

# OHIO LEGISLATIVE CHILDREN'S CAUCUS

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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



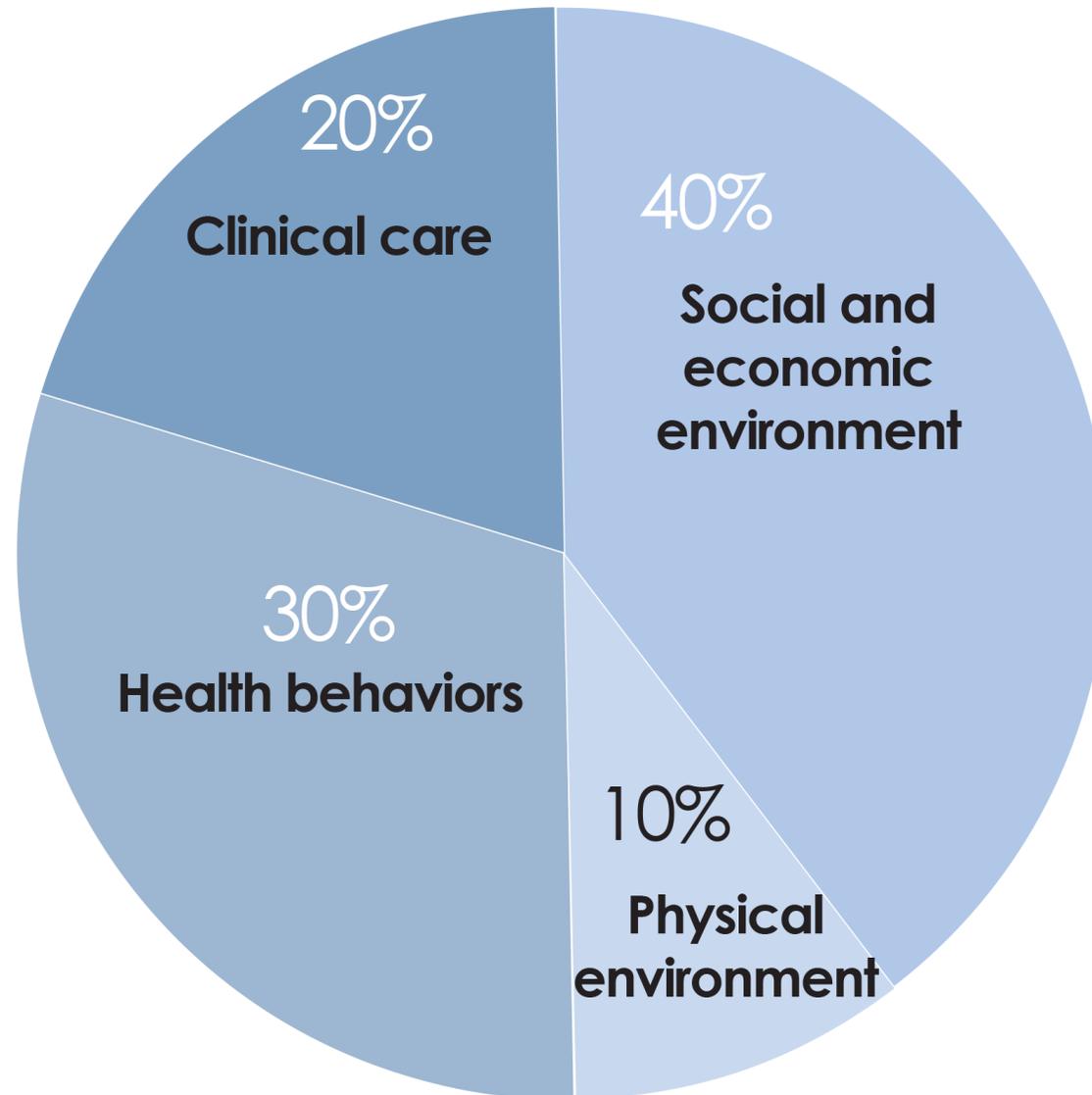
# Vision

To improve the health and well-being of all Ohioans.

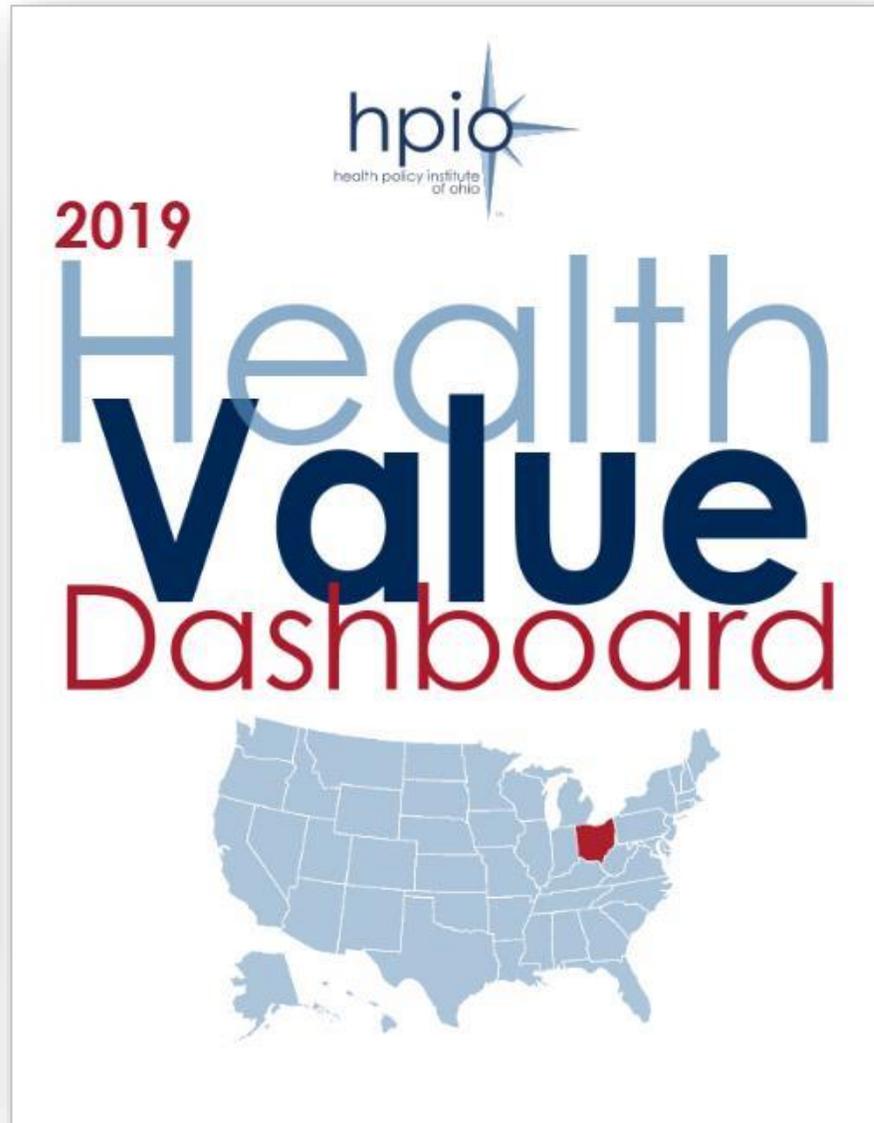
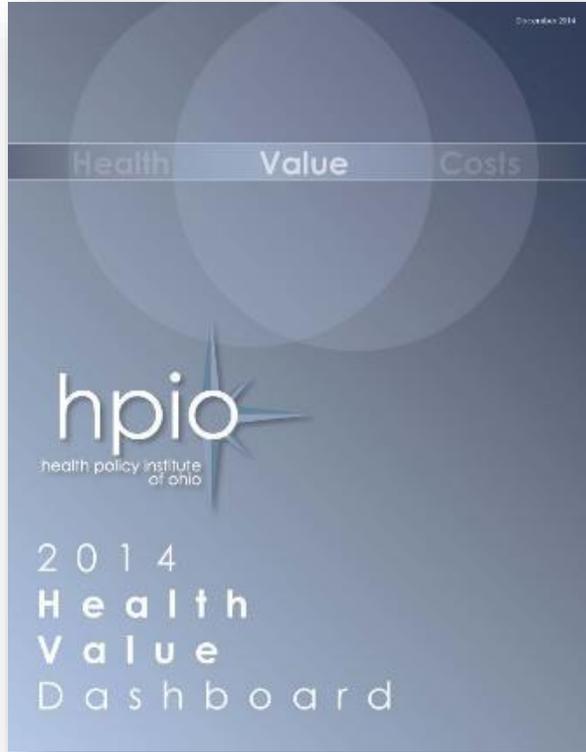
# Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.

# Modifiable factors that impact health



**Source:** Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.



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# Where does Ohio rank?

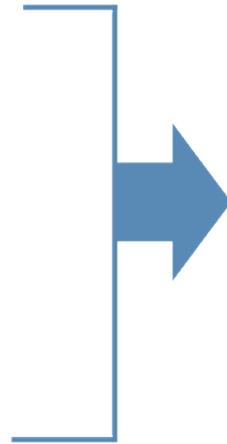


Population  
health

+

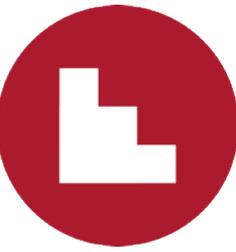


Healthcare  
spending



Health value  
in Ohio

# Too many Ohioans left behind



Birth

Adulthood

Adverse childhood experiences\*

38

Child poverty

35

Preschool enrollment

28

High school graduation

29

Some college

31

Adult incarceration

38

(out of 50)

Unemployment

43

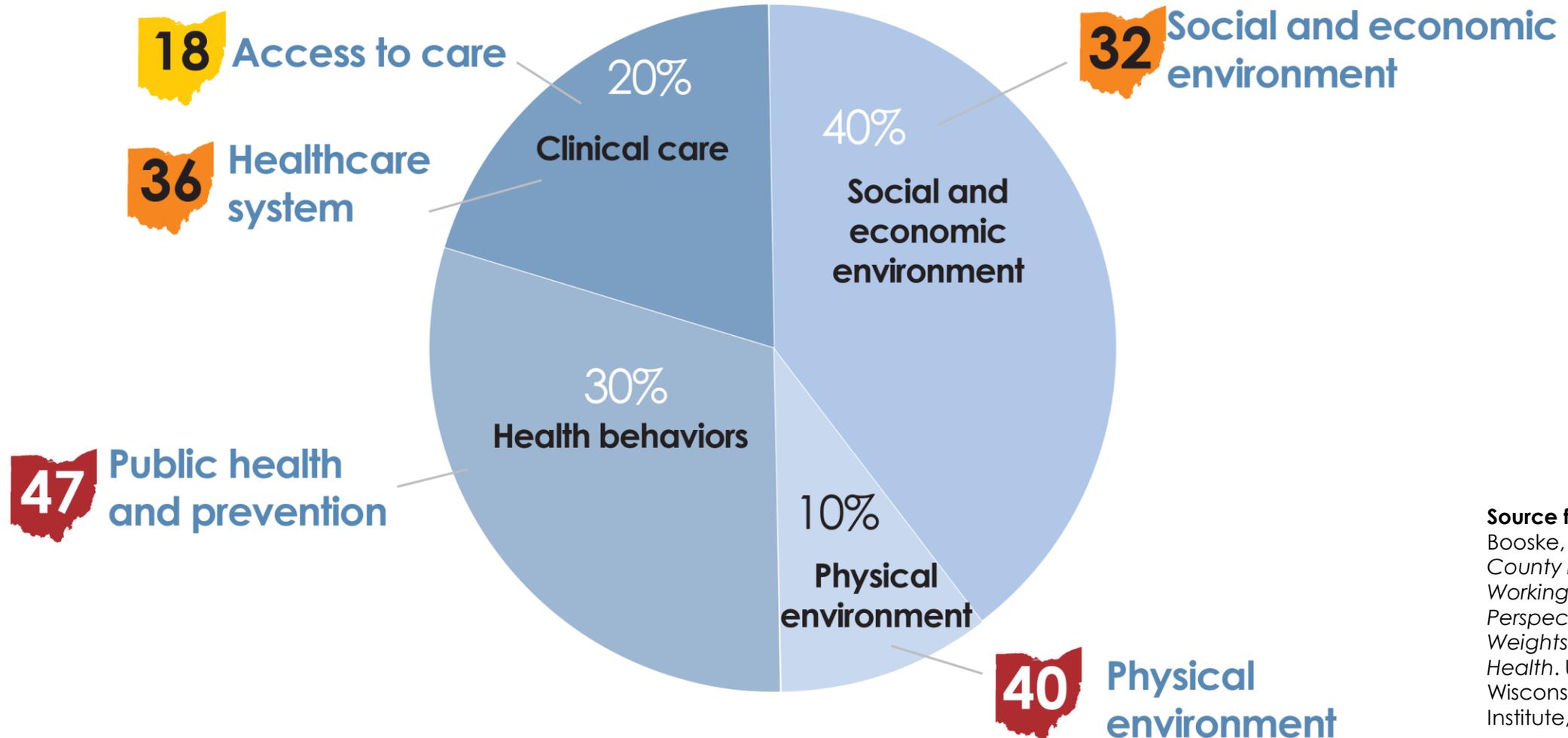
**112,873** black children in Ohio would not be living in poverty if gap between white and black children in Ohio was eliminated

**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?

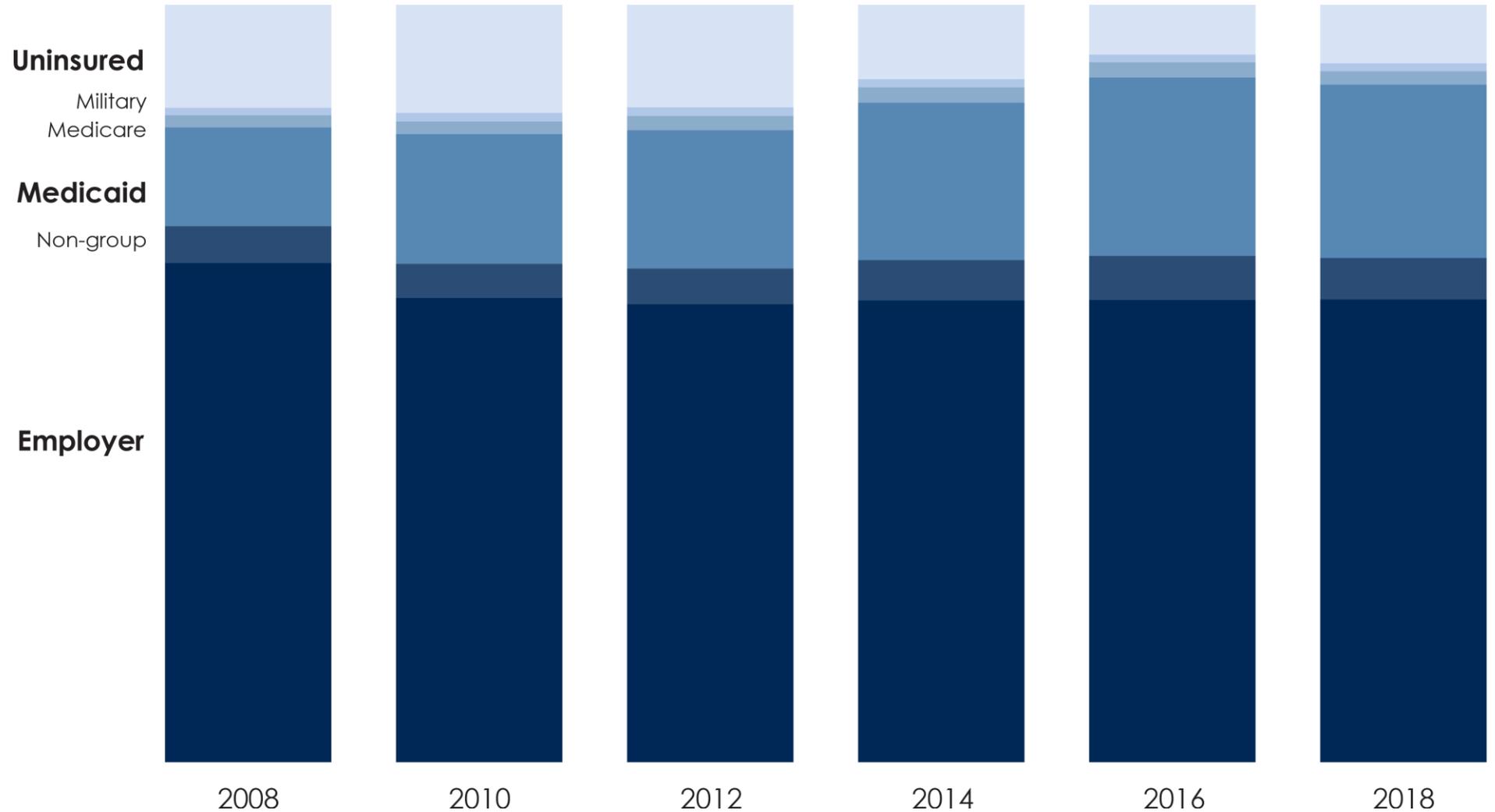
## Modifiable factors that influence health



**Source for pie chart:**  
Booske, Bridget C. et. Al.  
*County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010.

