

**THE CENTER FOR** EST. 1913  
**COMMUNITY SOLUTIONS**  
RESEARCH • ANALYSIS • ACTION

## Ensuring Client Rights

Implications of PHE Termination on Beneficiaries in  
Medicaid

May 2, 2022

# Introduction



## **LOREN ANTHES, MBA, CSSGB**

Chair for Health Planning  
Sr. Public Policy Fellow

[lanthes@communitysolutions.com](mailto:lanthes@communitysolutions.com)

 @lorenanthes

## **Our Mission**

The Center for Community Solutions improves health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy.

## **Our Work**

Three areas of expertise support every aspect of our work: Applied Research; Nonpartisan Public Policy and Advocacy; and Communications.

[www.communitysolutions.com](http://www.communitysolutions.com)

 @communitysols



# Caseload Impact

## Net Growth Rate:

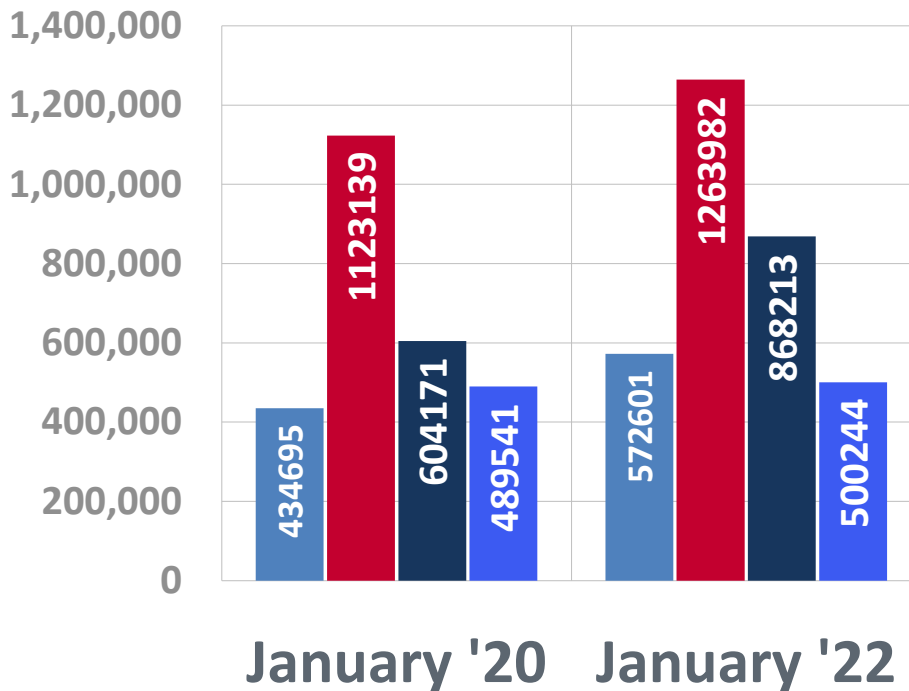
+20.1%, +560,795  
2.79M to 3.35M

## Increases

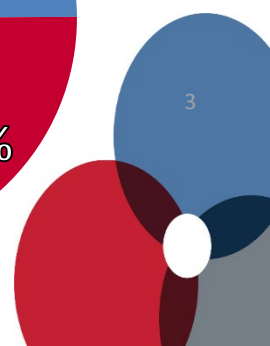
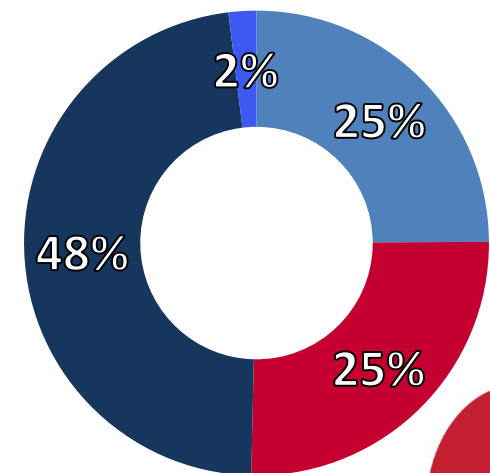
Percent, Volume

- CFC Adults
- Expansion
- CFC Kids
- ABD

- CFC-A 31.72%, 137,906
- VIII 43.7%, 264,042
- CFC-K 12.54%, 140,843
- ABD 2.19%, 10,703



## Share of Caseload Growth



# Budget's Impact on Eligibility

## HB110 requirements

- ODM must complete eligibility renewals and redeterminations within 90 days after the end of the PHE
- Within 60 days of the end of the PHE, ODM must complete and act on eligibility redeterminations for all beneficiaries who haven't had a redetermination in the previous 12 months
- ODM must seek approval from CMS to conduct redeterminations for all beneficiaries who were enrolled for 3+ months during the PHE
- ODM must employ a vendor to use 3<sup>rd</sup> party data sources to "identify individuals who are likely ineligible"
  - ODM will use this to satisfy in part the CMS expectation for a "risk-based approach"

