



Ohio Commits to Covering All Uninsured Eligible Children and Cuts More Red Tape

On March 10, 2010, Governor Strickland became the first governor in the country to accept HHS Secretary Sebelius' "Connecting Kids to Coverage Challenge" and committed to covering all of Ohio's 77,000 uninsured children within five years. As part of that commitment, the Governor announced three simplification reforms to cut the red tape, get more children enrolled, and keep them enrolled:

- **12-month continuous eligibility for children**
- **Presumptive eligibility for children and pregnant women, and**
- **Express Lane eligibility**

Because of the possibility of federal performance bonus dollars, Ohio Department of Job and Family Services and Ohio Medicaid leaders committed to implementing two of these measures, 12-month continuous eligibility for children and presumptive eligibility for children, by April 1, 2010. As a result of hard work and leadership by state officials and by county departments of job and family services, Ohio met the April 1 deadline. Ohio Medicaid staff are confident that CMS will certify these efforts as having met implementation by April 1, and therefore expect to qualify for federal performance bonus dollars which will be awarded by the end of 2010, assuming enrollment projections remain on target.

Below is a summary of each policy, including implementation plans and next steps:

12-month continuous eligibility. This is a straightforward change that means once a child's initial eligibility is established, s/he will maintain Medicaid coverage for a full twelve months regardless of changes in income or family situation, unless one of the following occurs: the child or parent/guardian requests termination; the child turns age 19; the child dies; or the child moves out of Ohio.

This change is expected to reduce **churning**--when eligible children lose coverage, reapply, gain coverage again, and then repeat the process--among the child population.

Presumptive eligibility for children: Presumptive eligibility allows children to receive the care they need while their eligibility for coverage is being determined. "Qualified entities" such as Medicaid providers, WIC programs and Head Start programs, make a preliminary or presumptive determination that a child or pregnant woman is eligible for Medicaid. After presumptive determination of eligibility, the family has until the end of the following month to submit a full Medicaid application. While the child or pregnant woman awaits final eligibility determination, (s)he can receive all health services covered under Medicaid.

Under the emergency rules which authorize this policy, the only agency that can determine presumptive eligibility is the county department of job and family services (CDJFS), including any out-stationed eligibility workers they may place in the community. This means that all children who apply for Medicaid should be screened for presumptive eligibility, along with their full eligibility determination.

CDJFS' were chosen as the sole qualified entity because they are the only agency that has access to the eligibility system (CRIS-E) and are thereby able to 1) determine if a child may already have an application pending, and 2) issue a temporary card/document authorizing payment for services.

The full value of presumptive eligibility will only be realized when Ohio adds other qualified entities. As it stands now, only children who would typically initiate an application at the CDJFS will benefit from presumptive eligibility, leaving out children who do not know about Medicaid/CHIP, and/or who go directly to a provider because of an immediate health need.

Once CDJFS' are operating presumptive eligibility smoothly, Ohio needs to start adding qualified entities that can make the presumptive determination of eligibility. This should start with providers who already typically screen for Medicaid/CHIP eligibility, such as health clinics and hospitals. The program can grow from there as needed.

Presumptive eligibility for pregnant women. Ohio should move forward on planning and implementing presumptive eligibility for pregnant women, as the Governor committed. Qualified entities in the community, such as hospitals, health clinics, and obstetricians' offices should be early implementers.

Express Lane Eligibility. This option is newer and more complex and will therefore require more thought and planning. To date, only three states have implemented Express Lane as defined by CMS, although a number of others are in the planning process. Ohio needs to establish a planning process and timeline. It will be important for stakeholders to work with state officials to assess which public program will make a promising partner for Express Lane.

In addition, Ohio now verifies citizenship via electronic data matching. As of April 22, 2010, Ohio now documents citizenship for Medicaid applicants via a matching process with the Social Security Administration (SSA). This option, established by the Children's Health Insurance Program Reauthorization Act (CHIPRA), allows states to document citizenship by submitting to the Social Security Administration (SSA) the names and Social Security Numbers (SSNs) of individuals declaring they are citizens or nationals. If data received back from SSA is consistent, no further action is required by the applicant. If the information is not consistent, then the applicant has an opportunity to resolve the discrepancy. This option greatly reduces the time and expense of procuring original birth certificates to prove citizenship, particularly for applicants born out of state. States that have been operating this system for a few months now are finding a success rate of over 94% in the electronic data exchange and are reducing administrative costs.

Connecting Kids to Coverage: Cutting the red tape alone won't get the 77,000 uninsured eligible kids enrolled. There are still many families who do not know their children already qualify for health coverage, confirming that outreach matters. Ohio needs a coordinated, effective outreach, enrollment, and retention campaign to get more kids enrolled.

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