VISION
Ohio is a model of health, well-being and economic vitality

MISSION
To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.
### Core Funders

<table>
<thead>
<tr>
<th>Logo</th>
<th>Funders Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Logo" /></td>
<td>Bethesda Inc.'s grants initiative to transform health</td>
</tr>
<tr>
<td><img src="image2" alt="Logo" /></td>
<td>Bruening</td>
</tr>
<tr>
<td><img src="image3" alt="Logo" /></td>
<td>CareSource</td>
</tr>
<tr>
<td><img src="image4" alt="Logo" /></td>
<td>Cleveland Foundation</td>
</tr>
<tr>
<td><img src="image5" alt="Logo" /></td>
<td>The Columbus Foundation</td>
</tr>
<tr>
<td><img src="image6" alt="Logo" /></td>
<td>The George Gund Foundation</td>
</tr>
<tr>
<td><img src="image7" alt="Logo" /></td>
<td>Harmony Project</td>
</tr>
<tr>
<td><img src="image8" alt="Logo" /></td>
<td>HealthPath</td>
</tr>
<tr>
<td><img src="image9" alt="Logo" /></td>
<td>INTERACT FOR HEALTH</td>
</tr>
<tr>
<td><img src="image10" alt="Logo" /></td>
<td>Mercy Health</td>
</tr>
<tr>
<td><img src="image11" alt="Logo" /></td>
<td>M.T. Sinai Health Foundation</td>
</tr>
<tr>
<td><img src="image12" alt="Logo" /></td>
<td>The Nord Family Foundation</td>
</tr>
<tr>
<td><img src="image13" alt="Logo" /></td>
<td>North Canton Medical Foundation</td>
</tr>
<tr>
<td><img src="image14" alt="Logo" /></td>
<td>Ohio State Bar Foundation</td>
</tr>
<tr>
<td><img src="image15" alt="Logo" /></td>
<td>Sisters of Charity Foundation of Canton</td>
</tr>
<tr>
<td><img src="image16" alt="Logo" /></td>
<td>Sisters of Charity Foundation of Cleveland</td>
</tr>
</tbody>
</table>
THANK YOU to the organizations that have generously supported HPIO’s 2023 educational event series.
Participating in Zoom

Chat

Q&A
Download slides and resources from today’s webinar on the HPIO events page at

Agenda

• Overview of Ohio Medicaid Basics 2023
• Updates from ODM on Medicaid redetermination
• Addressing health-related social needs with Medicaid
Édith Nkenganyi
Health Policy Analyst
Health Policy Institute of Ohio
Ohio Medicaid Basics 2023

Medicaid pays for healthcare services for about three million Ohioans with low incomes, including more than 1.2 million children. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

This publication provides an overview of Ohio's Medicaid program including eligibility, covered services, delivery systems, financing and spending.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

Key findings for policymakers

Ohio Medicaid provides access to healthcare services for about three million Ohioans with low incomes. Medicaid spending accounts for more than one-third of Ohio's budget and almost 17% of total health expenditures nationally.

Who is eligible for Medicaid coverage?

Ohio Medicaid is available to low-income Ohioans, adults with disabilities, pregnant women, children, older adults, and individuals with disabilities, with or without children, who meet certain income or resource limits. Certain services for children and adults with disabilities are also available through the Developmental Services Plan (DSP) for individuals who do not qualify for Medicaid.

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for about three million Ohioans with low incomes. The federal government provides a portion of the funding, and states, counties, and hospitals provide the rest. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The Medicaid program is funded by the federal government and state governments. The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.

