Medicaid backlog delaying care for Ohio’s needy, and payments for health providers

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More than 88,000 applications from poor Ohioans are awaiting processing by caseworkers to determine if they are eligible for Medicaid. Nearly two-thirds of the applications have been pending 45 days or longer.

The backlog actually has improved since one point last year, when nearly 110,000 requests were awaiting review, but lengthy delays continue to cause uncertainty and delayed care for needy families — and financial difficulties for many health-care providers.

Advocates for the poor say many Medicaid applicants have no or limited access to health care while they wait, which can cause life-threatening problems.

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“You apply and wait for care until you get approval,” said Kate McGarvey, executive director of Ohio State Legal Services. “We have people waiting for drug (addiction) treatment, and one client who had a gap in coverage was able to get free treatment at a clinic but had a heart attack.” The latter case raised questions about whether the heart attack could have been prevented had the client been able to see a specialist.

While the backlog is down, McGarvey said, waits for coverage in many counties, particularly urban areas, remain significant.

“The state says it has gotten better, but it’s still a problem,” said Pete Van Runkle, executive director of the Ohio Health Care Association, a nursing-home-industry group.
Hundreds of nursing-home residents are awaiting word on their Medicaid applications. Many already are receiving care but unable to pay for it.

“It creates uncertainty for families and that causes angst, and from the provider perspective, they are already providing care, so it’s a cash-flow problem at best and at worst they won’t get paid,” Van Runkle said.

Ohio’s tax-funded Medicaid program covers nearly 3 million poor and disabled residents. Under federal guidelines, applications for coverage and annual renewals to maintain benefits must be processed within 45 days for non-disability requests and 90 days for disability ones.

The state uses a pre-enrollment eligibility system that requires applicants’ income to be verified before they’re approved for the program. Although coverage can be retroactive to the date of application, many health-care providers won’t accept patients without coverage. After they are approved, beneficiaries must submit income information annually to maintain coverage.

State and local officials acknowledged wait times are too long for many applicants.

“It’s bad. I’m not making excuses. We want to get them all cleared up,” said Joel Potts, executive director of the Ohio Job and Family Services Directors Association. Caseworkers at county human services offices review Medicaid applications.

Potts said policy changes, a new online eligibility system and insufficient staffing contribute to the backlog. Applications for long-term care take longest to process because caseworkers must identify assets going five years back to determine eligibility.

“I feel for people who are waiting for benefits, but these cases are complicated and we need more money in the system,” Potts said.

In Franklin County, 5,355 Medicaid applications are awaiting review. Nearly 1,400 have been pending longer than 45 days.
Jodi Andes, spokeswoman for the county Department of Job and Family Services, said there are a number of reasons these applications take additional time, but most — about 900 — are from those needing long-term care. Their applications are much more detailed and require more verifications that usually take additional time, she said.

Franklin County’s backlog is fourth highest in the state. Cuyahoga County’s is the largest, at more than 16,000, followed by Lucas and Montgomery counties.

“Ohio Medicaid has been working with counties to improve their application processing time,” said Medicaid spokesman Tom Betti. “We know there is still much work to do statewide, but there has been improvements in Franklin County and elsewhere. There are many factors that contribute to the backlog, but at the end of the day Ohioans deserve prompt response from all levels of government.”

State officials contend the backlog is somewhat inflated because it includes renewal requests in which the applicant already has coverage, and others tagged to earlier requests by the same individual, making them appear older than they are.

To help speed the process, state officials say they are automating some computer functions now done manually by caseworkers.

Van Runkle said nursing homes are asking the state to pay Medicaid costs for those who have waited more than 45 days for a decision on their application regardless of whether they ultimately are found to be eligible. The proposal follows an order by a federal judge last year requiring the state of Illinois to pick up Medicaid costs for backlogged applications.

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