Ohio unwinding of the Medicaid continuous enrollment provision

January 30, 2024

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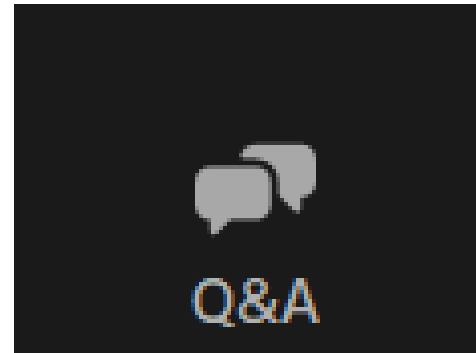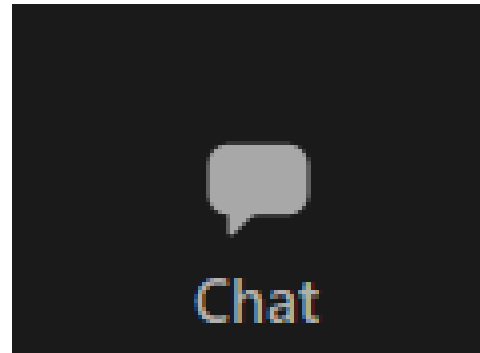
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Agenda

- Overview of Ohio unwinding of the Medicaid continuous enrollment provision
- Updates from ODM on Medicaid redetermination
- Counties perspective on unwinding from Ohio Job and Family Services Directors' Association (OJFSDA)

Ohio Medicaid enrollment and spending

Enrollment

- 3.55 million people on Medicaid, as of Jan. 3023
- Medicaid enrollment increased by 30% during COVID

Spending

- Ohio spent about $35 billion on Medicaid in SFY 2022, which is 39% of the state's spending
- Federal government reimbursed the state for 73% of that spending
- Federal government reimburses states for Medicaid through a payment arrangement called FMAP

Medicaid eligibility

First steps

Must:
→ **Be an Ohio resident**

+

→ **Have a social security number** (or have applied for one)

+

→ **Be a U.S. citizen** (or meet requirements for non-U.S. citizen)

Who is eligible?

- **Children** ages 18 and younger in households with incomes up to 211% Federal Poverty Level (FPL) with no insurance and up to 161% FPL with non-Medicaid health coverage
- **Parents** or related caregivers in households with incomes up to 90% FPL and one or more children younger than 18 in the household
- **Pregnant women** with incomes up to 205% FPL

Adults ages 19 to 64 who have incomes less than 138% FPL

Older Ohioans and those who are blind or disabled with lower incomes

Categories

Covered Families and Children (CFC)

Group VIII

Aged, Blind and Disabled (ABD)

Note: This graphic highlights the major categories of Medicaid eligibility in Ohio and is not comprehensive. See the appendix for a more detailed explanation of all eligibility categories for Ohio Medicaid. People in need of Medicaid should apply at benefits.ohio.gov.
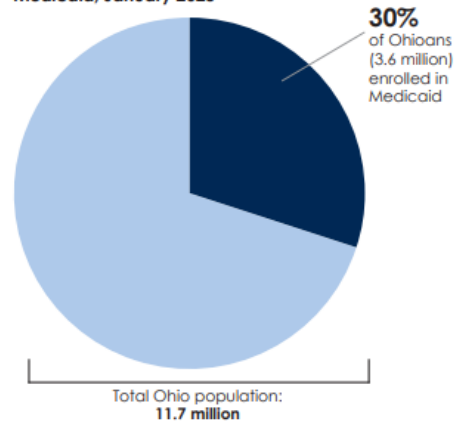
Ohio Medicaid Basics **2023**

The Medicaid program is a partnership between the federal and state governments that pays for healthcare services for approximately 3.55 million Ohioans with low incomes, as displayed in figure 1. This includes more than 1.33 million children.[1] In state fiscal year (SFY) 2022, federal and state expenditures on Medicaid accounted for about 39% of Ohio's spending.[2] The Ohio Department of Medicaid (ODM) is the state agency charged with managing the Medicaid program in Ohio.

The federal government finances a significant portion of state Medicaid programs. States are required to provide coverage for certain federally-defined eligibility groups and services. States also can receive federal funding for optional groups and services, such as extended postpartum coverage up to one year after childbirth. The federal government can grant flexibility to states and even waive certain requirements if the statutory goals of the program are met. The details of who is covered and what services are covered by Medicaid are defined through a combination of federal and state statutes, rules and administrative decisions, such as state plan amendments.

3 Key findings for policymakers

1. **Ohio Medicaid provides healthcare coverage for about 3.55 million Ohioans with low incomes,** most of whom are children, older adults, people with disabilities and low-income adults who could not otherwise afford private or employer-sponsored health insurance.

2. **Medicaid represents a significant share of government spending in Ohio.** In state fiscal year 2022, Medicaid expenditures from state and federal funding sources accounted for about 39% of Ohio's spending.

3. **The Ohio Department of Medicaid is in the process of implementing several large-scale program changes in 2023.** This includes the expansion of postpartum coverage to 12 months and the end of federal continuous coverage requirements, as well as programmatic updates aimed at streamlining administrative processes, increasing transparency and improving care access and coordination.

Figure 1. **Estimated percent of Ohioans enrolled in Medicaid, January 2023**

30% of Ohioans (3.6 million) enrolled in Medicaid

Total Ohio population: **11.7 million**

Sources: HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard (Accessed on Feb.15, 2023) and U.S. Census Bureau, American Community Survey

