sector experience includes five years as the executive director of the Ohio Association of Free Clinics, representing health clinics that served the uninsured, primarily through volunteers; and several years in a management position at FIRSTLINK (now HandsOn Central Ohio). McGee earned her bachelor's and master's degrees from The Ohio State University. She has received the Business First "Forty Under Forty" award and The Ohio State University Alumni Association William Oxley Thompson award.
	Reem Aly, Director of Healthcare Payment and Innovation Policy, Health Policy Institute of Ohio raly@hpio.net, 614-545-0759 Reem Aly is the director of Healthcare Payment and Innovation Policy at the Health Policy Institute of Ohio (HPIO). Prior to joining HPIO in June 2011, Aly worked as a consultant and administrative resident at Nationwide Children's Hospital. Aly also worked in the legal field at OCLC Online Computer Library Center, Inc. and Bricker & Eckler LLC. Aly holds a law degree and master of health administration as well as a bachelor of science in psychology and a bachelor's of arts in international relations from The Ohio State University. Aly was named one of six inaugural recipients of AcademyHealth's 2013 Presidential Scholarship for the AcademyHealth Institute on Advocacy and Public Policy.
	Stephanie Gilligan, Director of Access and Coverage Policy, Health Policy Institute of Ohio sgilligan@hpio.net, 614-545-0762 Stephanie Gilligan is director of Access and Coverage Policy at the Health Policy Institute of Ohio (HPIO). Before joining HPIO in January 2014, she spent seven years working for the Ohio Legislative Service Commission (LSC). During her time at LSC, she worked on the fiscal staff in the health and human services subject area and later coordinated the LSC Fellowship Program. She holds a bachelor's degree in political science and a master's degree in public administration from The Ohio State University.

Contents

OHIO

INDIVIDUAL STATE REPORT

State-Level Field Network Study of the Implementation of the Affordable Care Act

September 2015

OHIO: INDIVIDUAL STATE REPORT

State-Level Field Network Study of the Implementation of the Affordable Care Act

Part 1 – Setting the State Context

1.1. Decisions to Date

Health Insurance Marketplace: 2010-14

Governor John Kasich, a Republican, opted for a federally run health insurance marketplace for Ohio. However, Ohio's deliberations regarding exchanges can be traced back to Democratic Governor Ted Strickland's administration (2007-10).

In September 2010, just prior to the gubernatorial election, the Ohio Department of Insurance (ODI) received a $1 million federal exchange planning grant to assist in marketplace planning and implementation. Around that time, ODI created a bipartisan Health Benefits Exchange Task Force, a subcommittee of the Ohio Health Care Coverage and Quality Council (HCCQC).[1] The task force, comprised of a number of healthcare-related stakeholders was tasked with providing guidance to state government on key decision points related to implementation of health insurance marketplaces.[2]

In December 2010, the task force provided consensus recommendations on establishing a state-based exchange to Governor-Elect Kasich and his administration.[3] In March 2011, ODI terminated the HCCQC, including efforts underway through the exchange task force, stating that many HCCQC efforts would transition to the Office of Health Transformation

(OHT), created by Governor Kasich through executive order in January 2011.

ODI used the federal exchange planning grant received in 2010 to conduct analyses related to marketplace implementation. ODI contracted with Milliman, a health actuarial consulting firm, to conduct research and analysis of the Ohio health insurance market and its implications for health insurance marketplaces.[4] ODI also contracted with the auditing firm KPMG to perform an information technology "gap analysis" related to the requirements of a health insurance marketplace.[5] The analyses were released in August and September of 2011, respectively.

Following the Milliman and KPMG analyses, the state awaited further information and guidelines from the federal government. As details regarding the parameters for exchanges began to emerge in early 2012, Ohio's lieutenant governor and director of ODI, Mary Taylor, expressed concern that federal guidelines on health insurance marketplaces did not give states enough flexibility. In addition, some policymakers doubted the ACA in its entirety would survive. A number of factors contributed to this stance, including the passage of an Ohio ballot initiative in November 2011 to opt out of the federal individual health insurance mandate, the anticipated ruling from the U.S. Supreme Court on the constitutionality of the ACA in June 2012, and the presidential election of 2012.

On November 16, 2012, in a letter to the director of the Centers for Medicaid & Medicare Services Center for Consumer Information and Insurance Oversight (CCIIO), Kasich announced that Ohio would not implement a state-based marketplace.[6] Instead, Ohio opted for the federally run marketplace. In his letter, Kasich indicated that ODI would retain the right to regulate Ohio's health insurance industry and that the state would retain its ability to determine Medicaid and Children's Health Insurance Program (CHIP) eligibility for Ohioans.

Around the same time, a group of Democratic lawmakers in Ohio introduced legislation (H.B. 412) in December 2012 to establish state-based marketplaces through the formation of the Ohio Health Benefit Exchange Agency.[7] The legislation was sponsored by Democratic Representatives John Carney and Nickie Antonio and cosponsored by fourteen other Democrats. Carney and Antonio engaged a multistakeholder group, including brokers and agents, providers, payers, and consumer advocacy groups, in writing their bill. Democratic Sen. Mike Skindell introduced a companion bill in the Senate. The bills made little movement in the Republican-controlled Ohio House and Senate.

On February 14, 2013, Taylor added more specificity regarding Ohio's intention to use the federally run marketplace and perform plan management activities. In a separate letter to CCIIO, Taylor indicated that Ohio would retain its legal authority and operational capacity to oversee certification of qualified health plans; collect, review, and approve plan rate and benefit

information; and oversee plan compliance, consumer complaints, and issuer decertification. Notably, Ohio did not opt to perform any consumer assistance functions related to the marketplace.

The first open enrollment period for the federal exchange was October 1, 2013, through March 31, 2014. By April 2014, 154,668 Ohioans had enrolled in coverage through the federal marketplace.

In the context of state government, the policy landscape remained much the same during the second open enrollment period, which ran from November 15, 2014 through February 15, 2015. By March 2015, 234,341 people in Ohio selected a plan through the federal marketplace. Ohio enrollment trends are discussed in more detail in Section 2.7.

Health Insurance Marketplace: 2015

In early March 2015, the U.S. Supreme Court heard oral arguments in *King v. Burwell,* a case assessing the legality of federal premium subsidies in federally facilitated marketplace (FFM) states. Also in 2015, Representatives Michael Stinziano and Nickie Antonio, both Democrats, introduced legislation to establish an Ohio Health Care Exchange, H.B. 109.[8] Similar to H.B. 412 of the 129th General Assembly, the language would establish a state health care exchange, replacing Ohio's use of HealthCare.gov.

