OHIO LEGISLATIVE CHILDREN’S CAUCUS

FEBRUARY 2020

Promoting Whole Child Health & Wellness
by addressing the growing child uninsured rate
Amy Rohling McGee
President of the
Health Policy Institute of Ohio (HPIO)
Ohio legislative children’s caucus

Amy Rohling McGee
February 2020
Vision
To improve the health and well-being of all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
Modifiable factors that impact health

- **Clinical care**: 20%
- **Social and economic environment**: 40%
- **Health behaviors**: 30%
- **Physical environment**: 10%

Where does Ohio rank?

Population health: 43

Healthcare spending: 28

Health value in Ohio: 46
Too many Ohioans left behind

Birth
- Adverse childhood experiences* 38
- Child poverty 35
- Preschool enrollment 28
- High school graduation 29
- Some college 31

Adulthood
- Adult incarceration 38 (out of 50)
- Unemployment 43
- 112,873 black children in Ohio would not be living in poverty if gap between white and black children in Ohio was eliminated
- 11,372 Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated
- 29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated
Why do we rank poorly?

Modifiable factors that influence health

- **18 Access to care**
- **36 Healthcare system**
- **47 Public health and prevention**
- **20% Clinical care**
- **30% Health behaviors**
- **40% Social and economic environment**
- **40% Physical environment**

Distribution of health insurance among Ohioans ages 0-64 by coverage source, 2008-2018

Source: Kaiser Family Foundation, State Health Facts

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Distribution of health insurance among Ohioans ages 0-64 with incomes below 100% FPL by coverage source, 2008-2018

Source: Kaiser Family Foundation, State Health Facts

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Estimate of employment benefits available to U.S. workers by average wage of occupation, March 2017


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# Ohio’s child health strengths

<table>
<thead>
<tr>
<th>Ohio’s rank</th>
<th>Metric</th>
<th>Data value (most recent year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Alcohol use, youth. Percent of youth ages 12-17 that report using alcohol in the past month</td>
<td>8.9% (2015-2016)</td>
</tr>
<tr>
<td>11</td>
<td>Care coordination. Percent of children ages 2-17 who did not receive effective care coordination</td>
<td>12.4% (2016)</td>
</tr>
<tr>
<td>25</td>
<td>Uninsured children. Percent of children ages 0-17 that are uninsured</td>
<td>3.6% (2016)</td>
</tr>
<tr>
<td>22</td>
<td>Breastfeeding support in hospitals. Average Maternity Practice in Infant Nutrition and Care (mPINC) score among hospitals and birthing facilities to support breastfeeding</td>
<td>80 (2015)</td>
</tr>
</tbody>
</table>
Ohio’s performance on child health relative to other states

Source: Assessment of Child Health and Health Care in Ohio, figure ES.1
Data source: HPIO analysis of secondary data included in the Assessment of Child Health and Healthcare in Ohio
Ohio’s child health challenges

- Mental health and addiction
- Chronic disease
- Maternal and infant health

Source: National Survey of Drug Use and Health
Past year Major Depressive Episode among adolescents aged 12-17, 2008-2009 to 2015-2016

Source: National Survey of Drug Use and Health
Asthma emergency department visits
Emergency department visit rate per 10,000 children ages 0-17 for patients with a primary diagnosis of asthma by race, 2016

Source: Ohio Department of Health, data provided upon request
Infant mortality rate (deaths per 1,000 infants), 1990 to 2017
(America’s Health Rankings edition years*)

*America’s Health Rankings edition years are later than actual data years. Data for 2017 America’s Health Rankings edition, for example, are from 2014-2015.

