# Ohio's Troubling Wave of Medicaid Redeterminations


*By Marie Curry, managing attorney*

In the medical field, doctors may recommend engaging in “watchful waiting”. This is the practice of allowing some time to pass so that a medical issue can evolve or resolve before a treatment course is determined.

Today, many legal advocates are engaging in some watchful waiting of their own as a potential issue emerges related to Medicaid coverage and access to basic medical care for low-income Ohioans.

***“Medicaid is the nation’s public health insurance program for people with low income. The Medicaid program covers more than 1 in 5 Americans, including many with complex and costly needs for care. The program is the principal source of long-term care coverage for people in the United States….Combined state and federal Medicaid spending comprised nearly one-fifth of all personal health care spending in the U.S., providing significant financing for hospitals, community health centers, physicians, nursing homes, and community-based long-term services and supports.”***

Like so many other critical public benefits, Medicaid coverage was protected during the pandemic. Congress enacted the Families First Coronavirus Act (FFCRA) which included a provision that Medicaid benefits be

maintained for all recipients through the end of the public health emergency. But as with many other expanded public benefits, this enhancement came to an end in 2023. As of May 1, 2023, Ohio began terminating coverage for Medicaid recipients who were found to be ineligible or whose eligibility couldn't be verified due to a lack of information.

This process is called Medicaid redetermination - and the prospects of it happening (en masse) are deeply troubling to medical-legal advocates. According to the Health Policy Institute of Ohio, over 3.5 million Ohioans were relying on Medicaid for their health coverage in January of 2023. When an individual or family who relied on Medicaid during the pandemic now has the good fortune to have access to affordable employer-sponsored health insurance, life is good. In contrast, when people who relied on Medicaid during the pandemic are "disenrolled" but their life circumstances have not improved, this could mean a sudden lack of medical coverage for broad swaths of Ohio's low-income population. This often equates to delaying or avoiding medical care, managing acute and chronic health issues without necessary care, or accruing crippling medical debt. The stressors around these experiences can cause individual and family stability to spiral downward.

As this important issue evolves, advocates are working to gather as much information as they can about the scope and nature of terminations, or "disenrollments.". Local legal aid organizations have yet to see a crush of potential clients facing unexpected Medicaid disenrollment, but we're not entirely sure why. Local stats from the Ohio Department of Medicaid Eligibility Renewal Dashboard do confirm that the spring of 2023 brought the expected spikes in Medicaid termination. For example, "auto-discontinuances" (meaning a recipient was dropped off Medicaid pursuant to a redetermination due to a lack of response or information) in Summit County went from zero/ month through March, then spiked to 1,250 in April, 829 in May, 1,265 in June, and 1,509 in July. Ohio's largest urban counties saw even higher numbers - sometimes 5,000+ auto-discontinuances per month.

These numbers are cause for concern not just because of what we know these disenrollments mean for many - but also because of how much we don't know. Some questions we're asking include:

**Why have they lost benefits?**

Every month, another group of Ohioans is coming up for redetermination of their Medicaid benefits. As a first step, the agency tries to confirm continued eligibility from existing data. For some, a recent application for food assistance or child care subsidies may mean their information is in the system and current. In these cases, assuming continued eligibility, Medicaid coverage is auto-renewed. For a second group of users, the agency has conflicting or insufficient information to auto-renew. These individuals receive a packet via USPS requesting additional information to verify eligibility. The potential pitfalls at this stage are many. While some packets are returned complete, others may be returned incomplete, and some are never returned at all. We don't know whether those recipients fully understand eligibility, are self-selecting out, or even received the packet in the first place. Equity issues are rife, as the lowest income Ohioans (many of whom are people of color and members of other disenfranchised groups) who are most in need of Medicaid coverage are also the most likely to move

frequently and face other barriers to successfully completing and returning their packets. It's inevitable that many will lose their coverage during this process.

**Do they even know?**

It is no easy thing to even know if you are on the list for redetermination in any upcoming month. Many people relying on Medicaid will never have gone through redetermination, and likely don't know when their annual redetermination date is. Eligible recipients who get bumped off Medicaid due to insufficient participation in the redetermination process can easily get coverage started up again if they know - and act soon enough. Eligible members whose coverage has been discontinued for a failure to provide necessary information have a 90-day re-enrollment period and do not need to submit a new application from scratch. Luckily, even if they haven't seen communications from DJFS, some users will discover this at the doctor or pharmacy. At this point, we just don't know how many of those who are losing coverage are aware of this loss or think it's justified due to new employment, an increase in income, or a move.

**What are medical professionals seeing from their end?**

One of the earliest groups who will know what's really happening out there among Medicaid users is our medical professionals - especially those who work checking in patients and verifying benefits. They will be the first to notice trends among patients who come to receive services and are surprised their Medicaid coverage is no longer in place. This is a time of year many Ohioans are headed to the doctor for flu vaccines and back-to-school forms. So it could be fortunate timing that many are learning sooner rather than later of their discontinuation. Hopefully many of these users can successfully communicate with their local DJFS offices to reinstate their benefits if they continue to be eligible.

The good news is that Ohio Medicaid users aren't among those faring the worst in our nation. Our state is about average nationwide in the percent of recipients terminated for procedural reasons (73%, with 25 states terminating a higher percentage for the inability to confirm eligibility at renewal) and in the percent of recipients who were able to be successfully renewed on an ex parte basis (53%).

We are poised to respond to this issue no matter which way it turns. We are asking the right questions and watching for troubling indicators. Advocates are working on data requests about who is being discontinued and why. We are asking for data specific to kids and Medicaid coverage, in addition to other special groups including people ages 60 and above. We're asking for data to help us see patterns in who might be impacted as related to race, income and age. And we are talking with medical partners to see what they're observing in their offices.

For now, if Medicaid recipients are questioning their coverage, they are advised to check it as soon as possible by contacting their local DJFS office or during an upcoming medical appointment. Meanwhile, we will continue to watchfully wait on this issue and keep our community posted in future Big Ideas.

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