The federal government pays a larger portion of the costs for children, older adults, and individuals with disabilities.
3 Key findings for policymakers

1. Ohio Medicaid provides healthcare coverage for about **3.55 million Ohioans with low incomes**

2. Medicaid is a significant share of government spending in Ohio

3. The Ohio Department of Medicaid is in the process of implementing several largescale program changes in 2023 & conducting redeterminations
Estimated percent of Ohioans enrolled in Medicaid

Total Ohio population: 11.7 million

30% of Ohioans (3.6 million) enrolled in Medicaid

Sources: HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard (Accessed on Feb.15, 2023) and U.S. Census Bureau, American Community Survey
# Medicaid eligibility

## First steps

- **Must:**
  - Be an Ohio resident
  - Have a social security number (or have applied for one)
  - Be a U.S. citizen (or meet requirements for non-U.S. citizen)

## Who is eligible?

- **Children** ages 18 and younger in households with incomes up to 211% Federal Poverty Level (FPL) with no insurance and up to 161% FPL with non-Medicaid health coverage
- **Parents** or related caregivers in households with incomes up to 90% FPL and one or more children younger than 18 in the household
- **Pregnant women** with incomes up to 205% FPL

**Adults** ages 19 to 64 who have incomes less than 138% FPL

**Older Ohioans and those who are blind or disabled** with lower incomes

## Categories

- **Covered Families and Children (CFC)**
- **Group VIII**
- **Aged, Blind and Disabled (ABD)**

---

**Note:** This graphic highlights the major categories of Medicaid eligibility in Ohio and is not comprehensive. See the appendix for a more detailed explanation of all eligibility categories for Ohio Medicaid. People in need of Medicaid should apply at benefits.ohio.gov.
# Federal poverty level (FPL) and selected Medicaid income eligibility limits

## Medicaid eligibility categories

<table>
<thead>
<tr>
<th>Medicaid Buy-In for Workers with Disabilities (MBIWD)</th>
<th>Children without insurance</th>
<th>Pregnant women</th>
<th>Adults (ages 19-64)</th>
<th>Federal poverty level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>211%</td>
<td>205%</td>
<td>138%</td>
<td>145,800,000</td>
</tr>
<tr>
<td>25%</td>
<td>211%</td>
<td>205%</td>
<td>138%</td>
<td>119,800,000</td>
</tr>
</tbody>
</table>

## Table

<table>
<thead>
<tr>
<th>Family size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$14,580</td>
<td>$19,720</td>
<td>$24,860</td>
<td>$30,000</td>
</tr>
<tr>
<td>2</td>
<td>$20,120</td>
<td>$27,214</td>
<td>$34,307</td>
<td>$41,400</td>
</tr>
<tr>
<td>3</td>
<td>$29,889</td>
<td>$40,426</td>
<td>$50,963</td>
<td>$61,500</td>
</tr>
<tr>
<td>4</td>
<td>$30,764</td>
<td>$41,609</td>
<td>$52,455</td>
<td>$63,300</td>
</tr>
</tbody>
</table>

### Note:
Refers to federal poverty levels for the 48 contiguous states and the District of Columbia (Washington D.C.). For children, pregnant women, adults and parents/caregivers, a 5% income disregard, which is included in the figure, is allowed by federal law.

### Source:
Office of the Assistant Secretary for Planning and Evaluation. Additional analysis by HPIO.
Medicaid Covered Groups

Medicaid generally covers children, older adults, women who are pregnant, adults without dependents/children and people with disabilities. Below is a list of specific groups coverage.

Covered families and children (CFC)
- Children
- Pregnant women
- Parents

Group VIII
- Adults ages 19 to 64 with incomes at or below 138% FPL
- Enrollment increased during the COVID-19 pandemic

Aged, blind and disabled (ABD)
- People over age 65
- People living with disabilities
- Medicaid Buy-In for Workers with Disabilities
- People who are eligible for both Medicaid and Medicare
# Differences between Medicaid and Medicare