# Distribution of health insurance among Ohioans ages 0-64

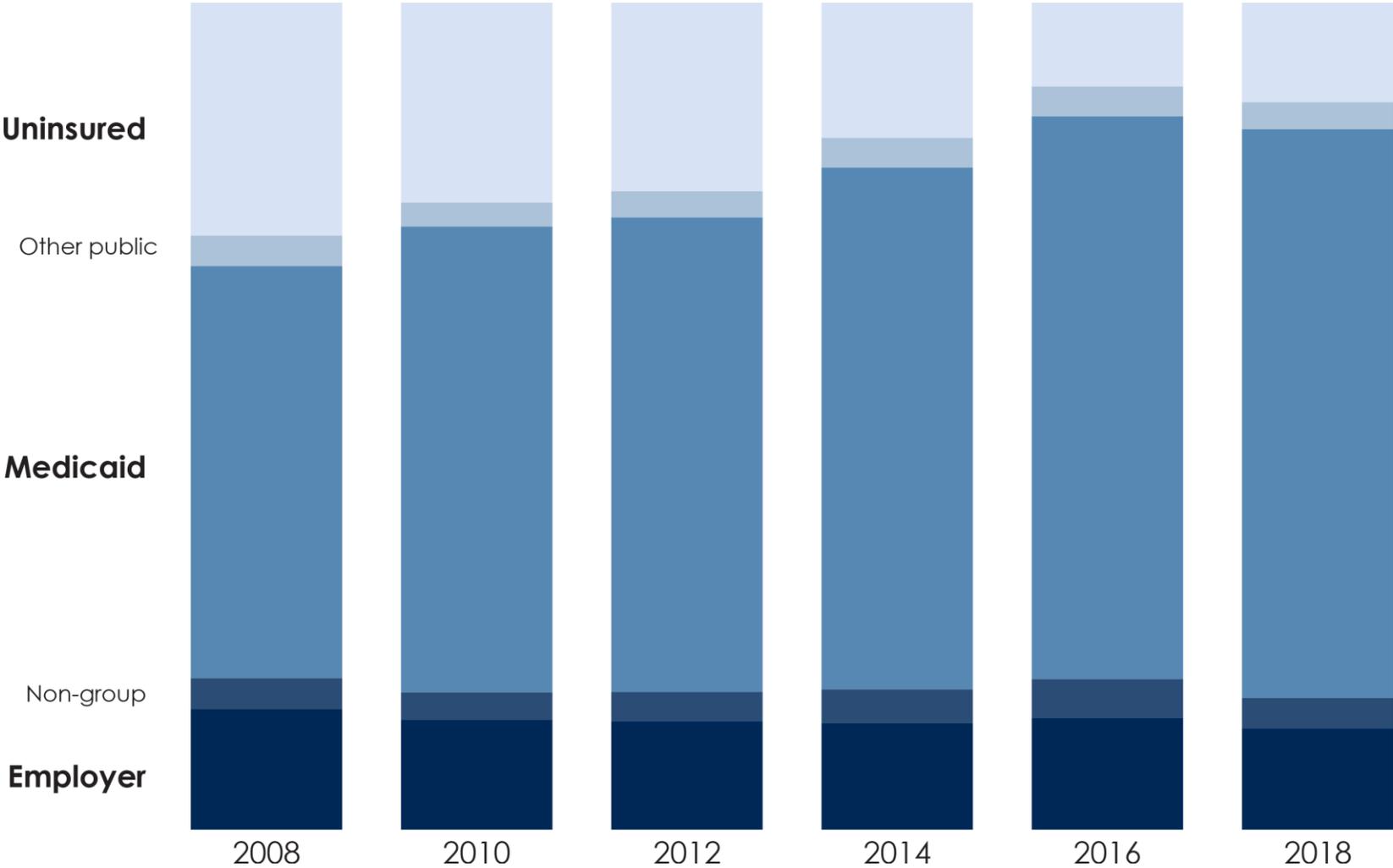
by coverage source, 2008-2018



Source: Kaiser Family Foundation, State Health Facts

# Distribution of health insurance among Ohioans ages 0-64 with incomes below 100% FPL

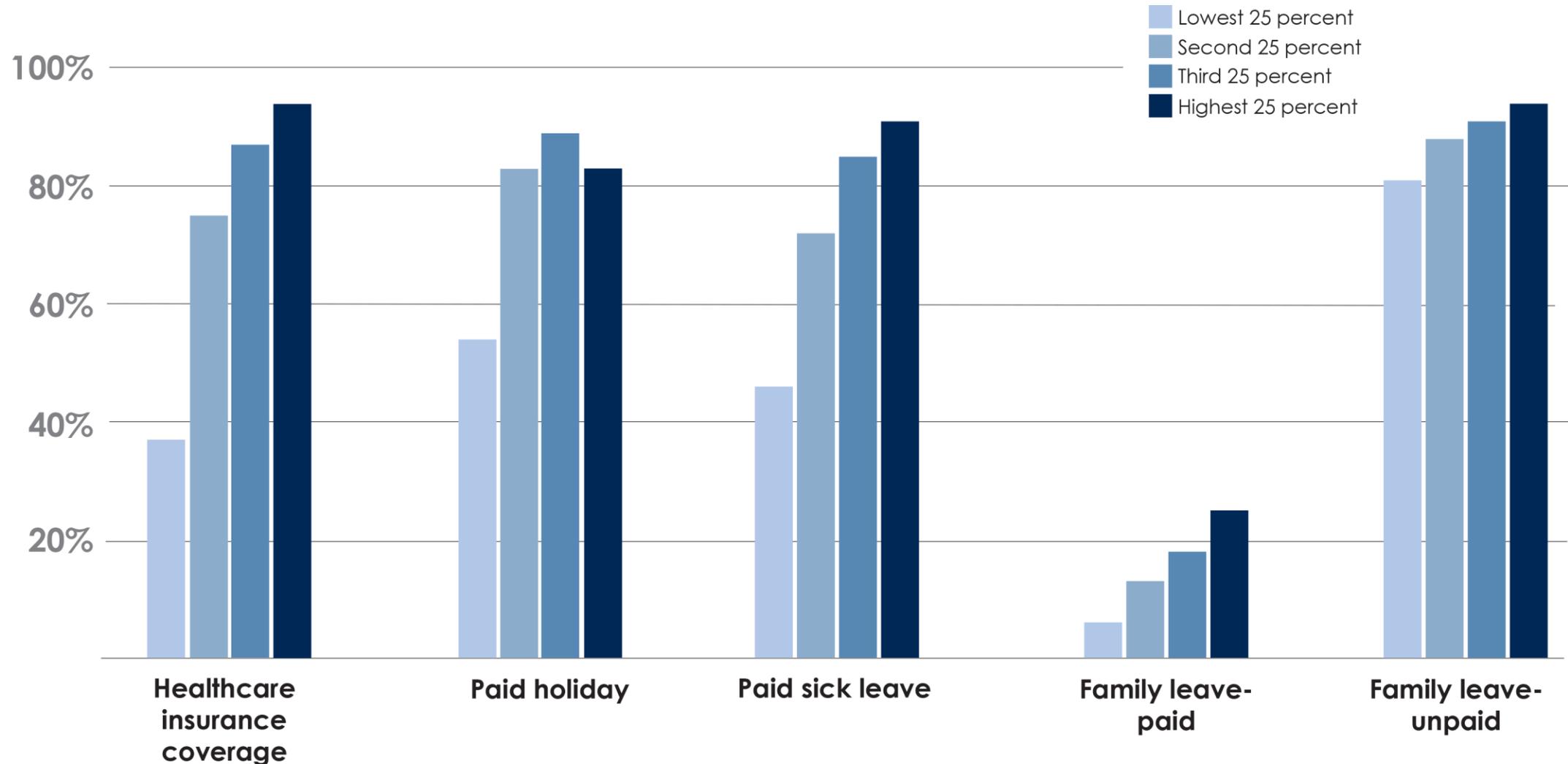
by coverage source, 2008-2018



Source: Kaiser Family Foundation, State Health Facts

# Estimate of employment benefits available to U.S. workers

by average wage of occupation, March 2017



Source: U.S. Department of Labor, Bureau of Labor Statistics, Employee Benefits Survey

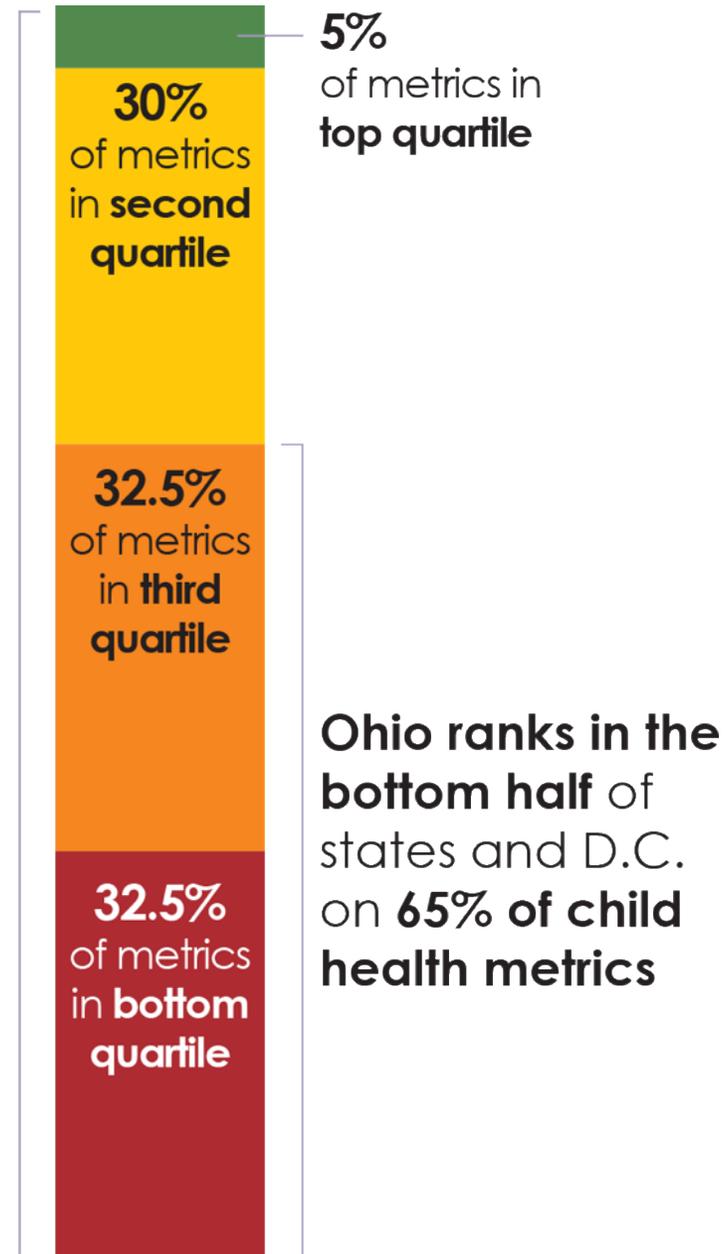
# Ohio's child health strengths

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



# Ohio's performance on child health relative to other states

**40**  
metrics with  
state  
ranking



**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**

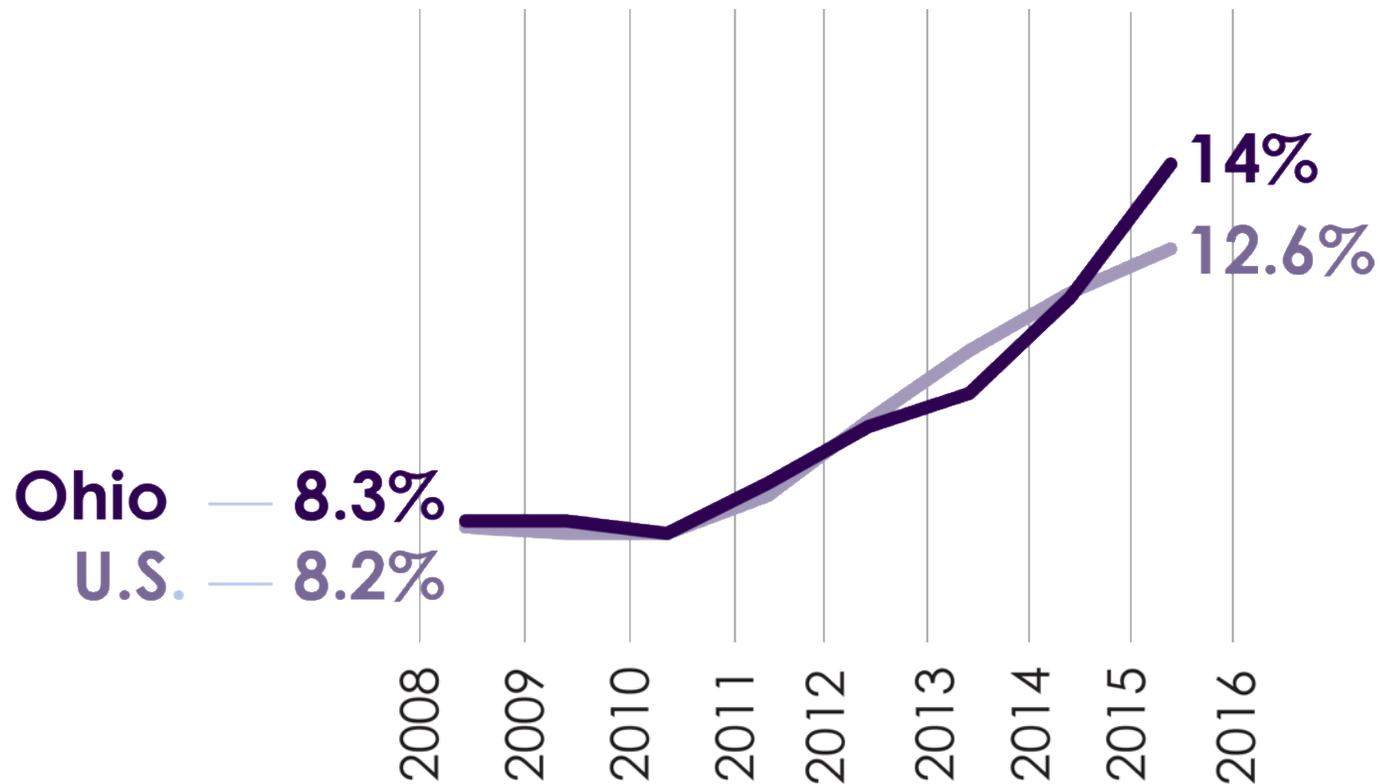


**Maternal and infant health**



# Mental health and addiction

Past year Major Depressive Episode among adolescents aged 12-17, 2008-2009 to 2015-2016



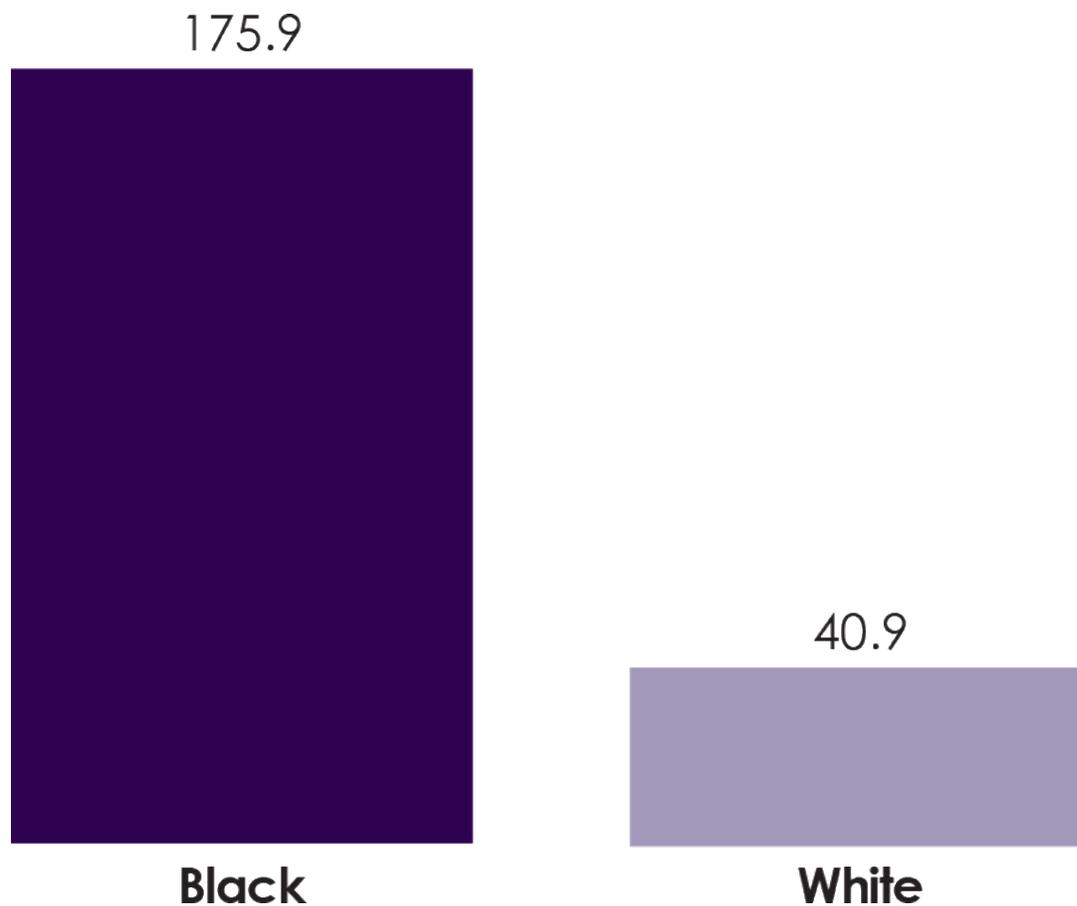
Source: National Survey of Drug Use and Health



# Chronic disease

## 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



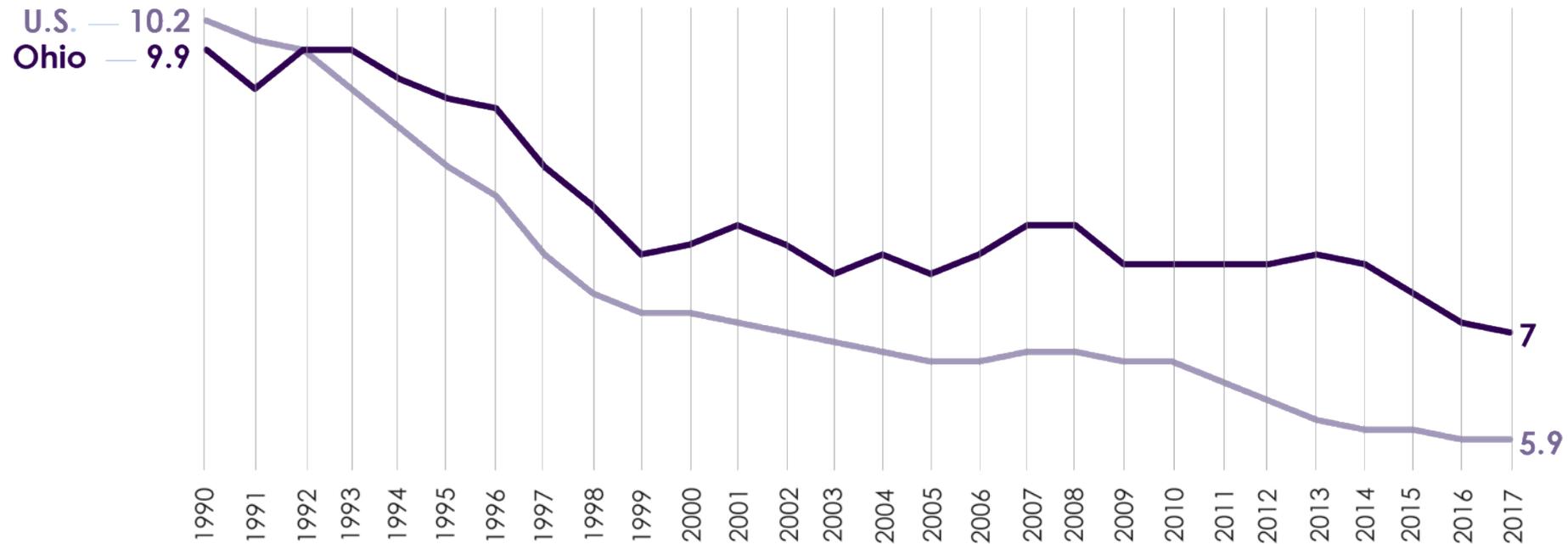
**Source:** Ohio Department of Health, data provided upon request



# Maternal and infant health

## 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

# Connect with us



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# **TRICIA BROOKS**

*Research Professor at the Georgetown University*

*McCourt School of Public Policy's Center for*

*Children and Families*



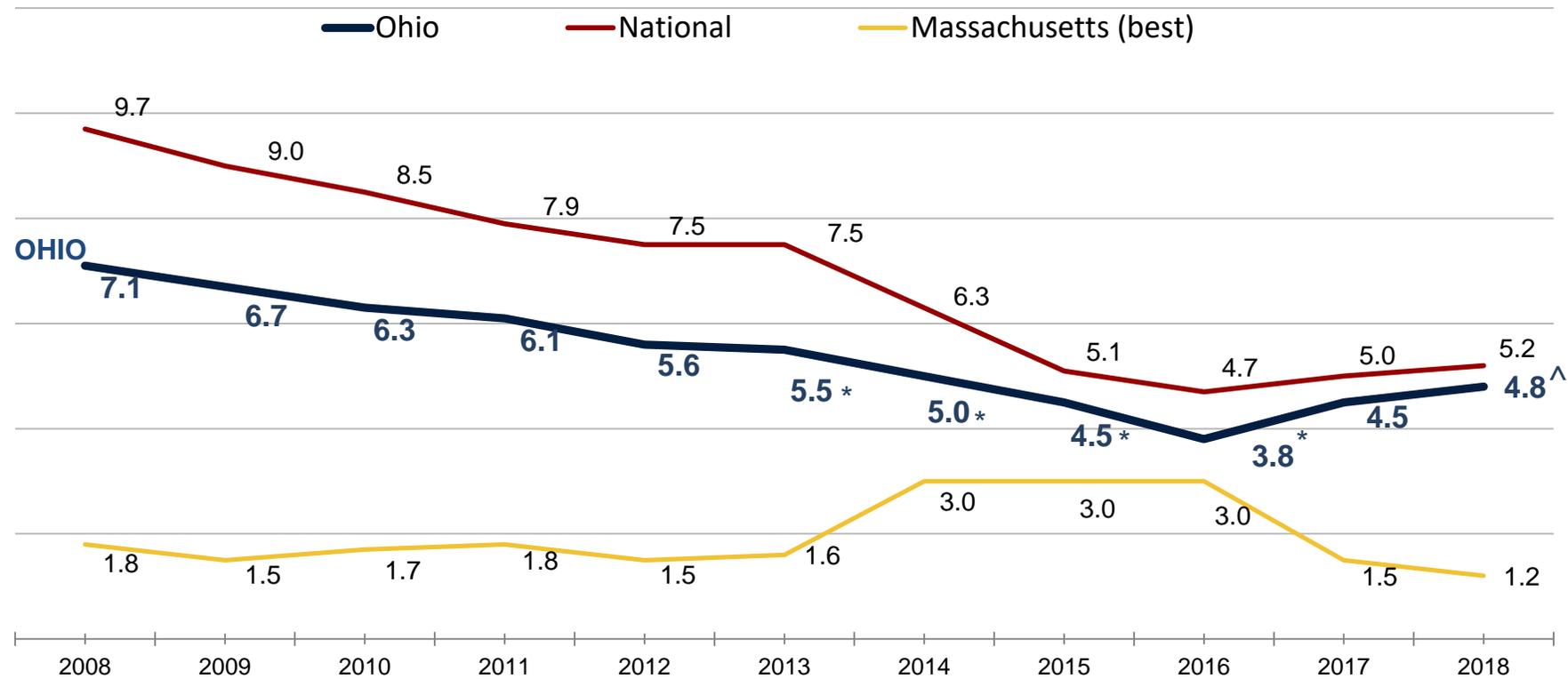


Georgetown University  
Health Policy Institute  
CENTER FOR CHILDREN  
AND FAMILIES