Source: National Vital Statistics System, as compiled by America’s Health Rankings
## Evidence-informed policy goals

### Young Ohioans:

- Are socially and emotionally healthy
- Do not use or abuse tobacco, nicotine, alcohol, marijuana and opiates
- Have access to high-quality, coordinated behavioral health services

### Young Ohioans:

- With asthma live in healthy, smoke-free homes
- Are physically active and eat healthy
- Have access to high-quality, coordinated health services for asthma and healthy weight management

### Ohioans:

- Have access to high-quality, coordinated pregnancy and infant health services

Ohio families have access to high-quality early childhood services

*Source: Assessment of Child Health and Health Care in Ohio, figure ES.4*
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Tricia Brooks
Research Professor at the Georgetown University
McCourt School of Public Policy's Center for Children and Families
Regaining Momentum in Covering Children

Ohio Children’s Legislative Caucus
February 12, 2020
Tricia Brooks
More than a Decade of Progress in Covering Kids Reversed Course in 2016

Source: American Community Survey, Census; Represents children under 19; Significance computed using estimates and margin of error using Census Statistical Testing Tool (estimates are numbers in thousands). Significant change from year to year indicated here with a *. Confidence interval used with 90%. Significance from 2016 - 2018 trend indicated with a ^. Confidence interval used with 90%.

Percent of Uninsured Children, 2008 - 2018
In Ohio, the Number of Uninsured Children Increased by 28%
(between 2016 and 2018)

Source: American Community Survey, Census; Represents children under 19; Significance computed using estimates and margin of error using Census Statistical Testing Tool (estimates are numbers in thousands). Significant change from year to year indicated here with a *. Confidence interval used with 90%. Significance from 2016 - 2018 trend indicated with a ^. Confidence interval used with 90%.
Biggest Impact: Low Moderate Income Children

Source: American Community Survey, Census; Significance computed using estimates and margin of error using Census Statistical Testing Tool (estimates are numbers in thousands).

Significant change from year to year indicated here with a *. Confidence interval used with 90%.
No * indicates no statistical difference

2017 2018
0 - 149% FPL 6.2% 6.2%
150 - 199% FPL 7.2% 8.8%
200 - 299% FPL 5.6% 6.3%
Over 300% FPL 2.3% 2.3%
### Biggest Impact: Young Children during Key Developmental Years

#### Under Age 6

<table>
<thead>
<tr>
<th></th>
<th>Ohio 2017</th>
<th>National 2017</th>
<th>Ohio 2018</th>
<th>National 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>4.1%</td>
<td>4.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>5.0%*</td>
<td>4.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Children Ages 6 - 18

<table>
<thead>
<tr>
<th></th>
<th>Ohio 2017</th>
<th>National 2017</th>
<th>Ohio 2018</th>
<th>National 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>5.4%</td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>4.6%</td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: American Community Survey, Census; Significance computed using estimates and margin of error using Census Statistical Testing Tool (estimates are numbers in thousands).

Significant change from year to year indicated here with a *. Confidence interval used with 90%.

No * indicates no statistical difference.
Children’s Coverage Trends Correlate to Participation in Medicaid

Source: Various Reports by the Urban Institute
Troubling Indicators of Medicaid Churn

The Rate of Uninsured Children Increased in both 2017 and 2018

- 3.8% in 2016
- 4.8% in 2018

Ohio was 1 of 13 States with a Statistically Significant Increase

Child Enrollment in Medicaid Dropped by 912,000 Children in 38 states in 2018

- 2.2% US
- 4.7% OH

56,000 Children in Ohio

Ohio Child Enrollment
Quarterly 2014 - 2019

Source: CMS Medicaid and CHIP Enrollment Data
Represents children under 19
Medicaid is Predominant Source of Coverage for Ohio’s Most Vulnerable Children

Sources of Coverage Ohio Children 2018

- **Medicaid**, 32.3%
- **ESI**, 52.4%
- **Other**, 6.6%
- **Uninsured**, 4.8%

- **100% Foster Care**
- **82% Poor or Near Poor**
- **52% Births**
- **45% Special Health Care Needs**
- **43% Key Developmental Years Under Age 6**

Source: American Community Survey, Census; Significance computed using estimates and margin of error using Census Statistical Testing Tool (estimates are numbers in thousands).