1

Download at
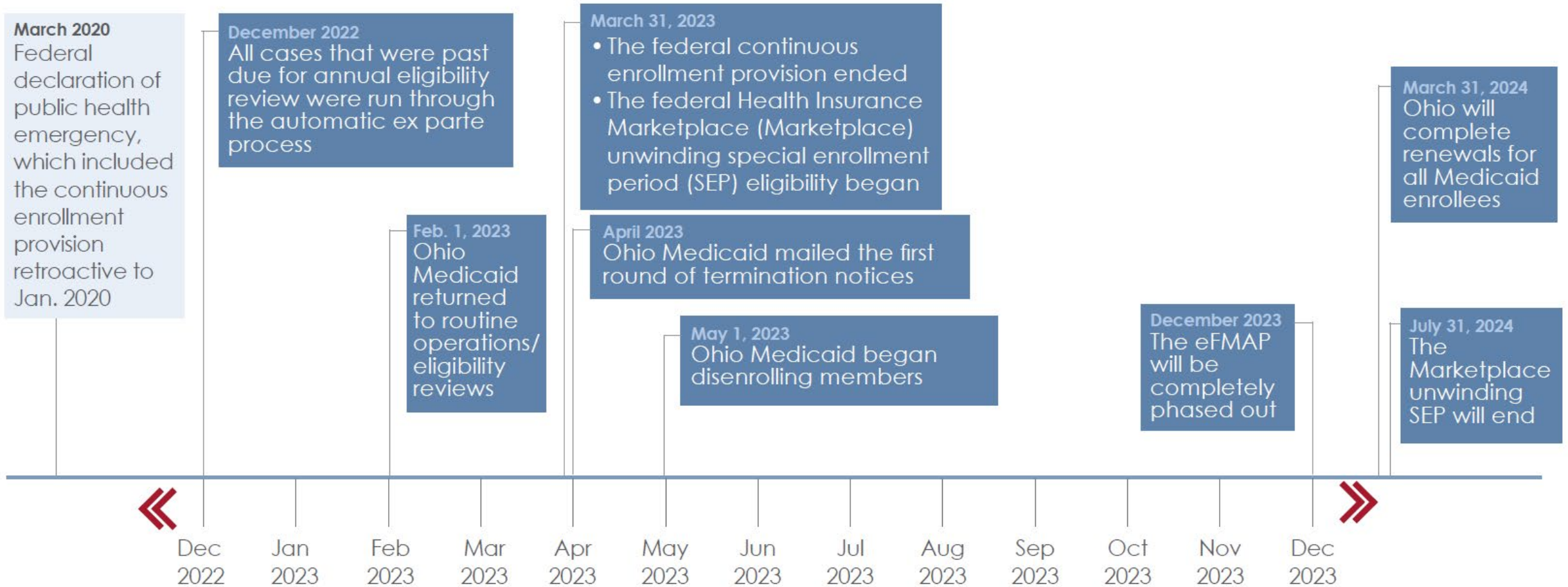**https://bit.ly/47VzMEL**

Ohio unwinding of the Medicaid continuous enrollment provision

Edith Nkenganyi, Health Policy Analyst, HPIO

COVID-19 Public Health Emergency (PHE)

- PHE declared in March 2020, retroactive to Jan. 2020 and include the continuous enrollment provision

- 6.2 percentage point increased in FMAP for states implementing the continuous enrollment provision

- All states received the enhanced FMAP

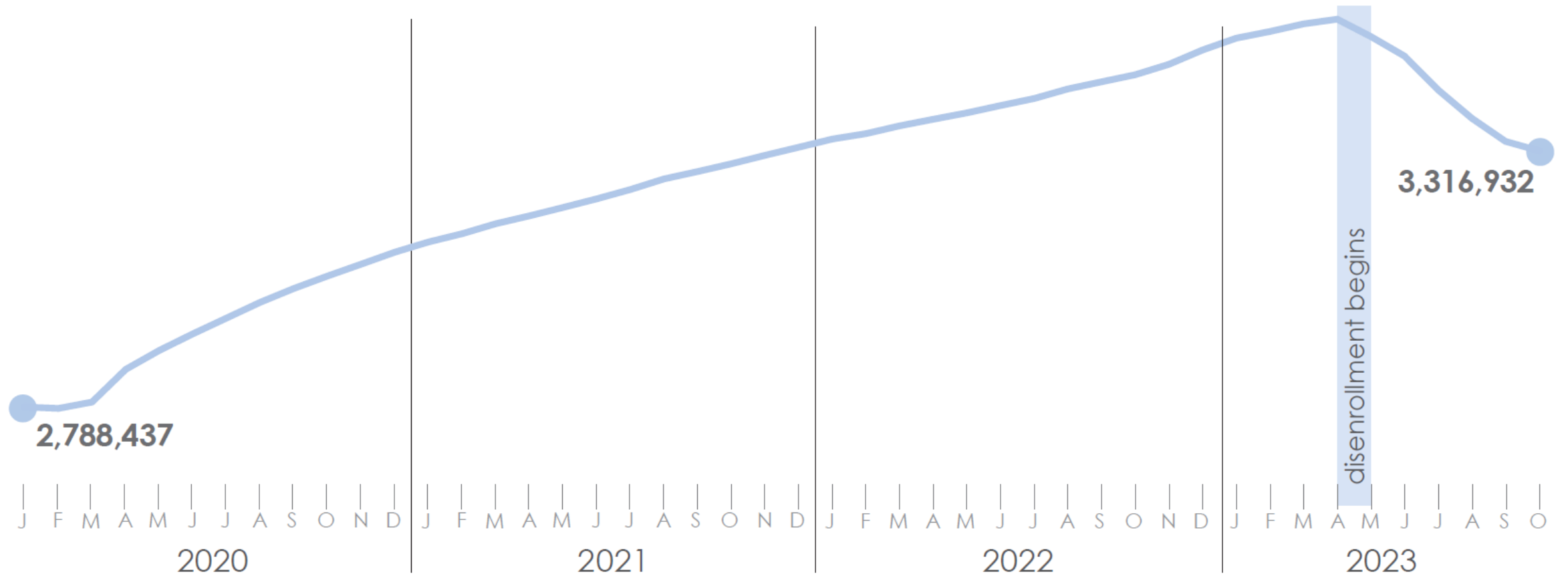# Ohio Medicaid continuous enrollment provision unwinding timeline

March 2020
Federal declaration of public health emergency, which included the continuous enrollment provision retroactive to Jan. 2020

December 2022
All cases that were past due for annual eligibility review were run through the automatic ex parte process

Feb. 1, 2023
Ohio Medicaid returned to routine operations/ eligibility reviews

March 31, 2023
• The federal continuous enrollment provision ended
• The federal Health Insurance Marketplace (Marketplace) unwinding special enrollment period (SEP) eligibility began

