Medicaid Work & Community Engagement Requirements





Overview

In July 2023, the Ohio General Assembly enacted House Bill 33 (HB 33), which included Ohio Revised Code (ORC) section 5166.37 requiring new eligibility limitations for the adult Medicaid expansion population under 1902(a)(10)(A)(i)(VIII) of the Social Security Act (Group VIII). These new limitations require that in order to qualify for enrollment in Group VIII, an individual must satisfy at least one of the following criteria:

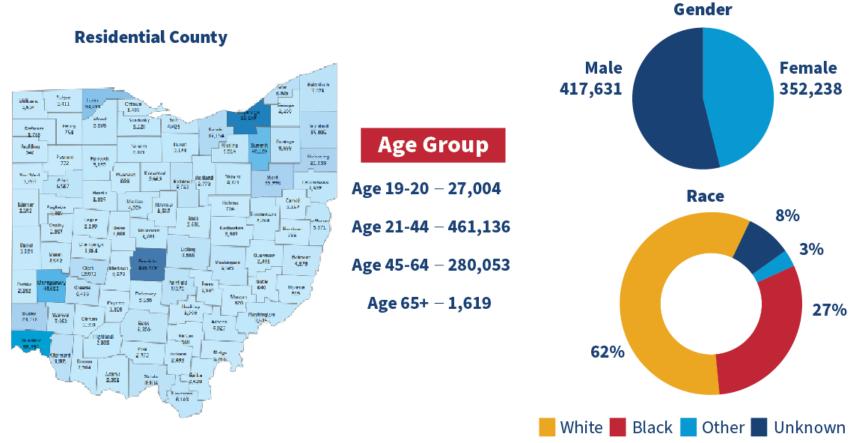
- 1. Be at least fifty-five years of age;
- 2. Be employed;
- 3. Be enrolled in school or an occupational training program;
- 4. Be participating in an alcohol and drug addiction treatment program;
- 5. Have intensive physical health care needs or serious mental illness.

The changes in eligibility standards require approval from CMS. Ohio is actively seeking Social Security Act Section 1115 Demonstration waiver authority to implement this statewide pre-enrollment requirement by limiting pathways to qualifying for this covered group. After two public hearings and a public comment period, ODM submitted its waiver application to CMS on February 28, 2025.

General view of the individuals in that group

Most are male, residing in major metropolitan areas and most are between the ages of 21 and 44

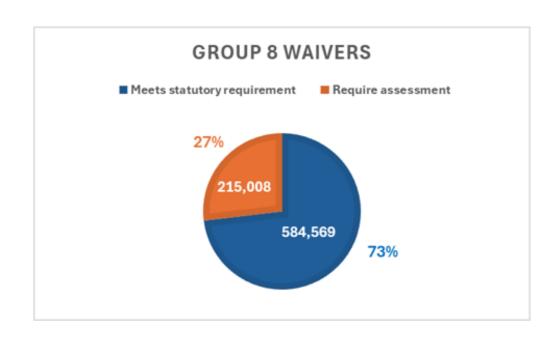
Group VIII Composition as of Feb 2025 eligibility





Group VIII Composition – as of Dec 2024 eligibility

Category	All counties	% total	
Individuals meeting eligibility requirement	584,569	73.0%	
Individuals currently working (>20 hrs or 10-20 hrs)	325,905	40.7%	
Age	75,208	9.4%	
SUD Inpatient & Residential Treatment*	19,017	2.4%	
Severe Chronic Condition*	63,364	7.9%	
Other Medicaid Eligibility	101,075	12.6%	
Require assessment	215,008	27.0%	
Total population	799,577		



^{*}Anyone who had SUD treatment in the past 3 months in Inpatient or Residential Setting



^{*}Individuals with severe and persistent physical or mental health condition that prevents regular employment

All Ohioans Unemployed/Not in the workforce vs. Group VII Enrollment

All Ohioans



OHIOANS (16 - 64)