# Regaining Momentum in Covering Children

*Ohio Children's Legislative Caucus  
February 12, 2020  
Tricia Brooks*

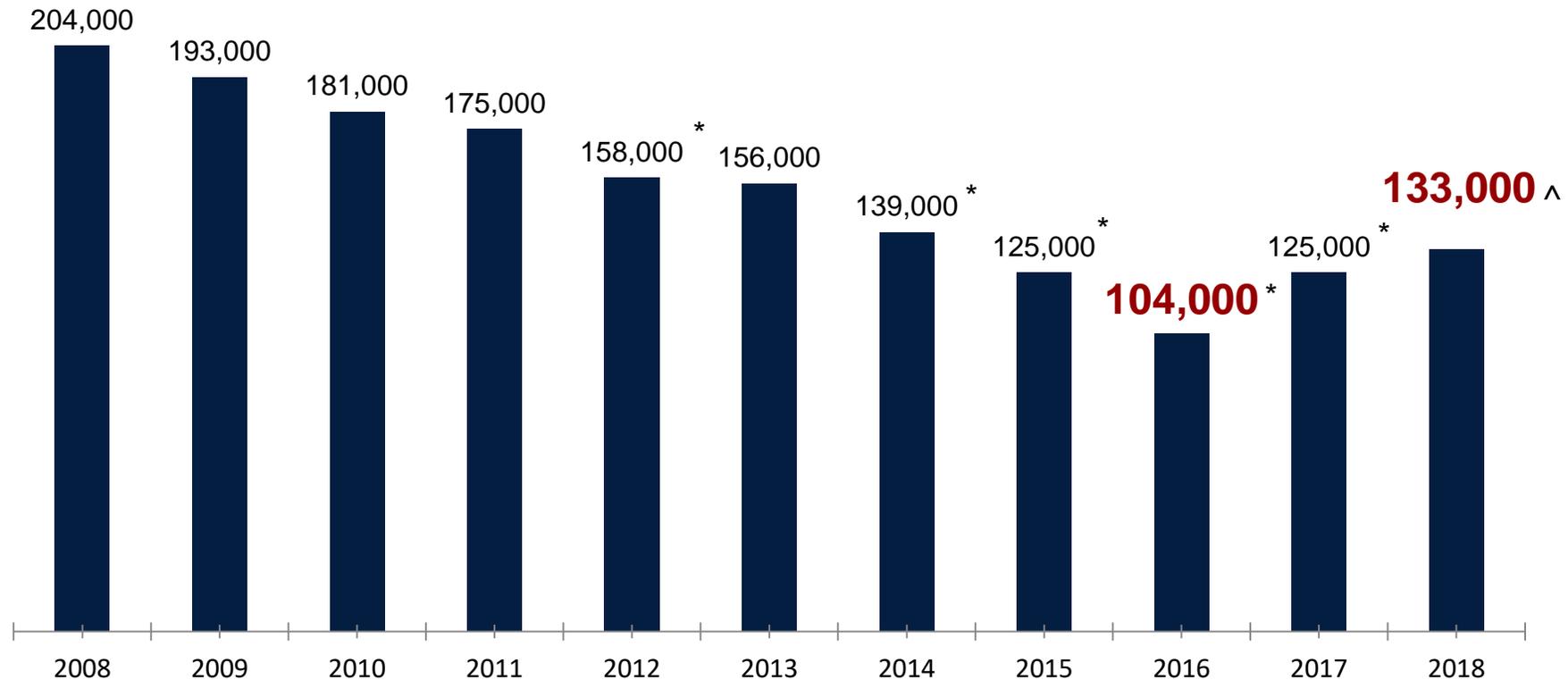
# More than a Decade of Progress in Covering Kids Reversed Course in 2016



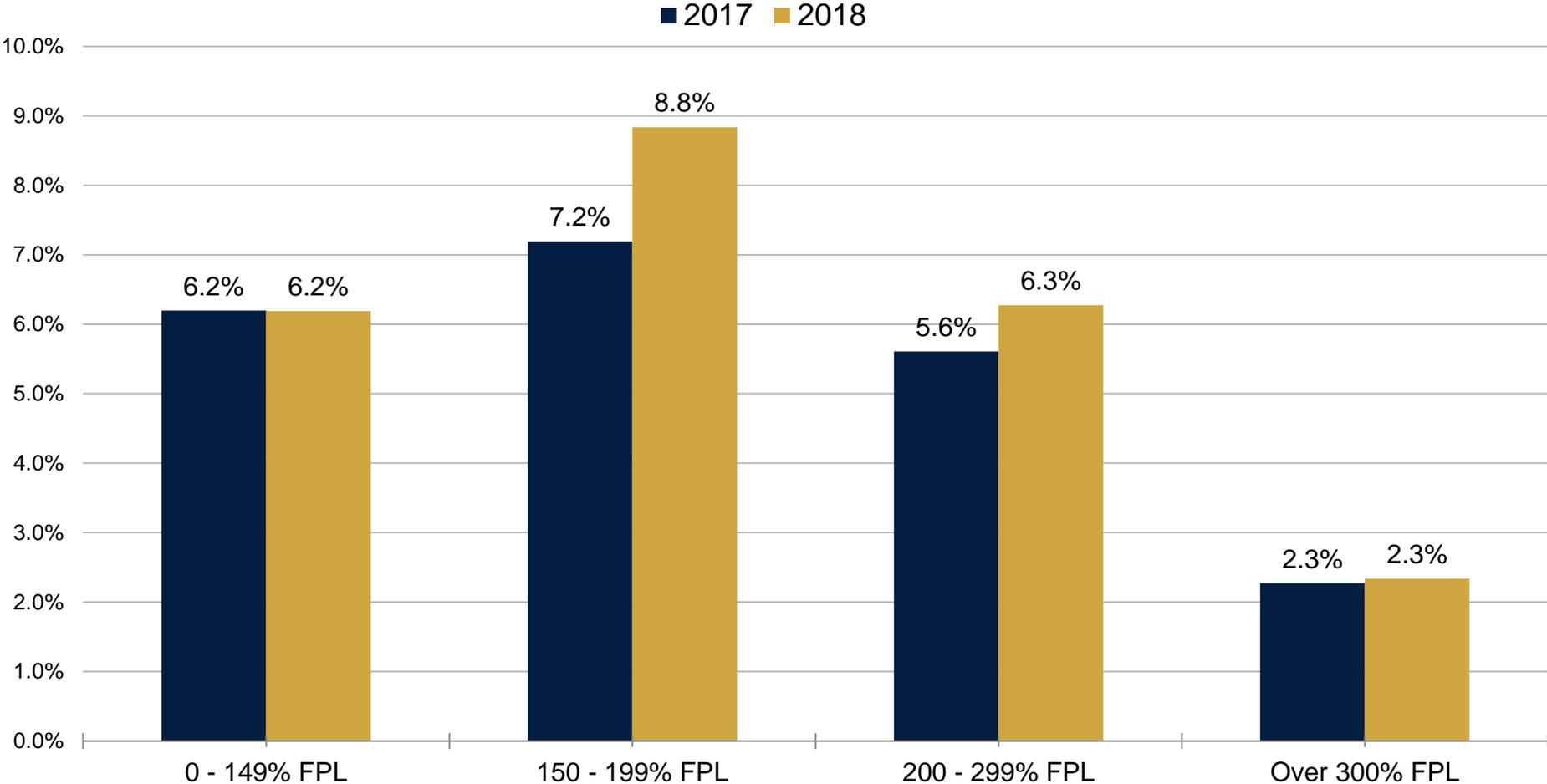
Percent of Uninsured Children, 2008 - 2018

# In Ohio, the Number of Uninsured Children Increased by 28%

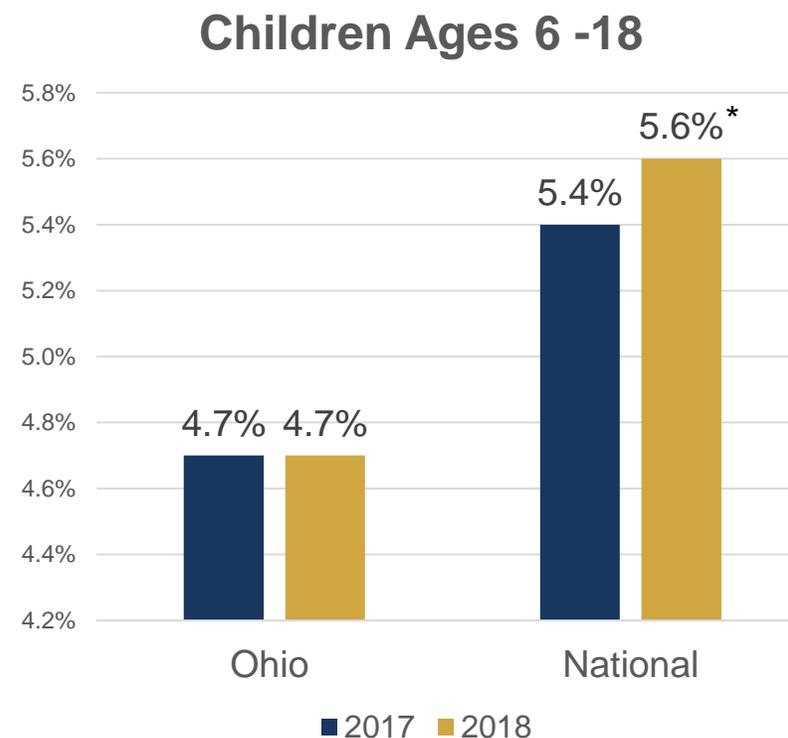
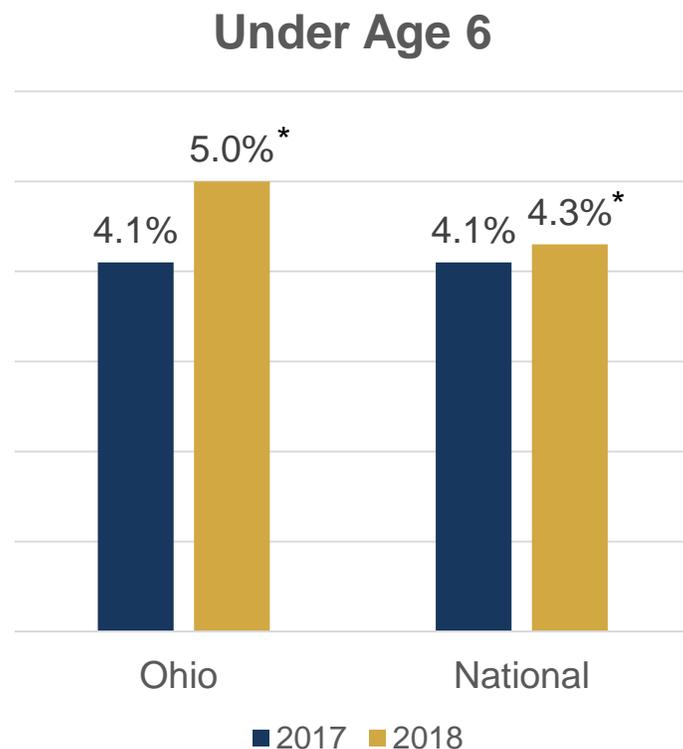
(between 2016 and 2018)



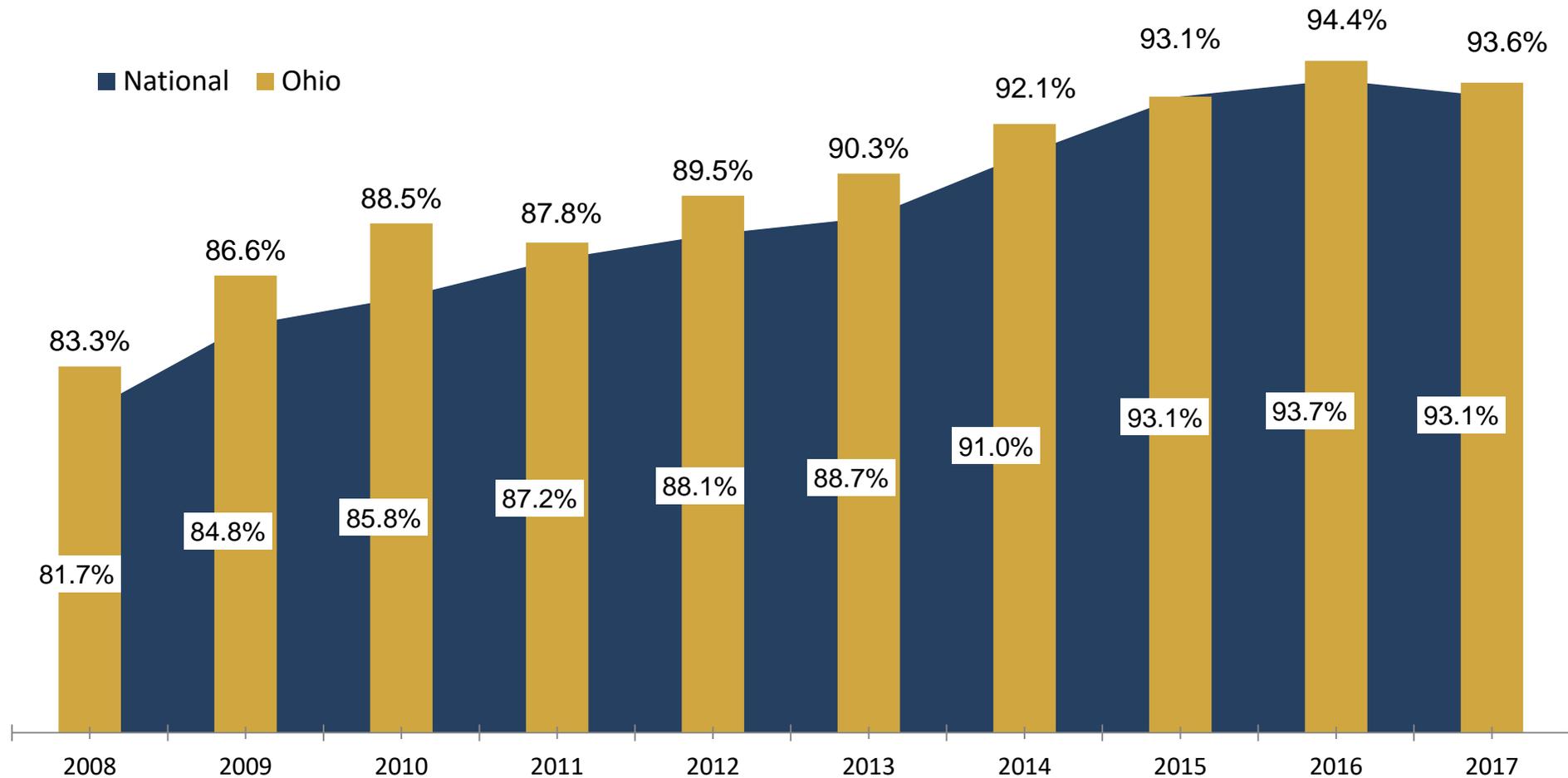
# Biggest Impact: Low Moderate Income Children



# Biggest Impact: Young Children during Key Developmental Years

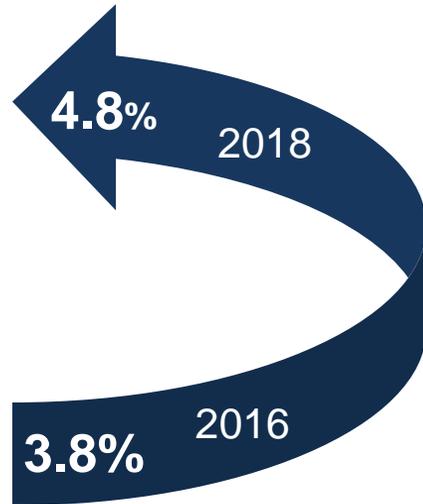


# Children's Coverage Trends Correlate to Participation in Medicaid



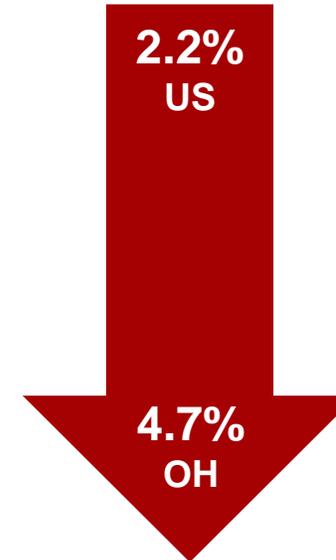
# Troubling Indicators of Medicaid Churn

The Rate of Uninsured Children Increased in both 2017 and 2018



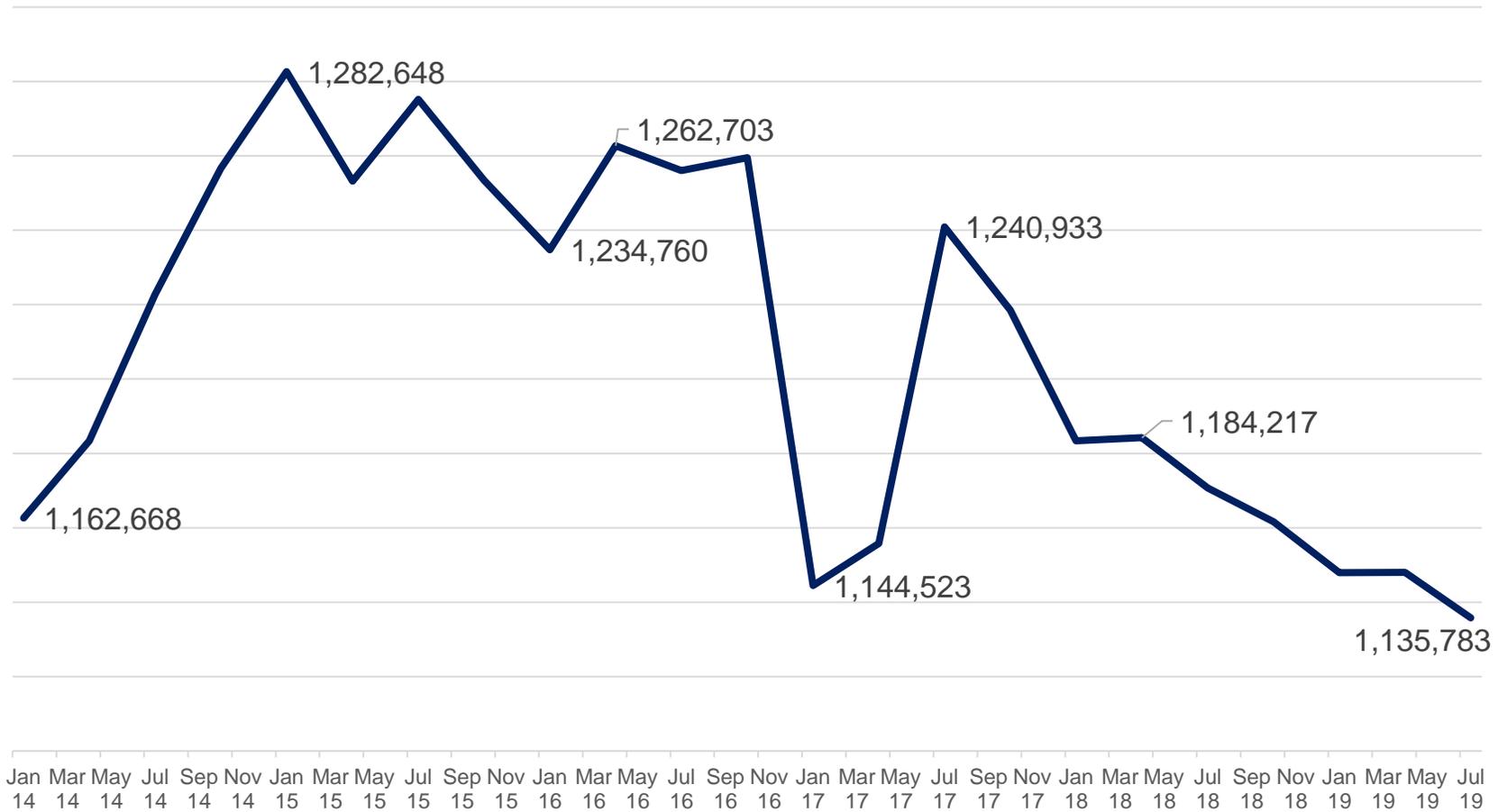
Ohio was **1 of 13** States with a Statistically Significant Increase