Significant change from year to year indicated here with a *. Confidence interval used with 90%. No * indicates no statistical difference.
What Now?
Key Elements of Success in Covering Kids

- Political Champions
- Collecting & Using Performance Data
- Focus on Retention
- Procedures to Simplify Enrollment
- Adoption of Policies Known to Maximize Eligibility
- Sustained and Targeted Outreach; Consumer Assistance, Community Partnerships
Outreach, Consumer Assistance, and Community Partnerships

- Targeting uninsured children
- Offering family-focused, culturally-sensitive assistance
- Creating a culture of coverage throughout the Medicaid enterprise at state, county, local
- Supporting community-based efforts
- Before, during, and after enrollment
A High Functioning Medicaid Enterprise is Essential to Keeping Kids Covered

- Adopting policies that maximize enrollment
- Streamlining and simplifying the application and renewal processes
- Encouraging consumer use of online tools to maximize convenience and efficiency
- Focusing on retention
## Specific Opportunities to Boost Enrollment and Retention

### Reduce Barriers
- Improve use of electronic data to verify eligibility
- Enhance readability of forms, instructions, and notices
- Take a “3-strikes before you’re out” approach

### Returned Mail
- Increase electronic communications and use of online accounts
- Adopt proactive strategies to update addresses
  - USPS National Change of Address Database
  - Efforts after receiving returned mail
Use Data to Make Informed Decisions

• Demographics of uninsured children for targeting outreach
• Performance indicators
• Disenrollment and denial reasons
  - Ineligible vs. “Unable to Determine Eligibility”
  - Maximizing Enrollment Brief
• Family surveys
  - Recent enrollees
  - Recent disenrollees
  - Established enrollees
Protect Medicaid Expansion: It Strengthens Families

- Parent coverage increases children’s coverage
- Healthy parents are better able to nurture their child’s development
- Greater financial security
- Reduced family stress

Enrollment restrictions or administrative requirements that put up barriers for parents will impact children.

Block Grants Threaten Coverage Gains and State Budgets

Boost State Spending

...Or

Impose more red tape to suppress enrollment and retention
Close or cap enrollment

Reduce Eligibility

Cut Benefits

Increase Enrollee Costs

Lower Reimbursement for Providers
• Leadership matters
• To make Medicaid work better requires commitment and resources.
• More important now given the negative trends in children’s coverage.
• Covering kids is an investment in Ohio’s future.
Making Medicaid Work Better is Critical to Children’s Success in School and in Life

Medicaid helps children grow up to reach their full potential.
Children enrolled in Medicaid:

- Miss fewer school days due to illness or injury
- Do better in school
- Are more likely to graduate high school and attend college
- Grow up to be healthier as adults
- Earn higher wages
- Pay more in taxes

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Say Ahhh! a child health policy blog:
http://ccf.georgetown.edu/blog/
Maureen Corcoran
Director of the
Ohio Department of Medicaid
Ohio Children’s Caucus
Medicaid Trends

Ohio Department of Medicaid
February 12, 2020
National Enrollment Trends

• National child Medicaid enrollment data through 2018 reveals trends similar to Ohio with enrollment increasing from 2008 through 2015, then decreasing from 2016 to 2018.*

• The Kaiser Family Foundation (KFF) ** attributed 2017 and 2018 Medicaid enrollment declines to:
  1. A stronger economy.
  2. Elimination of renewal delays for states that had implemented new or upgraded eligibility systems.
  3. Data matching and enhanced verifications for several states.

* Sources: “Medicaid and CHIP Enrollment Decline Suggests the Child Uninsured Rate May Rise Again”, Georgetown University Health Policy Institute, Center for Children and Families, May 2019, “Children’s Health Insurance Coverage Nationwide and in the States, 2016 to 2017”, State Health Access Data Assistance Center (SHADAC), May 2019.