Kasich initially avoided answering questions about *King v. Burwell* or possible alternative scenarios to Ohio's current arrangement. However, after attending an event in South Carolina in February 2015, Kasich responded to a reporter's question about the Supreme Court case, saying, "I don't like to get ahead of ourselves on what the Supreme Court might do. But if it threw a half a million people without insurance, we'd have to look at it."[9] A few weeks later, he commented that his health care and Medicaid cabinet directors were working on a plan that could eventually replace Obamacare.[10] In June 2015, the Supreme Court ruled in favor of Burwell, upholding the availability of tax credits to individuals in FFM states.

Soon after the Supreme Court decision, Ohio passed the biennial state budget for state fiscal years (SFYs) 2016-17. In addition to changes affecting the state's Medicaid program, the budget bill language requires the superintendent of ODI to apply for a Section 1332 waiver. The application is required to "provide for the establishment of a system that provides access to affordable health insurance coverage" and include a request for waivers of the ACA's federal employer and individual mandates.[11] Further information regarding decisions and changes to the state's Medicaid program over the past two years are discussed in more detail in the following Medicaid expansion sections.

Medicaid Expansion in Ohio: 2013-14

As of October 22, 2013, Ohio decided to move forward with the decision to expand Medicaid eligibility to 138 percent FPL.

The issue of Medicaid expansion in Ohio has been controversial and riddled with significant policy considerations, including the impact of an expansion on Ohio's budget and economy; impact on coverage, access, and quality of care; and the impact on Ohio's private insurance market and providers. Some of the discussion regarding whether or not to expand Medicaid in Ohio has been rooted in partisan ideology, making the decision to expand contentious.

In early 2013, Medicaid expansion gained the support of Kasich but many in the Republican-controlled General Assembly expressed opposition. During Ohio's 2014-15 biennial budget process, Kasich included language to expand Medicaid to low-income Ohioans in his initial budget proposal to the General Assembly. Kasich's decision was bolstered by his administration's efforts to modernize and improve the state's Medicaid system. The Governor's Office of Health Transformation Director Greg Moody and the state's Medicaid Director John McCarthy provided testimony highlighting efforts to reform Ohio's Medicaid program. However, many Republican members of the General Assembly cited concerns about Ohio Medicaid's current structure and cost, perceived uncertainty in continued federal funding for expansion, and the potential for Medicaid to be abused as a welfare program.

In April 9, 2013, the House Finance Committee revealed a substitute biennial budget bill, eliminating Medicaid expansion provisions from the governor's proposed budget legislation. Medicaid expansion language was never restored to the Senate amended version of the budget bill. In fact, the House included language expressly prohibiting Ohio from expanding Medicaid to additional low-income residents. On June 30, 2013, Kasich signed the final biennial budget bill but executed a line-item veto to remove language that would have prohibited Medicaid expansion.

Notably, there were three Medicaid reform proposals introduced during the biennial budget process. Some were bipartisan efforts that called for Medicaid reforms but did not include language to expand Medicaid. One of the proposals (H.B. 176), sponsored by Rep. Barbara Sears, a Republican, called for Medicaid reforms as well as an expansion of Medicaid to low-income Ohioans. Although none of the bills were incorporated into the state's biennial budget bill, both the House and Senate created Medicaid Finance Subcommittees to review the proposed Medicaid legislation. Throughout the summer and into the fall of 2013, the Ohio legislature indicated interest in continuing dialogue around Medicaid expansion and separate standalone legislation to address Medicaid reforms.

In September 2013, McCarthy submitted a State Plan Amendment (SPA) to the federal government requesting extension of Medicaid coverage as provided for under the ACA. The Centers for Medicare & Medicaid Services (CMS) approved Ohio's SPA on October 10, 2013. As a result of the approved SPA, federal funds were available to extend Medicaid coverage in Ohio beginning

January 1, 2014.[12] However, under Ohio law, the Ohio General Assembly or the state Controlling Board,[13] which oversees appropriations and adjustments to the state budget, is required to authorize the spending of federal funds prior to use.[14]

Given that Ohio's General Assembly had not appropriated for the spending of federal funds in the state's biennial budget, the Ohio Medicaid director turned to the Ohio Controlling Board. On October 11, 2013, the Medicaid director submitted a request to the Controlling Board seeking authorization to spend federal funds for Medicaid expansion in Ohio. The specific request increased appropriation authority in the federal fund of the state budget by $562 million in SFY 2014 and $2 billion in SFY 2015.

On October 21, 2013, the Controlling Board voted 5-2 to authorize Ohio Medicaid's spending of federal funds. Controlling Board President Randy Cole, Reps. Ross McGregor and Sen. Chris Widener, both Republicans, and Rep. Chris Redfern and Sen. Tom Sawyer, both Democrats, voted for the authorization to spend federal funds towards Medicaid expansion. Notably, prior to the vote on the morning of October 21, 2013, Ohio House Speaker Bill Batchelder, a Republican, replaced Republican Rep. Cliff Rosenberger, who was on the Controlling Board, with Rep. McGregor. Batchelder also replaced Republican Rep. Ron Amstutz with Republican Rep. Jeff McClain, who was known to be opposed to expansion. A complaint was filed on October 22, 2013, with the Ohio Supreme Court by several legislators and two Right to Life organizations challenging the legality of the Controlling Board action. The Ohio Supreme Court decided in favor of the state on December 20, 2013.[15] The approved appropriation remained in effect through June 30, 2015, the end of Ohio's budget biennium.

As of December 2014, 485,462 Ohioans had enrolled in coverage through the new Medicaid eligibility category.[16] Notably, this number far exceeded projections from the Governor's Office of Health Transformation, which predicted that 366,000 Ohioans would sign up for coverage by June 2015.[17]

Medicaid Expansion in Ohio: 2015

In the months leading up to the introduction of the governor's executive budget proposal for the 2016-17 biennium, there was speculation about how the Medicaid expansion debate would proceed legislatively. Because the initial controlling board appropriation approval remained in effect only through the end of SFY 2015 (June 30, 2015), the issue would be before the General Assembly again. Some predicted that the continuation of Medicaid extension would be dealt with in a bill separate from the main operating budget bill or that it would be addressed through the Controlling Board again.