April 2023
Ohio Medicaid mailed the first round of termination notices

May 1, 2023
Ohio Medicaid began disenrolling members

December 2023
The eFMAP will be completely phased out

March 31, 2024
Ohio will complete renewals for all Medicaid enrollees

July 31, 2024
The Marketplace unwinding SEP will end

Dec 2022 | Jan 2023 | Feb 2023 | Mar 2023 | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023

Ohio Medicaid Enrollment trends
January 2020-October 2023

2,788,437

3,316,932

disenrollment begins

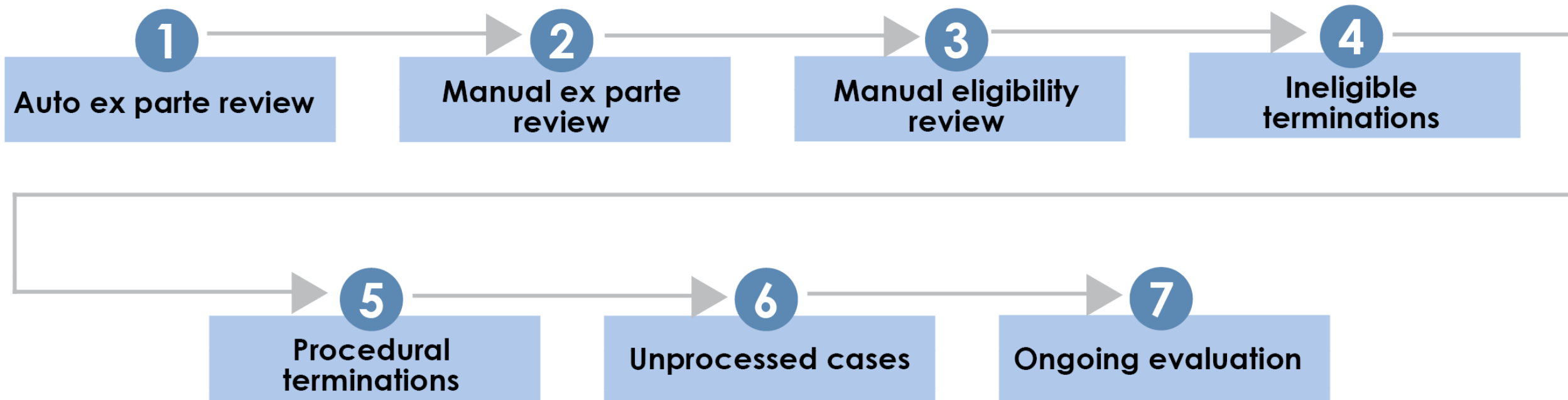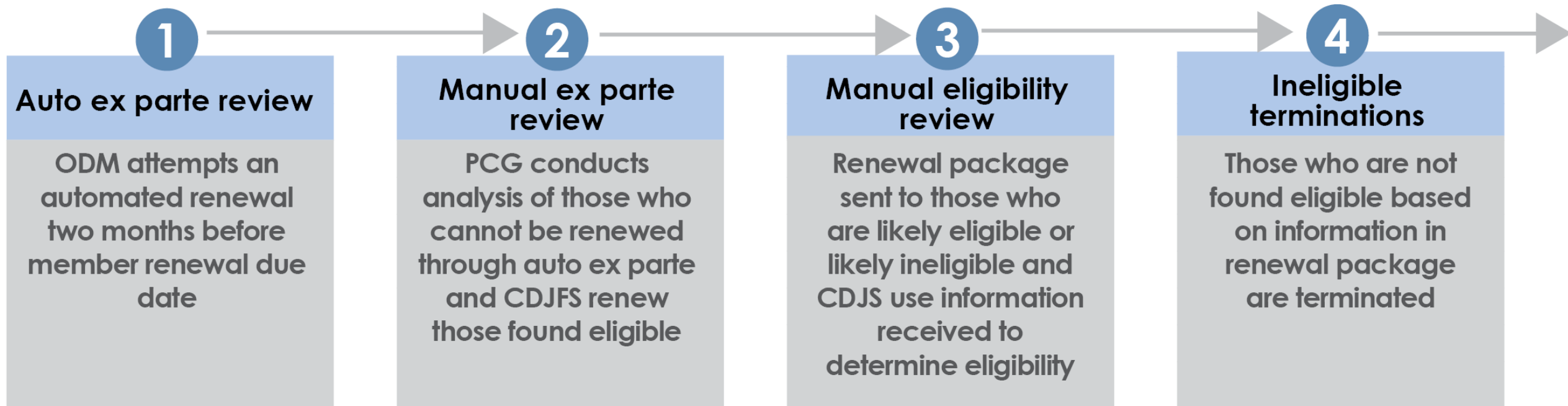| J F M A M J J A S O N D | J F M A M J J A S O N D | J F M A M J J A S O N D | J F M A M J J A S O |
| 2020 | 2021 | 2022 | 2023 |

Note: ODM caseload reports update each month to reflect retroactive and back-dated eligibility.
Source: HPIO, "Ohio Medicaid Basics Update: Unwinding of the Medicaid Continuous Enrollment Provision." Data from Ohio Department of Medicaid Caseload Reports
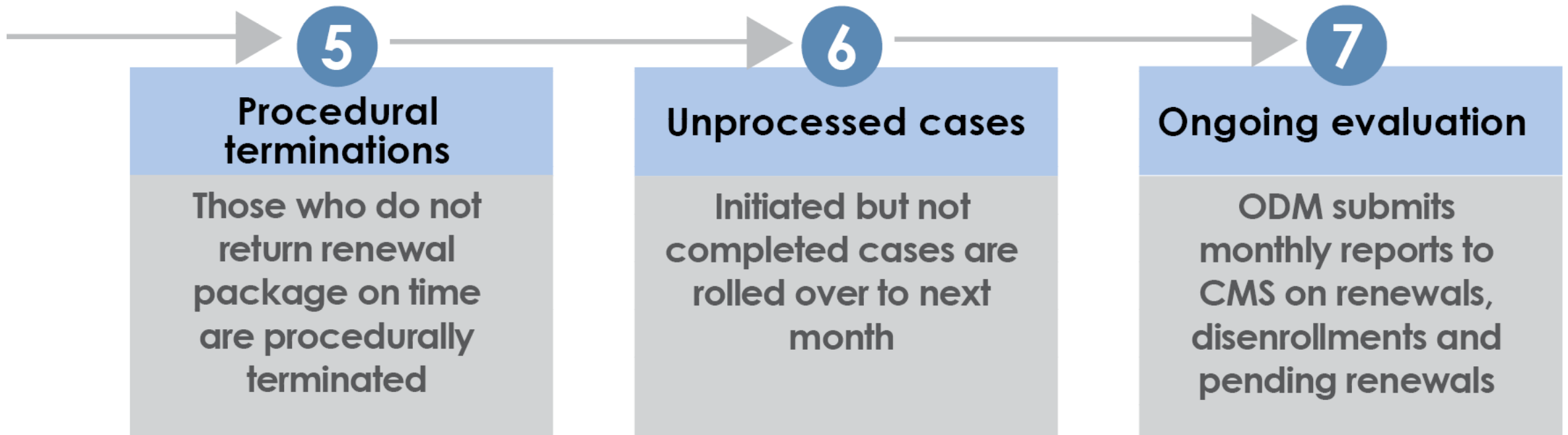
Unwinding-related Medicaid eligibility determination steps