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



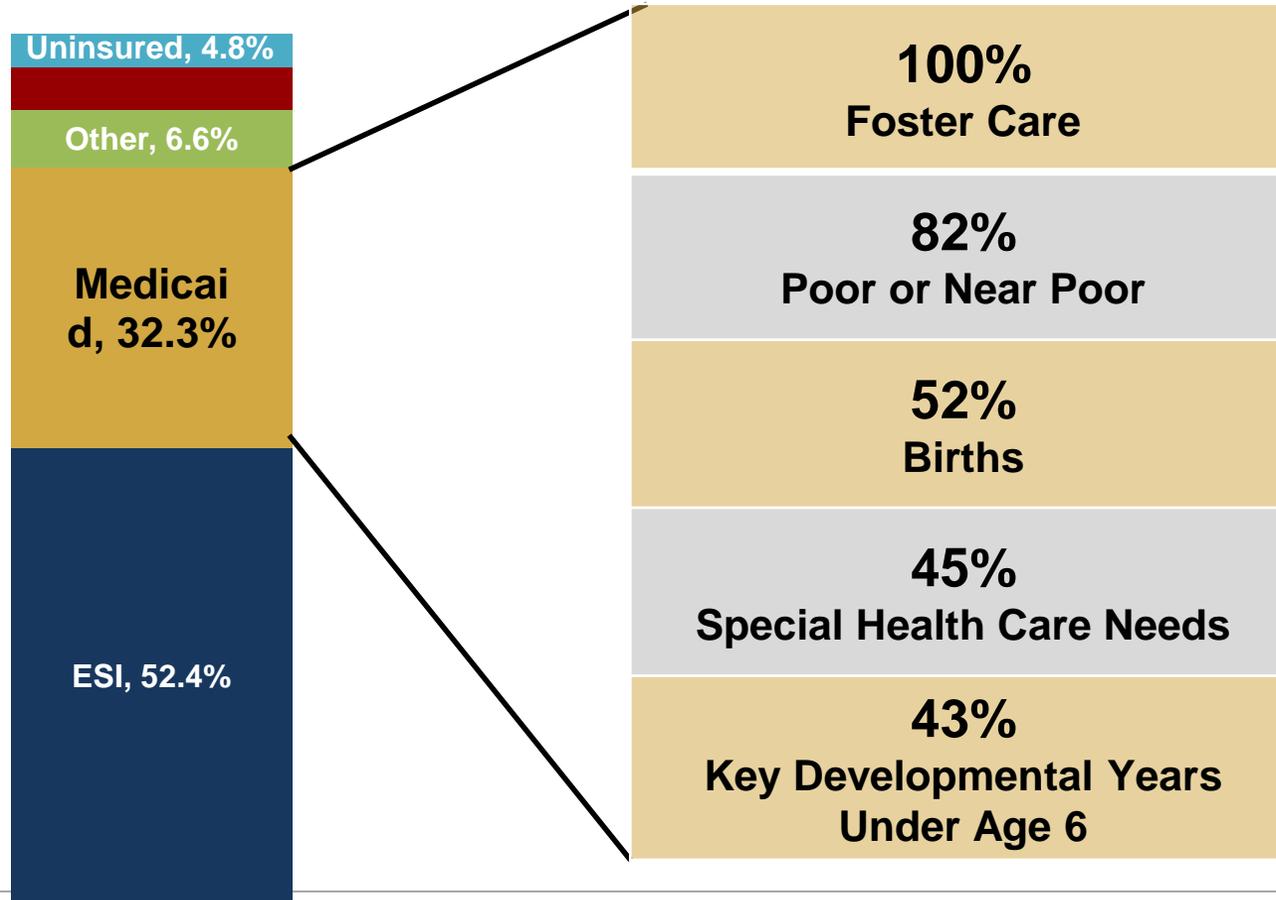
**56,000** Children in Ohio

# Ohio Child Enrollment Quarterly 2014 - 2019



# Medicaid is Predominant Source of Coverage for Ohio's Most Vulnerable Children

Sources of Coverage Ohio Children 2018

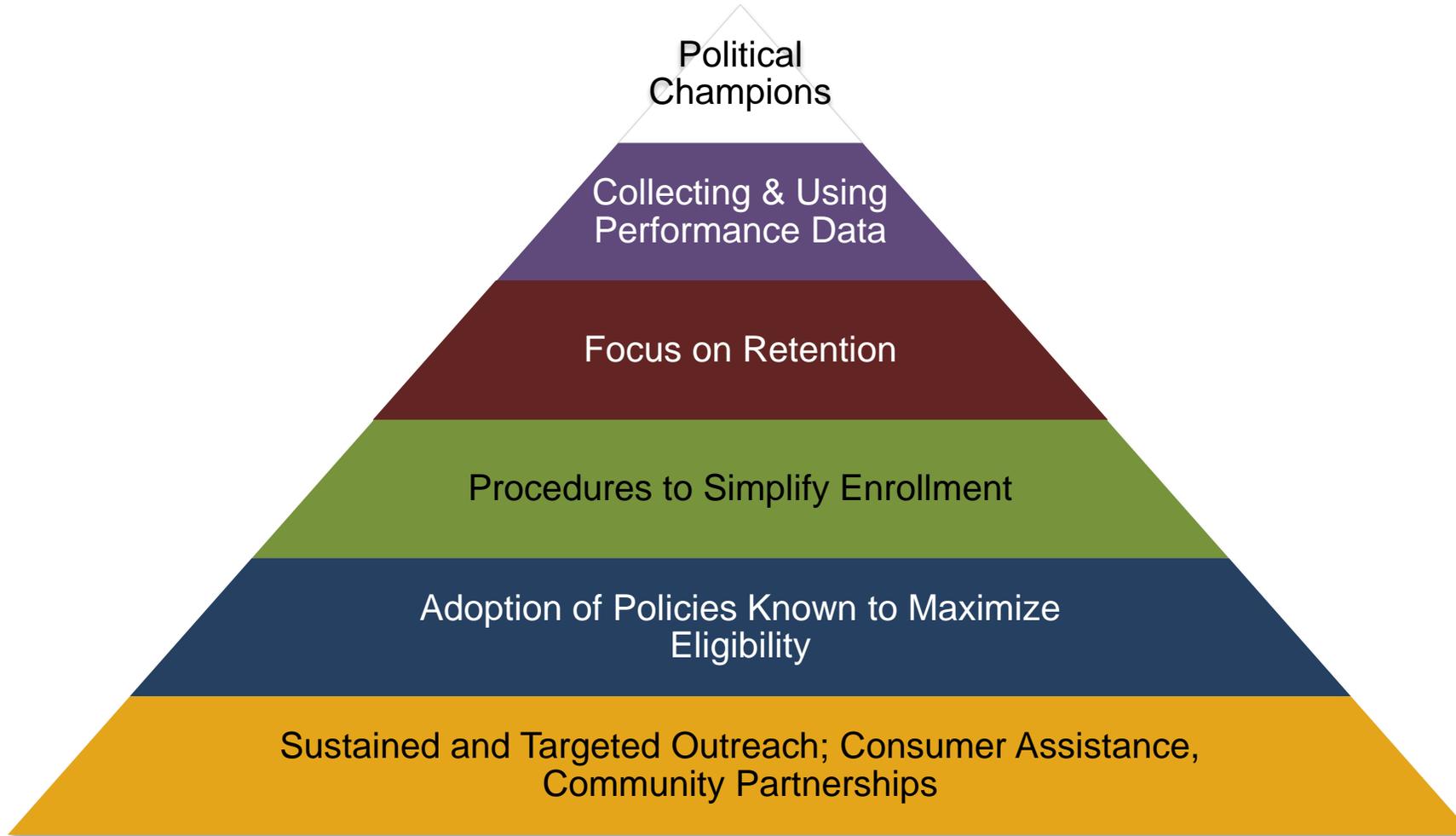


Source: American Community Survey, Census; Significance computed using estimates and margin of error using Census Statistical Testing Tool (estimates are numbers in thousands).  
 Significant change from year to year indicated here with a \*. Confidence interval used with 90%.  
 No \* indicates no statistical difference

# What Now?



# Key Elements of Success in Covering Kids



# 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

Sustained and Targeted Outreach; Consumer Assistance,  
Community Partnerships

# 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

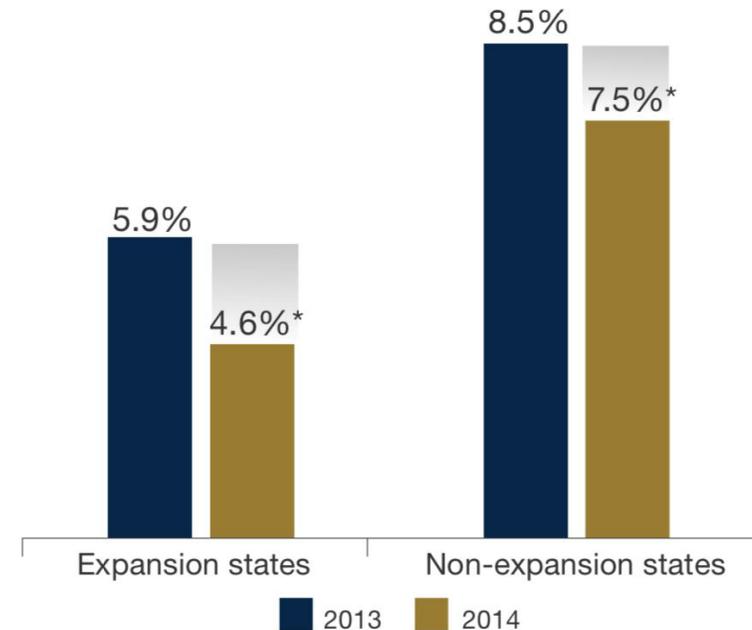
- Demographics of uninsured children for targeting outreach
- Performance indicators
- Disenrollment and denial reasons
  - Ineligible vs. “Unable to Determine Eligibility”
  - [Maximizing Enrollment Brief](#)
- Family surveys
  - Recent enrollees
  - Recent disenrollees
  - Established enrollees



Collecting & Using  
Performance Data

# 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



\* Change is significant at the 90% confidence level.

***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



## Political Champions

- 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:

 <p>Miss fewer school days due to illness or injury</p>	 <p>Do better in school</p>	 <p>Are more likely to graduate high school and attend college</p>	 <p>Grow up to be healthier as adults</p>	 <p>Earn higher wages</p>	 <p>Pay more in taxes</p>
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Georgetown University  
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Website: <http://ccf.georgetown.edu/>

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,.

\*\* “Medicaid Enrollment and Spending Growth, FY2018 and FY2019”, Henry J. Kaiser Family Foundation (KFF), October 2018.

# 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

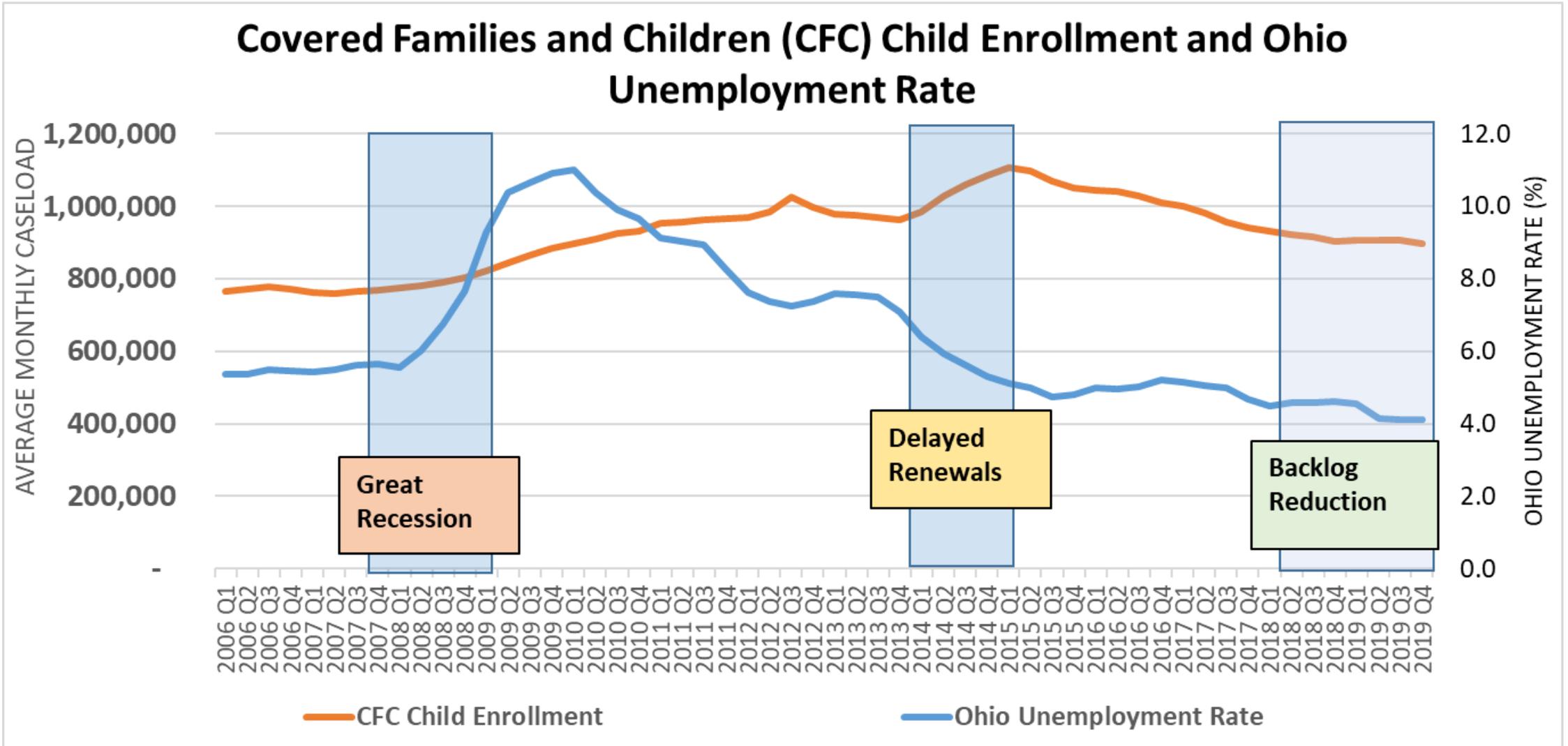
- Doubling the number of ODM staff dedicated to processing applications and assisting counties that experience work stoppages or excessive backlogs.
- CMS Corrective Action Plan: Backlog & PERM issues
- Collaborating with county partners to reduce backlog and process applications and renewals in a timely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

- Example:

	<45 days	> 45 days	Total
Jan. 17, 2019	46,011	53,392	99,403
Feb. 3, 2020	36,591	29,543	66,134

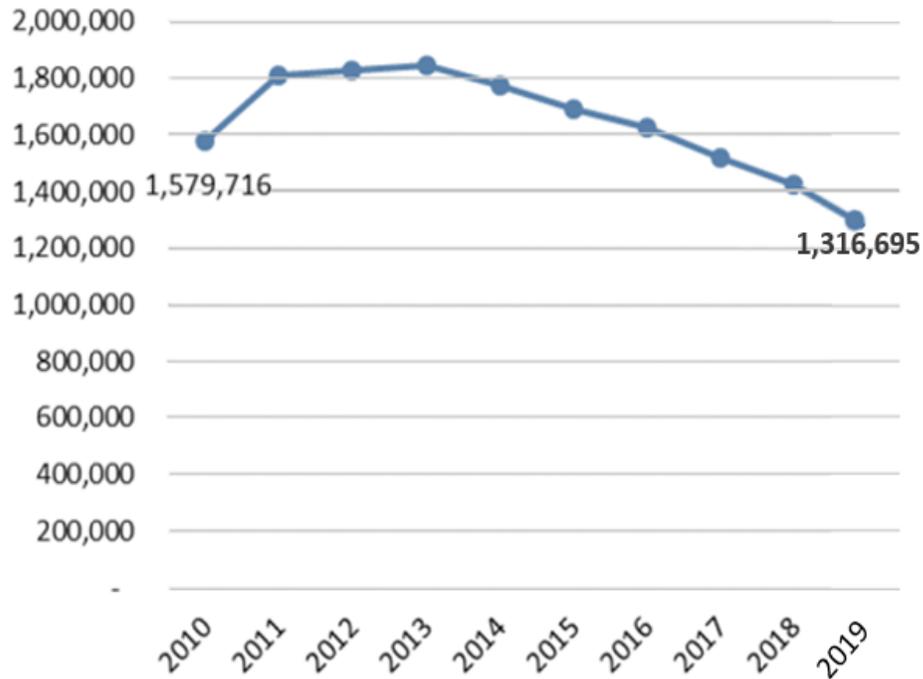
- Reviewing eligibility requirements and streamlining IT systems to simplify for enrollees and reduce workload for county caseworkers; e.g. increasing the number of “no touch” or one touch transactions