ODM White Paper: Child Caseload Summary 9-19-19

- Income sensitivity
- Child demographic trends
- Where are the disenrolled children going?
- Correlation between parent and child coverage
- Delayed renewals
- Application Backlog
- Loss of ACA Navigator Funding
Action: Develop a Deeper Understanding

• Additional Analytic work
  • Face to face interviews
  • Additional data mining
  • Development of dashboards to assist with targeted interventions
• Refocusing ODM OB/TA staff re: system trends
• Survey of Policy Experts
Action: Transparency and Keeping People Enrolled

- Keep people enrolled:
  - Survey of MCOs
  - Considering the best role for managed care case managers to proactively identify individual’s eligibility renewal dates to prevent loss or a gap in coverage.

- Transparency: Data analytics and increased use of dashboards

- Implementing the Community Engagement and Work Reqt 1115 Demonstration waiver in a way that provides a “warm handoff” to a job or private insurance
**Action: System and Eligibility Process Related**

- Doubling the number of ODM staff dedicated to processing applications and assisting counties that experience work stoppages or excessive backlogs.
- CMS Corrective Action Plan: Backlog & PERM issues
- Collaborating with county partners to reduce backlog and process applications and renewals in a timely manner, including identification and sharing of best practices across counties. Inc. weekly tracking
  
  - Example:

<table>
<thead>
<tr>
<th></th>
<th>&lt;45 days</th>
<th>&gt; 45 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 17, 2019</td>
<td>46,011</td>
<td>53,392</td>
<td>99,403</td>
</tr>
<tr>
<td>Feb. 3, 2020</td>
<td>36,591</td>
<td>29,543</td>
<td>66,134</td>
</tr>
</tbody>
</table>

- Reviewing eligibility requirements and streamlining IT systems to simplify for enrollees and reduce workload for county caseworkers; e.g. increasing the number of “no touch” or one touch transactions
Child Enrollment Decline

Covered Families and Children (CFC) Child Enrollment and Ohio Unemployment Rate

- **Great Recession**
- **Delayed Renewals**
- **Backlog Reduction**

**AVERAGE MONTHLY CASELOAD**

- 1,200,000
- 1,000,000
- 800,000
- 600,000
- 400,000
- 200,000

**OHIO UNEMPLOYMENT RATE (%)**

- 12.0
- 10.0
- 8.0
- 6.0
- 4.0
- 2.0
- 0.0

- **CFC Child Enrollment**
- **Ohio Unemployment Rate**
Other Ohio Programs

State of Ohio
SNAP Recipients, 2010-Dec 2019

State of Ohio
OWF/TANF Recipients, 2010-Dec 2019
Child Enrollment Trends

Ohio Medicaid Child Caseload Ages 0-18, 2013-2020

ACA Expansion and Ohio Benefits/MAGI Implementation with Delayed Renewals
Eligibility by Month and By Age, Month #1 February 2017
Total Medicaid & CHIP Enrollment (January 2014 – October 2019)

Total Medicaid and CHIP Enrollment: The total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period, including those with retroactive, conditional, and presumptive eligibility.

Note: Ohio changed its methodology during this time period.

Child Enrollment for Medicaid/CHIP: The total unduplicated number of individuals enrolled in CHIP (i.e. funded under title XXI of the Social Security Act); plus the total unduplicated number of individuals enrolled in Medicaid (i.e. funded under title XIX of the Social Security Act) who are children. States use the definition of "child" as included in the state’s Medicaid or CHIP state plan.

Note: Ohio changed its methodology during this time period.