1 Auto ex parte review

2 Manual ex parte review

3 Manual eligibility review

4 Ineligible terminations

5 Procedural terminations

6 Unprocessed cases

7 Ongoing evaluation

Unwinding-related Medicaid eligibility determination steps

1 Auto ex parte review

ODM attempts an automated renewal two months before member renewal due date

2 Manual ex parte review

PCG conducts analysis of those who cannot be renewed through auto ex parte and CDJFS renew those found eligible

3 Manual eligibility review

Renewal package sent to those who are likely eligible or likely ineligible and CDJS use information received to determine eligibility

4 Ineligible terminations

Those who are not found eligible based on information in renewal package are terminated

Unwinding-related Medicaid eligibility determination steps

5

Procedural terminations

Those who do not return renewal package on time are procedurally terminated

6

Unprocessed cases

Initiated but not completed cases are rolled over to next month

7

Ongoing evaluation

ODM submits monthly reports to CMS on renewals, disenrollments and pending renewals

Procedural disenrollment

- CMS provided flexibilities and strategies on reducing procedural terminations

- In August, CMS alerts some states they were improperly disenrolling some people

- Ohio is utilizing many of the strategies provided by CMS

3 Key findings for policymakers

1. Three out of four Ohio Medicaid enrollees with completed renewals have kept their coverage

2. Ohio Medicaid enrollment dropped by 259,670 enrollees since March 2023

3. As of Jan. 16, more than 15 million people nationally have been disenrolled from Medicaid

Ohio Medicaid renewals and terminations

April through October 2023

26% disenrolled

19% terminated for procedural reasons

7% ineligible

74% Renewed and retained Medicaid

(1,973,285 total completed renewals)

Ohio Medicaid groups change in enrollment

CFC

Group VIII

ABD

+ 481

Other

-12,466

Children
- 73,786

Adults
- 66,144

-107,806

-139,899

Estimated rate of disenrollment and renewal
by state, as of Nov. 21, 2023
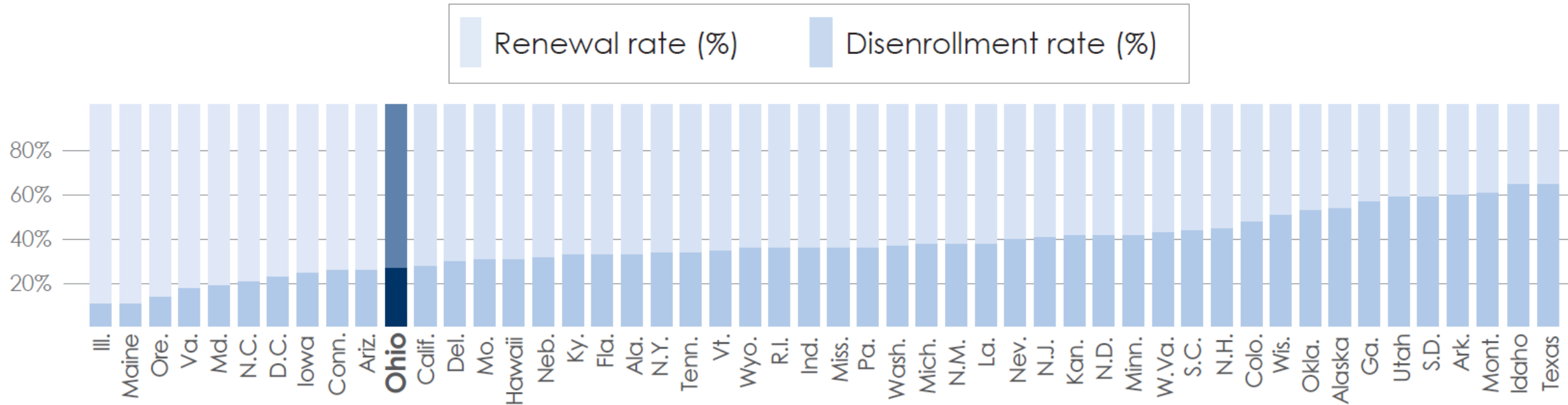
Legend: Renewal rate (%) | Disenrollment rate (%)

Looking forward: Navigator program

- The Marketplace Special Enrollment Period is open until the end of July

- The federal government increased funding for the Navigator Program

-

- Ohio navigators, led by the Ohio Association of Foodbanks, are helping individuals explore health insurance options

Summary

- Most people in Ohio are retaining their Medicaid Coverage

- More than 15 million people nationally have been disenrolled from Medicaid as of January 16, 2024

- Ohio has the eleventh lowest rate of disenrollment across 50 states and the District of Columbia (D.C.)

Additional resources

- **[Medicaid Enrollment and Unwinding Tracker](#)**, **KFF**. Provides monthly data on unwinding such as enrollment, renewals & disenrollments.

- **[Resuming Routine Medicaid Eligibility Operations](#)**, **ODM.** Provides information about Ohio Medicaid unwinding process and progress.

Questions?