# Child Enrollment Decline

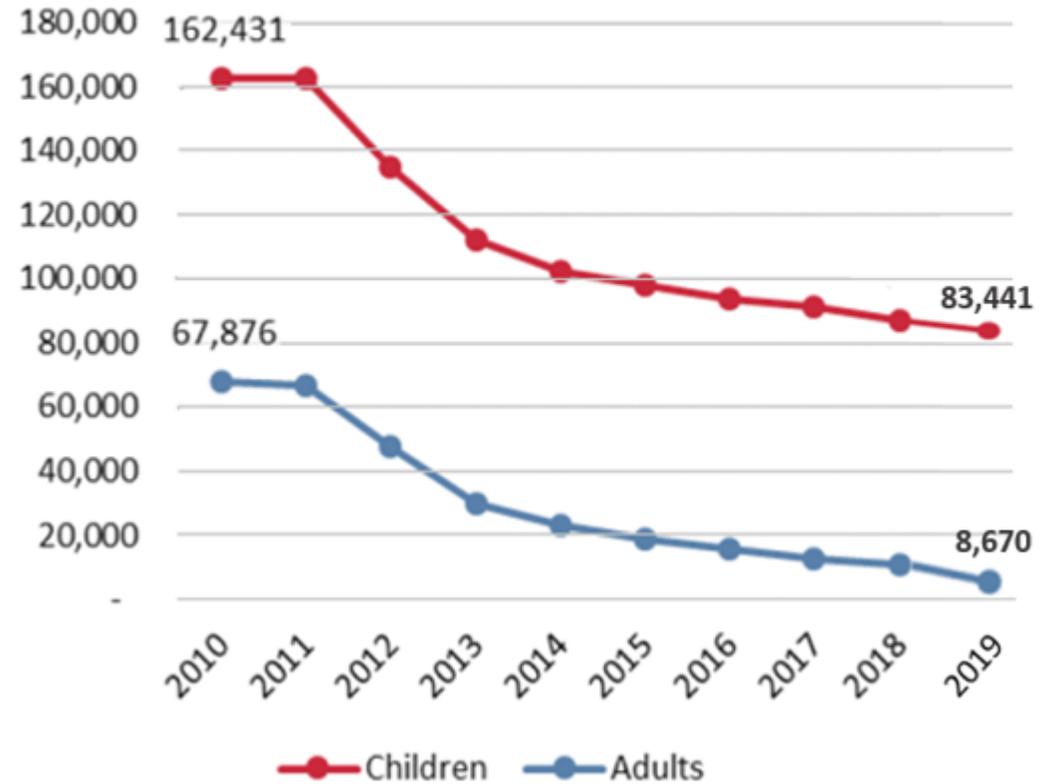


# Other Ohio Programs

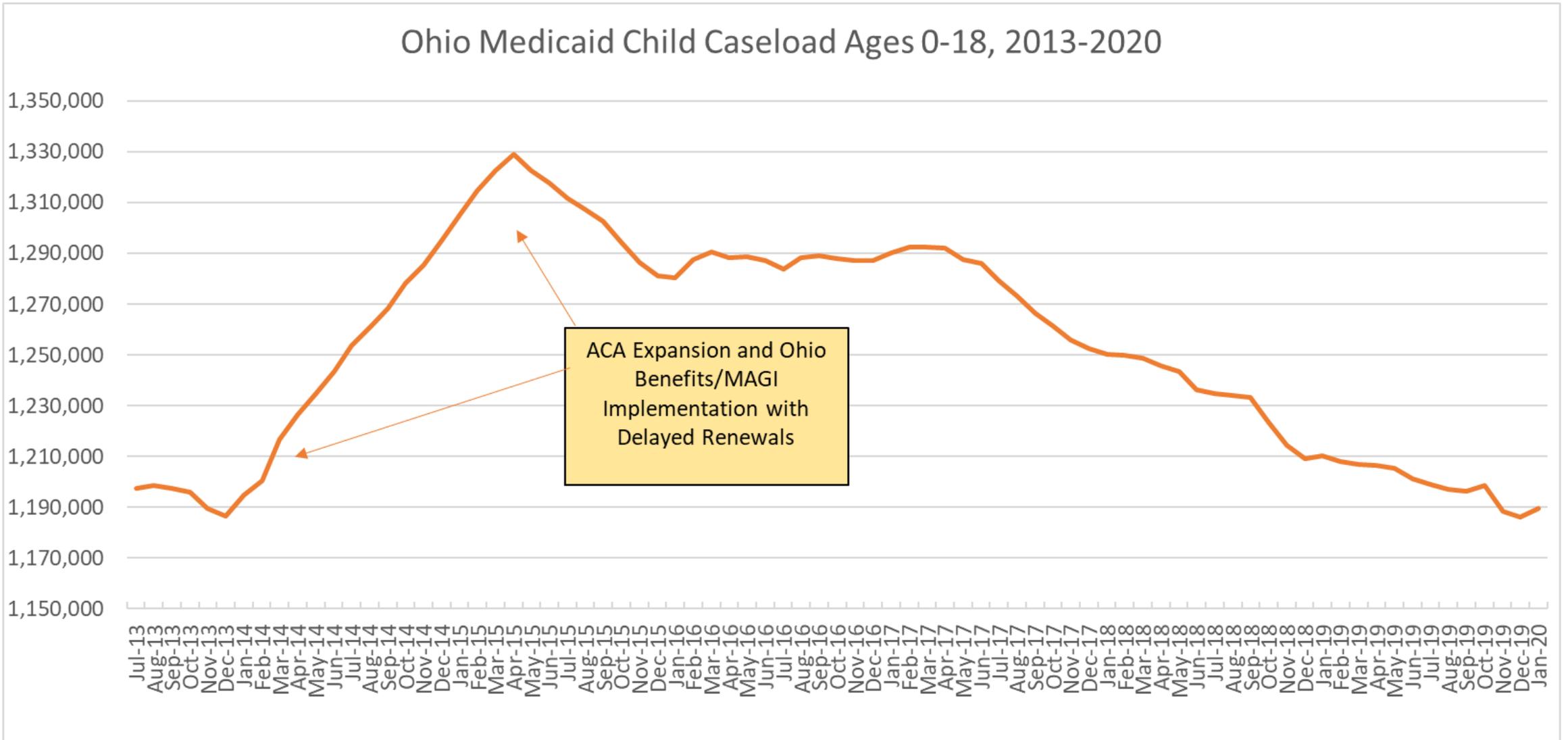
### State of Ohio SNAP Recipients, 2010-Dec 2019



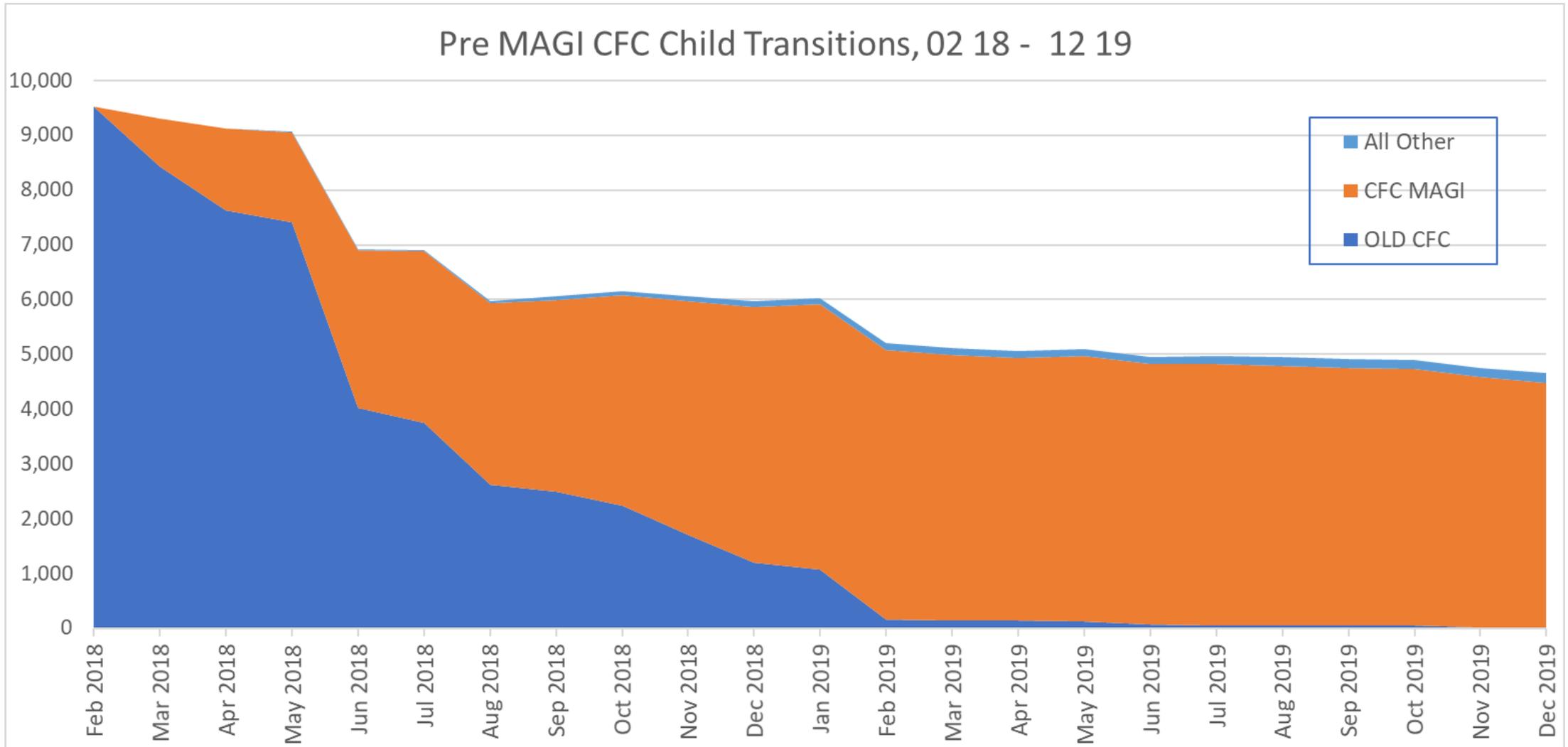
### State of Ohio OWF/TANF Recipients, 2010-Dec 2019



# Child Enrollment Trends

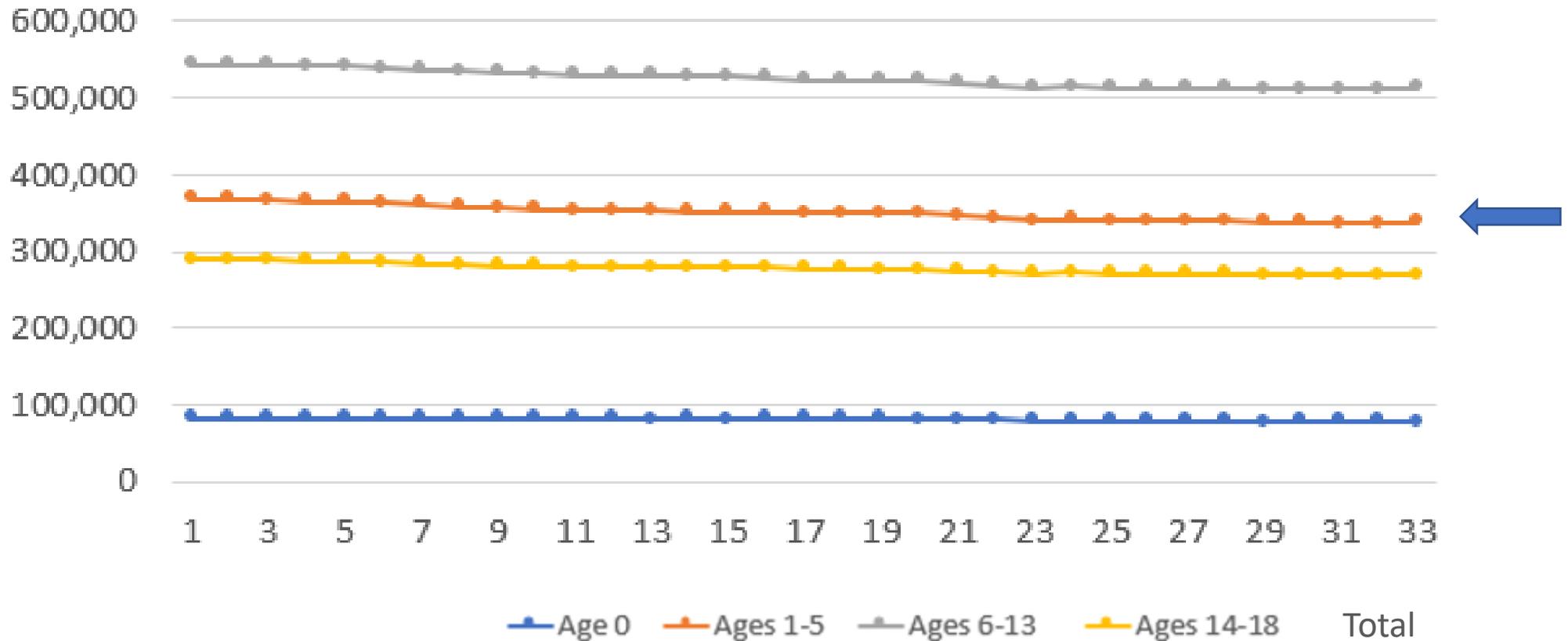


# Reasons for Child Enrollment Decline



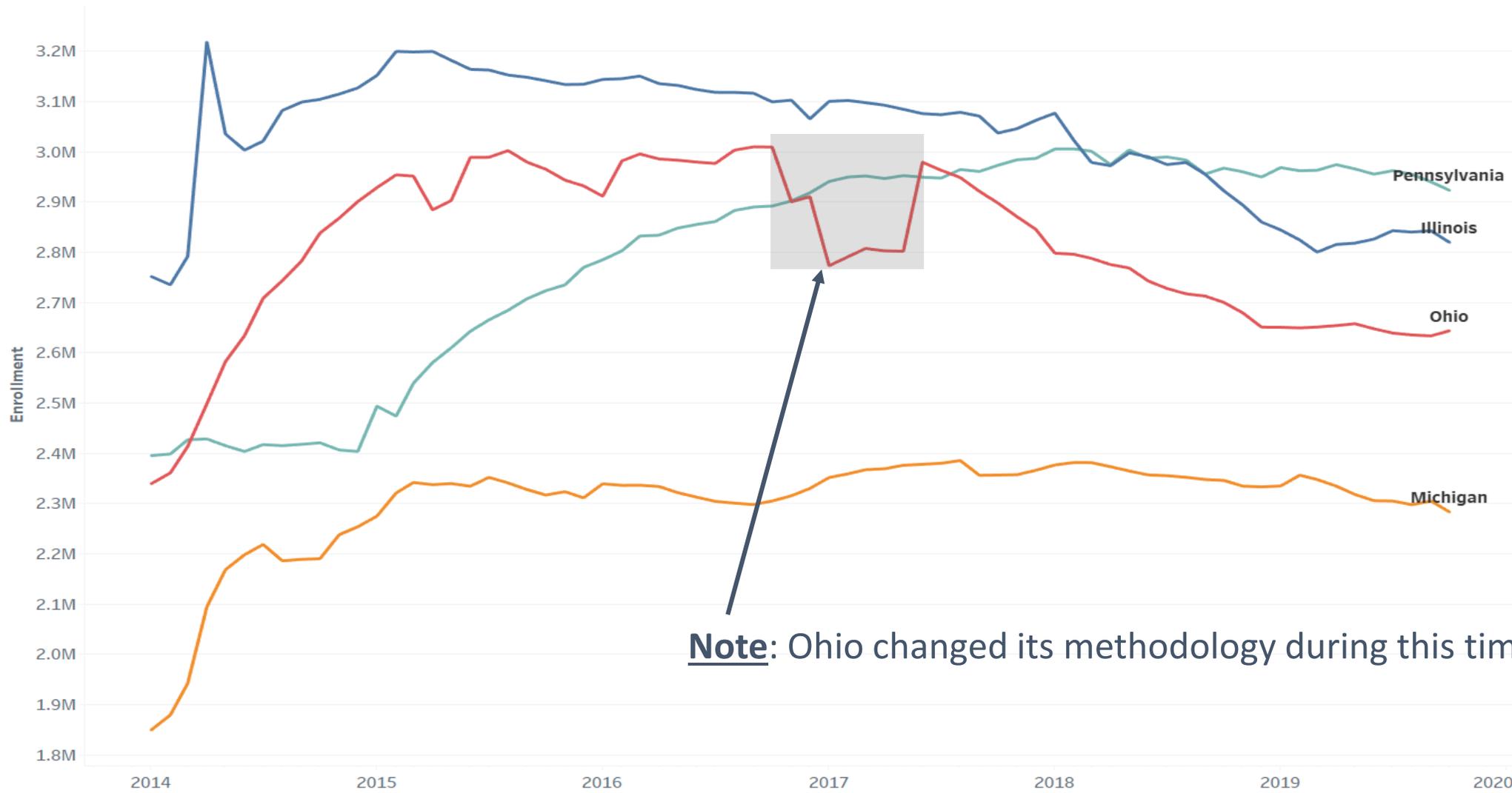
\* Pre MAGI Old CFC refers to individuals still enrolled under CRIS-E Covered Families and Children aid codes in effect prior to Ohio Benefits

# Eligibility by Month and By Age, Month #1 February 2017



<b>Trend Mar17-Oct 19</b>	<b>-4,325</b>	<b>-30,099</b>	<b>-31,095</b>	<b>-19,141</b>	<b>-84,660</b>
<b>% from Mar 17-Oct 19</b>	<b>-5.2%</b>	<b>-8.2%</b>	<b>-5.7%</b>	<b>-6.6%</b>	<b>-6.6%</b>

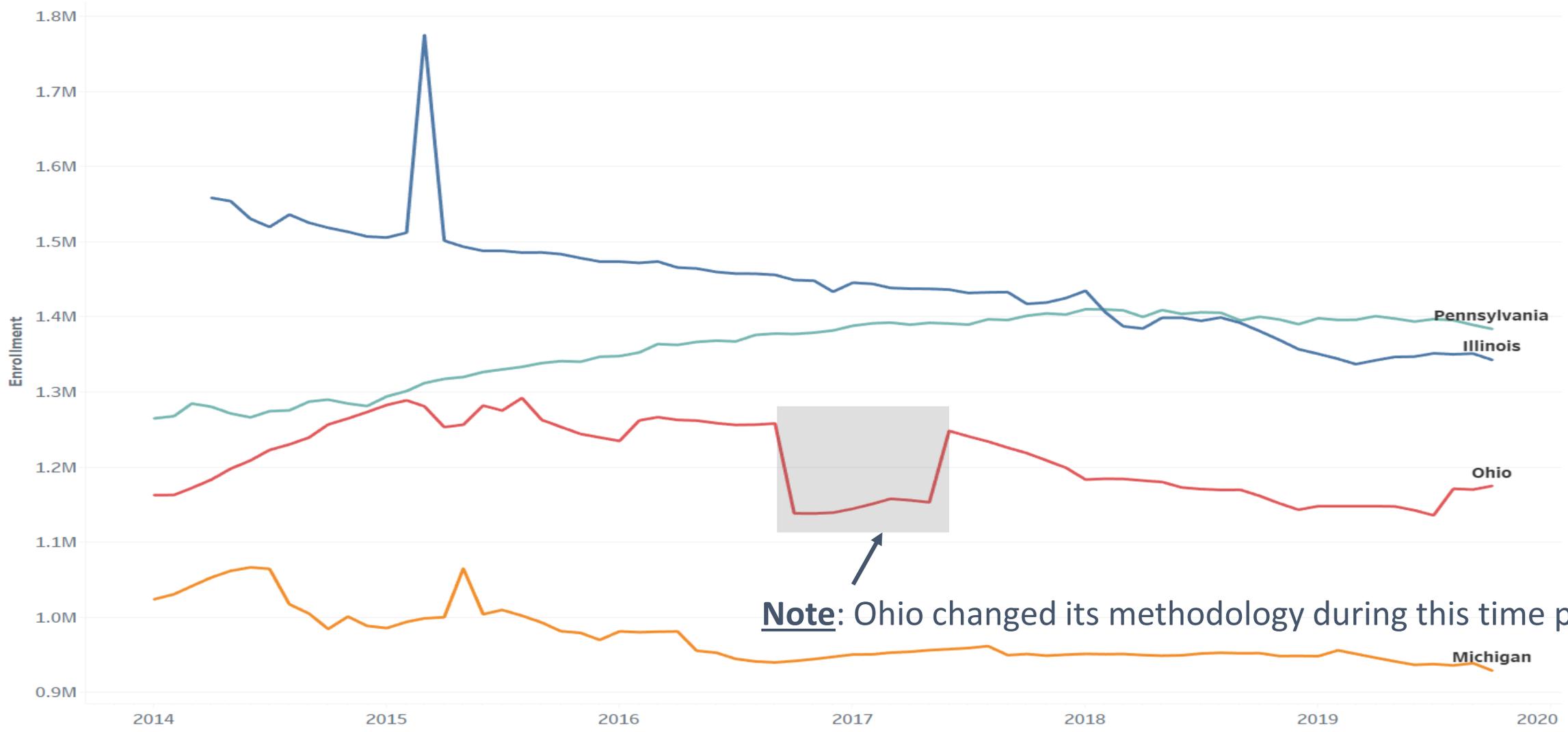
# Total Medicaid & CHIP Enrollment (January 2014 – October 2019)



**Note:** Ohio changed its methodology during this time period

**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.

# Children's Medicaid & CHIP Enrollment (January 2014 – October 2019)



**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.

Sources: Kaiser Family Foundation (KFF). CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: January 2014 - October 2019 (preliminary), as of January 13, 2020. Monthly CMS Medicaid & CHIP Enrollment Reports for all periods are available from CMS [here](<http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html>).