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pays for care for Ohioans with low incomes</td>
<td>Pays for care for nearly all Ohio seniors</td>
</tr>
<tr>
<td>Eligibility based on income and other factors</td>
<td>Eligibility based on age or disability status and work history</td>
</tr>
<tr>
<td>Primary, acute and long-term care services and supports</td>
<td>Primary and acute care only</td>
</tr>
<tr>
<td>Federal and state funding</td>
<td>Federal funding</td>
</tr>
<tr>
<td>Not funded by payroll deduction</td>
<td>Funded by payroll deduction</td>
</tr>
</tbody>
</table>
Reasons people enroll in Medicaid

• Changes in household income
• Unemployment or underemployment
• Coverage for long term services and supports (LTSS)
# Ohio Medicaid Covered Services

## Federally mandated services
- Inpatient hospital services
- Outpatient hospital services
- Healthcheck (Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT))
- Nursing facility services
- Home health services
- Physician services
- Laboratory and X-ray services
- Family planning services
- Nurse midwife services
- Freestanding birth center services
- Tobacco cessation counseling for pregnant women
- Rural health clinic services
- Federally qualified health center services
- Transportation for medical care
- Certified pediatric and family nurse practitioners

## Examples of optional services covered by Ohio Medicaid
- Ambulance
- Chiropractic services
- Alcohol and drug screening analysis
- Medical and surgical dental care
- Durable medical equipment and supplies
- Medical and surgical vision care
- Occupational therapy
- Podiatrist services
- Prescription drugs
- Private duty nursing
- Speech therapy
- Ambulatory surgical centers
- Telehealth
- Case management
- Behavioral and mental health interventions, including:
  - Assertive Community Treatment for Adults
  - Assessment
  - Community Psychiatric Supportive Treatment (CPST)
  - Comprehensive addiction treatment services (e.g., methadone administration)
  - Counseling (individual and group)
  - Crisis intervention
  - Day treatment
  - Family counseling
  - Intensive home-based treatment for youth
  - Substance Use Disorder treatment

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
Medicaid enrollment

How people access healthcare services as of February 2023

- Managed care plans: 89.1%
- Fee-for-service: 6.8%
- Limited coverage: 4.1%

Source: Ohio Department of Medicaid
Ohio Medicaid Covered Families and Children (CFC) enrollment for adults and children as of January 2023

- Children: 66.4% (1,272,968)
- Adults: 33.6% (644,103)

Enrollment and expenditures by Medicaid eligibility category, January 2023

Ohio Medicaid enrollment trend
SFY 2012-2022 and January 2023

Note: Enrollment data is the average for each state fiscal year except for January 2023, which was the most current month available before HPIO analysis.
Source: SFY 2013-2023 Ohio Department of Medicaid Caseload Reports

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
Federal Medical Assistance Percentage (FMAP)

FMAP is calculated based on each state’s per capita income relative to the national average.
Federal & state partnership
Ohio Medicaid spending, by source, SFY 2022

- 73% Federal
- 15% GRF state
- 12% Non-GRF state

Source: Ohio Legislative Services Commission
Ohio Medicaid spending in billions, SFY 2012 – 2023

Source: Ohio Department of Medicaid (via Ohio Legislative Service Commission)
Medicaid and COVID-19

Federal government provided states with

6.2% eFMAP

Medicaid eFMAP phase down

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1-March 31</td>
<td>6.2%</td>
</tr>
<tr>
<td>April 1-June 30</td>
<td>5%</td>
</tr>
<tr>
<td>July 1-Sept. 30</td>
<td>2.5%</td>
</tr>
<tr>
<td>Oct. 1-Dec. 31</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
What’s new in Ohio Medicaid?