CONTACT INFORMATION

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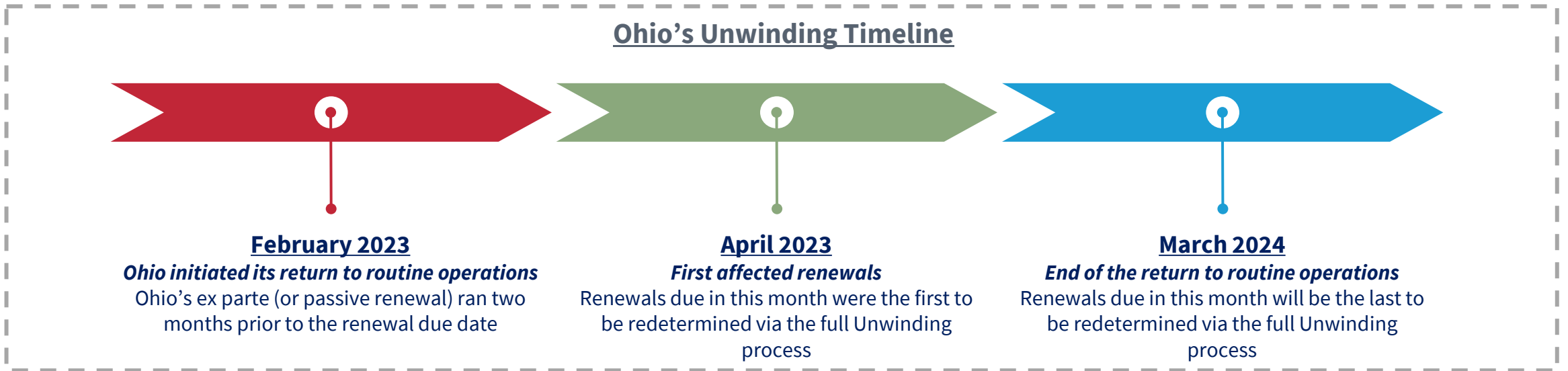# Patrick Beatty

Deputy Director – Chief Policy Officer

Ohio Department of Medicaid

Ohio Unwinding Updates

January 30, 2024

Ohio's Preparations for Unwinding

- April 2023 was the first month that states were permitted to begin routine Medicaid eligibility determinations. Ohio **chose** this earlier timeline and officially kicked off its Unwinding process in February 2023

- CMS ordered some states to pause terminations due to paperwork concerns (procedural terminations)

- Ohio maintained federal compliance and **did not have to pause terminations**

- Due to these factors**, Ohio has processed more cases** than comparable peer states (~2.5M)

Ohio's Unwinding Timeline

February 2023
Ohio initiated its return to routine operations
Ohio's ex parte (or passive renewal) ran two months prior to the renewal due date

April 2023
First affected renewals
Renewals due in this month were the first to be redetermined via the full Unwinding process

March 2024
End of the return to routine operations
Renewals due in this month will be the last to be redetermined via the full Unwinding process

Department of Medicaid

Ohio's Actions to Prevent Erroneous Terminations

- ODM used every tool available to prevent improper termination of children from Medicaid. Ohio and its partners worked diligently to prepare for Unwinding including significant efforts to develop and/or enhance automations and systems

- Ohio took proactive measures to reenroll eligible children that disenrolled even before CMS's request to conduct ex parte renewals at the individual level

- As a result of Ohio's early change, the proportion of children enrolled in Medicaid and CHIP in Ohio has grown since the beginning of the Unwinding period. In March 2023, children represented 38.4% of Medicaid and CHIP caseload in Ohio. As of December 2023, children represent 39.2% of Medicaid and CHIP caseload in Ohio

Communications
- Continued **outreach** to Medicaid members
- **Unwinding webpage** with information and resources
- Engaged community partners to spread key messages
- **ProComm**: state automated SMS that updates member addresses in Ohio Benefits
- **IVR**: automated call system that makes reminder calls to Medicaid members
- MCO and CMA outreach via **two-way** file exchange

Automation / System Improvements
- System improvements to **streamline Ohio Benefits** (Ohio's E&E system)
- **Enhancements to individual ex parte** process
- **PCG IEVS**: third-party data vendor system that analyzes and sorts fallout cases
- **Renewal Received Bot**: prevents improper termination even if the renewal packet is not sent back
- **Address Bot**: updates addresses in Ohio Benefits

1902(e)(14)(A) Waivers
- Renew Medicaid eligibility based on financial findings from the SNAP program
- Renew Medicaid eligibility for individuals with no income and no data returned on an e*x parte* basis ($0 income strategy)*
- Renew Medicaid for individuals for whom information from the Asset Verification System (AVS) is not returned
- Permit managed care plans to assist enrollees to complete and submit Medicaid renewal forms
- Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed
- Reinstate during 90 Day Reconsideration period

Department of Medicaid

Ohio's Medicaid Landscape

**Ohio's Medicaid Caseload & Disenrollment by Age:
March 2023 to December 2023**

CHILDREN (0-17): 39% (% of Total Medicaid Caseload), 30% (% of Unwinding Disenrollees)

ADULTS (18+): 61% (% of Total Medicaid Caseload), 70% (% of Unwinding Disenrollees)