Unemployed / Not in Labor Force

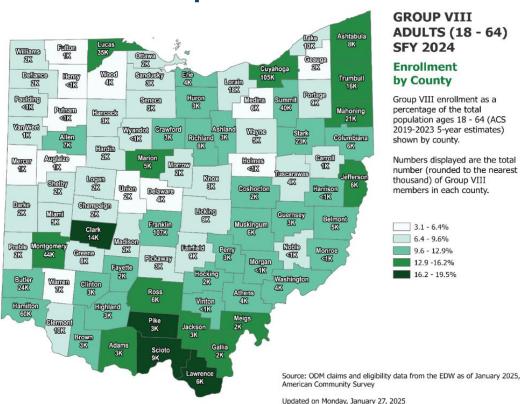
Ohioans ages 16 - 64 who are unemployed or not in the labor force as a percentage of all civilians ages 16 - 64 from the 2019 - 2023 ACS 5-year estimates (table B23001).

Numbers displayed are the total estimated number (rounded to the nearest thousand) of Ohioans (16 - 64) unemployed or not in the labor force in each county.



Last updated on Monday, January 27, 2025

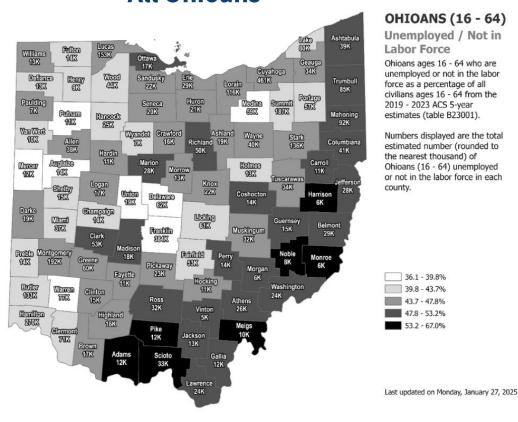
Group VIII



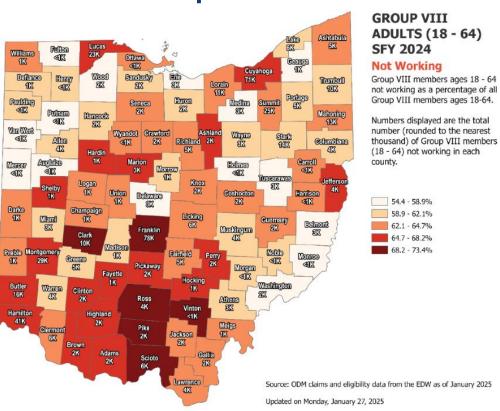


Unemployed/Not Working: Overall Ohio population compared to Group VIII

All Ohioans



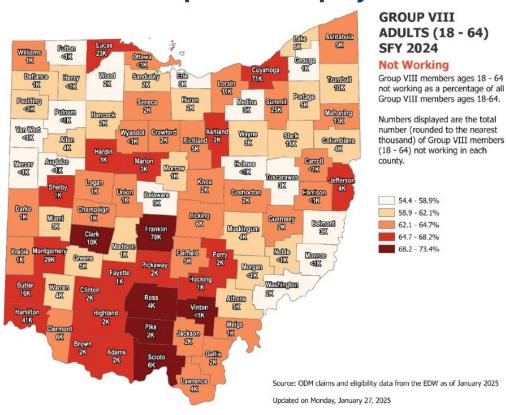
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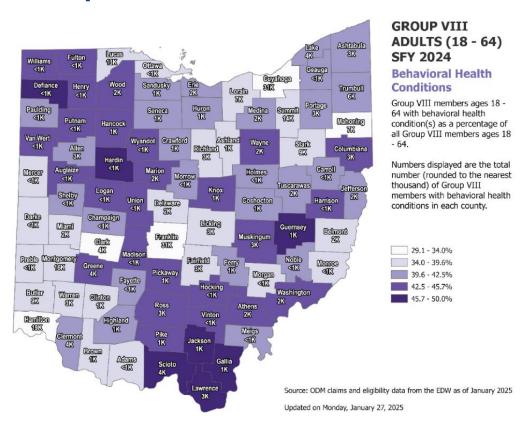