Next Generation of Ohio Medicaid

<table>
<thead>
<tr>
<th>Initiative and vendor</th>
<th>Purpose</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed care organization procurement</td>
<td>• Ensure better care coordination and benefit provision and increase transparency for MCos</td>
<td>New Medicaid managed care agreements went into effect on Feb. 1, 2023.</td>
</tr>
<tr>
<td>Vendors selected:</td>
<td>• Address social drivers of health, equity and population health.</td>
<td></td>
</tr>
<tr>
<td>AmeriHealth Caritas Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross and Blue Shield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buckeye Community Health Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CareSource Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Health Plan of Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molina Healthcare of Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan of Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Pharmacy Benefit Manager (SPBM)</td>
<td>Manage prescription drug benefits for Ohioans enrolled in Medicaid on behalf of health insurers, Medicare Part D drug plans, large employers and other payors to increase transparency.</td>
<td>• On Oct. 1, 2022, the SPBM began providing pharmacy services across all Medicaid MCOs and members (from more than 2,600 pharmacy locations):</td>
</tr>
<tr>
<td>Vendors selected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gainwell Technologies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio Resilience through Integrated Systems and Excellence (OhioRISE)</td>
<td>Provide expanded, specialized treatment options and coordination of support services for Ohio children and adolescents enrolled in Medicaid who have complex behavioral health needs.</td>
<td>• Launched on July 1, 2022. • As of March 23, 2023, there were 18,963 children and youth enrolled in OhioRISE.</td>
</tr>
<tr>
<td>Vendors selected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Better Health of Ohio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary

• Ohio Medicaid provides healthcare coverage for about 3.55 million Ohioans with low incomes.
• Ohio Medicaid accounts for about 39% of the state’s spending.
• Ohio Department of Medicaid is implementing new changes including Medicaid redetermination and Next Generation of Ohio Medicaid Managed care.
Additional resources

• **Medicaid, access and coverage**, HPIO
• **Medicare & Medicaid Basics**, Centers for Medicare & Medicaid Services (April 2022)
• **Medicaid Primer**, Ohio Legislative Service Commission (November 2022)
• **Medicaid: An Overview**, Congressional Research Service (February 2023)
• **10 Things to Know About Medicaid Managed Care**, KFF, (March 2023)
• **10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision**, KFF (April 2023)
CONTACT INFORMATION

Édith Nkenganyi
Health Policy Analyst
enkenganyi@hpio.net
Questions?
Patrick Beatty
Deputy Director – Chief Policy Officer
Ohio Department of Medicaid
Unwinding Update

Ohio Department of Medicaid
June 30, 2023
The Consolidated Appropriations Act, 2023 (CAA) ended the continuous coverage provision that prohibited states from disenrolling members from Medicaid during the COVID-19 Public Health Emergency (PHE).

Accordingly, states are required to renew the Medicaid eligibility of all members, including those who may not have been renewed since March 2020, within 14 months.

Ohio initiated its return to routine operations in February, 2023, and will redetermine the eligibility of its 3.5 million Medicaid members between February 2023 to April 2024.

ODM has held several trainings and webinars for county workers and partners, health plans, and other key Medicaid stakeholders to publicize these substantial changes to Medicaid eligibility operations.

ODM is accountable to the federal Centers for Medicare & Medicaid Services (CMS) and the Ohio General Assembly to complete renewals in a timely manner to meet the target completion date of April 2024. Failure to complete timely processing of renewals could result in financial penalties to Ohio Medicaid.
Federal Requirements & FMAP Funding

• As a condition of receiving the enhanced federal medical assistance percentage (FMAP), ODM must comply with federal requirements established in the CAA, 2023, during the return to routine eligibility operations period.

• To continue to receive the increased FMAP through Dec. 31, states must continue meet certain conditions:
  » Maintenance of Effort: States may not impose eligibility standards, methodologies, or procedures that are more restrictive than those in effect on Jan. 1, 2020.
  » Maintenance of Medicaid Premium Levels
  » Coverage without Cost Sharing for COVID-19 Testing, Vaccines, and Treatment: States must continue to cover these services without cost sharing.