In the days before the budget proposal was released, new House Speaker Rosenberger, a Republican, indicated that he would not actively seek to repeal extending Medicaid benefits. He

was quoted in the *Cleveland Plain Dealer* saying, "The truth of the matter is, we're not talking about expansion anymore — we're talking about reauthorization."[18] Rosenberger's stance was notable both as the newly named speaker (replacing the long-serving Batchelder) and in light of the fact that he was one of the Controlling Board members who had been substituted in October 2013 to authorize expenditure of Medicaid funds. In Ohio, budget bills are introduced in the House of Representatives, and House committee hearings are conducted by the Finance and Appropriations committee and its standing subcommittees first.

Kasich introduced his budget proposal, "Blueprint for a New Ohio," on February 2, 2015. As introduced, the budget bill did not address Medicaid eligibility levels, but included an appropriation sufficient to cover the expansion population. Ohio's existing SPA authority does not expire, so unless the Medicaid director submits another SPA to change Ohio's policy, the current Medicaid eligibility levels remain in effect.

In addition to appropriation authority, the executive budget proposal would have made several other changes affecting the expansion population and eligibility:

- *Require premium payments for adults over 100 percent of the federal poverty level (FPL).* Ohio Medicaid currently requires cost sharing in the form of co-pays for some beneficiaries, but no premiums. The executive budget proposed that childless, nonpregnant adults with incomes between 100-138 percent FPL pay a monthly premium, expected to be around $20 for most enrollees.

- *Coverage for optional eligibility groups.* Ohio Medicaid currently covers pregnant women, Breast and Cervical Cancer Project enrollees, and the family planning group (which covers limited family planning services for enrollees) up to 200 percent of the FPL. The executive budget eliminated Medicaid coverage for these groups above 138 percent of the FPL and directed them to the federal marketplace for subsidized health insurance coverage.

The final budget bill passed the Ohio legislature on June 25 and was signed by the governor on June 30, 2015, taking effect on July 1, 2015. The bill includes several changes affecting the expansion population and eligibility:

- *Healthy Ohio Program.* Instead of implementing premiums for adults over 100 percent of the FPL as proposed in the executive budget, the final version of the bill added language requiring the Ohio Department of Medicaid to seek a federal waiver to create a modified health savings account (HSA) program called the "Healthy Ohio Program." This program would be mandatory for adults enrolled in the covered families and children eligibility group (generally parents, pregnant women, and Group 8 adults), including those below 100 percent of the FPL. Participants

would be required to make a monthly contribution up to a $99 annual limit into an HSA administered by their health plan. Participants, excluding pregnant women, who fail to pay will have their coverage terminated until payments resume. Also included are voluntary referrals to workforce services and yearly and lifetime limits on benefit payouts.

■ *Health and Human Services Fund.* The budget bill creates the Health and Human Services Fund in the state treasury and provides that the fund is to be used to pay any costs associated with "programs or services provided by the state to enhance the public health and overall health care quality of Ohio's citizens." The director of the Office of Budget and Management (OBM) is directed to transfer $200 million to the fund. The legislative intent is that this fund will hold the state share of Medicaid expansion funding for SFY 2017. The Controlling Board will likely need to authorize the spending of these funds before they can be used.

■ *Coverage for optional eligibility groups.* The legislature restored coverage for pregnant women and the Breast and Cervical Cancer Project up to 200 percent of the FPL. Coverage was not restored for the limited family planning benefits group.

1.2. Goal Alignment

The federal policy goals of the ACA have encountered mixed support from Ohio's state policymakers.

Governor Kasich has been an outspoken supporter of providing Medicaid coverage to more Ohioans in need. He often uses his religious convictions to defend his position. After a conference in 2014, for example, he responded to a question about his rationale by saying, "I don't know about you, lady, but when I get to the pearly gates, I'm going to have an answer for what I've done for the poor."[19]

Similarly, a profile in a local newspaper, the *Columbus Dispatch,* described the foundation of his support of Medicaid expansion:

> While Kasich contends that the expansion is saving money by decreasing emergency-room visits, he also justifies it by scriptural references. One is Jesus' admonition in Matthew 25 to care for "the least of these," followed by a warning that those who don't will be sent to "eternal fire prepared for the devil and his angels."[20]

However, Kasich remains opposed to the ACA as a whole. In fact, the governor sparred with the Associated Press (AP) in October 2014 after the AP reported that he said he did not believe lawmakers in Washington should repeal the health care law if Republicans won control of the Senate in the upcoming midterm elections. The story made national news, and Kasich called the AP afterwards to clarify that he was talking specifically about the

repeal of the expansion of Medicaid and not the Affordable Care Act more broadly, saying "From Day One, and up until today and into tomorrow, I do not support Obamacare.… I never have and I believe it should be repealed." He went on to say, "I have favored expanding Medicaid, but I don't really see expanding Medicaid as really connected to Obamacare."[21]

Kasich has received praise from many Ohio stakeholders for his efforts to expand Medicaid. Supporters include the Ohio Chamber of Commerce, Ohio Hospital Association, Ohio Association of Health Plans, Ohio Council of Behavioral Health and Family Service Providers, and the Ohio State Medical Association. However, some conservative legislators and other stakeholders, such as leadership in the Ohio House and the conservative think tank The Buckeye Institute, remain vocally opposed to expansion and other steps to implement the ACA in Ohio. As described earlier, the lieutenant governor, who is also the director of the Ohio Department of Insurance, was also a vocal opponent. In June 2011, before the state's decision to expand Medicaid, she stated:

> Leave it to Washington, D.C. to think they know best how to insure Ohioans. The federal healthcare law forces many new mandates onto states that are overly burdensome, including a huge and costly Medicaid expansion, the creation of a new health insurance regulatory bureaucracy and one-size-fits-all market reforms that limit states' discretion to regulate health insurance. It is concerning that even the less controversial parts of the new law come at a great cost and burden to Ohioans and our job creators.[22]

Ohio has taken other steps to implement components of the ACA. For example, the ACA required Medicaid programs to provide online, real-time, web-based eligibility applications, verifications, and determinations. With funding from the federal government, Ohio designed and built an integrated eligibility system for all of the state's health and human services programs. A key component of the system is the Ohio Benefits website (benefits.ohio.gov), which went live in October 2013, allowing Ohio residents to check eligibility and apply for benefits through an online self-service portal.