Group VIII Unemployed and Behavioral Health Comparison

Group VIII Unemployed



Group VIII Behavioral Health Conditions





INDIVIDUALS WHO WILL REQUIRE AN ASSESSMENT:

For those that will need to submit additional verification, there will be many who will likely demonstrate they are working, or are in school, or have a medical condition and who can demonstrate that they meet the criteria set in statute. Of this group:

Roughly 10% (~18,000) are homeless or in a shelter (including DV/Women's shelters)	At least 2% (~3,000) are veterans (this is a significant undercount because we know that our data doesn't capture most veterans' status)	About 13% (~24,000) have a severe acute physical condition that likely limits ability to work (evidenced by a recent NF/ICF or home health claim)	About 26% (~46,000) have a chronic condition that might hamper work ability (i.e. they have a chronic condition that is included in a more permissive definition of such, but is excluded from the existing strict definition)	Roughly 5% (~8,000) are parents of young children (defined by Ohio equal employment protections as a parent of child under the age of 9)	About 23% (~42,000) are considered exempt from SNAP/TANF work requirements An additional 6% (~11k) are on SNAP and subject to the requirement	About 8% (~16,000) are in a custodial living situation (e.g. have a living arrangement of public institution, ICF, or similar)	3% of Group VIII enrollees were on SSDI. 45% of Group VIII enrollees received Behavioral Health Treatment 15% of Group VIII enrollees received SUD Treatment
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GEOGRAPHY:

Data to provide additional insight into their status under the new proposed framework

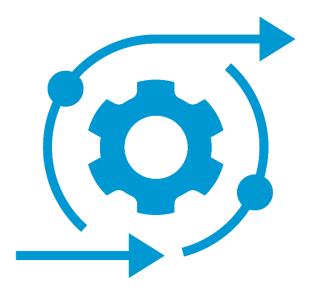
For those that Central, southwest, **42% (329,666)** of 25% of Group VIII 65% of Group VIII 84% (657,399) ~60% Group VIII data does not show **Group VIII enrollees** enrollees live in enrollees live in Medicaid recipients and northeast of Group VIII residing in the live in counties counties with meeting one of regions have counties with enrollees live in Southern Ohio the statutory relatively higher where the the highest the highest counties with high requirements, large proportion of unemployment meet one of the percentages percentages percentages metro areas have a the Group VIII /no labor force (45.5-67.0%) of (21-25%) of statutory (11-14%) of population that will age-adjusted requirements lower percentage of participation (ACS) unemployment age-adjusted mental health people working at /no labor force require assessment rates among people Diabetes (BRFSS, least 20 hours below the federal participation impairment in Ohio CDC PLACES). compared to the poverty level are in Ohio. (BRFSS, CDC other regions above the county PLACES). median.

In the Group VIII population, majority of the Medicaid recipients **725,186 (93.2%) are in Managed Care** and **52,430 (6.8%) are in Fee-For-Service** program

Higher proportion of the males are in the Group VIIII population (54%) compared to females (46%), contrasting to the generation population profile.

Implementation & Process

- Individuals who <u>apply</u> for Medicaid on or after the implementation date will be subject to the work requirements.
- Individuals already enrolled in Group VIII prior to implementation will be evaluated under the new requirements at their next eligibility renewal.
- The process will follow the same steps as annual Medicaid eligibility renewals including the work requirements.
- MCOs will be assisting with outreach in advance of redeterminations.
- MCOs will be expanding their work efforts and supports, building from current voluntary work efforts.
- ODM is estimating that ~62,000 enrollees will lose their Medicaid eligibility in the SFY 26-27 biennium. Because of eligibility processes and renewals, ODM anticipates there will be a lag in disenrollment during the first year of the demonstration.