• CMS also added new conditions for states to receive the increased FMAP:
  » Compliance with Federal Renewal Requirements: including regulations regarding ex parte renewals, renewal forms, reasonable timeframe and modalities to return the renewal form, determination of eligibility on all bases, advance notice and fair hearing rights, assessment of eligibility for other insurance affordability programs and transfer accounts as appropriate, and the reconsideration period.
  » Up-to-Date Contact Information: A state must attempt to update contact information for every individual going through the renewal process, including the beneficiary’s mailing address, phone number, and email address. CMS asks states to consider various sources for this information, have a plan to confirm information is up to date and have attempted to update information recently, and document their strategies to obtain updated information.
  » Contact Beneficiaries Using More than One Modality prior to Terminating Enrollment on the Basis of Returned Mail: States must make a good faith effort to contact individuals when they receive returned mail. States must have a process to obtain up-to-date mailing addresses and additional contact information and must attempt to reach an individual through at least two modalities using the most up-to-date contact information that the state has.

• Currently, the temporary increased FMAP is 6.2 percent. The CAA, 2023 amended the Families First Coronavirus Response Act to decrease the temporary FMAP increase gradually through Dec. 31, 2023, as follows:
  » April 1–June 30: 5 percent
  » July 1–Sept. 30: 2.5 percent
  » Oct. 1–Dec 31: 1.5 percent
Ohio’s Return to Routine Renewal Operations

RETURN TO ROUTINE OPERATIONS

As allowed by the CAA, 2023, Ohio will resume routine eligibility and enrollment operations on February 1, 2023.

Efforts to ensure member contact information is up to date

ODM has received authority from CMS via a 1902(e)(14)(A) waiver to partner with MCOs to update beneficiary contact information and establish linkages with the United States Postal Service and National Change of Address database. In the coming months, robocalls will be deployed to confirm accuracy of member addresses before the renewal process begins.

Legend
- Ohio Department of Medicaid activity
- Key Federal dates
- Monthly Medicaid renewal process*

*Note: illustrative example for renewals due in April 2023. This process will repeat monthly throughout the Unwinding period.
April and May 2023 Performance Stats
### By the Numbers April

#### RENEWALS AND OUTCOMES

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</td>
<td>220,961</td>
<td></td>
</tr>
<tr>
<td>5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]</td>
<td>152,416</td>
<td></td>
</tr>
<tr>
<td>5a(1) Number of beneficiaries renewed on an <em>ex parte</em> basis</td>
<td>111,151</td>
<td></td>
</tr>
<tr>
<td>5a(2) Number of beneficiaries renewed using a pre-populated renewal form</td>
<td>41,265</td>
<td></td>
</tr>
<tr>
<td>5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</td>
<td>9,869</td>
<td></td>
</tr>
<tr>
<td>5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)</td>
<td>36,161</td>
<td></td>
</tr>
<tr>
<td>5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed</td>
<td>22,515</td>
<td></td>
</tr>
<tr>
<td>6. Month in which renewals due in the reporting month were initiated</td>
<td>Feb-23</td>
<td></td>
</tr>
<tr>
<td>7. Number of beneficiaries due for a renewal since the beginning of the state’s unwinding period whose renewal has not yet been completed</td>
<td>22,515</td>
<td></td>
</tr>
</tbody>
</table>
## By the Numbers May

### RENEWALS AND OUTCOMES

5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)  
- **Total**: 241,475

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]  
- **5a(1)**: Number of beneficiaries renewed on an *ex parte* basis  
  - **Number**: 122,020
- **5a(2)**: Number of beneficiaries renewed using a pre-populated renewal form  
  - **Number**: 43,874

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)  
- **Number**: 13,678

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)  
- **Number**: 34,660

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed  
- **Number**: 27,243

6. Month in which renewals due in the reporting month were initiated  
- **Month**: Mar-23

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed  
- **Number**: 35,909
General Observations

• Ex parte renewals are running over 50%
• Ex parte rates vary across eligibility categories. ABD groups have a higher rate of renewal
• 90% of renewal cases are being processed timely

• Monthly percentiles
• 70% of individuals up for renewal retain their coverage
• 15% of individuals lose coverage for procedural reasons (failure to respond)
• 5% of individuals are transferred to the federal marketplace
Questions?
Addressing Health-Related Social Needs with Medicaid

Libby Hinton
Associate Director, Program on Medicaid and the Uninsured
June 29, 2023
Though health care is essential to health, research shows that health outcomes are driven by many factors.

