



Health Policy Brief

Medicaid redetermination in Ohio

What are Medicaid redeterminations?

Federal law requires state Medicaid programs to redetermine eligibility every 12 months, unless the agency receives information about a change that may affect eligibility in the interim.¹ "Redetermination" means a review to determine whether an individual continues to meet all of the eligibility requirements of the medical assistance category.

Why are redeterminations important?

The Medicaid redetermination and renewal process is a factor in maintaining continuity of care for beneficiaries. Consumer-friendly and efficient Medicaid redeterminations may reduce churning or gaps in coverage.² Churning is the movement of individuals between insurance and uninsurance or between different types of insurance coverage (such as Medicaid and subsidized coverage). Gaps or transitions in coverage can impact both health and financial well-

being. Coverage gaps also can lead to increased use of emergency departments, poorer management of chronic disease, and lower rates of preventive care.³

Redeterminations in Ohio in 2014 and 2015

In 2014, federal law temporarily prohibited states from performing Medicaid eligibility redeterminations for the first three months of 2014 as new methodology for calculating eligibility was implemented. Additionally, Ohio Medicaid requested and was granted a nine month waiver of redetermination while it implemented the new Ohio Benefits eligibility system.

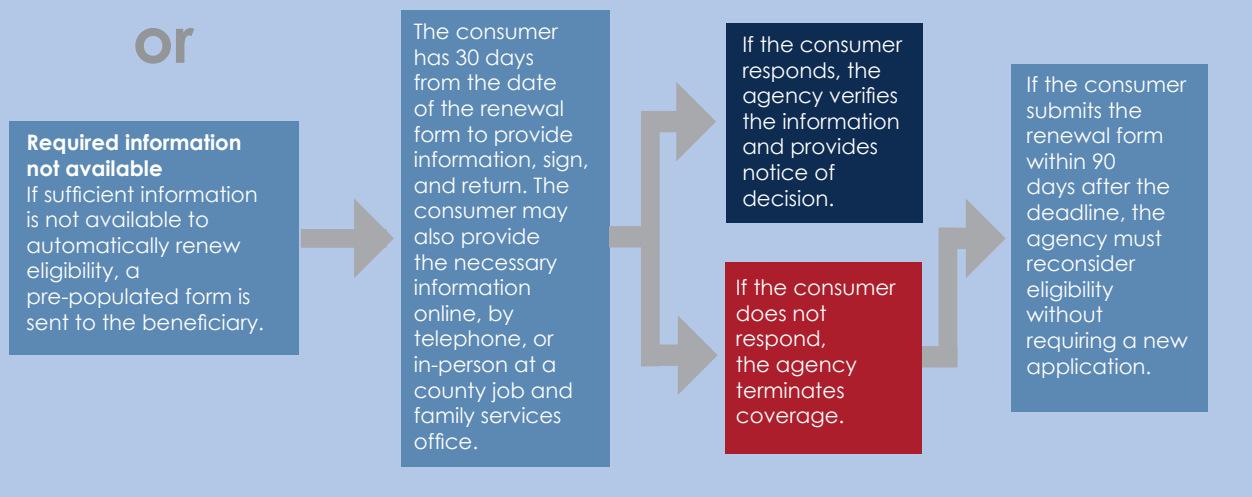
Annual Medicaid redeterminations resumed in 2015. In December 2014, Ohio Medicaid mailed redetermination packets to 170,000 Medicaid recipients whose redetermination deadlines were in January and then followed

Medicaid renewal process⁴

When an individual is due for redetermination of eligibility, the Department of Medicaid is required to attempt renewal based on available information.

Required information available

If available information indicates no change or a change that does not alter Medicaid/CHIP eligibility, the agency informs the consumer of the determination of ongoing eligibility and asks the recipient to inform the state of any incorrect information. If the information is correct, no further action is required by the consumer and the state renews Medicaid coverage (also known as passive redetermination).



up with a reminder. A notice of termination was sent to those who failed to update their information. The third and final notice made it clear that failing to complete the redetermination process by January 31 would result in disenrollment from Medicaid effective February 28, 2015. Terminations were processed as of Feb. 6, but Ohio Medicaid allowed county job and family services offices to continue processing packets sent to them to prevent loss of benefits.⁵

To streamline the process, Ohio Medicaid implemented passive renewals for consumers scheduled for redetermination in May. After the first round of passive renewals were successful, ODM applied the process to those scheduled for redetermination in April. Passive renewal means that the eligibility system will automatically review the information on file for a beneficiary and if all criteria can be confirmed by the system, coverage will be renewed automatically without requiring additional documentation from the individual.