*\*The future of BBB is uncertain at this time*

# PCG Contract: C-2223-07-0383

For each terminated beneficiary PCG flagged as likely **ineligible**, PCG will be credited for a percentage of the State's share of cost savings multiplied by the amount of time each beneficiary remained ineligible – up to 9 months - following their termination date, as of the date PCG is in receipt of the State's eligibility file. PCG's fee will be based on a percentage of the State's share of ODM's capitation payments, as follows:


Coverage Group	PMPM	Federal Share	State Share	State Share of PMPM
CFC Adult	\$ 570.18	64.10%	35.90%	\$ 204.69
Group VIII	\$ 730.44	90.00%	10.00%	\$ 73.04
CFC Kids (not CHIP)	\$ 295.93	64.10%	35.90%	\$ 106.24
CHIP Kids	\$ 295.93	74.87%	25.13%	\$ 74.37
ABD Kid	\$1,387.32	64.10%	35.90%	\$ 498.05
ABD Adult	\$2,294.70	64.10%	35.90%	\$ 823.80
Duals	\$2,055.28	64.10%	35.90%	\$ 737.85


# Ohio Medicaid Member Contact Information Update


## Member Transition & Enrollment

The most important action for Ohio Medicaid members right now is to update their contact information to make sure they do not miss any information about the next generation of Ohio Medicaid

### Members Have Three Options to Update Their Contact Information

 **Call (844) 640-6446.** After selecting the option for their preferred language, they should select option 2 and will be prompted to enter their zip code

 Individuals with an existing Self-Service Portal (SSP) account can **report changes online at <https://ssp.benefits.ohio.gov>.** After logging in, they should click the Access my Benefits tile, then click Report a Change to my Case from the drop down and follow the prompts

 **Contact their County Department of Job and Family Services (CDJFS).** Ohio Medicaid members can find their CDJFS by viewing the County Directory at [https://jfs.ohio.gov/County/County\\_Directory.stm](https://jfs.ohio.gov/County/County_Directory.stm)

#### Contact Information Includes:

- Name
- Residential Address
- Mailing Address (if different than residential address)
- Phone Number (cell and landline, if applicable)
- Email Address

# Navigator Info

- Ohio Medicaid, OAF and several of our Navigator consortium partners developed [a packet of Medicaid changes marketing materials](#), including:
  - A flyer with basic information and links to important websites (and a fillable version of this flyer)
  - Social media graphics and sample posts
  - A web banner highlighting changes
  - A [webpage](#) with information about the changes and links to important information: <https://getcoveredohio.org/Medicaid/>

# Legal Aid Society of Columbus



We are a non-profit law firm that provides free legal assistance to low-income residents of Franklin and surrounding counties (Delaware, Marion, Morrow, Union, and Madison)

- Our benefits team specializes in helping people access Medicaid, food assistance, and cash assistance

Ashley Socha, Esq., (614) 737-0133,  
[asocha@columbuslegalaid.org](mailto:asocha@columbuslegalaid.org)



# Overview

---

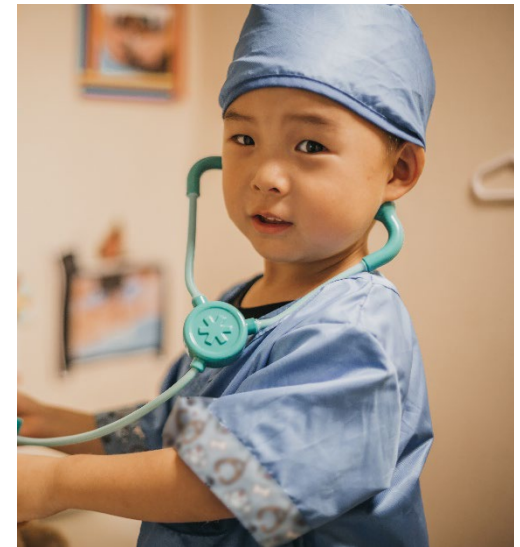
Where we are now – Medicaid protections during the public health emergency

Where we are going – the end of the PHE (“the unwinding”)

What to watch for during the unwinding and how to prepare

# Medicaid background

- Medicaid = government run health insurance for low-income kids, adults, pregnant people, seniors and people with disabilities
  - Entitlement program – anyone who meets eligibility requirements gets coverage
- Administered in Ohio by:
  - Ohio Department of Medicaid
  - County Departments of Job and Family Services
- In January 2020, about 2.9 million Ohioans were enrolled in Medicaid