**Social Determinants of Health**

- Economic Stability
  - Employment
  - Income
  - Expenses
  - Debt
  - Medical Bills
  - Support
- Neighborhood and Physical Environment
  - Housing
  - Transportation
  - Parks
  - Playgrounds
  - Walkability
  - Zip Code/Geography
- Education
  - Literacy
  - Language
  - Early Childhood
  - Education
  - Vocational Training
  - Higher Education
- Food
  - Food Security
  - Access to Healthy Options
- Community, Safety, & Social Context
  - Social Integration
  - Support Systems
  - Community Engagement
  - Stress
  - Exposure to Violence/Trauma
  - Policing/Justice Policy
- Health Care System
  - Health Coverage
  - Provider & Pharmacy Availability
  - Access to Linguistically And Culturally Appropriate & Respectful Care
  - Quality of Care

**Health and Well-Being:**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Section 1115 Waivers
Section 1115 waivers offer states an avenue to test new approaches in Medicaid that differ from federal requirements.

- **Authority and Purpose:** Federal government can approve waivers that permit states to use federal Medicaid funds in ways that federal rules do not otherwise allow, as long as the initiative is a demonstration project that is likely to assist in promoting Medicaid objectives.
- **Financing:** Section 1115 waivers must be budget neutral for the federal government.
- **Transparency, Public Input, and Evaluation:** Public notice and comment periods are required prior to waiver approval. States must have a publicly available evaluation strategy for the waiver.
- **Scope and Themes:**
  - States may obtain “comprehensive” Section 1115 waivers that make broad changes in Medicaid eligibility, benefits, provider payments, and other rules across their programs; other waivers may be more narrow and address specific populations or benefits.
  - Waivers generally reflect priorities identified by the states and the federal CMS, as well as changing priorities from one presidential administration to another.

Section 1115 waiver themes and priority areas change under different administrations.

Themes in Waiver Approvals under Trump Administration:
- Work Requirements
- Eligibility & Benefit Restrictions
- Financing Changes
- Behavioral Health

Focus Areas for Waivers under Biden Administration:
- Expanded Coverage
- Access, Quality, & Equity
- Innovation & Whole-Person Care
- Behavioral Health & HCBS

NOTE: HCBS = home and community-based services.

In 2022, CMS presented a framework for states to use waivers to address health-related social needs (HRSN).
## Examples of States with Approved Section 1115 Health-Related Social Needs Provisions

<table>
<thead>
<tr>
<th>State</th>
<th>Target Populations</th>
<th>Housing Supports</th>
<th>Nutrition Supports</th>
</tr>
</thead>
</table>
| AR    | Enrollees participating in one of three Life360 HOMES, e.g. with behavioral health needs in rural areas, with high-risk pregnancies, or at high-risk for long-term poverty                                                                                                                                                                         | • Pre-tenancy & tenancy sustaining services  
• Housing transition navigation services  
• One-time transition & moving costs  
• Housing deposits                                                                                                                                                                                             | • Nutrition counseling & education, including health meal preparation                                                                                                                                                            |
| MA    | Enrollees who meet health and risk criteria, e.g. have behavioral health needs & homeless, justice-involved, or facing eviction                                                                                                                                                                                                                   | • Pre-tenancy & tenancy sustaining services  
• Housing transition navigation services  
• One-time transition & moving costs  
• Housing deposits  
• Devices to maintain healthy temperatures & air  
• Home accessibility modifications                                                                                                                                                                                   | • Nutrition counseling & education  
• Meals delivered to the home ≤6 months  
• Medically-tailored food prescriptions (for up to 6 months)  
• Cooking supplies                                                                                                                                                                                                 |
| OR    | Enrollees experiencing major life transitions (e.g. release from incarceration or living in region with extreme weather events)                                                                                                                                                                                                                   | • Post-transition rent/housing (≤6 months)  
• Utility costs  
• Pre-tenancy & tenancy sustaining services  
• Housing transition navigation services  
• One-time transition & moving costs  
• Housing deposits  
• Devices to maintain healthy temperatures & air  
• Home accessibility modifications                                                                                                                                                                     | • Nutrition counseling & education  
• Medically-tailored meals (≤6 months)  
• Fruit & vegetable prescriptions (≤6 months)  
• Meal or pantry stocking                                                                                                                                                                                                       |

