

April 2, 2025

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Director
Multi-year Continuous Eligibility 1115 Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St, 5th Floor
Columbus, Ohio 43215

Submitted electronically to CEWaiver@medicaid.ohio.gov

Re: Ohio’s “Multi-Year Continuous Eligibility for Children 1115 Demonstration Waiver Application”

Dear Director Corcoran:

On behalf of Families USA, thank you for the opportunity to comment on Ohio’s proposed *Multi-Year Continuous Eligibility for Children 1115 Demonstration Application* (herein after “proposed waiver”) prior to submission to the Centers for Medicare and Medicaid Services (CMS). Families USA is the longtime national, non-partisan voice for health care consumers, dedicated to achieving high-quality, affordable health care and improved health for all, including the more than 1.3 million children in Ohio that receive their health coverage through Medicaid and the Children’s Health Insurance Program (CHIP).¹

Families USA applauds Ohio for proposing to expand on federal eligibility requirements to provide Buckeye children with continuous Medicaid/CHIP eligibility from birth through age three. This important proposed policy change means that young, low-income children in Ohio will have uninterrupted access to the care they need to develop and thrive, and parents no longer need to worry about the risk of disenrollment due to temporary shifts in income or difficulties filing reenrollment paperwork. Where continuous eligibility policies are in place, health care costs stay lower overall, states see significant reductions in program administrative expenses, and families are less likely to fall into medical debt because of unexpected health care costs when their children go through periods of uninsurance.

For these many reasons, **Families USA strongly supports the Ohio Department of Medicaid’s (ODM) proposed waiver application and we urge the state to submit this waiver to CMS for approval.** However, as our comments explain, ODM’s concurrent efforts to bring work reporting requirements to the Ohio expansion population (as proposed in ODM’s *Group VIII 1115 Demonstration Waiver* application) directly undermine the many benefits Ohio could achieve by putting continuous eligibility in place for young children. **To both advance Ohio’s efforts under continuous enrollment and prevent children from losing coverage, Families USA also strongly urges ODM to rescind its *Group VIII 1115 Demonstration Waiver***

I. Continuous eligibility reduces “churn” and enables eligible children to maintain Medicaid/CHIP coverage.

Children are at risk of cycling on and off Medicaid/CHIP if their family’s income fluctuates or if their caregivers have difficulty renewing their coverage.² Temporary changes in monthly income are common among lower-income households, particularly where parents work for hourly pay or have inconsistent

work hours that may result in short-term earnings jumps, even when annual income remains below Medicaid thresholds.³ Parents may also struggle to reenroll their eligible children: recent studies show as many as 15% of children will lose coverage at redetermination often due to administrative burdens, with over 60% regaining coverage within 6 months.⁴

When eligible children enroll, disenroll and subsequently re-enroll in the Medicaid/CHIP program within a short period of time (often referred to as “churn”), this disruption in coverage—and the resulting disruption in access to care—can reduce their long term access to preventive and specialty care services, which can be detrimental for their health.⁵ Even a short gap in coverage can significantly reduce access to preventive screenings, chronic disease management, medications, and other necessary care.⁶ Churn is especially problematic for young children as the first years of life are a period of rapid brain development and regular screenings and preventive care are crucial to ensuring that a child has a strong foundation for a healthy future.⁷

Churn is not inevitable. Continuous eligibility policies—those that allow enrolled children to remain on Medicaid regardless of changes in their families’ income, for a set period of time—have been shown in multiple studies to considerably reduce churn by enabling eligible populations to maintain coverage.⁸ For this reason, since January 2024, federal statute requires all states to implement 12-month continuous eligibility for all Medicaid- and CHIP-enrolled children (up to age 18).⁹ Such Medicaid policies have a big impact, as an estimated 11.2% of eligible children nationwide experienced one or more episodes of churn in 2018.¹⁰

In proposing multi-year continuous eligibility for children aged 0-3, Ohio joins 12 other states in exploring Medicaid policies that will further reduce churn for vulnerable populations beyond what is required under federal law.¹¹ ODM estimates that its proposed waiver could reduce churn for an average of **over 43,000 children aged 0-3 per month over five years**, representing 12.7% of the over 340,000 children aged 0-3 estimated to gain continuous eligibility as a result of the demonstration.¹²

II. Continuous eligibility initiatives help children thrive.

Continuous eligibility is a valuable investment in children’s health and well-being. By reducing churn, early childhood continuous eligibility policies guarantee eligible children uninterrupted access to health insurance coverage, with significant impacts on their immediate health and future success.¹³

- Children with continuous coverage are more likely to have consistent access to well-child visits, and vaccinations.¹⁴ Only about 60% of children aged 0-3 in Ohio receive the recommended number of well-child visits, and only 31% receive the recommended course of vaccinations by their second birthday.¹⁵ By establishing continuous eligibility, Ohio can ensure more children receive these essential early health services.
- Continuous eligibility ensures children have access to the same provider networks and benefits, enabling continuity of care and improved connections to treatment for chronic conditions and complex care needs.¹⁶ These policies support other initiatives in Ohio to address complex care needs for Medicaid-eligible youth, such as the OhioRISE initiative.¹⁷
- Investing in continuous eligibility not only supports healthier children but also fosters a stronger, more prosperous future for Ohio. Children with Medicaid coverage miss fewer school days, are more likely to graduate and pursue higher education, earn higher wages and pay more in taxes.¹⁸

III. Continuous eligibility reduces health care spending and administrative burden for states, produces cost-savings for managed care and improves economic stability for families.