Preliminary Findings from ODMHAS Sponsored Survey/Research

February 12, 2020

Thanks to GRC for pulling preliminary results from 2019 OMAS Survey. Data are from the 75% completed weighted data set – estimates will be adjusted once the final weighted 2019 OMAS data set becomes available.
Children Uninsured in Ohio: Preliminary Findings from ODM-Sponsored Surveys

- Child uninsured rates moderately increased since 2015.
- Employer-sponsored insurance continues to decline.
- Child and adult Medicaid enrollment declined since 2015.
- Alternatives to Medicaid coverage may be cost prohibitive.
  - Most health insurance costs (premiums, out-of-pocket, over-the-counter) are front-loaded.
- There is confusion regarding Medicaid enrollment and renewal processes, contributing to unintentional loss of coverage.
Trends in Select Insurance Coverage, Ohio Adults*
Ages 19-64 Years (self-reported)

Note that 2019 OMAS results are from the 75% completed weighted data set – these estimates will be adjusted once the final weighted 2019 OMAS data set becomes available.
* This slide does not display “Other” insurance types, including Exchange, Privately Purchased, Medicare, Other, and Unknown Type of Insurance.
Trends in Select Insurance Coverage, Ohio Children*
Ages 0-17 Years (1998-2010 OMAS), Ages 0-18 (2012-2019 OMAS) (proxy-reported)

* Note that 2019 OMAS results are from the 75% completed weighted data set – these estimates will be adjusted once the final weighted 2019 OMAS data set becomes available. Additionally, the 1998-2010 years of OMAS defined children as 0-17 years of age; the 2012-2019 iterations of OMAS redefined children as 0-18 years of age, adjusting to Medicaid eligibility criteria. Due to methodological considerations, these age ranges were not adjusted in this chart.
* This slide does not display “Other” insurance types, including Exchange, Privately Purchased, Medicare, Other, and Unknown Type of Insurance.
Trends in Select Insurance Coverage: Ohio Children 138% FPL*
Ages 0-18 Years (proxy-reported)

* Note that 2019 OMAS results are from the 75% completed weighted data set – these estimates will be adjusted once the final weighted 2019 OMAS data set becomes available.
* This slide does not display “Other” insurance types, including Exchange, Privately Purchased, Medicare, Other, and Unknown Type of Insurance.
Trends in Insurance Coverage Among Ohio Children Ages 0-17, OMAS By County Type


* 2019 Data is from the 75% completed and weighted 2019 OMAS – the 2019 statistics will be revised in February of 2020, upon data completion
Trends in Insurance Coverage Among Ohio Children Ages 0-17, OMAS Appalachian, By Insurance Type


* 2019 Data is from the 75% completed and weighted 2019 OMAS – the 2019 statistics will be revised in February of 2020, upon data completion.
Trends in Insurance Coverage Among Ohio Children Ages 0-17, OMAS
By Income Level


* 2019 Data is from the 75% completed and weighted 2019 OMAS – the 2019 statistics will be revised in February of 2020, upon data completion
### Number of Medicaid Expansion Parents and their Children who lost Medicaid Coverage

**Overall and by Income Group**

<table>
<thead>
<tr>
<th>Unenrolled Parents</th>
<th>All Parents</th>
<th>Parents who knew that they had lost their Medicaid Coverage</th>
<th>Parents who thought they had Medicaid Coverage but were actually unenrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated N</td>
<td>Estimated N</td>
<td>Estimated N</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>39,535 (80,218 children)</td>
<td>17,993 (35,266 children)</td>
<td>21,542 (44,952 children)</td>
</tr>
<tr>
<td>Income under 138% FPL</td>
<td>22,302 (45,504 children)</td>
<td>6,570 (12,877 children)</td>
<td>15,762 (32,627 children)</td>
</tr>
<tr>
<td>Income 139% FPL – 250% FPL</td>
<td>9,465 (18,882 children)</td>
<td>6,462 (12,666 children)</td>
<td>3,003 (6,216 children)</td>
</tr>
<tr>
<td>Income 250%+ FPL</td>
<td>4,198 (8,266 children)</td>
<td>3,862 (7,570 children)</td>
<td>336 (696 children)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.51%</td>
<td>54.49%</td>
</tr>
<tr>
<td>29.46%</td>
<td>70.68%</td>
</tr>
<tr>
<td>68.27%</td>
<td>31.73%</td>
</tr>
<tr>
<td>92.00%</td>
<td>8.00%</td>
</tr>
</tbody>
</table>