Budget Estimates H.B.96

	SFY26			SFY27		
	All Funds	Federal	State	All Funds	Federal	State
Disenrollment Savings	\$(2,188,677)	\$(1,969,809)	\$(218,868)	\$(200,481,079)	\$(180,432,971)	\$(20,048,108)
County Effort	\$155,010	\$116,258	\$38,753	\$1,860,120	\$1,395,090	\$465,030
Other Admin	\$1,375,000	\$687,500	\$687,500	\$2,750,000	\$1,375,000	\$1,375,000
Lost HIC Revenue	\$426,272	\$303,122	\$123,150	\$38,355,425	\$27,395,081	\$10,960,344
Net GRF Impact	\$(232,395)	\$(862,930)	\$630,535	\$(157,515,534)	\$(150,267,800)	\$(7,247,734)



Public Comment

The proposed 1115 waiver was published for public comment on December 17, 2024, and closed on January 21, 2025.

Total Comments Submitted			
654			
Opposed	Neutral	Supportive	
589	21	44	

- Common themes in opposition comments included administrative burden for the members, concerns over loss of coverage impacting health of members, the lack of efficacy of work requirements, the inconsistency between work requirements and the program goals, the cost of childcare, challenges finding work, the cost to providers of healthcare services, the lack of transportation needed maintain employment.
- Themes in the supporting comments included the belief that too many people are just getting benefits but can work, and that work for benefits should be required.
- The full summary of the comments was assembled along with responses to the comments and have been submitted to CMS; the federal comment period through CMS is now open and will last through April 7th, 2025.



Lessons Learned

"Georgia Pathways"

- In 2022 Georgia became the test case for a work provision that had been proposed by several states (including Ohio) and struck down in federal courts and by the Biden administration.
- The state launched the program in July 2023 and spent over \$40 Million in state and federal tax dollars with nearly 80% going towards administration and consulting fees rather than paying for medical care.
- By July 29, nearly 4,500 people had enrolled in pathways, short of the state's goal of more than 25,000 in its first year according to its application to CMS; and a fraction of the 359,000 who might have been eligible if Georgia had expanded Medicaid under the ACA. The state indicated that it was an administrative nightmare.



- The Georgia eligibility program required a minimum of 80 hours of work, academics or volunteering per month. The
 imposition of conditions to coverage for those people was found to be more administratively expensive per enrollee and
 covered only a fraction of the people who would get Medicaid under full expansion.
- The experience with Georgia's demonstration project shows is covering only about 4200 people under its demonstration project with work requirements as compared to the estimated 445,000 people who would be eligible for Medicaid if the state had included the ACA's expansion population.

Lessons Learned

"Arkansas Works"

- The uninsured rate among low-income Arkansans ages 30-49 rose from 10.5% in 2016 to 14.5% in 2018 after the "community engagement" requirement took effect.
- Arkansans ages 30-49 reporting disenrollment from Medicaid or Marketplace coverage at any point in the demonstration year experienced significantly higher medical debt and financially barriers to care compared Arkansans ages 30-49 who maintained coverage.
- There was no associated increase in employment of other community engagement activities among low-income individuals subject to the Arkansas requirement either in the first year when the policy was still in effect or nine months after the policy was blocked.
- Nearly everyone who was targeted by the Arkansas Works requirement either had already met the requirement or was exempt from it, providing little margin for the program to increase work or community engagement. 97% of the survey respondents aged 30-49 had already met the requirement or were exempt.