# Preliminary Findings from ODMHAS Sponsored Survey/Research

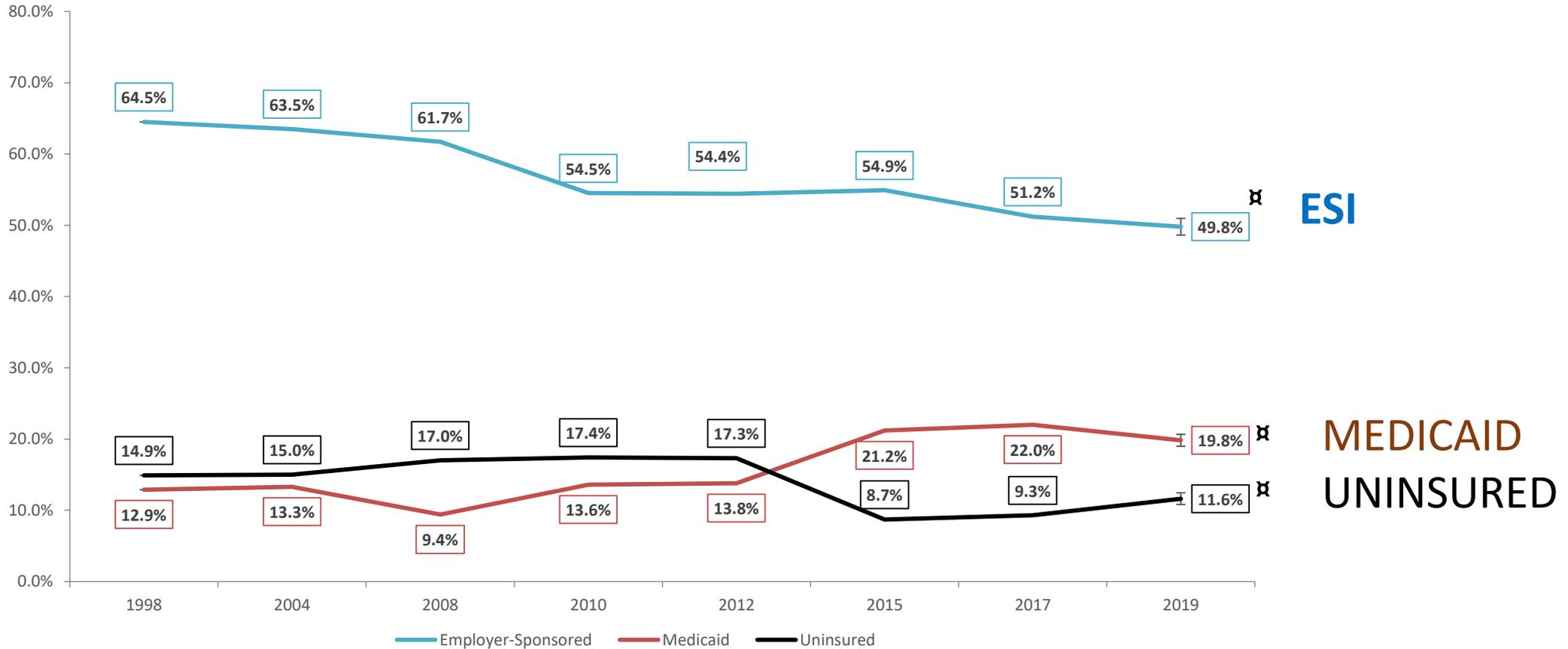
February 12, 2020

*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)



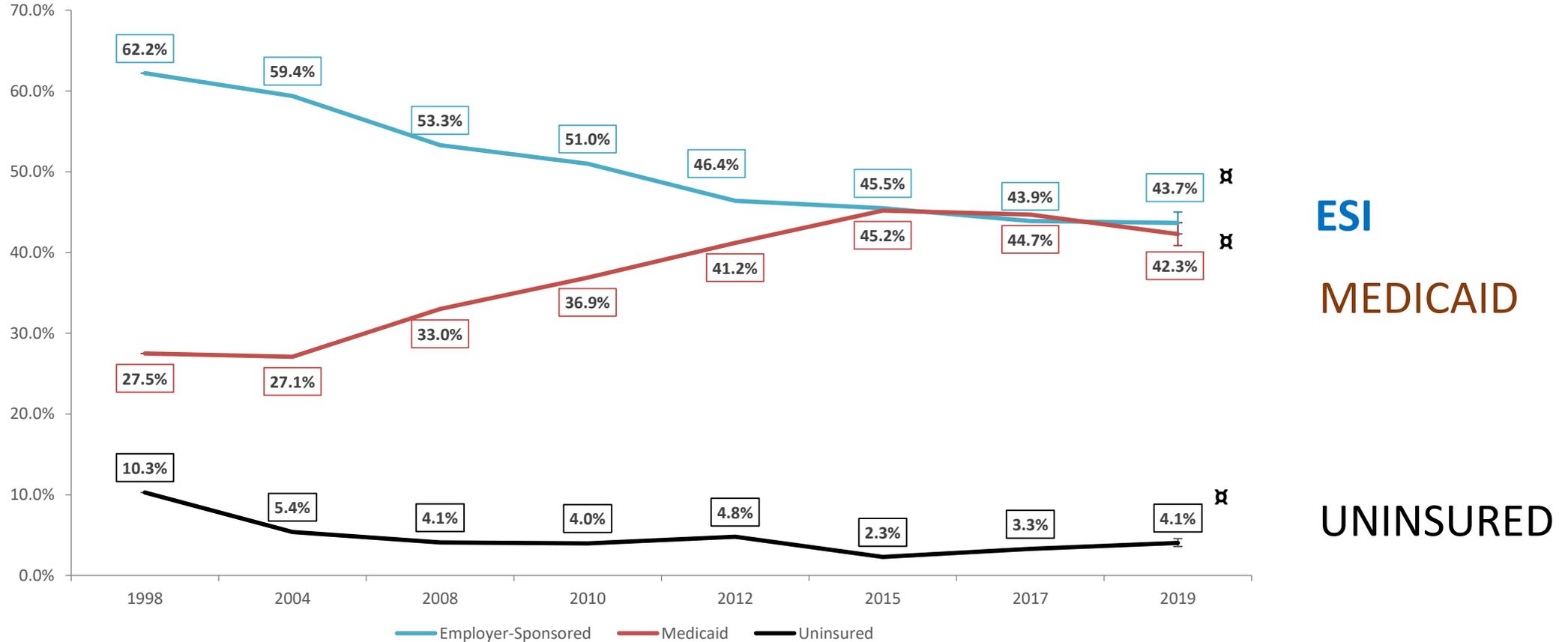
Data sources: Ohio Medicaid Assessment Surveys (1998-2019)

\* 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)

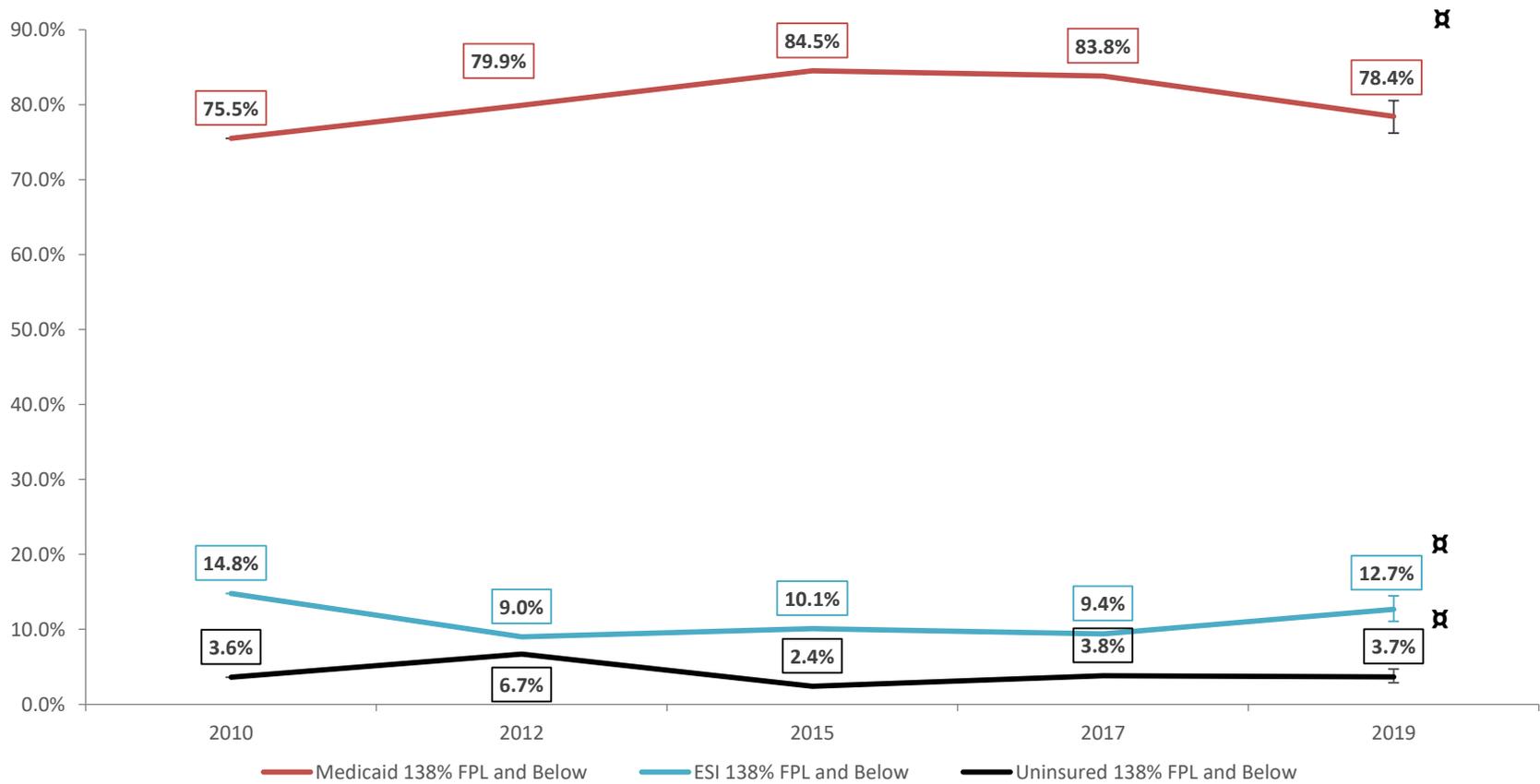


Data sources: Ohio Medicaid Assessment Surveys (1998-2019).

⌘ 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)



MEDICAID

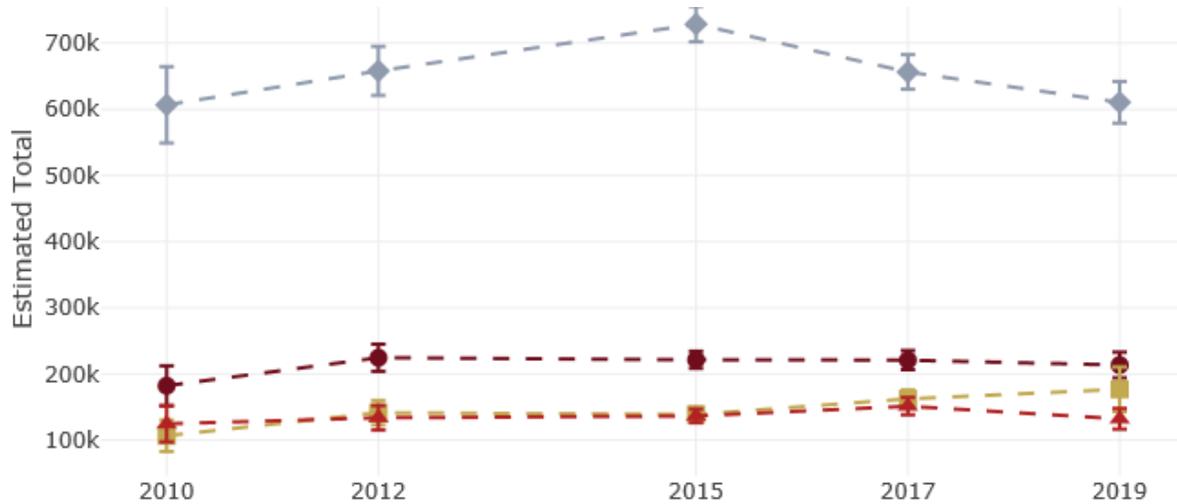
ESI  
UNINSURED

Data sources: Ohio Medicaid Assessment Surveys (1998-2019).  
 ✕ 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.  
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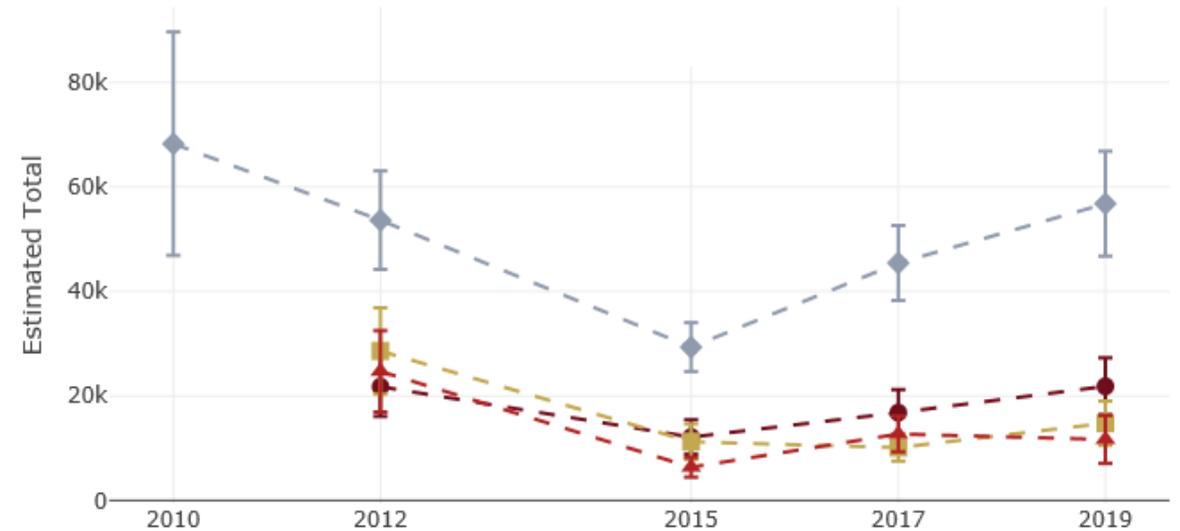
# Trends in Insurance Coverage Among Ohio Children Ages 0-17, OMAS By County Type

◆ Metropolitan  
 ● Appalachian  
 ■ Rural Non-Appalachian  
 ▲ Suburban

Medicaid



Uninsured



Source: Ohio Medicaid Assessment Survey (2010-2019). Analysis conducted using the OMAS Dashboard (<https://grcapps.osu.edu/omas/>).

\* 2019 Data is from the 75% completed and weighted 2019 OMAS – the 2019 statistics will be revised in February of 2020, upon data completion

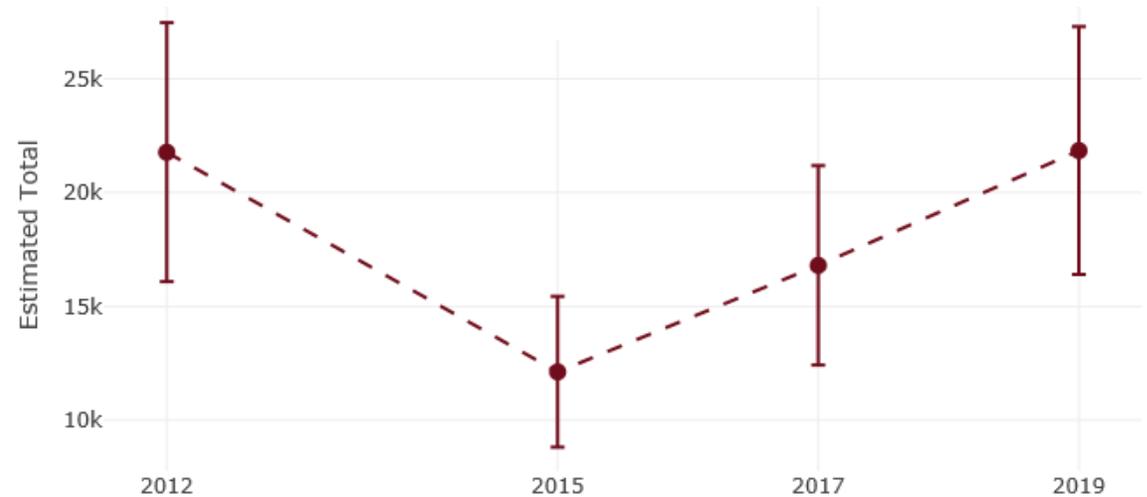
# Trends in Insurance Coverage Among Ohio Children Ages 0-17, OMAS Appalachian, By Insurance Type

Metropolitan Appalachian Rural Non-Appalachian Suburban

Medicaid



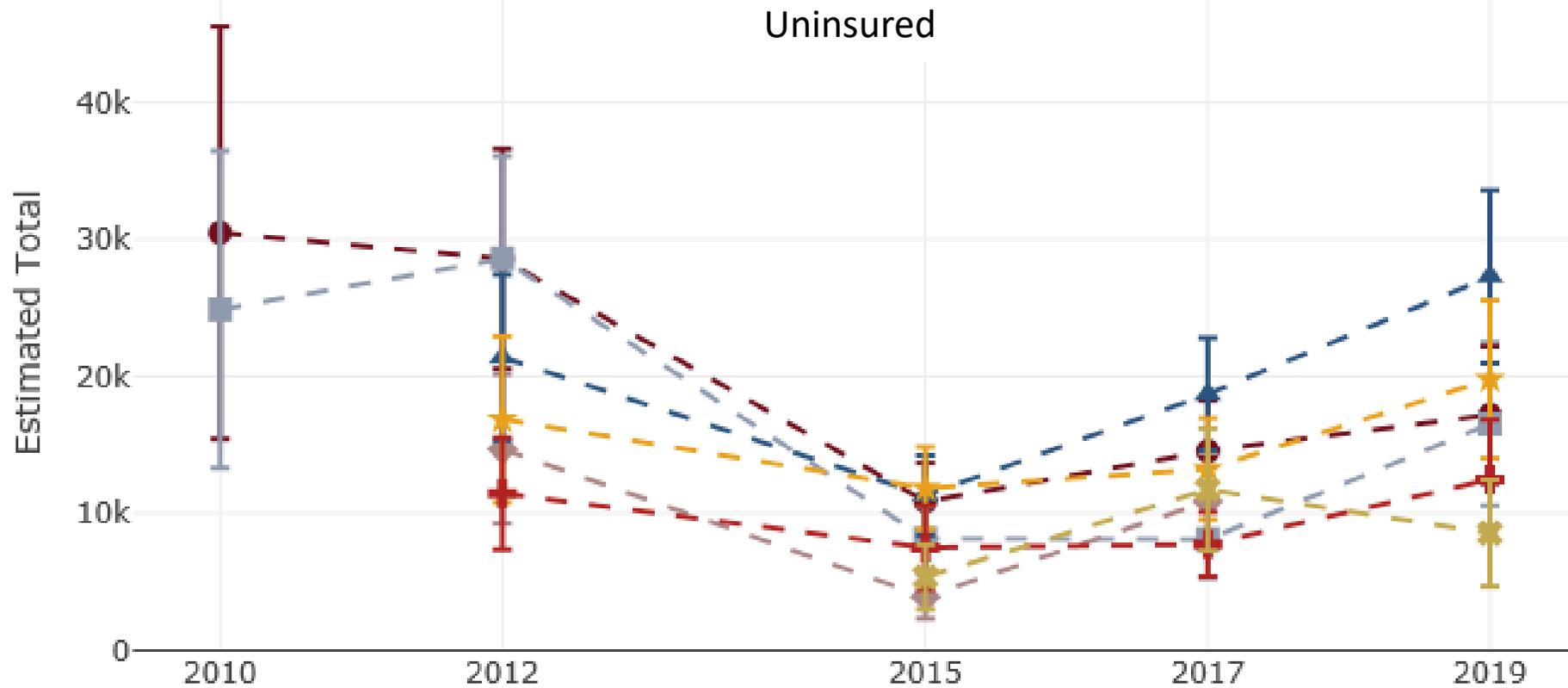
Uninsured



Source: Ohio Medicaid Assessment Survey (2010-2019). Analysis conducted using the OMAS Dashboard (<https://grcapps.osu.edu/omas/>).  
 \* 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

● 0-75% FPL  
 ■ 100-138% FPL  
 ◆ 75-100% FPL  
 ▲ 138-206% FPL  
 ★ 250-400% FPL  
 + 400% or more FPL  
 ✱ 206-250% FPL