# Medicaid during the PHE

- At the start of the COVID-19 pandemic, the federal government declared a Public Health Emergency (PHE)
  - Since March 2020, states have been required to maintain eligibility for people enrolled in Medicaid
  - This requirement lasts through the end of the month in which the PHE ends
- Anyone who was enrolled in March 2020 and anyone who has enrolled since has stayed on Medicaid throughout the pandemic



# Medicaid during the PHE

- 2 years later...
  - The PHE is still in place
  - Over 3.3 million Ohioans are enrolled in Medicaid
  - No one has been terminated for the past 2 years
- Ohio's general assembly says the eligibility review has to happen within 90 days of the end of the PHE

# The end of the PHE



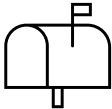



- The waiting game
  - Since Jan 2020, the PHE declaration has been renewed every 90 days
  - Most recent renewal was April 12
  - Biden administration has promised the states at least 60 days notice
- In early May we'll be looking to see if 60-day notice is provided (i.e., whether the PHE will end in July or continue)

# The end of the PHE

- When the PHE does end, states can begin to review eligibility and dis-enroll enrollees
  - BUT, they must determine enrollees' eligibility based on current information
- Medicaid says up to 50% of people will be “passively renewed” (i.e., behind the scenes)
  - For example, someone on SSI who is clearly eligible

# How to prepare

- Encourage people to update addresses
  - Online at <https://ssp.benefits.ohio.gov> 
  - By phone at 800-324-8680 
    - (Franklin county: 1-844-640-OHIO (6446))
- Keep a close eye on mail 
- Keep recent pay stubs and, if relevant, documents that show previous employment ended 

# What to watch for

- With millions of cases being reviewed, there may be challenges...
  - Inability to reach county JFS or access the online benefits portal
  - Improper Medicaid terminations
  - Confusing notices
  - Inaccurate information





# Inability to reach JFS

- Rules require the agency to allow people to apply for or renew Medicaid by phone, online, or in person, in a way that is accessible to people with disabilities and with limited English proficiency
  - County phone wait times are already VERY high
  - Online portal is not perfect

# Pre-termination review

- Before terminating someone's Medicaid, the agency must consider whether they are eligible for any other category of Medicaid AND must maintain their coverage during the review process
- Examples
  - Parent whose wages increased – consider Transitional Medicaid?
  - Individual approved for SSDI- consider SRS Medicaid?



# Pre-termination review

- Less well-known categories of Medicaid
  - Medicaid Buy-in for Workers with Disabilities (MBIWD)
    - Must be disabled
    - Must be working - can be part time or self-employed
    - Higher income limit - 250% (\$2602 for an individual)
    - Ok if person is on Medicare
  - Specialized Recovery Services Medicaid
    - Must be at least 21 years old
    - Must have one of several specific conditions:
      - Severe and persistent mental illness, or
      - Organ or tissue donation waiting list or previous transplant, or
      - Certain chronic conditions- HIV/AIDS, end stage renal disease, sickle cell anemia, cystic fibrosis, hemophilia, certain cancers

# Medicaid notice requirements

- Individuals who are denied or terminated from benefits have a right to due process
  - Written notice and the right to appeal
    - Must contain a clear statement of the reason for the action with citations to relevant regulations
  - Grounds for requesting a hearing include an erroneous denial of benefits, termination of benefits, reduction in benefits or improper delay



# Information accuracy?

- Medicaid is relying on a vendor to search data from credit bureaus and other third- party sources
  - Historically not always accurate
  - Unclear how specific the information will be
  - May be difficult to challenge accuracy
- Example
  - “Joe Williams” owns property in Delaware County



# How to Appeal

- Appeals of Medicaid eligibility decisions are made to the ODJFS Bureau of State hearings
  - Appeals can be made in any of the following ways
    - Online - <https://hearings.jfs.ohio.gov/SHARE> or <https://secure.jfs.ohio.gov/ols/RequestHearing/index.stm>
    - Phone - 866-635-3748
    - Email - [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov)
    - Fax - (614) 728-9574
    - Mail - ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825
  - Must appeal within 90 days of the mailing date on the notice
  - Appeal must be received within 15 days from mailing date of notice to continue receiving benefits (for terminations and reductions)

# Issue spotting

- People attending today are the eyes and ears on the ground
- LASC wants to know about problematic patterns you spot, including
  - Lack of a pre-termination review
  - Confusing notices
  - Inaccurate information leading to a termination

# Contact Information

- **Legal Aid Society of Columbus**
  - Ashley Socha, (614) 737-0133,  
[asocha@columbuslegalaid.org](mailto:asocha@columbuslegalaid.org)
  - Intake
    - Franklin and Madison Counties: (614) 241-2001
    - Delaware, Marion, Morrow, and Union: (740) 383-2161
    - <https://www.columbuslegalaid.org/get-help/intake-options/>
- **All other counties**
  - <https://www.ohiolegalhelp.org/find-your-legal-aid>



# Questions?





# LASC

The Legal Aid Society of Columbus