When children churn through Medicaid and CHIP, administrative costs associated with enrollment processing and reprocessing increase.¹⁹ This administrative burden is borne by Medicaid offices, health plans, and providers, all of whom may spend time helping eligible children re-enroll. Continuous eligibility policies create administrative efficiencies, at substantial cost savings to state Medicaid programs. A 2023 analysis of implementing 12-month continuous eligibility for all Medicaid/CHIP-eligible children estimates administrative cost savings of \$192.50 per child in the first year (\$46 million total in cost savings, across states).²⁰ Other estimates peg the average cost savings of reducing churn to be much higher, between \$400 and \$600 per beneficiary.²¹ Applying this range of estimates to Ohio, if ODM estimates 13,222 more children aged 0-3 will be enrolled in an average month during the first year of the demonstration (that is, over 13,000 fewer children will churn in and out of Medicaid),²² then ***ODM can expect first year administrative cost savings of over \$2.5 million and perhaps as high as \$7.9 million.***

In addition, children churning in and out of coverage can cause health issues to go undetected or unmanaged, requiring the state to pay for more complicated and expensive care in the long run.²³ Continuous eligibility mitigates these costs: longer coverage periods are associated with lower monthly Medicaid/CHIP expenditures.²⁴ Furthermore, when children have consistent access to health coverage, they are more likely to access medically appropriate preventive care, rather than seeking care in expensive settings like emergency rooms.²⁵ In this way, continuous eligibility policies are part of the solution to keep local hospitals afloat: with more residents insured and seeking care in primary care settings, hospitals have fewer uncompensated care expenses.²⁶

These system-wide benefits spill over into the managed care system where, because states save money per enrollee, they can decrease capitated payments to managed care organizations (MCOs).²⁷ MCOs, in turn, can better coordinate quality care for children if they remain continuously enrolled, realizing cost savings.²⁸ These savings are important for a state like Ohio, where 98% of children served by Medicaid/CHIP are enrolled in managed care.²⁹

By reducing inefficiencies and avoidable medical care, continuous eligibility policies ensure that Medicaid dollars are spent where they are needed most—on providing health care services to low-income children.³⁰ In addition, the economic security Medicaid coverage brings to individual families should not be overlooked, as the whole family is at risk of incurring medical debt when even one family member is uninsured.³¹ With better access to Medicaid, families have reduced exposure to medical debt, are better able to put food on the table and are less likely to be evicted from their homes.³²

IV. Efforts to put work reporting requirements in place in Ohio run counter to the many positive outcomes of continuous eligibility for children.

While we commend ODM for the current proposed waiver, we would be remiss if we did not highlight that the laudable goals of this waiver will be undermined by the proposed *Group VIII 1115 Demonstration Waiver* application ODM submitted to CMS on February 28, 2025.³³ *The Group VIII Demonstration Waiver* would impose a work reporting requirement for the nearly 778,000 adults and parents who depend on Ohio's Medicaid expansion for health care coverage.³⁴ Work reporting requirements are extremely costly for states to implement,³⁵ serve to weaken the health care system by driving up uncompensated care³⁶ and threaten economic instability for working families,³⁷ all while failing to improve employment³⁸ and, inevitably, pushing thousands of eligible people from Medicaid

coverage.³⁹ The significant system-wide and individual costs that work reporting requirements will bring to Ohio are likely to offset the many advantages expected from its' proposed continuous eligibility policy.

What's more, programs that reduce Medicaid coverage for adults significantly impact coverage and care for Medicaid/CHIP-eligible children. In Ohio, parents and caretakers with incomes between 90% and 138% of the federal poverty level are only eligible for Medicaid through the state's Medicaid expansion.⁴⁰ If work reporting requirements cause this population to lose Medicaid coverage, multiple studies show their Medicaid/CHIP-eligible children are less likely to be enrolled, meaning these children are more likely to remain uninsured along with their parents.⁴¹ Children of uninsured parents are also less likely to receive the care they need: for example, one study found that Medicaid-enrolled children are 29% less likely to have an annual well-child visit if their parents are not enrolled in Medicaid.⁴² Finally, when parents lack access to health coverage, the whole family is at greater financial risk, further impacting child health and well-being.⁴³

Families USA commends ODM for pursuing continuous eligibility for children aged 0-3 through this proposed waiver. Putting in place continuous eligibility for young children helps ODM and the Ohio health care system achieve many important objectives at once—improving health coverage and care for young children and reducing financial strain on their families, while lowering administrative expenses and overall costs to the health care system—and we applaud the state for moving forward with this proposed waiver.

But to fully invest in a healthier, more secure future for Buckeye children, **ODM should not pursue other waivers that undermine access to coverage for their parents. Work reporting requirements (as proposed in ODM's Group VIII 1115 Demonstration Waiver application) will create costly administrative burdens and inefficiencies in Ohio's health care system that undermine gains achieved through continuous enrollment policies.** Furthermore, because they serve to push eligible parents and caretakers off Medicaid, work reporting requirements directly threaten Medicaid/CHIP coverage and care for children. If ODM is truly concerned about improving access to Medicaid/CHIP for children (as it should be), then we implore ODM to consider how their proposed work reporting requirement would run directly counter to those aims. Work reporting requirements do not happen in a vacuum; their impacts reverberate through the entire Medicaid system and the vulnerable children it serves.

Families USA strongly urges ODM to submit this proposed waiver to CMS for approval to extend continuous eligibility for children aged 0-3. We also strongly urge ODM to rescind its proposed Group VIII 1115 Demonstration Waiver that would undermine the progress for children by forcing families off coverage through the administrative burden of reporting requirements.

For questions or comments regarding the recommendations in this letter, please contact Mary-Beth Malcarney, Senior Advisor on Medicaid Policy, Families USA at: mmalcarney@familiesusa.org.

Thank you for your time and consideration.

Sincerely,



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Senior Director of Health Policy

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