

Community Legal Aid

A non-profit law firm serving the legal needs of low-income individuals and families in central northeast Ohio



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Medicaid: It's not really about eligibility

By Marie Curry, managing attorney

Our health system is in a state of suspended animation. And I'm not just talking about COVID.

Roughly 4 million Ohioans rely on Medicaid for their health insurance. That's one-quarter of our state's population.

It's great that so many people without other options finally have healthcare coverage. These are low-income individuals (many of them single, working adults) who are covered today, many who may not have had coverage two years ago.

In the last two years, we've made it easier for people to keep their Medicaid coverage. Because of the public health emergency, people don't have to jump through the usual hoops to stay insured. Each time it gets extended, as it was again on January 14, advocates breathe a sigh of relief, knowing that people can continue to have access to life saving and preventive care while the pandemic drags on.

But in the backs of all our minds, we know a tangled web of complications is looming.

A big complication will come this summer.

Starting July 1st, the state will launch Medicaid's Next Generation, an effort aimed at refocusing Medicaid on the needs of Ohioans who rely on it. Everyone who is insured through Medicaid will be required to choose a managed care plan (like Buckeye or Caresource), and if they don't, they'll be assigned to one. If someone is assigned to a plan that is different from their current plan, they may also be assigned to a primary care provider (like a doctor) that they don't know and didn't choose. If specialists they have been seeing are not part of their new plan, then people will have to find new specialists. As anyone who has spent time on hold, left messages, and tried to correct health-related insurance issues knows, getting everything lined up again is time-consuming and stressful.

Changing someone's health plan and provider, especially in minority communities where there is already a lack of trust in the health system, will only lead to gaps in access among populations

that already suffer poorer health outcomes. Chronic disease and toxic stress are compounding factors to the health disparities that exist among our minority communities, who (despite lessening gaps in recent years) are still overrepresented in the Medicaid population.

A second complication may come much sooner, possibly in late winter or early spring.

See, when we aren't in the middle of a global health crisis, people enrolled in Medicaid must regularly show that they still qualify for the program, through a process called "redetermination." Over the past two years, because of the public health emergency, people who rely on Medicaid for their health insurance have not had to go through "redetermination." But the reprieve will come to an end when the public health emergency ends unless Congress passes new laws (for example, the Build Back Better bill) that limit how quickly states can conduct their redeterminations.

When that process happens, people will lose their health coverage. Some because their job situation has improved and they can now afford private insurance, which is great. But for others whose situations have not improved, they are still juggling all the same stressors, and may not even know about the requirements or deadlines they are missing. Many will not figure it out until they try to see a doctor and find out they no longer have health insurance. Maybe all this is just a necessary reality, but advocates are especially concerned because the company the State will work with to conduct the redeterminations will receive incentive payments based on how many people they disenroll in Medicaid.

A third complication is woven into both the problems already described.

If you're on Medicaid, and you move, you risk losing your benefits. That's because the Department of Medicaid has to be able to find you, to send you notices with deadlines, updates, and so on.

This has always been a problem, as the low-income households that typically qualify for Medicaid have higher rates of transiency. And with moves up, rents skyrocketing, and affordable housing hard to find, it's a problem we are likely to see continue to grow as the pandemic drags on.

So, what does all this mean? It means that in reality, for people who rely on Medicaid, getting and keeping health insurance is an exercise in persistence in the face of a seemingly endless list of eligibility requirements. It's as if Medicaid is the prize for surviving an obstacle course of red tape. This has always been true, but the pandemic has underscored the already overwhelmingly complicated system of health coverage for our lowest income residents.

This article is part of Legal Aid's "Big Ideas" series.

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