

Ohio Medicaid Enrollment

Updated May 12, 2015

- Total Medicaid enrollment for April 2015 was 88,734 people (2.9 percent) below budget estimates and 75,842 less than total enrollment in March 2015.¹
- Enrollment in the expansion group was 136,821 above estimate, but more than offset by traditional enrollment, which was 225,555 below estimate.
- Total Medicaid general revenue fund spending as of April was below estimate \$158 million (all funds) year-to-date.²
- Federal law requires state Medicaid programs to “redetermine” eligibility every 12 months (42 CFR 435.916).³ The steps involved in redetermination and the number of Ohioans impacted by each step are described in the table below.

Month	Individuals Due for Redetermination	Passive Enrollment	Active Enrollment	Individuals Disenrolled
	Once a year, Medicaid identifies individuals who originally enrolled last year in the same month and, per federal law, must either redetermine eligibility or disenroll the individual. The number below is the total renewal population for the month.	Some individuals due for redetermination are deemed eligible for Medicaid benefits because the automated Ohio Benefits system has access to information that verifies continued eligibility for Medicaid (“passive” reenrollment).	Individuals who are due for redetermination but not passively deemed eligible for Medicaid benefits are mailed a redetermination packet to complete and return (“active” reenrollment). Not returning the packet results in disenrollment.	Individuals due for redetermination who are not passively or actively deemed eligible for Medicaid benefits are disenrolled from the program.
January	170,000	NA ⁴	130,096	39,904
February	223,538	NA ⁴	169,346	54,192
March	195,650	NA ⁴	136,003	59,647
April	198,469	39,850	53,321	105,298
May	206,786	44,920	TBD ⁵	TBD ⁵

¹ [Actual vs. Estimated Medicaid Eligibles Caseload Report](#) (April 2015).

² [State of Ohio Monthly Financial Report](#) (May 2015).

³ The federal government temporarily prohibited states (in 42 CFR 435.603) from performing Medicaid eligibility redeterminations for the first 3 months of 2014 for people in the modified adjusted gross income (MAGI) group. Ohio Medicaid requested and was granted an additional 9 month waiver to implement the *Ohio Benefits* system. The waiver expired at the end of 2014 and Ohio was required by federal law to restart monthly redetermination.

⁴ The *Ohio Benefits* system was upgraded to automatically process passive enrollment beginning in April 2015.

⁵ Final numbers are reported in the following month.