The state has also noted that federal law requires Medicaid recipients to make timely and accurate reports of any change in circumstance that may affect their eligibility, including home address, income, and household data.⁶

Ohioans affected by the redetermination process

Although there have always been individuals who do not complete the redetermination process for a variety of reasons, there has been a notably low response rate to the renewal notices sent in December 2014 and early 2015.

For the number of Ohioans affected, see the chart "Ohio Medicaid redeterminations and renewals in 2015" on page 4.

Failure to complete the redetermination process

Medicaid recipients who have benefits terminated have 90 days to request a hearing to appeal the decision. If a hearing officer agrees to reinstate the benefits, coverage is retroactive to the date of termination. If a hearing is requested within 15 days, the recipient maintains benefits until the hearing.⁷

How to renew

Online: Consumers who applied electronically can renew online at benefits.ohio.gov by clicking on "Renew My Benefits."

Mail: Consumers can complete the "Medicaid Renewal Form" received in the mail and send it to their local county department of job and family services.

In person: Consumers can visit their local county office.

For addresses of local CDJFS offices, see http://jfs.ohio.gov/County/County_Directory.pdf

If a consumer reapplies for coverage within 90 days of failure to complete the renewal process or verify a reported change, ODJFS must reinstate Medicaid eligibility without requiring a new application. Reinstated Medicaid eligibility begins on the first day of the month following the month Medicaid was terminated.

If coverage is terminated, hospitals and community health centers can help consumers reenroll through presumptive eligibility (PE). Consumers may be eligible for PE if they are not currently receiving Medicaid benefits and have not had a PE span of coverage in the past twelve months, are a resident of Ohio, and are a U.S. citizen or has a satisfactory immigration status.

Potential challenges to the current redetermination process in Ohio

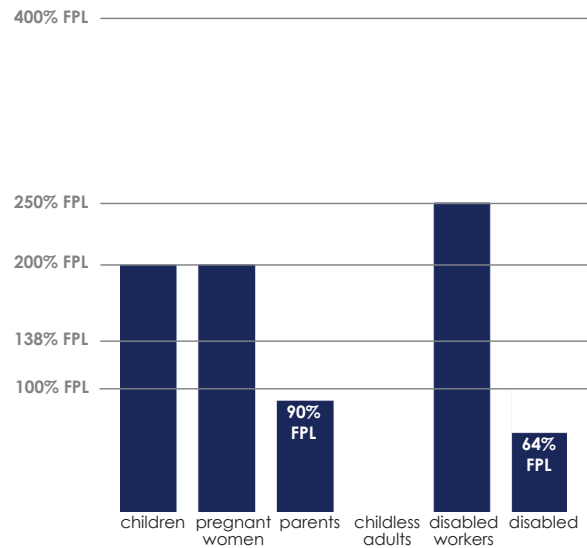
Consumer advocates have highlighted challenges to Ohio's current Medicaid redetermination and renewal process, including:

- Only consumers who originally applied online can renew online
- No return envelope is provided and additional postage is required
- English-only renewal notices
- Outdated and errors in printing addresses
- Difficulty resetting username/passwords on Ohio Benefits

Since Ohio did not conduct redeterminations in 2014, many recipients have not had their information reviewed in a year or more, and many individuals are likely to have experienced changes in circumstance

Medicaid eligibility in Ohio

Past Medicaid eligibility



affecting their eligibility and may be difficult to locate.

Additionally, modified-adjusted gross income (MAGI)-based eligibility determinations require the recipient to provide additional information as compared to other Medicaid eligibility groups, such as details about tax filing status and employer and income information for everyone in the family.

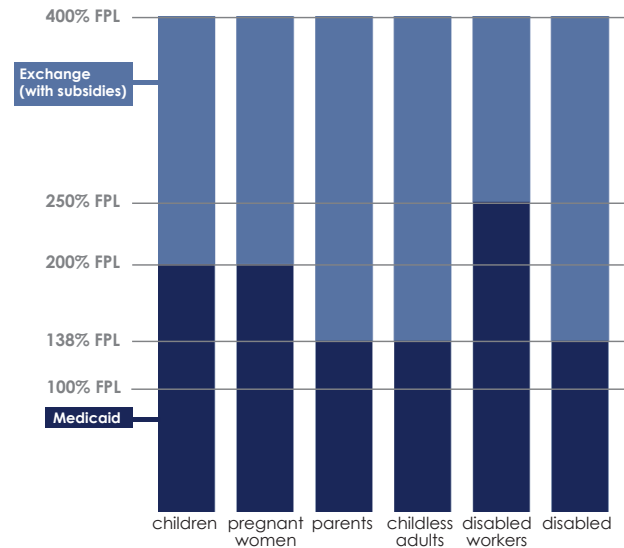
The state also faces new challenges, including processing renewals along with a high volume of new applications, developing new notices, and coordinating with marketplace redeterminations.