Source: Ohio Medicaid Assessment Survey (2010-2019). Analysis conducted using the OMAS Dashboard (<https://grcapps.osu.edu/omas/>).  
 \* 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

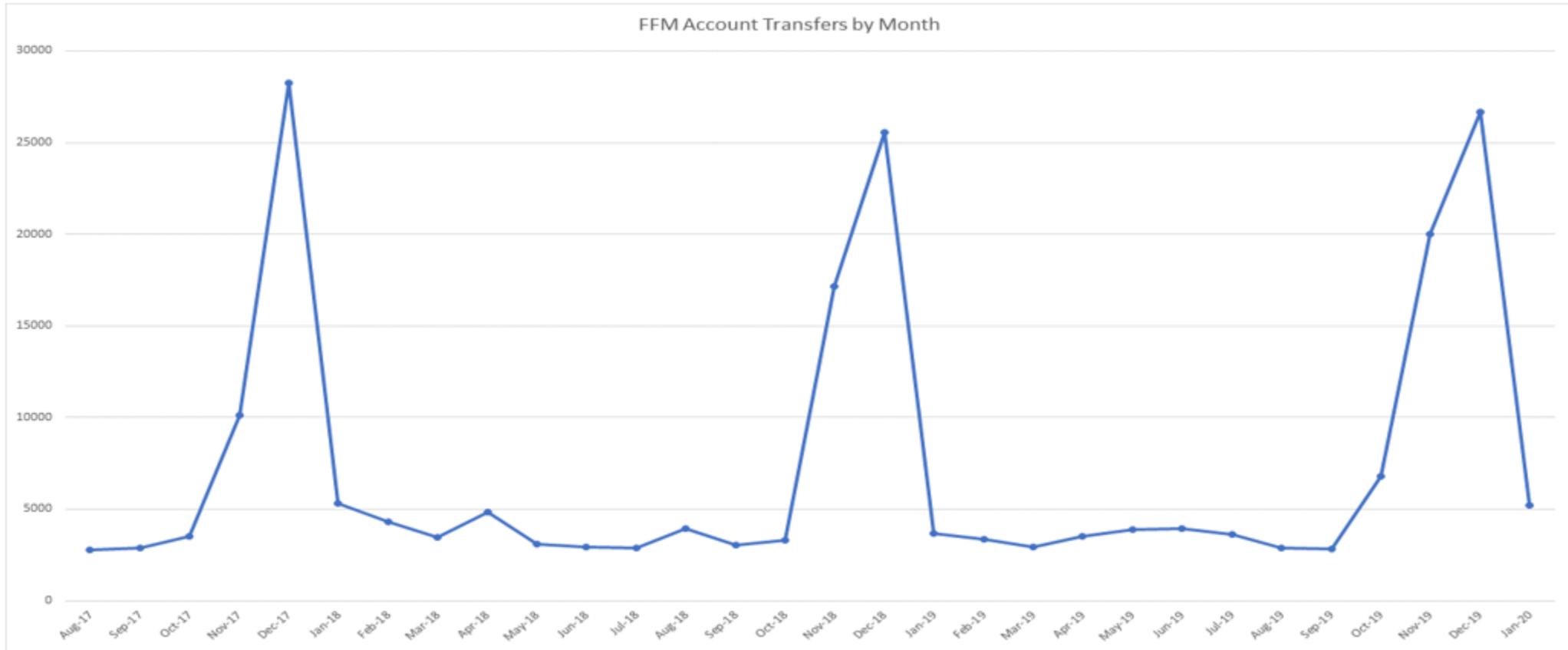
## Overall and by Income Group

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

%	%
45.51%	54.49%
29.46%	70.68%
68.27%	31.73%
92.00%	8.00%

- 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

<b>FFM eApp WITH DATE CY 2019</b>	<b>COUNT</b>
1. How many incoming FFM eApps were received in CY2019?	76,783
a. How many applicants on those eApps?	106,578
i. How many were minors (below age 18)?	28,778
2. How many of those eApps (CY 2019) were duplicates?	7,488
a. On these, how many minors?	3,437

# New ODMHAS Dashboards Eligibility and Churn

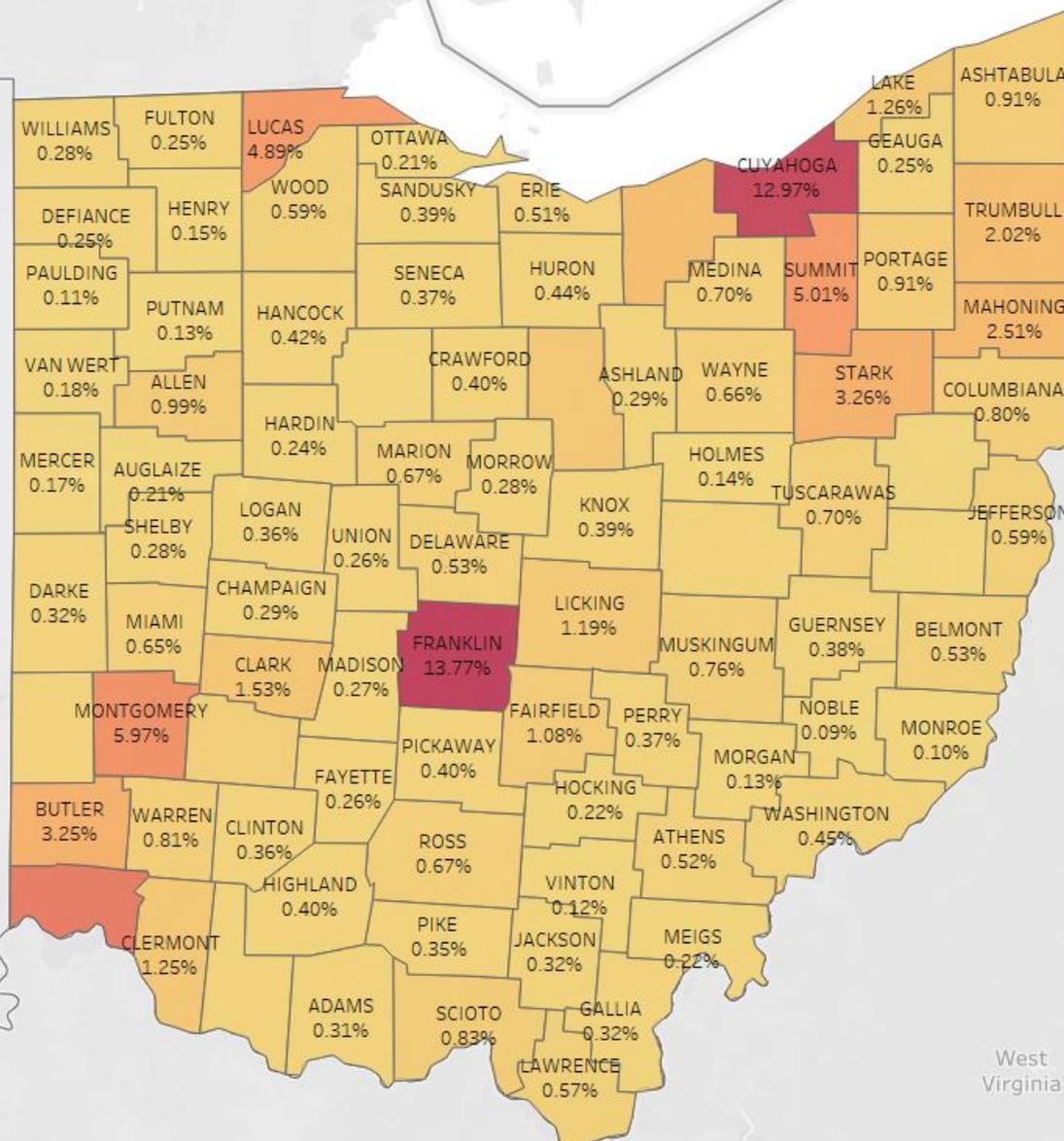
February 12, 2020

# CHURN BY COUNTY

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.



Eligible Month  
 Dec2019

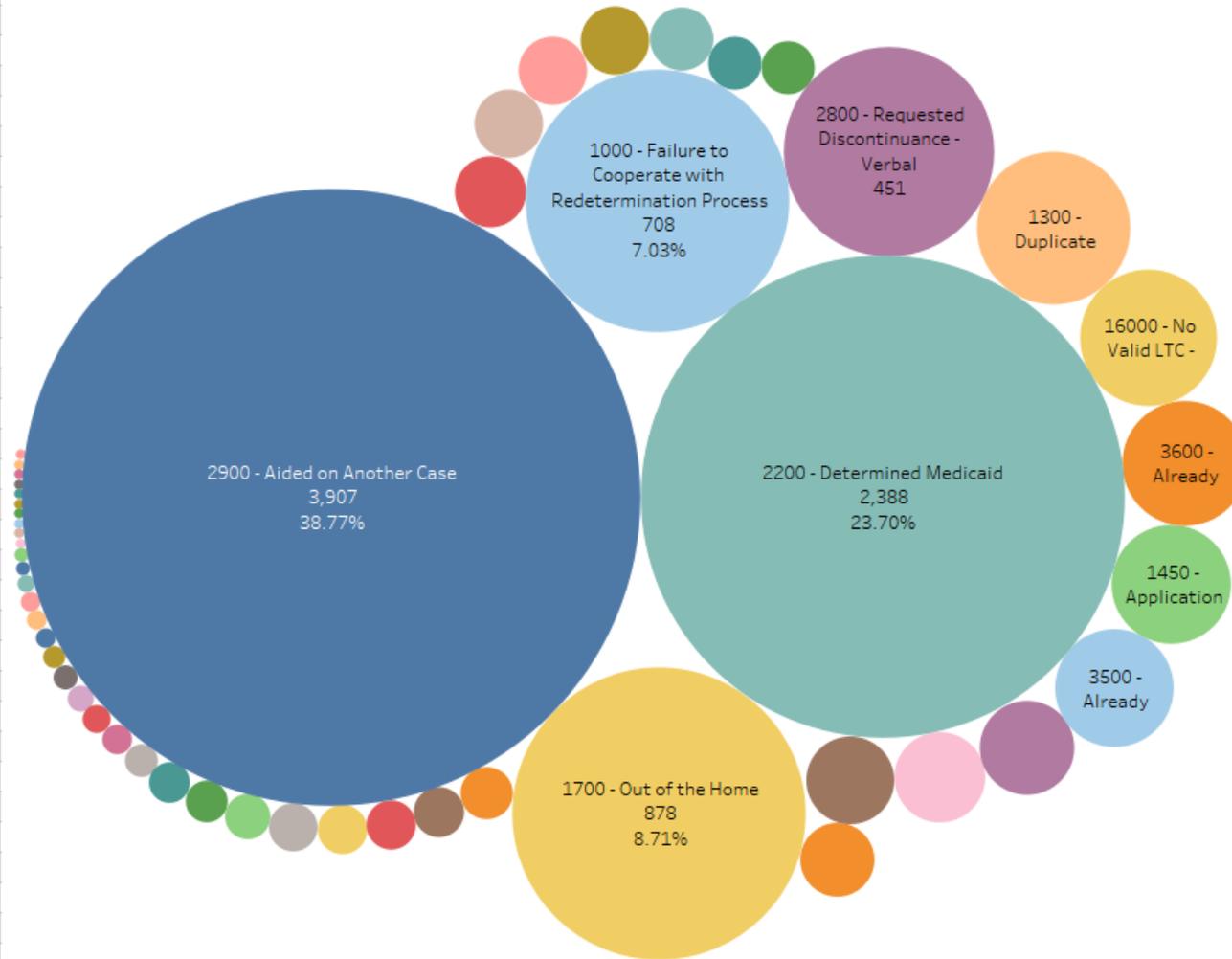
- Churn Missing Category
- 1 months missing
  - 2 months missing
  - 3 months missing
  - 4-6 months missing
  - 7-12 months missing
  - chaos

% of Total Recipients Cou...  
 0.09% 13.77%

RANGE: 0.09% TO 13.77%  
 YELLOW TO DEEP RED

# Termination Reasons

Termination Reason	Count
1000 - Failure to Cooperate with Redetermination Process	708
1100 - Deceased	28
1300 - Duplicate Application	240
1400 - Application Withdrawal - Written	18
1450 - Application Withdrawal - Verbal	145
1600 ? Moved Out of State	48
1700 - Out of the Home	878
1800 - Ineligible Applicant	29
2200 - Determined Medicaid	2,388
2225 - Did not Submit Medicaid Application	25
2250 - Already Receiving PE	4
2400 - PE Non-Financials	1
2500 - Receiving Medicaid	24
2600 - Already Received PE During Span	1
2700 ? Requested Discontinuance ? Written	84
2800 - Requested Discontinuance - Verbal	451
2900 - Aided on Another Case	3,907
3000 - Aided in Another State	79
3200 - Whereabouts Unknown/Loss of Contact	49
3300 - Non-Approved Living Arrangement	2
3500 - Already receiving Medicaid on another case	143
3600 - Already receiving Medicaid in the current case	160
3700 - Already receiving Medicaid in the current case and another case	1
4100 - State Residence	29
4200 - Citizenship Unverified	2
4400 - No Qualifying Medical Condition	5
5000 - Closure of Fair Hearing Benefits	25
5250 - Failure to Verify Income - All Programs	17
5300 - Failure to Verify Income for Medicaid	41
5400 - Medicaid HH Member Failed to Verify Income	52
5500 - Income Unverified	49
5600 - Resources Unverified	6
10700 - Failure to Verify Other Health Ins.	11
11100 - Failure to Comply with Quarterly Reporting Requirements	9
11200 - Income Exceeds TMA 6 month limit	1
11400 - MAGI Over Income	91
11500 - Over Resources	7
11600 - Over Income	26
12000 - Over Income for MPAP	1
12300 - MAGI Adult with Medicare	4
12400 - Parent of Uninsured Minor Child	1

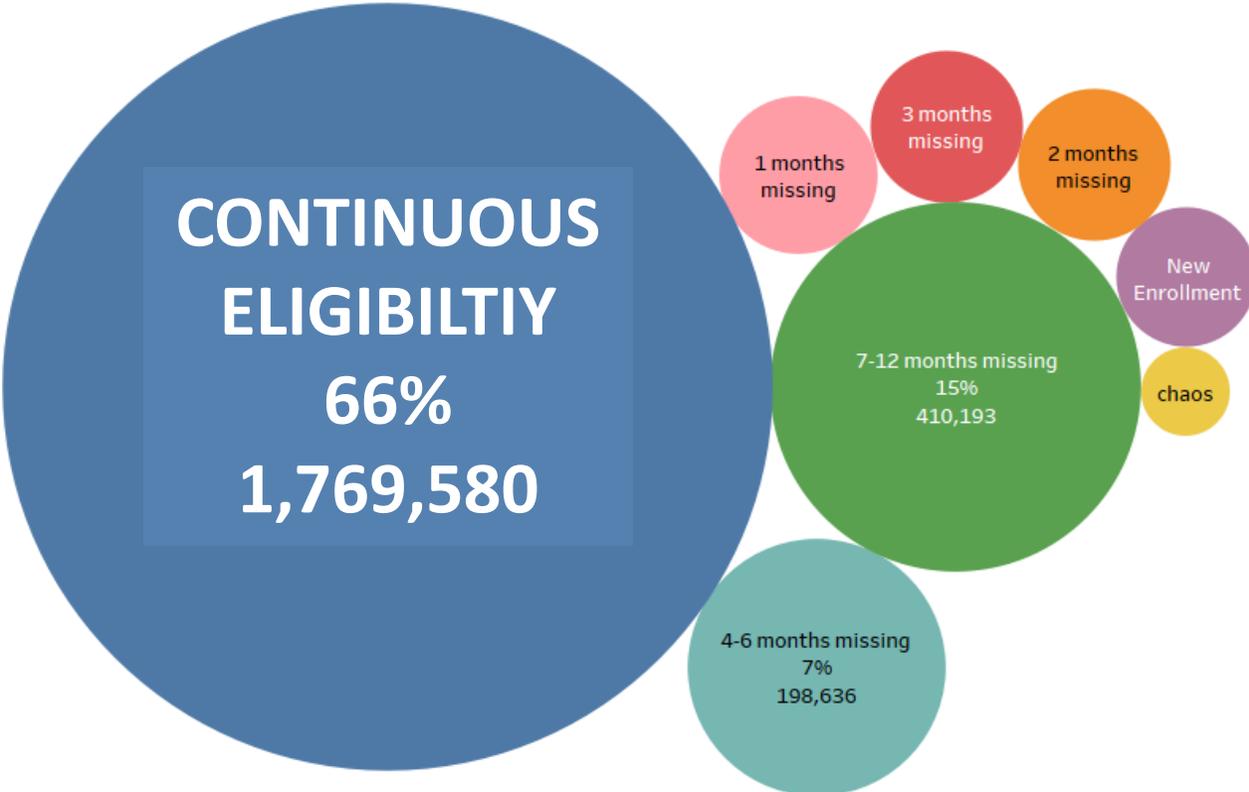


Month of Termination Da...  
December 2019 to Dece...

- Termination Reason**
- 2900 - Aided on Anot..
  - 2200 - Determined M..
  - 1700 - Out of the Home
  - 1000 - Failure to Coop..
  - 2800 - Requested Dis..
  - 1300 - Duplicate Appl..
  - 16000 - No Valid LTC -..
  - 3600 - Already receiv..
  - 1450 - Application Wi..
  - 3500 - Already receiv..
  - 11400 - MAGI Over In..
  - 2700 ? Requested Dis..
  - 3000 - Aided in Anoth..
  - 12500 - MAGI Non-Fin..
  - 5400 - Medicaid HH M..
  - 3200 - Whereabouts ..
  - 5500 - Income Unveri..
  - 1600 ? Moved Out of ..
  - 5300 - Failure to Verif..
  - 1800 - Ineligible Appli..
  - 4100 - State Residence
  - 1100 - Deceased
  - 11600 - Over Income
  - 2225 - Did not Submitt..
  - 5000 - Closure of Fair ..
  - 2500 - Receiving Med..
  - 15800 - No Valid LTC ..
  - 1400 - Application Wi..
  - 5250 - Failure to Verif..
  - 10700 - Failure to Ver..
  - 11100 - Failure to Co..
  - 17800 - No Longer Co..
  - 11500 - Over Resourc..
  - 5600 - Resources Unv..
  - 4400 - No Qualifying ..
  - 12300 - MAGI Adult w..
  - 14900 - Verification ..
  - 2250 - Already Receiv..
  - 17700 - Not Eligible f..
  - 3300 - Non-Approved

