OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 26 – 2024

Introduced by: Medical Student Section

Subject: Advocating for 12-Month Continuous Medicaid Enrollment Periods to Improve Adult Health Outcomes in Ohio

Referred to: Resolutions Committee No. 2

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WHEREAS, Medicaid churn is the cycle of losing and regaining Medicaid coverage, which disrupts access to healthcare for eligible individuals, affecting their continuity of care and health outcomes; and

WHEREAS, intermittent eligibility redeterminations, difficulties navigating renewal procedures, changing family circumstances, address changes, and income fluctuations can lead to the unexpected loss of coverage, even among individuals who are still eligible[1]; and.

WHEREAS, due to gaps in coverage, Medicaid beneficiaries are covered for less than 10 months of the year, on average[1,2]; and

WHEREAS, Medicaid churn is associated with increased emergency department visits, untreated chronic conditions, and preventable hospitalizations, disproportionately affecting vulnerable populations including Black and Latino individuals, people with disabilities, and young adults[3-5]; and

WHEREAS, the administrative costs of disenrollment and re-enrollment in Medicaid are estimated to be between $400 and $600 per person, leading to substantial unnecessary state expenditures[6]; and

WHEREAS, Ohio has experienced a significant increase in Medicaid enrollment, with over 800,000 additional individuals since 2020, leading to administrative challenges and expected increases in churn after the COVID-19 Public Health Emergency[5,7]; and

WHEREAS, the end of the continuous enrollment period provided during the Public Health Emergency is estimated to result in the loss of Medicaid coverage for between 200,000 and 249,000 Ohioans through 2024 due to administrative churn, beginning in April, 2023[5,7]; and

WHEREAS, states like New York, which have implemented 12-month continuous Medicaid enrollment periods, have seen cost savings due to more predictable healthcare utilization and lower administrative caseloads[8]; and

WHEREAS, the implementation of continuous enrollment in New York resulted in a modest increase in net Medicaid spending of 2-3%, a figure comparable to budgetary changes seen in states that are already extending continuous coverage periods to children, such as Ohio[1,9]; and

WHEREAS, 12-month continuous Medicaid enrollment periods are associated with significant individual monthly cost savings relative to adults who experience churn[1]; and

WHEREAS, Ohio currently implements 12-month continuous enrollment periods for children, and pregnant and postpartum individuals enrolled in Medicaid, demonstrating a precedent and framework for broader application of this policy within the state's Medicaid program; and

WHEREAS, children and postpartum individuals in Ohio who benefit from 12-month continuous Medicaid coverage experience improved health outcomes, underlining the efficacy of extended coverage periods in promoting consistent and preventive healthcare access[10,11]; and

WHEREAS, all states have the authority to submit a Section 1115 Demonstration Waiver to the federal government, which would allow Ohio to enact 12-month continuous eligibility periods for adult Medicaid beneficiaries[12,13]; and

WHEREAS, the American Medical Association advocates for the adoption of 12-month continuous Medicaid enrollment across Medicaid programs, yet the Ohio State Medical Association currently lacks explicit policy advocating for the extension of this approach to adult beneficiaries in Ohio[14]; and therefore

BE IT RESOLVED, that our OSMA supports the adoption of 12-month continuous eligibility across Ohio Medicaid programs.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

References:

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13. State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions. Ohio Plan submitted to CMS (2022) https://medicaid.ohio.gov/static/Stakeholders%2C+Partners/Unwinding/Ohio+Plan+Submitted+to+CMS+December+20%2C+2022.pdf
14. American Medical Association. Basic Health Program Policy H-165.832. 2022.
15. AMA Policy: Basic Health Program H-165.832
16. AMA Policy: Health Insurance Exchange Authority and Operation H-165.839

OSMA Policy:

Policy 25 – 2016 – Access to Care for Medicaid and Medicaid Product Insured Patients in Ohio

1. The OSMA advocates that Ohio Medicaid and Medicaid product insurers extend coverage to their patients for thirty days beyond the date of non-coverage and reimburse physicians who provide services during this time period.

Policy 01 – 2017 – Supporting Changes in Health Care Policy that Increase Coverage and Expand Benefits

1. The OSMA supports the elimination of pre-existing condition exclusions from health insurance contracts and supports providing all Ohio citizens with high quality health care.

2. The OSMA opposes changes to healthcare policy that would decrease access to health care coverage for the citizens of Ohio.

3. The OSMA supports the inclusion of young adults up to age 26 on their parents'/guardians' health care plans.

4. The OSMA supports health care policies that allow states and institutions the right to explore and develop individualized models for covering the uninsured.

   Policy 01 – 2017 was reaffirmed at the 2019 OSMA House of Delegates.

Policy 23 – 2018 – Maintaining Medicaid Coverage for Group VIII Enrollees

1. The OSMA supports the ongoing coverage of those individuals defined as Medicaid group VIII eligible individuals by any program deemed to continue their coverage in a manner comparable to coverage as allowed by the Affordable Care Act, and oppose programs which would not continue commensurate coverage.