■ % of Total Medicaid Caseload   ■ % of Unwinding Disenrollees
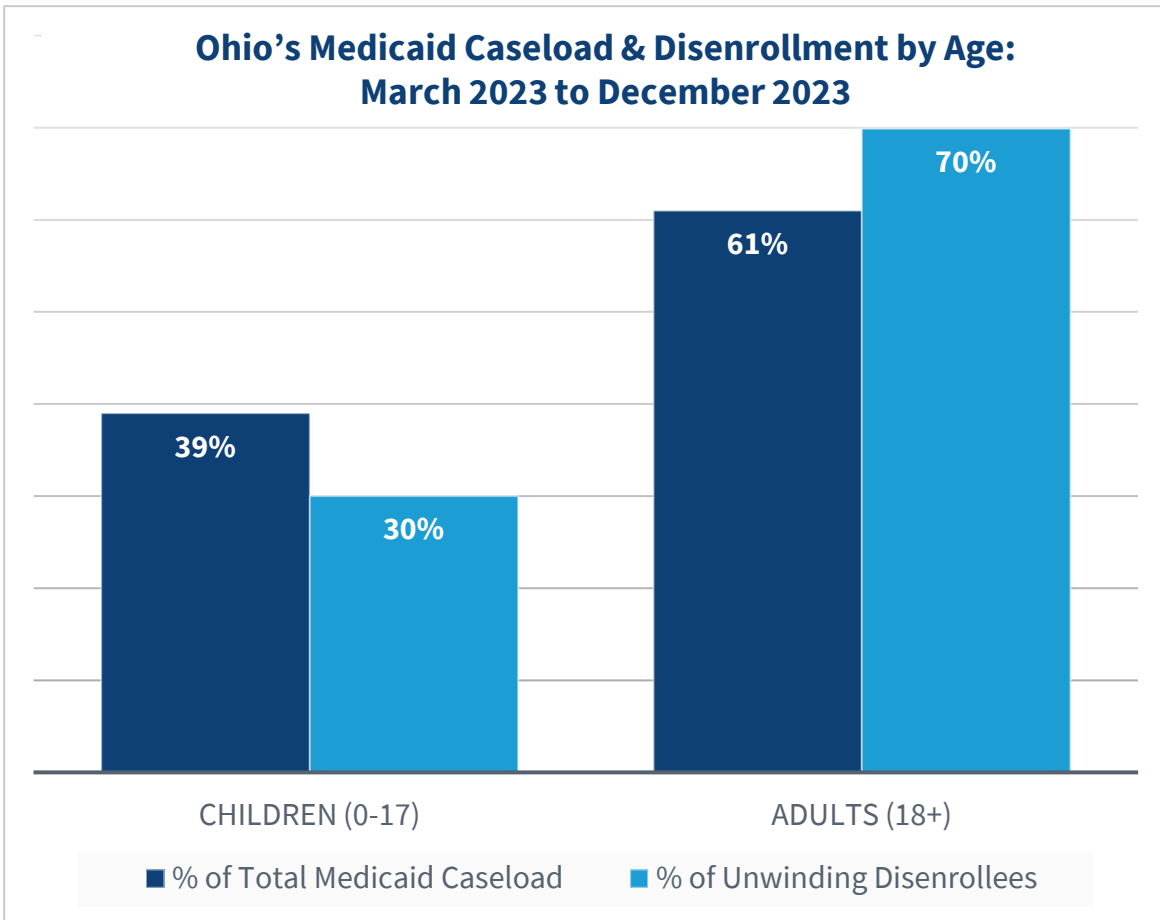
- Children represented 39% of Medicaid and CHIP caseload in Ohio, but they only represented 30% of net disenrollments over that time
- Of the decline in Ohio's Medicaid and CHIP caseload since April 2023, 70% have been adults
- Ohio has disenrolled Medicaid enrollees, including children, at a lesser rate than comparable states like PA, IN, and WI

Department of Medicaid

Ohio's Medicaid Landscape

Ohio has the **seventh largest Medicaid enrollment in the nation**

Ohio has processed more renewal cases than all but 4 states
States that process more cases will have a larger number of disenrolled individuals

Ohio's child enrollment decline is only 6%

Ohio is average in child enrollment decline and is not an outlier

Department of
Medicaid

Enrollment: The 5 states with the largest absolute declines in child enrollment account for more than 1.2 million (or 54.1%) of the total decrease nationally

Absolute Change (#) in Child Enrollment by State, March 2023 to September 2023
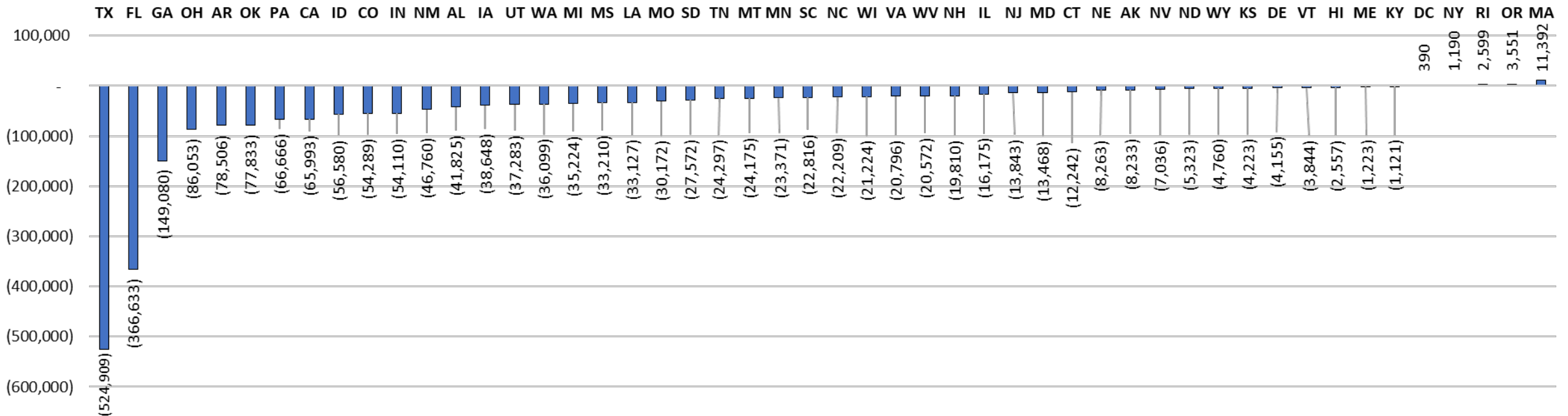
- Multiple state-specific factors, including distribution and prioritization of renewals, pauses in procedural disenrollments, state-adopted mitigation strategies, use of section 1902(e)(14)(A) waivers, and states' eligibility and enrollment policies and procedures may influence a state's renewal outcomes.
- States have flexibility in how to distribute Medicaid and CHIP renewals during their unwinding period; nearly half of states (22) elected to prioritize renewals for some or all individuals identified by the state as likely ineligible for Medicaid and/or CHIP.

