



June 15, 2021

RE: Medicaid Eligibility Redetermination – Section 5163.52 of HB 110

Chairman Oelslager, Rep. Plummer, Rep. Crawley, Chairman Dolan, Sen. Gavarone, Sen. Sykes:

The undersigned organizations represent hundreds of thousands of Ohioans with complex, chronic, or life-threatening illnesses who rely on Medicaid to access critical medical services. **We write to you, conferees on HB 110, with concerns about Section 5163.52 of the Senate-approved budget due to the implications it could have on the patients we serve who rely on Medicaid.**

First, Section 5163.52 of HB 110 requires the Ohio Department of Medicaid (ODM) to complete an eligibility redetermination process within sixty days of the expiration of the public health emergency (PHE) for all enrollees who have not been subject to a redetermination process in the past twelve months. Though we recognize the necessity of conducting eligibility redeterminations for this enrollment group after the expiration of the PHE, we are concerned that an arbitrary and legislatively mandated 60-day timeline could unnecessarily burden ODM and threaten the accuracy of this important process.

Maintaining health coverage is critical for the seriously ill patients we serve and determining patient eligibility for this population can be a complex process. **A redetermination process that prioritizes speed over accuracy could unfairly remove some patients from the program or lead to other erroneous decisions that have costly or life-threatening consequences.**

We believe ODM is best positioned to determine and implement an eligibility redetermination timeline that will serve the best interests of both the state and enrollees. We encourage the legislature to refrain from placing arbitrary timelines on this important and multifaceted process. Additionally, we don't yet know what guidance may be issued by the Centers for Medicare and Medicaid Services (CMS) to guide states in restarting eligibility determinations following the end of the PHE.

Secondly, Section 5163.52 would require the ODM to seek approval from the CMS to execute eligibility redeterminations for enrollees who have been enrolled in Medicaid for three or more months during the public health emergency. This action – not currently permitted under federal rules – would be in addition to the redeterminations ODM must complete for all other enrollees at the conclusion of the PHE.

We would encourage the state to not act more frequently than necessary on redeterminations. It is especially troubling that the legislature would require ODM to conduct additional and unnecessary

redeterminations for these recent enrollees that coincide with the already burdensome redetermination process triggered by the end of the PHE.

More frequent and expedited redeterminations do not serve the interests of seriously ill Ohioans. That is why, **on behalf of the patients we serve, we urge you to remove Section 5163.52 from HB 110.**

Thank you for your consideration. Please contact Bryan.Hannon@cancer.org if you would like to further discuss this matter.

Sincerely,

American Cancer Society Cancer Action Network

American Diabetes Association

American Heart Association

American Lung Association

Arthritis Foundation

Cystic Fibrosis Foundation

Epilepsy Foundation

Hemophilia Federation of America

Leukemia & Lymphoma Society

Little Hercules Foundation

National MS Society

National Organization for Rare Disorders

Ohio Bleeding Disorders Council

Susan G. Komen

CC: Speaker Bob Cupp
President Matt Huffman
Chairman Scott Lipps
Ranking Member Allison Russo
Chairman Stephen Huffman
Ranking Member Nickie Antonio