APPENDIX

Comparison of Ohio's Previous and Current 1115 Work Waivers

Previous Waiver – Same Base Plus Additional Exceptions:

- 1. Alignment with SNAP
- 2. SNAP waiver allowed
- 3. Exemption for parents with infants
- 4. Exemption for high unemployment regions of the state
- 5. Assessment process by county with assignments to work activities

Current Waiver:

- 1. Be at least fifty-five years of age
- 2. Be employed
- Be enrolled in school or an occupational training program
- Be participating in an alcohol and drug addiction treatment program
- 5. Have intensive physical health care needs or serious mental illness



New applicants – Income and other eligibility factors

- IRS: Ohio uses the Federal Data Services Hub (the Hub) for IRS income data. Post-enrollment, Ohio uses IRS data to verify or detect unearned income.
- SSA: Ohio uses the transactional connection to SSA through the Federal Data Services Hub (the Hub) for Title II income data. Post-enrollment, Ohio uses SSA data to verify Title II and Title XVI information regarding payment status, benefit amounts, entitlements, termination dates, and health insurance data. Ohio uses SSA to verify citizenship and SSN, and DOB, Medicare receipt, and any application for SSI and SSDI.
- State Wage Information Collection Agency (SWICA): Ohio uses SWICA data as part of the Hub cascade at initial application and for the exparte (passive) renewal batch process. Post-enrollment, Ohio uses SWICA data as an additional income validation source, specifically for State earned income.
- State Unemployment Compensation (UC): Ohio uses UC data as part of the Hub cascade at initial application and as part of the ex parte renewal batch process. Ohio's interface with State UC also enables the agency to generate alerts regarding changes in recipients' UC benefits post-enrollment
- TALX/The Work Number: A private database counties use to verify earned income.
- Ohio Bureau of Workers Compensation (BWC): Ohio uses BWC data to verify payments made for workers' compensation
- Vital Statistics: data used for Paternity lead for medical child support. Post-enrollment used for birth and death.
- Office of Child Support Enforcement: Identifies failure to cooperation with the CSEA in establishing paternity of Medicaid eligible child. claims.



Existing enrollees at renewal or post enrollment not renewal – income and other eligibility factors

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Existing enrollees at renewal or post enrollment not renewal – income and other eligibility factors

- Office of Child Support Enforcement: Identifies failure to cooperation with the CSEA in establishing paternity of Medicaid eligible child.
- PARIS: PARIS consists of three types of matches—a Federal Wage Match, a Veterans Affairs (VA) Match, and an Interstate Match. The Federal Wage Match provides information regarding receipt of income from the Department of Defense and Office of Personnel Management. The Veterans Affairs Match provides information regarding receipt of income or medical insurance from the Department of Veteran Affairs. The Interstate Match provides information that's used to determine whether a participant is receiving medical assistance in two or more states. In addition, Ohio uses information received via PARIS to verify VA income and third-party insurance.
- National Directory of New Hires (NDNH): Ohio uses NDNH data to identify when an individual is newly hired by an employer.
- Department of Rehab and Correction: Ohio utilizes an interface with DRC to provide information regarding individuals in receipt of Medicaid who have been incarcerated for over 30 days.
- Department of Youth Services: Ohio utilizes an interface with DYS to provide information regarding youth in receipt of Medicaid who are currently incarcerated in state facilities or those who have been recently released.



Frequent Wage or Employment Cross-checks

- The Annual Household Income service component of the Federal Data Services Hub (FDSH) is used to verify an individual's attested income.
- The state is required by Section 1137 of the Social Security Act [42 USC 1320b-7], to match the Social Security number of individuals receiving Medicaid to other databases, including the SSA, Internal Revenue Service (IRS), State Wage Information Collection Agency (SWICA), and Unemployment Compensation (UC). The SWICA database returns quarterly wage reports from employers in the state and serves as an additional source for verification/notification of earned income.
- In addition, Ohio Benefits receives a monthly file from the National Directory of New Hires (NDNH), which includes information from W-4 forms when an individual is newly hired by an employer.
- Income and employment is checked at initial determination, renewal, and then we receive new hire, Income Eligibility Verification System (IEVS), SWICA, Beneficiary & Earnings Data Exchange (BENDEX) matches as leads for either new income or income changes that must be followed up on.





Department of Medicaid