Ohio is also participating in the State Innovation Models (SIM) initiative, which provides financial and technical support to states to design or test innovative, multipayer health care payment and service delivery models with the goal of improving health system performance, increasing quality of care, and decreasing costs. The SIM initiative is a project of the ACA-established Center for Medicare & Medicaid Innovation within CMS. Ohio received a $3 million SIM Design Award in February 2013 and a $75 million SIM Model Test Award in December 2014.[23]

Part 2 — Implementation Tasks

2.1. Exchange Priorities

Since Ohio is participating in the federally facilitated marketplace, the federal government conducts many implementation tasks. However, Ohio received approval from the U.S. Department of Health and Human Services to conduct plan management activities to support certification of qualified health plans in the FFM. However, the Ohio Department of Insurance continues to perform insurance regulatory functions while using the HealthCare.gov platform for consumers. By retaining its regulatory authority over the business of insurance, ODI oversees the certification of qualified health plans. Additionally, ODI continues to collect and analyze information on plan rates, covered benefits, cost-sharing requirements, plan compliance, consumer complaints, technical assistance, and other related duties. However, the federal government has final authority to approve qualified health plans (QHPs).

In early 2015, network transparency emerged as a key issue for ODI. In February, the department released a proposed draft rule for stakeholder input. The department cited an increase in complaints related to consumers' ability to identify which providers were in insurers' networks. In testifying before the Joint Medicaid Oversight Committee (JMOC), a representative from ODI stated, "With more health insurance coverage requirements as a result of the Affordable Care Act, the Department has seen health insurers narrow their networks as a means to control costs and keep the price of health insurance down." She also noted that the consumer services division saw a 30 percent increase in health related complaints in 2014, as compared to the previous year.[24] Among the rule's provisions is a requirement that insurance companies maintain a provider directory made available on their website, including contact information and indicating whether the provider is accepting new patients.[25] The target implementation date for the rule is January 1, 2016.

Ohio has also prioritized modernizing its Medicaid eligibility system. Previously, eligibility determinations for health and human service programs in Ohio were conducted using different policies and processes. Kasich's first budget, enacted in 2011, initiated a project to replace Ohio's Enhanced Client Registry Information System (CRIS-E) with an integrated eligibility system called Ohio Benefits. The project has focused on Medicaid eligibility, but will eventually support all income-tested health and human service programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). The administration anticipates transitioning additional programs to Ohio Benefits during SFYs 2016-17.

Ohio Benefits went live on October 1, 2013, and allowed Ohioans to electronically check their eligibility and apply for Medicaid coverage. Among the technical problems with HealthCare.gov

was the inability to automatically transfer Medicaid applications to states. Instead, batch files were sent from the federal government beginning in February 2014. The backlog of eligibility determination processing continued in some counties through summer 2014. By fall 2014, this process had been improved with file transfers from the FFM to the Ohio Department of Medicaid twice a week.

Most activities related to outreach, education, and enrollment assistance have been performed by federally funded navigator organizations, community health centers, and other entities outside of state government, as described in the "Navigational Assistance" section.

2.2. Leadership – Who Governs?

Federal Leadership

Federal leadership comes from a number of entities, most within the Center for Medicare & Medicaid Services' Center for Consumer Information and Insurance Oversight (CCIIO), Center for Medicaid and Medicare Innovation (CMMI), and Center for Medicaid and CHIP Services (CMCS). The Ohio Department of Insurance primarily interacts with CCIIO.

The U.S. Department of Health and Human Services (HHS) has ten regional offices that directly serve state and local organizations. Ohio is included in Region V and the regional office is located in Chicago, IL. Kathleen Falk was appointed regional director in September 2013. Falk traveled to Ohio during the first and second open enrollment periods to speak at community forums and meet with key consumer outreach and enrollment assistance groups.

State Leadership

Governor John Kasich was elected to a second term in November 2014. As described above, Kasich has been a proponent of Medicaid expansion yet an opponent of the Affordable Care Act.

Kasich's running mate, Lieutenant Governor Mary Taylor, also serves as director of the Department of Insurance and leads Ohio's Common Sense Initiative, an effort to reform Ohio's regulatory framework to facilitate economic growth. Her professional background includes working as a certified public accountant and serving as a state legislator.

Key state agencies involved in the implementation of the ACA include the Ohio Department of Insurance, the Ohio Department of Medicaid, and the Governor's Office of Health Transformation.

- ■ *Ohio Department of Insurance*. The Ohio Department of Insurance (ODI) is the state agency responsible for providing consumer protection services and regulating the insurance market. The agency regulates the activities of more than 1,600 insurance companies, including those offering health and managed care policies. The department also monitors

the conduct of more than 196,000 insurance agents, includ-ing those offering products on the health insurance exchange.

■ *Ohio Department of Medicaid.* The Ohio Department of Medicaid (ODM) administers the state's Medicaid pro-gram, with the assistance of other state agencies, county departments of job and family services, county boards of developmental disabilities, community behavioral health boards, and area agencies on aging. ODM became a standalone agency in July 2013 and is led by John McCarthy.

■ *Governor's Office of Health Transformation.* In January 2011, shortly after he took office, Kasich created the Governor's Office of Health Transformation (OHT) with the objectives to modernize Medicaid, streamline health and human ser-vices, and pay for value. OHT is led by Greg Moody.

2.4. Outreach and Consumer Education

Successful enrollment into coverage depends on the ability to raise awareness about new coverage opportunities and to guide consumers through the application and enrollment process. Ohio's outreach and consumer education efforts are influenced by the state's geographic size, mix of Appalachian counties and size-able metropolitan areas, and diverse population. These demo-graphic characteristics have proven challenging for assistance organizations, since they necessitate wide distribution of resources, attention to multiple media markets, and a focus on both urban and rural audiences. Many consumers are not aware of coverage options and available financial assistance.

Ohio has not invested or engaged in outreach and consumer education related to marketplace plans. In fact, Ohio returned a fed-eral Consumer Assistance Program grant after the 2010 gubernato-rial election. Unlike some state departments of insurance within federally facilitated marketplaces, the Ohio Department of Insur-ance does not provide consumer education on insurance options through the marketplace, although it provides consumer education on a variety of insurance issues, including Medicare, through its Ohio Senior Health Insurance Information Program (OSHIIP).

Other entities involved in outreach and consumer education include health insurance issuers who offer qualified health plans through the marketplace, Medicaid managed care plans, agents and brokers, provider organizations and associations, and com-munity-based organizations that do not provide consumer assis-tance. Many of these organizations rely upon materials developed by HHS and CMS, by their state or national association (if a mem-bership organization), or by Enroll America.

Enroll America is a national nonprofit, nonpartisan 501(c)(3) organization focused on maximizing the number of Americans who are enrolled in and retain health coverage. Because of the state's large number of uninsured, Enroll America has invested

significantly in Ohio, including hiring a staff of fifteen who work throughout the state. The staff does not provide direct consumer enrollment assistance, but instead identifies eligible uninsured Ohioans and helps connect them to sources of consumer assistance.