Department of Medicaid

The percent change in total child enrollment varies significantly by state, with some states reaching a 27% decrease

Percent Change (%) in Child Enrollment by State, March 2023 to September 2023

States (left to right): SD, ID, NH, MT, AR, UT, NM, TX, OK, FL, IA, WY, ND, GA, WV, CO, AK, MS, OH, IN, VT, AL, PA, LA, MO, NE, WA, MN, DE, CT, WI, MI, SC, TN, VA, NV, MD, NC, HI, NJ, KS, CA, IL, ME, KY, NY, DC, OR, MA, RI

Values: -27%, -27%, -18%, -18%, -18%, -16%, -12%, -12%, -12%, -12%, -10%, -9%, -9%, -9%, -8%, -8%, -8%, -7%, -6%, -6%, -6%, -5%, -4%, -4%, -4%, -4%, -4%, -4%, -3%, -3%, -3%, -3%, -3%, -3%, -2%, -2%, -2%, -2%, -2%, -1%, -1%, -1%, -1%, -1%, 0%, 0%, 0%, 1%, 1%, 2%
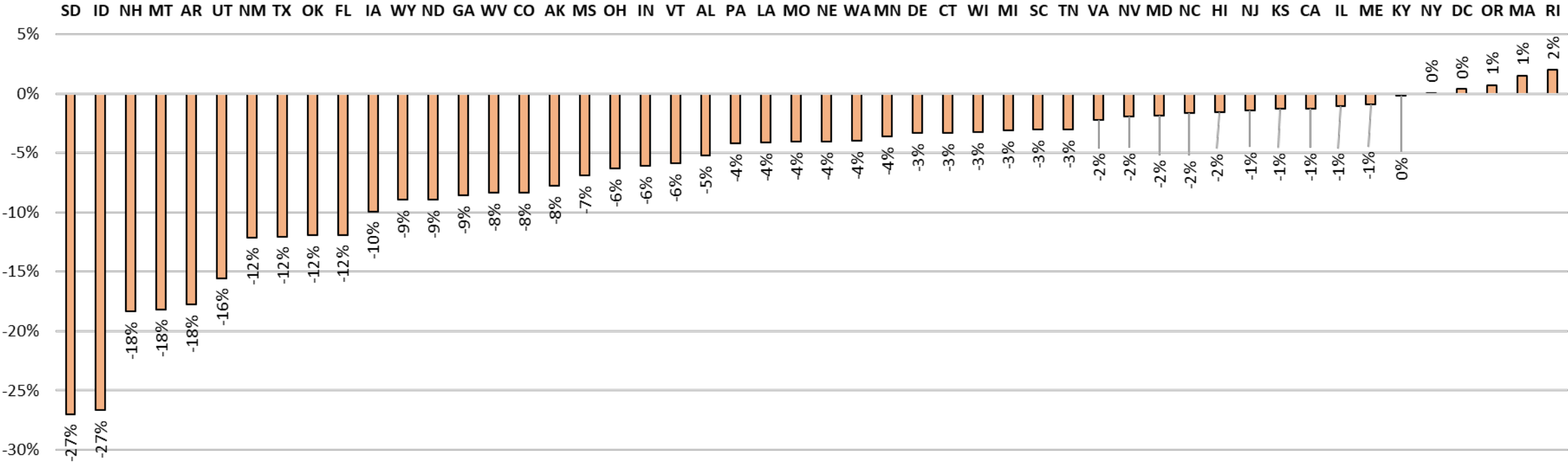
Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted November 2023, with data through September 2023.

Notes: Multiple factors, including state-adopted mitigations and other strategies may influence renewal outcomes and reporting in a state. Please see Appendix: Context and Data Notes for more information. This analysis includes preliminary Performance Indicator data from 49 states and the District of Columbia. AZ does not report Medicaid adult and child breakouts and is excluded from this analysis. Child enrollment refers to enrollment in child-specific eligibility groups or CHIP as submitted to the PI dataset. The percent change in child enrollment is correlated with the percent of unwinding-related renewals a state has completed. Many of the states with large percent decreases in child enrollment have completed a substantial portion of these renewals.

STATS TO DATE FOR UNWINDING OVERALL

Table X: CMS Unwinding Metric 5 Reporting Summary by Month

Classification	Short Description	Apr 2023		May 2023		Jun 2023		Jul 2023		Aug 2023		Sept 2023		Oct 2023		Nov 2023		Dec 2023	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
CMS_5A1	Renewed passively	104,872	37%	121,124	38%	115,986	36%	128,489	40%	133,566	45%	138,895	47%	139,747	47%	138,561	48%	163,566	58%
CMS_5A2	Renewed manually	104,965	37%	110,662	35%	100,097	31%	88,212	28%	59,591	20%	55,765	19%	56,424	19%	73,068	25%	43,107	15%
CMS_5B	Terminated - Ineligible	21,284	8%	23,064	7%	18,990	6%	17,383	5%	16,972	6%	16,297	5%	18,585	6%	14,403	5%	14,096	5%
CMS_5C	Terminated - Procedural	46,707	16%	49,367	16%	55,666	17%	61,123	19%	59,378	20%	57,292	19%	52,782	18%	33,151	11%	32,967	12%
CMS_5D	Redetermination Pending	5,609	2%	11,814	4%	27,574	9%	24,861	8%	24,071	8%	29,278	10%	30,620	10%	29,868	10%	29,958	11%
Total Reported		283,437	100%	316,031	100%	318,313	100%	320,068	100%	293,578	100%	297,527	100%	298,158	100%	289,051	100%	283,694	100%
Not Reported		721		740		540		800		526		493		694		674		508	
Total Cohort		284,158		316,771		318,853		320,868		294,104		298,020		298,852		289,725		284,202	

Notes:

1. n = unique number of Medicaid recipients

2. Total Cohort = number of recipients due during relevant month; reported as Metric 4 two months prior

3. Not Reported = recipients discontinued but not for a procedural or eligibility-based reason; mostly requested discontinuances (not reported at CMS's request) or LTC-specific reasons (not a reasonable match to available categories; "Other" on SCHIP)

4. Due to a CMS-requested methodology change in early July to include all recipients due each month and the complexity of accurately identifying redetermination outcomes as of historical dates, April and May 2023 summaries show annual redetermination outcomes as of 7/10/23. Thus, they are not comparable to June 2023 and later month counts, which are as of the end of their respective reporting month.