# Churn

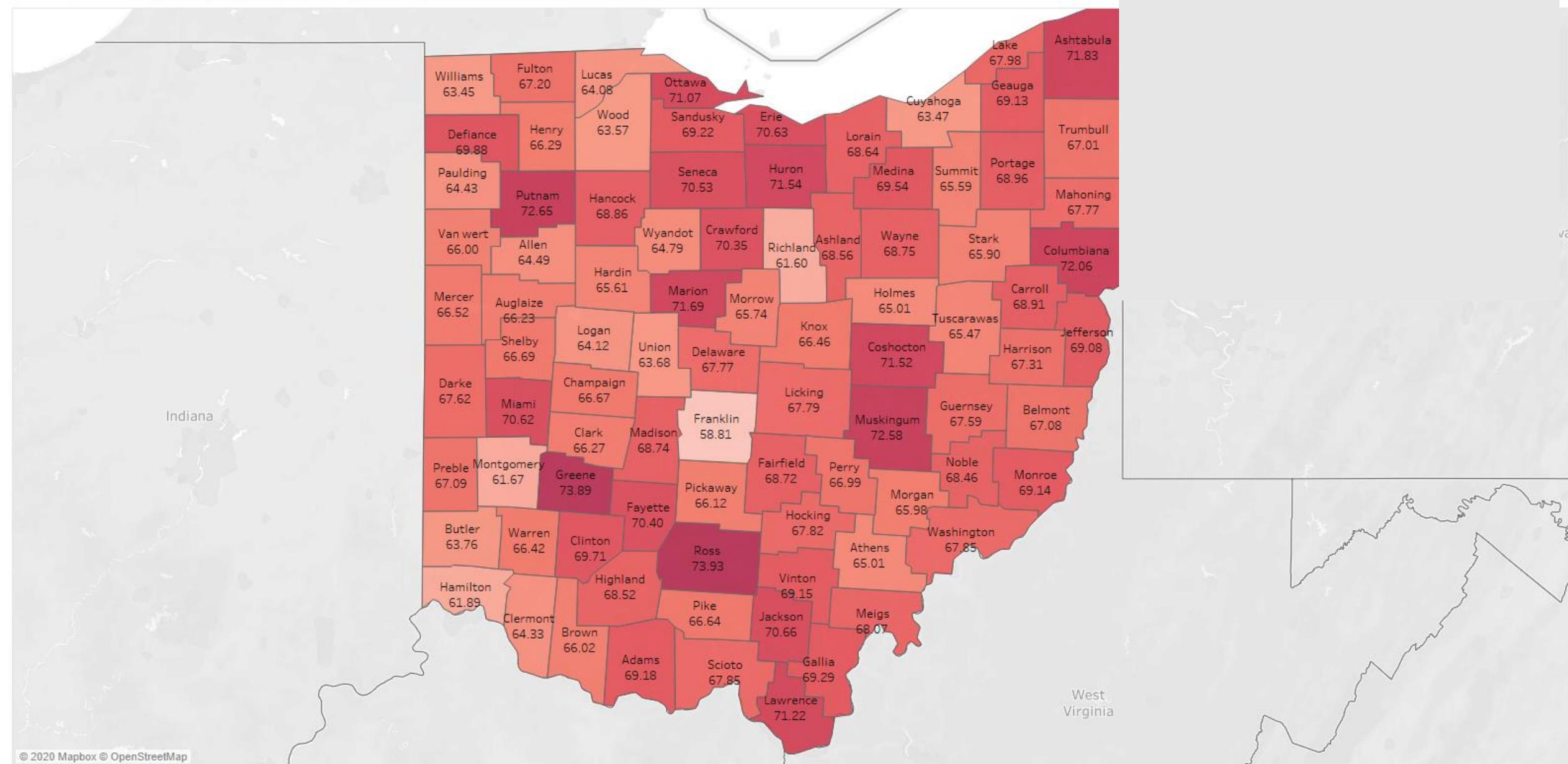
County Na..	Missing continous Months	Recipient Count	% of Total Recipients C
ADAMS	1 months missing	208	2.13%
	2 months missing	222	2.27%
	3 months missing	219	2.24%
	4-6 months missing	654	6.69%
	7-12 months missing	1,252	12.80%
	chaos	93	0.95%
	New Enrollment	179	1.83%
	Renewal	6,952	71.09%
ALLEN	1 months missing	651	2.45%
	2 months missing	664	2.49%
	3 months missing	672	2.52%
	4-6 months missing	1,872	7.03%
	7-12 months missing	4,059	15.25%
	chaos	292	1.10%
	New Enrollment	523	1.96%
	Renewal	17,889	67.20%
ASHLAND	1 months missing	271	2.81%
	2 months missing	213	2.21%
	3 months missing	219	2.27%
	4-6 months missing	648	6.72%
	7-12 months missing	1,194	12.39%
	chaos	85	0.88%
	New Enrollment	180	1.87%
	Renewal	6,827	70.84%
ASHTABULA	1 months missing	702	2.40%
	2 months missing	660	2.25%
	3 months missing	596	2.04%
	4-6 months missing	1,811	6.18%
	7-12 months missing	3,736	12.76%
	chaos	218	0.74%
	New Enrollment	470	1.60%
	Renewal	21,094	72.03%
ATHENS	1 months missing	361	2.57%
	2 months missing	330	2.35%
	3 months missing	353	2.51%
	4-6 months missing	974	6.92%
	7-12 months missing	2,159	15.34%
	chaos	128	0.91%
	New Enrollment	305	2.17%
	Renewal	9,461	67.24%
AUGLAIZE	1 months missing	173	2.82%



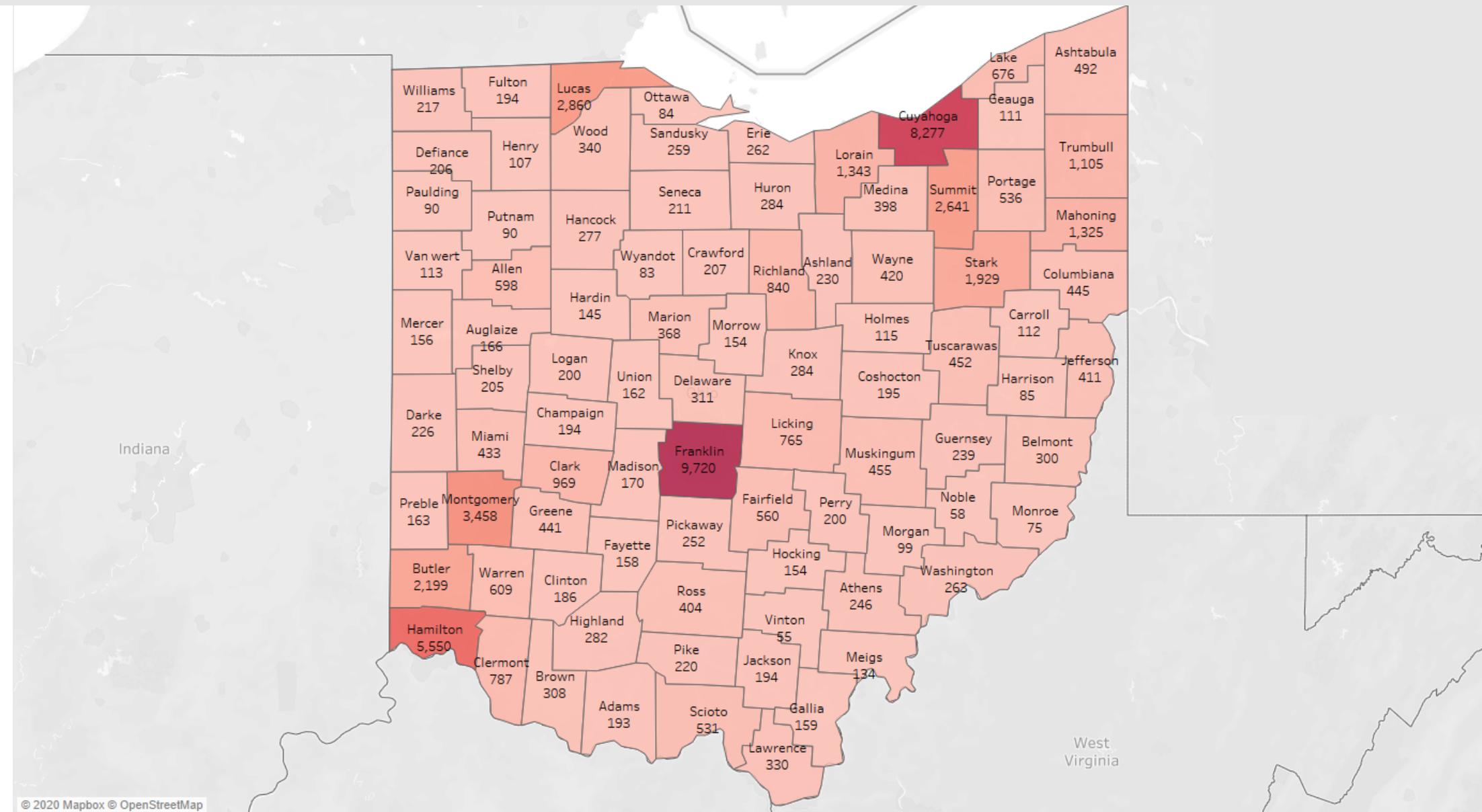
- Missing continous Months
- Renewal
  - 7-12 months missing
  - 4-6 months missing
  - 1 months missing
  - 3 months missing
  - 2 months missing
  - New Enrollment
  - chaos
- Eligible Month
- November

# 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



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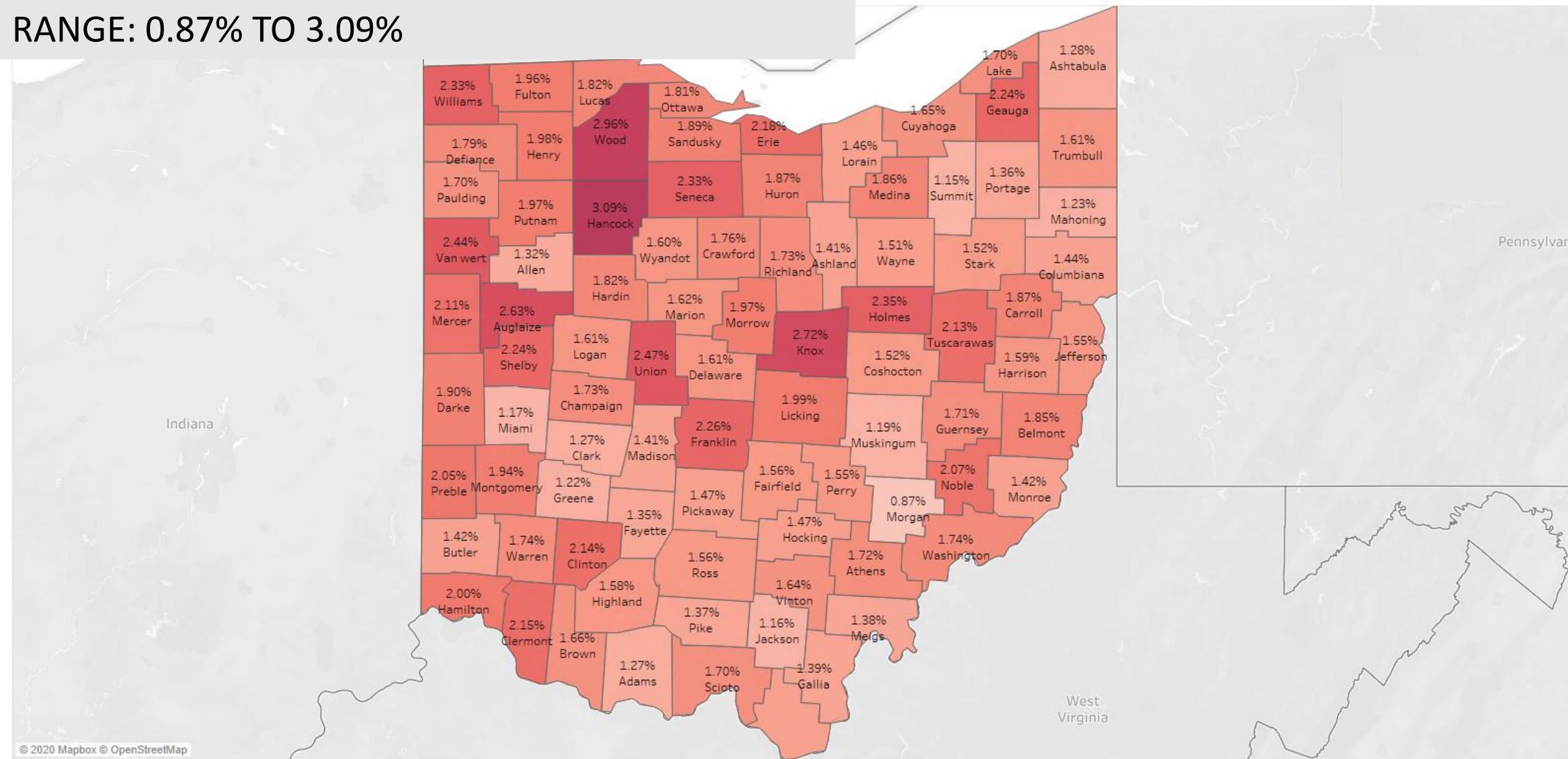
Recipient Count





# KIDS ELIGIBLE IN NOV. BUT NOT IN DECEMBER

RANGE: 0.87% TO 3.09%

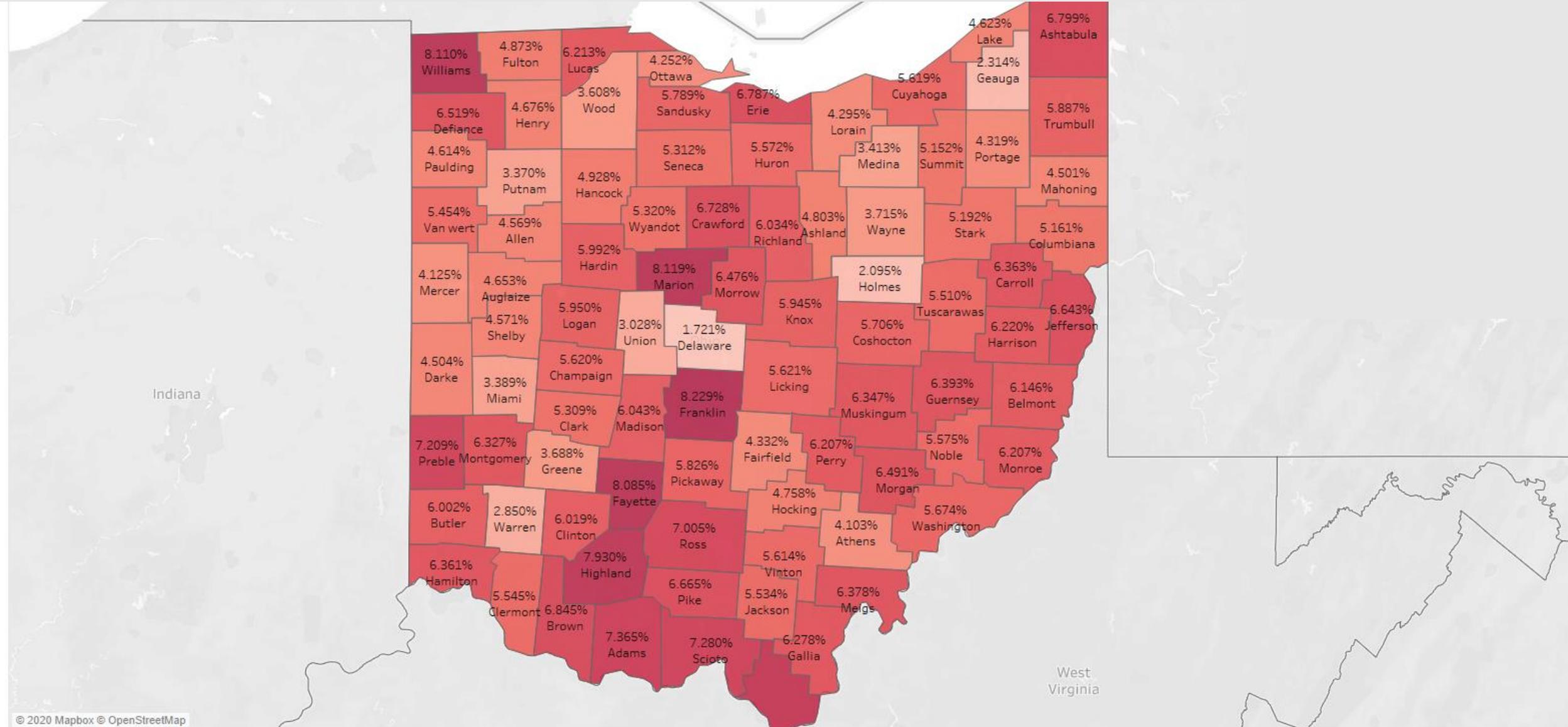


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Avg Disenrollment Percentage



# CFC KIDS NOT ELIGIBLE IN DEC.- -ELIGIBLE SOMETIME IN THE PRIOR 12MOS. RANGE: 1.72% TO 8.23%





# MEDICAL COMPLEXION OF KIDS WITH 3 MO. GAP-NUMBER OF KIDS

Eligible Month  
 Dec2019

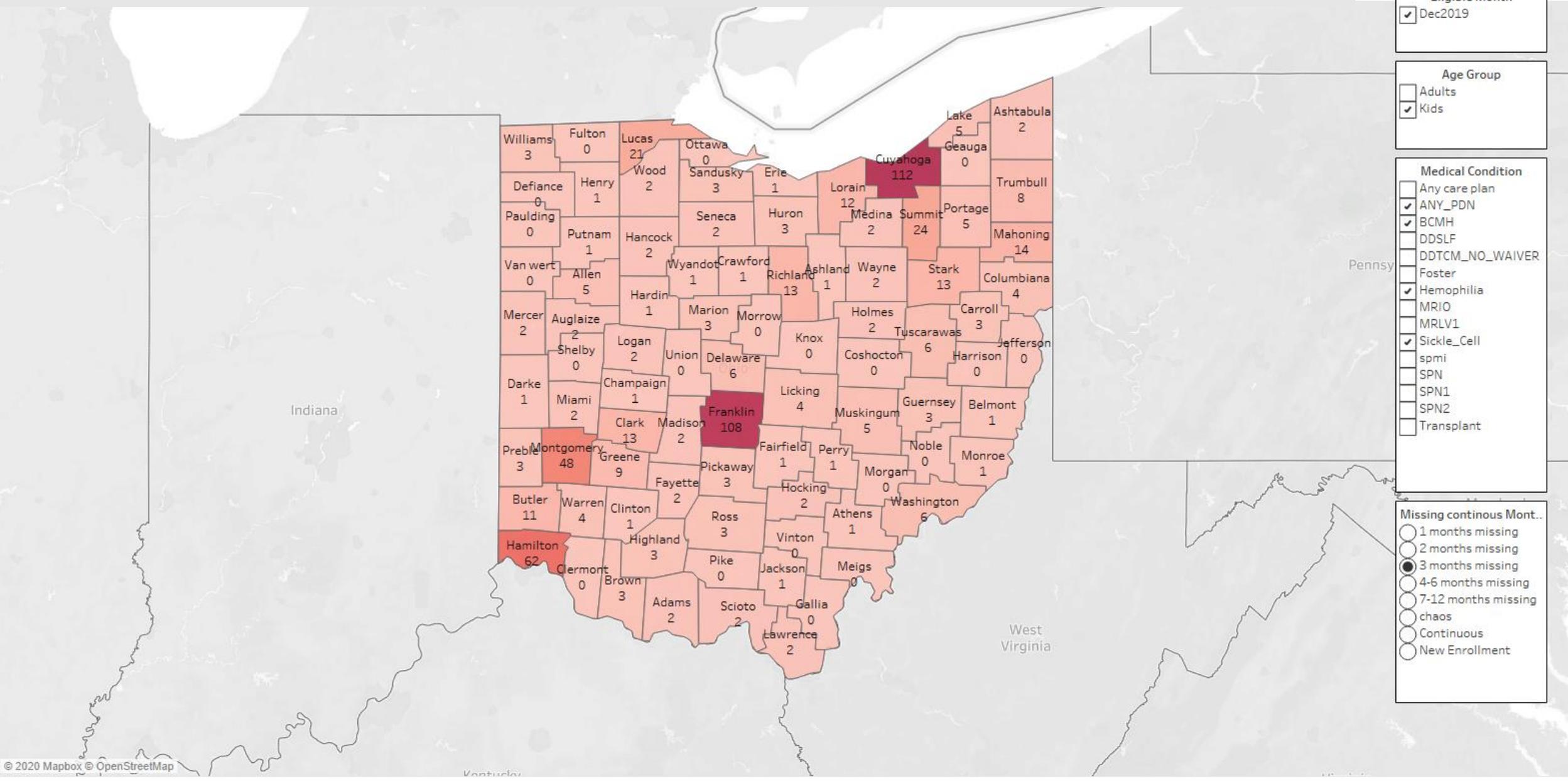
Age Group  
 Adults  
 Kids

Medical Condition

- Any care plan
- ANY\_PDN
- BCMH
- DDSLF
- DDTCM\_NO\_WAIVER
- Foster
- Hemophilia
- MRIO
- MRLV1
- Sickle\_Cell
- spmi
- SPN
- SPN1
- SPN2
- Transplant

Missing continous Mont..

- 1 months missing
- 2 months missing
- 3 months missing
- 4-6 months missing
- 7-12 months missing
- chaos
- Continuous
- New Enrollment



*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](mailto:Maureen.Corcoran@Medicaid.Ohio.Gov)**

# OHIO LEGISLATIVE CHILDREN'S CAUCUS

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FEBRUARY 2020

PROMOTING WHOLE CHILD HEALTH & WELLNESS

BY ADDRESSING THE GROWING CHILD UNINSURED RATE



***Questions for the Panel***