During the first open enrollment period, HHS invested in media buys in major Ohio markets, including print, radio, and TV. As part of its responsibility as a navigator grantee, the Ohio Association of Foodbanks led a robust media campaign in January 2014. The campaign included TV commercials, phone banks, audio bus advertisements, and radio advertisements primarily focused on major metro areas.

Ohio Network for Health Coverage and Enrollment: Because Ohio declined to operate a state-based health insurance market-place, there is no state-led initiative to coordinate outreach, enroll-ment, and consumer assistance. To fill this void, the Ohio Net-work for Health Coverage and Enrollment, or ONCE, was formed in the summer of 2013.

Sponsored and funded by the Philanthropy Ohio Health Initiative (POHI) and managed through a subcontract with the Health Policy Institute of Ohio (HPIO), ONCE was designed to ensure that outreach, education, and enrollment efforts in Ohio were coordinated and effective so that uninsured Ohioans under-stand and enroll in health care coverage. ONCE was open to all Ohio organizations with similar goals, and its network included over 360 individuals representing more than 250 organizations. The ONCE network included navigators, CACs, community organizations, providers (notably hospitals and community health centers), agents and brokers, small business representatives, community organizations, and county departments of job and family services (the agencies that are responsible for Medicaid eli-gibility determination in Ohio).

ONCE met regularly to share information, provide policy updates, identify best practices, and network. Several state agen-cies, including the Governor's Office of Health Transformation, the Ohio Department of Administrative Services, and the Ohio Department of Health, were active partners and provided regular updates to the group. The ONCE network played an integral role in the development of the *Are You Covered?* communications cam-paign and helped disseminate information about the Get Covered Connector.

Two new initiatives were undertaken in Ohio for the second open enrollment period. The first, a communications campaign, worked to develop a cohesive brand and marketing plan to sup-port awareness of and enrollment in health care coverage through the marketplace and expanded Medicaid. It emphasized hard-to-reach and underrepresented populations and engaged trusted messengers in the community. The campaign included collateral materials, the website www.areyoucoveredohio.org, and other resources.

Secondly, the Ohio Association of Foodbanks, Ohio's lead navigator organization (see below under "Navigational Assistance"), worked with Enroll America to implement the "Get Covered Connector" across the state. The Connector is a centralized scheduler and online enrollment assister tool. It allows assisters to post and manage appointments and consumers to search and sign up for those appointments. The connector is linked with the *Are You Covered?* website and other local organizations. As of January 2015, more than 1,900 appointments had been posted and more than 230 assisters were using the tool. POHI funding concluded in April 2015. Moving forward, the Ohio Association of Foodbanks, Ohio's lead navigator organization, plans to continue convening interested stakeholders. HPIO will continue to engage in policy work related to coverage and enrollment.

Outreach and Consumer Assistance Organizations in Ohio

Certified Application Counselors (CACs): Federal code defines the duties of CACs as: "(1) Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible; (2) Assist individuals and employees in applying for coverage in a QHP through the Exchange and insurance affordability programs." Unlike navigators, CACs do not receive funding from the marketplace. In order to become a designated CAC organization, an entity is required to submit an application to the Centers for Medicare & Medicaid Services. After an organization has been designated a "CAC organization," individuals affiliated with the organization can become certified application counselors by completing an online five-hour training course that covers the basics of health insurance, the new health insurance marketplaces, how to assist consumers, and privacy and security standards.[26] During the initial open enrollment period, there were an estimated 450 CACs in Ohio. However, experience suggests that only a small number were actively working to provide assistance during that time.

Community Health Centers as Certified Application Counselors: Through the Health Center Outreach and Enrollment Assistance Supplemental Funding Opportunity, the Health Resources Services Administration (HRSA) has provided supplemental funding awards to community health centers. This funding supports efforts to raise awareness of insurance options and provide eligibility and enrollment assistance to eligible patients and residents in their service areas.[27]

As a result of this funding, community health centers that received the awards have applied to become CACs, making community health centers the only federally funded Certified Application Counselors. In Ohio, $5.9 million was awarded to community health centers across the state ($3.9 million in FY2013 and $2 million in FY2014). This funding is expected to support thirty-six

health centers in Ohio, including hiring seventy-five additional workers who will assist over 84,000 people with enrollment into affordable health insurance coverage.[28] Throughout the state, 189 Certified Application Counselors provide services at 130 health community health center sites.

Agents and Brokers: Agents and brokers are also active in Ohio, enrolling individuals and small employers. Recently enacted Ohio law requires insurance agents to complete training and obtain a license before being permitted to sell, solicit, or negotiate insurance through a health insurance marketplace. As of May 2014, nearly 580 Ohio agents and brokers were certified to sell QHPs on the marketplace.[29]

Other Consumer Assistance: Recognizing the large number of uninsured in Ohio, CMS contracted with two information technology companies, Cognosante and SRA, to provide in-person consumer assistance in Cuyahoga, Franklin, and Hamilton counties. Cognosante had twenty-six in-person assisters and SRA has thirty-one in-person assisters. By contract, neither company's assisters can provide assistance with Medicaid enrollment, which can create challenges for consumers.

In addition to these categories of assisters, regional assistance coalitions have formed across the state to help coordinate enrollment efforts. Six geographic areas are represented by such a coalition: Center for Healthy Communities (Greater Dayton and Montgomery County); Healthcare Collaborative of Greater Columbus (Franklin County and Greater Columbus); Get Covered NW Ohio Coalition (Lucas, Wood, Sandusky, and Erie counties); Northeast Ohio Outreach and Enrollment Council (northeast Ohio); Southwest Ohio Marketplace Assister Workgroup (Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren counties); and Summit County Public Health (Summit County).

Additional Needs: Ohio consumer assistance organizations have identified common themes from the initial open enrollment period that can help inform future outreach, education, and enrollment efforts. Consumer assistance organizations highlighted the need for additional resources and training for assisters. Post-enrollment surveys show that consumers who enrolled in marketplace coverage knew more about coverage options than those who did not enroll. Navigator and CAC organizations across the state also described the extensive time needed to answer consumers' questions and the reality that it often takes more than one session to complete an application.