Department of Medicaid

Questions?

Jim Ashmore

Policy Director
OJFSDA

Medicaid Unwinding

A COMBINED EFFORT

A Tremendous Partnership

- Ohio Department of Medicaid's support, innovation and strategic thinking

- State Funding Opportunities

- County Engagement Managers

- Bi-Weekly ODM/OJFSDA Leadership Check-Ins (Pain Points and Successes)

- Over 90% Timely Every Month

Finding The Proper Balance

- Case 'Churning'

- New Applicants (Medicaid vs Marketplace)

- Numerous Categories of Medicaid

- Automation

A Few Pain Points

Program Policy Differences

-Eligibility Rules Vary By Program: TANF (OWF), SNAP and Child-Care

-Different Income Guidelines

-Numerous Categories Of Medicaid

Various Medicaid Standards

MEDICAID STANDARDS HELP SHEET

Med HH Size	Ribicoff Kids 44%	MAGI Adult (Aid Code) 66%	Parents/Caretaker Relatives 90%	MAGI Adult (Aid Code) & QMB 100%	MAGI Child (Aid Code) 107%	SLMB 120%	MAGI Adult (Aid Code) 133%	QI-1 135%	MAGI Child (Aid Code) 141%	MBIWD Premium Calc. & SRS 150%	MAGI Child (Aid Code) & CHIP 1** 156%	TMA 2nd Six Months	Pregnant Women & QDWI 200%	CHIP 2** 206%	5% of FPL for Family Size*
1	$535	$802	$1,094	$1,215	$1,301	$1,458	$1,616	$1,641	$1,714	$1,823	$1,896	$2,248	$2,430	$2,503	$61
2	$724	$1,085	$1,479	$1,644	$1,759	$1,972	$2,186	$2,219	$2,318	$2,465	$2,564	$3,040	$3,287	$3,386	$83
3	$912	$1,368	$1,865	$2,072	$2,217	$2,486	$2,756	$2,797	$2,922	$3,108	$3,232	$3,833	$4,144	$4,268	$104
4	$1,100	$1,650	$2,250	$2,500	$2,675	$3,000	$3,325	$3,375	$3,525	$3,750	$3,900	$4,625	$5,000	$5,150	$125
5	$1,289	$1,933	$2,636	$2,929	$3,134	$3,514	$3,895	$3,954	$4,129	$4,393	$4,569	$5,417	$5,857	$6,033	$147
6	$1,477	$2,216	$3,021	$3,357	$3,592	$4,028	$4,465	$4,532	$4,733	$5,035	$5,237	$6,210	$6,714	$6,915	$168
7	$1,666	$2,499	$3,407	$3,785	$4,050	$4,542	$5,035	$5,110	$5,337	$5,678	$5,905	$7,002	$7,570	$7,798	$190
8	$1,854	$2,781	$3,792	$4,214	$4,509	$5,056	$5,604	$5,688	$5,941	$6,320	$6,573	$7,795	$8,427	$8,680	$211
9	$2,043	$3,064	$4,178	$4,642	$4,967	$5,570	$6,174	$6,267	$6,545	$6,963	$7,241	$8,587	$9,284	$9,562	$233
10	$2,231	$3,347	$4,563	$5,070	$5,425	$6,084	$6,744	$6,845	$7,149	$7,605	$7,910	$9,380	$10,140	$10,445	$254
11	$2,420	$3,629	$4,949	$5,499	$5,884	$6,598	$7,313	$7,423	$7,753	$8,248	$8,578	$10,172	$10,997	$11,327	$275
12	$2,608	$3,912	$5,334	$5,927	$6,342	$7,112	$7,883	$8,001	$8,357	$8,890	$9,246	$10,964	$11,854	$12,209	$297

* Use 5% deduction ONLY when comparing income to highest FPL for family size
** Only children who do not have other health insurance (TPL) are eligible for CHIP categories

MEDICAID NEED STD. 1/1/2023
Single $914
Couple $1,371

DEEMING
Parent to Child $457
1 Parent $914
2 Parents $1,371

SSI PMT (FBR) 1/1/2023
Single $914
Couple $1,371

MEDICARE DEDUCTIBLE 1/1/2023
Part A $1,600
Part B $226

MEDICAID RESOURCE LIMIT
Single $2,000
Couple $3,000

MPAP RESOURCE LIMIT 1/1/2023
Single $9,090
Couple $13,630

MEDICARE PREMIUM
1/1/2023 $164.90

FACILITY/WAIVER
SIL Special Income Level - 300% FBR $2,742 (Eff. 1/1/23)
PNA NF, ICF/IID $50 (to $115) (Eff. 1/1/16)
SIMNA Waiver needs allowance $1,783 (Eff. 1/1/23)
ALMNA Assisted Living Needs allowance $914 (Eff. 1/1/23)
PRA Protected Resource Amount Min $29,724 (Eff. 1/1/23)
PRA Protected Resource Amount Max $148,620 (Eff. 1/1/23)
MMMNA Maximum $3,715.50 (Eff. 1/1/23)
MMMNA $2,465.00 (Eff. 7/1/23)
ESA Standard $739.50 (Eff. 7/1/23)
APPR Avg. Monthly Private Pay Rate $7,453 (Eff. 9/1/22)
Home Equity Limit $688,000 (Eff. 1/1/23)
SUA Standard Utility Allowance $724 (Eff. 10/1/23)

MBIWD Individual Resource Limit $14,318 (Eff. 1/1/23)
MBIWD 250% FPL $3,038 (Eff. 3/1/23)

Bureau of Business Operational Support 10/1/2023

Assembly Line Approach

Transactional vs. Transformational

Data Entry vs. Case Management

Staff Recruitment and Retention

Significant Ramp Up Time For New Staff
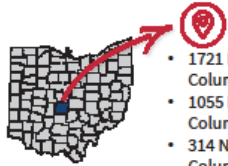
Complex Rules Can Lead To Discouragement

The Job Isn't For Everyone

County Profiles

Questions?

Contact Information

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Questions?

Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

POLL QUESTIONS

Download slides and resources from today's webinar on the HPIO events page at

http://bit.ly/HPIOevents

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THANK YOU