Legal challenges

The Legal Aid Society of Columbus filed a lawsuit on behalf of three individual plaintiffs and similarly situated clients of Community Refugee and Immigration Services (CRIS) against Ohio Medicaid Director John McCarthy on March 30, 2015, claiming that the state's current redetermination process violates federal law and Medicaid regulations.⁸

The plaintiffs cite a number of concerns including that the termination notices did not provide adequate prior notice, a passive redetermination of eligibility was not

Current subsidized health coverage eligibility



attempted, and a pre-termination review to screen for eligibility for other Medicaid programs was not conducted.⁹

On Thursday, April 2, 2015, a federal court judge ordered a temporary restraining order to continue or reinstate Medicaid coverage to the plaintiffs as a "direct result of procedures that violate federal law governing Medicaid redetermination and due to termination notices which are in violation of due process."

Plaintiffs reached a settlement agreement with the Ohio Department of Medicaid on May 11, 2015. The deal restores Medicaid coverage to more than 150,000 individuals who lost coverage between January and March when the state was not conducting passive redeterminations.

Under the agreement, state officials will also implement new strategies to make the annual redetermination process more user-friendly and efficient. Requirements for the Department of Medicaid include creating a statewide telephone renewal option, improving the online process, providing renewal packets in Somali and Spanish, and ensuring that termination notices include the reason for discontinuing coverage and information about appealing the decision.

Ohio Medicaid redeterminations and renewals in 2015

Month	Individuals due for redetermination	Passive enrollment	Active enrollment	Individuals disenrolled
January	170,000	NA*	115,559	54,441
February	223,538	NA*	151,701	71,837
March	195,650	NA*	117,402	78,248
April	198,469	39,850	TBD**	TBD**
May	206,786	44,920	TBD**	TBD**

Source: Ohio Department of Medicaid, "Ohio Medicaid Enrollment," April 16, 2015.

* The Ohio Benefits system was upgraded to automatically process passive enrollment beginning in April 2015.

** Final numbers are reported in the following month

Notes

1. Periodic redeterminations of Medicaid Eligibility, 42 CFR § 435.916 (2012).
2. Kaiser Family Foundation. "Key Lessons from Medicaid and CHIP for Outreach and Enrollment Under the Affordable Care Act." June 2013. <https://kaiserfamilyfoundation.files.wordpress.com/2013/06/8445-key-lessons-from-medicaid-and-chip.pdf>.
3. State Health Access Data Assistance Center. "Measuring and Monitoring Churn at the State-Level." March 24, 2015. http://www.shadac.org/files/shadac/publications/SHADAC_OregonChurnWebinar_FullSlideDeck.pdf.
4. Medicaid and CHIP Learning Collaborative. "Medicaid/CHIP renewal: Opportunities, Strategies and Considerations." July 31, 2014. <http://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/learning-collaborative-state-toolbox/downloads/all-state-call-renewal-refresher-7-31-14.pdf>
5. Ohio Department of Medicaid. "Ohio Medicaid Enrollment" Updated February 11, 2015. <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Caseload/2015/caseload-2015-01.pdf>.
6. Ohio Office of Health Transformation. "Medicaid Requires Personal Responsibility." <http://www.healthtransformation.ohio.gov/LinkClick.aspx>
7. Candisky, Catherine. "Medicaid could dump 500,000 Ohioans in 6 months." Columbus Dispatch. February 6, 2015. <http://www.dispatch.com/content/stories/local/2015/02/06/medicaid-could-dump-500000-ohioans-in-6-months.html>.
8. Candisky, Catherine. "Group tries to stop state from terminating Medicaid benefits." Columbus Dispatch. March 31, 2015. <http://www.dispatch.com/content/stories/local/2015/03/31/judge-asked-to-stop-state-from-terminating-Medicaid-benefits.htm>
9. Homewood, et al., v McCarthy. <http://docs.justia.com/cases/federal/district-courts/ohio/ohsdce/2:2015cv01119/182034/15>. Accessed April 6, 2015.



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