Relatedly, there is a need for general health literacy and insurance education within the uninsured population in Ohio and those seeking new coverage options. Oftentimes this education takes place during the enrollment process, contributing to the length of the process. Reaching Ohio's diverse population presents unique challenges to outreach and education efforts. In particular, assisters stressed the need for reaching rural populations, those with limited English proficiency, and racial and ethnic

communities. There is also a demand for bilingual assisters and for educational materials in languages other than English and Spanish.

2.5. Navigational Assistance

Navigational assistance, which we define as consumer enrollment assistance, is available in all states. The Affordable Care Act and related rules define several types of consumer assistance entities.

Navigators: Federal code defines the duties of navigators as: "(1) Maintain expertise in eligibility, enrollment, and program specifications, and conduct public education activities to raise awareness about the Exchange; (2) Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs; (3) Facilitate selection of a QHP; (4) Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and (5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities."[30]

As a federally facilitated marketplace state, the federal government funds Ohio's navigator program. During the first open enrollment period, FFM states received less federal funding for consumer assistance efforts than states with state-partnership (SPM) or state-based (SBM) marketplaces— about $2 per uninsured person, compared with about $16 per uninsured person in SPMs and about $11 per uninsured person in SBMs.[31]

Despite funding disparities, navigators are an integral part of the consumer assistance framework in Ohio. Five organizations initially were awarded federal navigator grants in August 2013: Ohio Association of Foodbanks, Cincinnati Children's Hospital Medical Center, Clermont Recovery Center, Helping Hands Community Outreach Center in Dayton, and Neighborhood Health Association in Toledo.[32]

However, around this time, H.B. 3 of the 130th General Assembly (Ohio's "navigator bill"), sponsored by Rep. Sears and fellow Republican Rep. Stephanie Kunze, became law and established additional state regulations for navigator organizations.[33] A few months later, the Ohio Department of Insurance promulgated rule 3901-5-13 to implement the law.[34]

There was vigorous testimony and public input on both the legislation and agency rule. Lawmakers and Lieutenant Governor Taylor, the state's insurance director, who supported the restrictions established in the legislation, cited the need to have individuals who discuss insurance coverage with consumers be subject to

consumer-protection regulations. Community groups and advocacy organizations criticized the law for unnecessarily shrinking the pool of people able to provide enrollment assistance.

Ultimately, as a result of H.B. 3 and the accompanying rules, two organizations were forced to decline navigator grants—Cincinnati Children's Hospital Medical Center and Clermont Recovery Center. In particular, a specific provision in the state law prohibits any "entity that is receiving financial compensation, including monetary and in-kind compensation, gifts, or grants, on or after October 1, 2013, from an insurer offering a qualified health benefit plan through an exchange operating in this state" from acting as a navigator. As medical providers, Cincinnati Children's Hospital Medical Center and Clermont Recovery Center receive payment from health insurers and were unable to participate in the navigator program.[35]

In May 2014, CMS issued a final rule that addresses a variety of issues related to exchanges, including the relationship between federal and state navigator laws.[36] The rule provides more detail about which types of state laws HHS considers to be overly restrictive to federal navigator and consumer assistance laws. Precedent set by federal court decisions in other states and the CMS rule suggest that Ohio's rule prohibiting entities that receive financial compensation from an insurer offering plans on the exchange from acting as a navigator could be invalidated.

Ohio's final navigator grants totaled almost $3 million, distributed among three organizations. The Ohio Association of Foodbanks was the largest recipient, with an award of $2,014,750; Helping Hands Community Outreach Center received $230,920; and Neighborhood Health Association received $753,260.[37] To achieve statewide reach, the association operates as a navigator consortium, joining with six regional partners throughout the state. The association itself provides navigation services in Ohio counties that do not have a navigator presence. The Ohio Association of Foodbanks also has received foundation funding to recruit and support the work of six Certified Application Counselor organizations. The initial federal navigator grant awards continued through August 2014.

The second round of federal navigator funding was announced on September 8, 2014. HHS awarded $60 million in grants to ninety organizations in states with federally facilitated and state partnership marketplaces. As with the first round of funding, these awards are intended to support enrollment and outreach activities during the second year of the marketplace.

Three Ohio organizations were awarded navigator grants during the second round of funding. The Ohio Association of Foodbanks was again the largest recipient, with an award of $2,188,846. Two new organizations also received awards: Midwest Asian Health Association ($149,397) and HRS/Erase, Inc. ($275,000).[38]

Funding for 2015 navigator grant recipients was announced on September 2nd. Two previous navigator organizations received federal funding to operate in Ohio: HRS/Erase, Inc. ($274,392) and the Ohio Association of Foodbanks ($2,000,000).

2.7. QHP Availability and Program Articulation

2.7(a) Qualified Health Plans (QHPs). Ohio is one of the federally facilitated marketplace states with the greatest number of QHP issuers. In 2014, twelve issuers offered marketplace plans. In 2015, sixteen issuers are offering marketplace plans (one 2014 issuer exited and five new issuers entered the marketplace).[39]

In 2014, Ohio had an average of thirty QHPs offered per county, and in 2015 there is an average of fifty-four QHPs offered per county.[40]

Ohio has seventeen geographic rating areas, and each of these rating areas has several health plans offering several choices in the catastrophic, bronze, silver, and gold metal tiers. A few areas also offer platinum plans.[41]

During the first open enrollment period, 154,668 Ohioans selected a marketplace plan. Of those who selected a plan, 85 percent received financial assistance. Most chose a silver plan (59 percent), followed by bronze (25 percent), and gold (12 percent).[42]

During the second open enrollment period, 234,000 Ohioans selected or were reenrolled in a marketplace plan. Of those that selected a plan, 84 percent received financial assistance. Most chose a silver plan (67 percent), followed by bronze (22 percent), and then gold (7 percent).[43]

Ohio's enrollment as of March 31, 2015, is 188,867,[44] which represents only about 20 percent of the estimated potential market size for marketplace coverage.[45] Compared with all other states and the District of Columbia, Ohio ranks forty-seventh in percentage of potential market enrolled.

Ohio enrollment in the federally facilitated marketplace has occurred at a slower rate than Medicaid expansion enrollment. Ohio expanded Medicaid in October 2013, with coverage beginning in January 2014. By December 2014, more than 500,000 Ohioans had coverage through the new eligibility category. Enrollment quickly outpaced state administration estimates and assisters frequently reported helping more Medicaid-eligible consumers.