- In a third of all cases, children churn out of Medicaid with their parents.
  - In 2018, 19,344 children of Group VIII enrollees lost coverage the same year their parents lost coverage.
FFM Transfers December 2017-2018-2019
## 2019 FFM: Kids

<table>
<thead>
<tr>
<th>FFM eApp WITH DATE CY 2019</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many incoming FFM eApps were received in CY2019?</td>
<td>76,783</td>
</tr>
<tr>
<td>a. How many applicants on those eApps?</td>
<td>106,578</td>
</tr>
<tr>
<td>i. How many were minors (below age 18)?</td>
<td>28,778</td>
</tr>
<tr>
<td>2. How many of those eApps (CY 2019) were duplicates?</td>
<td>7,488</td>
</tr>
<tr>
<td>a. On these, how many minors?</td>
<td>3,437</td>
</tr>
</tbody>
</table>
New ODMHAS Dashboards
Eligibility and Churn
February 12, 2020
Dec 2019—look back 13 mos. and identify every person with “gap month(s)”...

Example: Adults & kids: 7-12 mos. of missing months. Montgomery = 5.97% of all gap months and these gap months equal a 7-12 mo. gap.
## Termination Reasons

<table>
<thead>
<tr>
<th>Termination Reason</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 - Failure to Cooperate with Redetermination Process</td>
<td>708</td>
<td>7.03%</td>
</tr>
<tr>
<td>1100 - Deceased</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>1300 - Duplicate Application</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td>1400 - Application Withdrawal - Written</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>1450 - Application Withdrawal - Verbal</td>
<td>145</td>
<td></td>
</tr>
<tr>
<td>1600 - Moved Out of State</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>1700 - Out of the Home</td>
<td>878</td>
<td>8.71%</td>
</tr>
<tr>
<td>1800 - Ineligible Applicant</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>2200 - Determined Medicaid</td>
<td>2,388</td>
<td>23.70%</td>
</tr>
<tr>
<td>2225 - Did Not Submit Medicaid Application</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>2250 - Already Receiving PE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2400 - PE Non-Financials</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2500 - Receiving Medicaid</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>2600 - Already Received PE During Span</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2750 - Requested Discontinuance - Written</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>2800 - Requested Discontinuance - Verbal</td>
<td>453</td>
<td></td>
</tr>
<tr>
<td>2900 - Aided on Another Case</td>
<td>3,007</td>
<td>30.07%</td>
</tr>
<tr>
<td>3000 - Aided on Another State</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>3200 - Whereabouts Unknown/Loss of Contact</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>3300 - Non-Approved Living Arrangement</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3500 - Already Receiving Medicaid on another case</td>
<td>143</td>
<td></td>
</tr>
<tr>
<td>3600 - Already Receiving Medicaid in the current case</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>3700 - Already Receiving Medicaid in the current case and another case</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4100 - State Residence</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>4200 - Citizenship Unverified</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4400 - No Qualifying Medical Condition</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5000 - Closure of Fair Hearing Benefits</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>5250 - Failure to Verify Income - All Programs</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>5300 - Failure to Verify Income for Medicaid</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>5400 - Medicaid WI Member Failed to Verify Income</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>5500 - Income Unverified</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>5600 - Resources Unverified</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>10700 - Failure to Verify Other Health Ins.</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>11100 - Failure to Comply with Quarterly Reporting Requirements</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>11200 - Income Exceeds TMA 6 month limit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>11400 - MAGI Over Income</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>11500 - Over Resources</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>11600 - Over Income</td>
<td>26</td>
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<tr>
<td>12000 - Over Income for MPAP</td>