**SOURCE:** [https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/](https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/)
As of June 2023, 24 states have an approved or pending Section 1115 waiver with SDOH-related provisions.

# of states with:

- Approved waiver (12)
- Approved waiver & pending request (7)
- Pending request (5)

Medicaid Managed Care Flexibility
In FY 2022, most states that contract with managed care plans had at least one contract requirement related to SDOH.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>States with any MCO requirements</th>
<th>States with any MCO requirements and plan to require in FY 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen for social needs</td>
<td>32</td>
<td>3</td>
</tr>
<tr>
<td>Screen for BH needs</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>Provide enrollees with social services referrals</td>
<td>32</td>
<td>2</td>
</tr>
<tr>
<td>Partner with CBOs</td>
<td>26</td>
<td>4</td>
</tr>
<tr>
<td>Use uniform SDOH questions within screening tools</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Track the outcomes of social services referrals</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Capture SDOH data using ICD-10 Z codes</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Require community reinvestment</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

In 2023, CMS released guidance that allows states to make expanded use of “in lieu of” services (ILOS) authority, including to address HRSN.

- ILOS = services or settings that substitute for standard Medicaid benefits (e.g., in-home prenatal visits for at-risk pregnant enrollees as an alternative to in-office)
- These services must be:
  - medically appropriate and cost-effective
  - voluntary for the plan (to offer) and for the beneficiary (to receive)
- Costs of the ILOS are built into managed care rates
- The new CMS ILOS guidance:
  - clarifies ILOS can be preventive instead of an immediate substitute (e.g., medically tailored meals to potentially delay nursing facility care, providing a dehumidifier for a child with severe asthma before the next time they need emergency care)
  - establishes financial guardrails and other requirements

New guidance follows the approval of a CA proposal to use ILOS to offer a range of health-related services through managed care.

**CA Community Supports**

- Asthma remediation
- Medically-supportive food/meals/medically tailored meals
- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Sobering centers

- Respite services
- Day habilitation programs
- Nursing facility transition
- Community transition services
- Personal care and homemaker Services
- Environmental accessibility adaptations (home modifications)

Looking Ahead / Wrap Up

- While there are limits, states can use Medicaid to address enrollee social needs
- Options: SPA coverage, Section 1115, managed care flexibility (e.g., ILOS, contract requirements), integrated care models
- New guidance released by CMS expands opportunities for states to cover HRSN
- Considerations and challenges (can vary according to option pursued):
  - financing / funding sustainability
  - changing administrations (may affect 1115 waiver priorities)
  - implementation (working with non-traditional providers / CBOs, coordination w/ other state and local agencies etc.)
  - monitoring / evaluation requirements
- Other related areas to watch: Re-entry / pre-release 1115 waivers
Questions?
POLL QUESTIONS
Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host
Download slides and resources from today’s webinar on the HPIO events page at

CONNECT WITH US

Social
- @HealthPolicyOH
- linkedin.com/healthpolicyohio

Email
- HPIO mailing list (link on our homepage)
- Ohio Health Policy News (healthpolicynews.org)

www.hpio.net
THANK YOU