Part 4 – Summary Analysis

4.2. Possible Management Changes and Their Policy Consequences

Governor Kasich announced his 2016 presidential campaign on Tuesday, July 21, 2015. His decision related to Medicaid coverage has already emerged as a key issue on the national stage. In a spring 2015 profile of Kasich before his campaign announcement, one national magazine described his decision to expand Medicaid and how it has been viewed by the national Republican party:

"Conservatives' primary complaint is that Kasich single-handedly accepted the Obamacare-Medicaid expansion for his state, thus making him complicit in the most loathed policy of the loathed Democratic president."[46] However, others view his moderate policy positions as an advantage among the broader electorate.

It is unclear what effect his candidacy will have on state politics or the policy landscape around ACA implementation in Ohio.

Over the past year, state agency leadership and some members of the legislature have taken an interest in exploring various healthcare reforms in Ohio that address rising healthcare costs and identifying ways to improve healthcare quality, efficiency, and improve overall health outcomes for Ohioans. For example, the legislature included language around healthcare price transparency in the most recent state budget and formed a study committee for the summer of 2015 with the purpose of examining healthcare efficiencies that lead to better health outcomes at a lower cost to Ohioans.

As Governor Kasich continues his campaign for the U.S. presidency and enters the latter years of his second term, administration staff in Ohio indicate they will remain focused on furthering the initiatives described in this report, such as implementing the State Innovation Model (SIM) test grant.

The General Assembly will resume legislative sessions in fall 2015, and will likely continue work on previous areas of interest such as monitoring spending growth in the Medicaid program, in addition to other health-related issues of concern, such as infant mortality and opioid use.

Management changes with policy implications also may be likely after House of Representatives elections in 2016 and the next gubernatorial election in 2018. While Republicans have had majorities in both chambers for several years, future elections will determine whether the political ideology of the members becomes more conservative.

Ohio, like many other states, has implemented a number of health-related reforms in recent years. Tracking the outcomes related to these reforms will be a critical component of developing policy options for the future.

Endnotes

1   The Health Care Coverage and Quality Council was established in Ohio's biennial budget passed in July 2009. The Council was comprised of more than thirty public and private health care stakeholders tasked with implementing strategies to improve the quality and control the cost of Ohio's health care and coverage systems.

2   Ohio Health Care Coverage and Quality Council, and Health Benefits Exchange Planning Task Force (HBETF), "HBETF Charge," n.d., accessed July 2015, http://www.healthcarereform.ohio.gov/Documents/HBETF%20Charge%20(2).pdf.

3   Memorandum from Doug Anderson and Tracy Plouck, Co-Chairs of Ohio's Health Benefit Exchange Planning Task Force, to the Kasich Administration, "Transition of Health Exchange Planning to the New Administration," December 27, 2010.

4   Jeremy D. Palmer, Jill S. Herbold, and Paul R. Houchens, *Assist with the first year of planning for design and implementation of a federally mandated American Health Benefit Exchange*, Milliman Client Report, prepared for the Ohio Department of Insurance (Indianapolis: Milliman, Inc., August 31,2011), http://www.insurance.ohio.gov/Consumer/Documents/Milliman_Report.pdf.

5   *State of Ohio Health Insurance Exchange Planning: Strategic Architecture Roadmap and Budget Report.* (Columbus, OH: KPMG, LLP, September 14, 2011, http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=8SDAQ4Y-enE%3d&tabid=150. See also, *State of Ohio Health Insurance Exchange Planning: Strategic Architecture Blueprints Report* (Columbus: KPMG, LLP, September 13, 2011), http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=O46c4hg0AQM%3d&tabid=150.

6   Memorandum from Governor John Kasich to Director Gary Cohen, Centers for Medicare & Medicaid Services Center for Consumer Information and Insurance Oversight, November 16, 2012, http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=d0RkDcUwCeo%3d&tabid=150.

7   Ohio House Bill 412, 129th General Assembly. See also, Ohio Senate Bill 277, 129th General Assembly.

8   Ohio House Bill 109, 131st General Assembly.

9   Chrissie Thompson, "Kasich in SC: What's wrong with Common Core?," *Cincinnati.com*, June 4, 2015, http://www.cincinnati.com/story/news/2015/02/18/john-kasich-ohio-governor-south-carolina-gop-2016/23627115/.

10   Darrel Rowland, "Gov. Kasich adds New York, Detroit, South Carolina to travel plans," *Columbus Dispatch*, March 7, 2015, http://www.dispatch.com/content/stories/local/2015/03/07/gov—kasich-adds-new-york-detroit-south-carolina-to-travel-plans.html.

11   Ohio House Bill 64, 131st General Assembly, Ohio Revised Code (ORC) Section 3901.052.

12   Ohio Office of Health Transformation, "Medicaid Controlling Board Request," n.d., accessed July 2015, http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=3L86BOjkGgE%3d&tabid=160.

13   The Ohio Controlling Board is comprised of seven voting members. Members include an individual appointed by the Ohio Office of Budget and Management (OBM), three representatives from the Ohio House appointed by the House Speaker, and three representatives from the Ohio Senate appointed by the Senate President. Appointments must represent two members from the majority and one member from the minority of each of the legislative chambers.

14   ORC 131.35. Spending federal and certain nonfederal funds.

15   State ex rel. *Cleveland Right to Life v. State of Ohio Controlling Bd.*, 138 Ohio St.3d 57, 2013-Ohio-5632.

16   Ohio Department of Medicaid, "Ohio Medicaid Enrollment Caseload Report," Updated February 11, 2015, http://medicaid.ohio.gov/Portals/0/Resources/Reports/Caseload/2015/01-Caseload.pdf.

17   Ohio Office of Health Transformation, "Medicaid Applications in Ohio Benefits," Updated July 31, 2014, http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=8ojC1suorRg%3d&tabid=117.

18   Jeremy Pelzer, "Ohio House Speaker Cliff Rosenberger says he won't press to repeal Medicaid expansion," *Cleveland Plain Dealer*, January 26, 2015, http://www.cleveland.com/open/index.ssf/2015/01/ohio_house_speaker_says_he_won.html#incart_river.

19   Alex Isenstadt, "Operation Replace Jeb," *Politico*, Updated June 21, 2015, http://www.politico.com/story/2015/06/john-kasich-replace-jeb-bush-2016-candidate-119191.

20   Darrel Rowland, "Conservatives question Kasich's support of Medicaid expansion in NYC," *Columbus Dispatch*, March 26, 2015, http://www.dispatch.com/content/stories/local/2015/03/26/kasich-four-seasons-meeting.html.