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</tr>
<tr>
<td>12300 - MAGI Adult with Medicare</td>
<td>4</td>
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<tr>
<td>12400 - Parent of Uninsured Minor Child</td>
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</tr>
<tr>
<td>1450 - Application Withdrawal</td>
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</tr>
<tr>
<td>1500 - Determined Medicaid</td>
<td>2,388</td>
<td>23.70%</td>
</tr>
<tr>
<td>1600 - No Valid LTC</td>
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<tr>
<td>1700 - Out of the Home</td>
<td>878</td>
<td>8.71%</td>
</tr>
<tr>
<td>1800 - Ineligible Applicant</td>
<td>29</td>
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<tr>
<td>2200 - Determined Medicaid</td>
<td>2,388</td>
<td>23.70%</td>
</tr>
<tr>
<td>2225 - Did Not Submit Medicaid Application</td>
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<tr>
<td>2250 - Already Receiving PE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2400 - PE Non-Financials</td>
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<tr>
<td>2500 - Receiving Medicaid</td>
<td>24</td>
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<tr>
<td>2600 - Already Received PE During Span</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2700 - Requested Discontinuance - Written</td>
<td>84</td>
<td></td>
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<tr>
<td>2800 - Requested Discontinuance - Verbal</td>
<td>453</td>
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<tr>
<td>2900 - Aided on Another Case</td>
<td>3,007</td>
<td>30.07%</td>
</tr>
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<td>3000 - Aided on Another State</td>
<td>79</td>
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<tr>
<td>3200 - Whereabouts Unknown/Loss of Contact</td>
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<tr>
<td>3300 - Non-Approved Living Arrangement</td>
<td>2</td>
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<tr>
<td>3500 - Already Receiving Medicaid on another case</td>
<td>143</td>
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<tr>
<td>3600 - Already Receiving Medicaid in the current case</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>3700 - Already Receiving Medicaid in the current case and another case</td>
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<tr>
<td>4100 - State Residence</td>
<td>29</td>
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</tr>
<tr>
<td>4200 - Citizenship Unverified</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4400 - No Qualifying Medical Condition</td>
<td>5</td>
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</tr>
<tr>
<td>5000 - Closure of Fair Hearing Benefits</td>
<td>25</td>
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<tr>
<td>5250 - Failure to Verify Income - All Programs</td>
<td>17</td>
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<td>5300 - Failure to Verify Income for Medicaid</td>
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<td>5400 - Medicaid WI Member Failed to Verify Income</td>
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<td>5500 - Income Unverified</td>
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<tr>
<td>5600 - Resources Unverified</td>
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<tr>
<td>10700 - Failure to Verify Other Health Ins.</td>
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<tr>
<td>11100 - Failure to Comply with Quarterly Reporting Requirements</td>
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<tr>
<td>11200 - Income Exceeds TMA 6 month limit</td>
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<tr>
<td>11400 - MAGI Over Income</td>
<td>91</td>
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<tr>
<td>11500 - Over Resources</td>
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<td></td>
</tr>
</tbody>
</table>
CONTINUOUS ELIGIBILITY
66%
1,769,580
KIDS CONTINUOUS ELIGIBILITY: 12 MOS. PRIOR TO DEC. 2019
RANGE: 58.8% TO 73.93%
CFC KIDS WITH A 4-6 MO. GAP 9,720 KIDS
ABD KIDS WITH 4-6 MOS. MISSING ELIGIBILITY
RANGE: 7.7% TO 52.2%
KIDS ELIGIBLE IN NOV. BUT NOT IN DECEMBER
RANGE: 0.87% TO 3.09%
CFC KIDS NOT ELIGIBLE IN DEC. - ELIGIBLE SOMETIME IN THE PRIOR 12MOS.
RANGE: 1.72% TO 8.23%
As a nurse, I want everyone we serve to have high quality health care with systems, financing and care that is designed and aligned to meet individuals’ needs. I want the legislature and others in the community to trust our stewardship of this great responsibility.

Director Maureen Corcoran
February 2019
Maureen.Corcoran@Medicaid.Ohio.Gov
Questions for the Panel