21   Sarah Wheaton, "Gov. John Kasich: Repeal Obamacare, but not all of it," *Politico*, October 20, 2014, http://www.politico.com/story/2014/10/john-kasich-obamacare-repeal-112048.html. In March 2015, the Association Press (AP) published a correction to the story: "The AP's story should have made clear that Kasich often discusses Medicaid expansion separately from the law as a whole, and that the governor did not backtrack from his earlier statement in the second interview. The AP's initial versions of the story should have said Kasich believes the health care law should be repealed." Associated Press, "Clarification: Health Overhaul-Republicans story," March 4, 2015, http://bigstory.ap.org/article/cde18743641f4aadaf817b8d03fced20/gop-governors-dont-see-obamacare-going-away.

22   Mary Taylor, "Guest Column: President's Healthcare Plan is Bad for Ohio and our State Insurance Market," Ohio Department of Insurance Communications Office Press Release, June 24, 2011, https://www.insurance.ohio.gov/Newsroom/Pages/06242011HealthcarePlan.aspx.

23   Eric Polkar, "Ohio Receives Federal Grant to Advance Health Care Payment Innovation," Governor's Office of Health Transformation Press Release, February 21, 2013, http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r2b-iXyOqCA%3d&tabid=138.

24   Carrie Haughawout, Ohio Department of Insurance, "Network Transparency," Testimony Before the Joint Medicaid Oversight Committee, July 16, 2015, http://jmoc.state.oh.us/Assets/documents/ODI_Testimony_July_16_2015.pdf.

25   Ohio Department of Insurance, "Proposed Rule 3901-8-16: Required Provider Network Disclosures for Consumers," n.d., accessed July 2015, http://insurance.ohio.gov/Consumer/Documents/3901-8-16_DRAFT.pdf.

26   "The Certified Application Counselor (CAC) Program: Facts about the CAC Designation for Organizations," Enroll America, September 2013, http://www.enrollamerica.org/the-certified-application-counselor-cac-program-facts-about-the-cac-designation-for-organizations/.

27   "The Affordable Care Act and Health Centers," U.S. Department of Health and Human Services, Health Resources and Services Administration, n.d., accessed July 2015, http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf.

28   "Ohio: Health Center Outreach & Enrollment Assistance," U.S. Department of Health and Human Services, Health Resources and Services Administration, n.d., accessed July 2015, http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/oh.html. See also, *Affordable Care Act Consumer Assistance Resources by State/Territory for State and Local Partners* (Washington, D.C.: White House Initiative on Asian Americans and Pacific Islanders, Updated October 31, 2013), http://www.ed.gov/edblogs/aapi/files/2013/03/Affordable-Care-Act-Resources-for-State-and-Local-Partners-10.31.13.pdf.

29   "Find an Agent," Ohio Association of Health Underwriters, n.d., Accessed April 1, 2014, http://healthbenefitsohio.com/consumer.php.

30   79 FR 30342. §155.206, Civil money penalties for violations of applicable Exchange standards by consumer assistance entities in Federally-facilitated Exchanges, May 27, 2014, http://www.ecfr.gov/cgi-bin/text-idx?SID=3611e39d4cf54c4dacaf149bc871971e&node=45:1.0.1.2.70.3.27.3&rgn=div8.

31 *Helping Hands: A Look at State Consumer Assistance Programs under the Affordable Care Act* (Menlo Park: Henry J. Kaiser Family Foundation, September 2013), http://kaiserfamilyfoundation.files.wordpress.com/2013/09/8486-helping-hands.pdf.

32 Natalie Villacorta, "Ohio receives $3 million for health insurance outreach," *Cleveland Plain Dealer*, August 15, 2013, http://www.cleveland.com/healthfit/index.ssf/2013/08/3_million_awarded_to_ohio_for.html#incart_river.

33 Ohio House Bill 3, 130th General Assembly.

34 Ohio Administrative Code 3901-5-13, Insurance navigator certification and agent exchange requirements, July 22, 2013, http://www.registerofohio.state.oh.us/pdfs/3901/0/5/3901-5-13_PH_RV_N_RU_20130722_1317.pdf.

35 ORC 3905.471 (F)(3)(a), Insurance Navigator Certification, http://codes.ohio.gov/orc/3905.471.

36 U.S. Department of Health and Human Services, "Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond," 45 CFR Parts 144, 146, 147, *et al.,* May 27, 2014, https://federalregister.gov/a/2014-11657.

37 Centers for Medicare & Medicaid Services, "Navigator Grant Recipients," October 18, 2013, http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-10-18-2013.pdf.

38 Centers for Medicare & Medicaid Services, "Navigator Grant Recipients for States with a Federally-facilitated or State Partnership Marketplace," n.d., Accessed August 26, 2015, https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-09-08-2014.pdf

39 "In-Person Assistance in the Health Insurance Marketplaces," Centers for Medicare & Medicaid Services, Center for Consumer Information & Insurance Oversight, n.d., accessed September 15, 2015, https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html.

40 Munira Z. Gunja and Emily R. Gee, *Health Insurance Issuer Participation and New Entrants in the Health Insurance Marketplace in 2015* (Washington, D.C.: U.S. Department of Health and Human Services, September 23, 2014), http://aspe.hhs.gov/sites/default/files/pdf/77051/ib_NewEntrants.pdf.

41 *Health Plan Choice and Premiums in the 2015 Health Insurance Marketplace*, APSE Research Brief (Washington, D.C.: U.S. Department of Health and Human Services, Updated January 8, 2015), http://aspe.hhs.gov/health/reports/2015/premiumreport/healthpremium2015.pdf.

42 "Marketplace Premiums: Ohio," Office of the Assistant Secretary for Planning and Evaluation, Accessed July 2015, http://aspe.hhs.gov/health/reports/2013/MarketplacePremiums/longdesc/oh.cfm.

43 *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period*, ASPE Issue Brief (Washington, D.C.: U.S. Department of Health and Human Services, May 1, 2014), http://aspe.hhs.gov/execsum/health-insurance-marketplace-summary-enrollment-report-initial-annual-open-enrollment-period.

44 *Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report,* ASPE Issue Brief (Washington, D.C.: U.S. Department of Health and Human Services, March 10, 2015), http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf.

45   "March 31, 2015 Effectuated Enrollment Snapshot." CMS fact sheet, Centers for Medicare & Medicaid Services, June 2, 2015, http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html.

46 "Marketplace Enrollment as a Share of the Potential Marketplace Population." Henry J. Kaiser Family Foundation State Health Facts, As of March 31, 2015, http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/#table.

47 Molly Ball, "John Kasich Barges In," *The Atlantic*, July 21, 2015, http://www.theatlantic.com/politics/archive/2015/07/what-john-kasich-believes/399044/.