

Ohio Medicaid Basics Update

Unwinding of the Medicaid continuous enrollment provision

Earlier this year, states that accepted additional federal Medicaid funding during the pandemic began unwinding the requirement that all Medicaid enrollees receive continuous coverage until the end of the COVID-19 public health emergency (PHE).

In Ohio, the process of reviewing enrollee eligibility and returning to the standard eligibility determination process is expected to conclude in March 2024, as illustrated in figure 1. This brief details the Ohio process and provides analysis of how unwinding has impacted Medicaid enrollment.

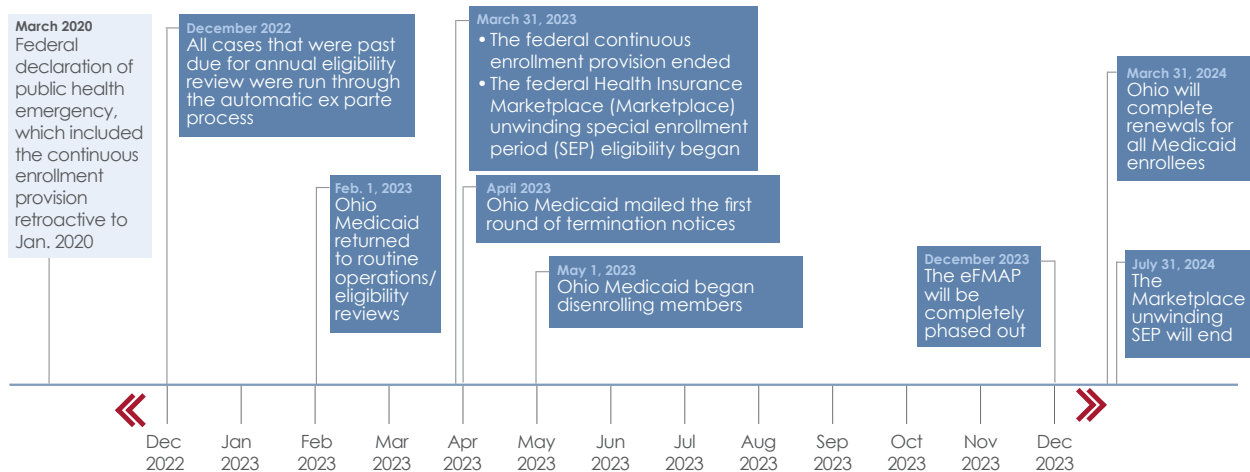
Background

In March 2020, the federal government passed a law that increased funding for state Medicaid programs during the PHE.¹ The increased funding (a 6.2 percentage point increase in the Federal Medical Assistance Percentage or FMAP) made it easier for states to finance Medicaid programs during a period of fiscal uncertainty.

3 key findings for policymakers

- **Three out of four Ohio Medicaid enrollees with completed renewals have kept their coverage.** As of October 2023, 74% of enrollees with completed renewals are still eligible for Medicaid and have retained their coverage, while 26% have been disenrolled.
- **Ohio Medicaid enrollment dropped by 259,670 enrollees since March 2023.** From March to October 2023, Medicaid enrollment decreased by 259,670 enrollees, including 73,225 children (28% of decrease) and 186,445 adults (72% of decrease).
- **More than 10.8 million people nationally have been disenrolled from Medicaid.** At least 10,868,000 people have been disenrolled from Medicaid nationally as of Nov. 21, 2023. Ohio has the eleventh lowest rate of disenrollment across 50 states and the District of Columbia (D.C.).

Figure 1. Ohio Medicaid continuous enrollment provision unwinding timeline



Source: Unwinding update, Ohio Department of Medicaid (March 18, 2023) and "Navigating the Medicaid Unwinding Period: Ensuring Consumers Stay Covered," Centers for Medicare and Medicaid Services (May 24, 2023)

Note: For information about unwinding timelines in other states, visit the [state timelines for initiating unwinding-related renewals](#).

For more information about Ohio Medicaid, including enrollment and spending during the pandemic, see [Ohio Medicaid Basics 2023](#).

Figure 2. Ohio unwinding-related Medicaid eligibility determination steps

<p>1 Auto ex parte review</p> <p>Two months before an enrollee's renewal due date, the Ohio Department of Medicaid (ODM) attempts an automated renewal (i.e., auto ex parte renewal) via the Ohio Benefits system, which contains administrative data such as wages, and sends out renewal notices to those who are successfully renewed.</p>	<p>Example of cases reviewed in July 2023:</p> <p>40% were renewed via auto ex parte by ODM</p>
<p>2 Manual ex parte review</p> <p>If an enrollee cannot be renewed through auto ex parte, their case is sent to Public Consulting Group (PCG), a third-party data vendor, for further analysis. PCG uses additional data sets to identify each case as eligible, likely eligible, or likely ineligible. The eligible enrollees are reviewed and renewed by county department of job and family services (CDJFS) caseworkers caseworkers.</p>	<p>9% were renewed using manual ex parte by CDJFS based on data from PCG</p>
<p>3 Manual eligibility review</p> <p>If the enrollee is found to be likely eligible or likely ineligible (i.e., not definitively eligible), more information is needed from the enrollee to make a final decision, and a renewal packet is sent to the enrollee's address. CDJFS caseworkers then use the information they get from the enrollee to determine eligibility.</p>	<p>19% were renewed through manual eligibility review</p>
<p>4 Ineligible terminations</p> <p>Once the information from the renewal packet is received, CDJFS caseworkers conduct a manual eligibility review and send notice of renewal or disenrollment to enrollees. Enrollees who are found to be ineligible have an opportunity to appeal the decision without losing coverage.</p>	<p>5% were determined ineligible and disenrolled</p>
<p>5 Procedural terminations</p> <p>Enrollees who are sent a renewal packet have up to 90 days to submit the requested information. If CDJFS does not receive the packet within 90 days of the renewal date, the person is disenrolled. This is called a procedural termination or procedural disenrollment.</p>	<p>19% were procedurally terminated. More than half (10%) of these cases were determined likely ineligible by PCG</p>
<p>6 Unprocessed cases</p> <p>Some enrollee cases are initiated but not completed by the end of the month. These cases are rolled over to the following month.</p>	<p>8% were not completed in July</p>
<p>7 Ongoing evaluation</p> <p>ODM submits required monthly data reports on renewals, disenrollments and pending renewals to CMS.</p>	

Throughout the process, ODM uses robotic process automation software in the Ohio Benefits system to conduct nightly sweeps to update enrollee addresses and identify any documentation collected for other programs, like Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). This kind of information (such as updated income) can be used for Medicaid determination, reducing the need for caseworker action and potentially preventing improper termination.

Note: Ohio Benefits manages web-based data, resources and applications for Ohio Medicaid, SNAP and TANF.

Source: Ohio Department of Medicaid and the Ohio Channel

The enhanced FMAP (eFMAP) increase of 6.2 percentage points came with a requirement that states provide continuous Medicaid coverage to people enrolled during the PHE.² This continuous enrollment provision meant that states did not perform typical eligibility reviews and did not disenroll people from the Medicaid program, ensuring that these people had a source of payment for medically necessary healthcare services during the pandemic. By the end of 2023, Ohio will have received about \$5.1 billion in eFMAP funding from the federal government.³

In Ohio, Medicaid enrollment increased by approximately 27.2% from March 2020 to January 2023, growing from about 2.79 million to 3.55 million enrollees (as displayed in figure 4).⁴ The continuous enrollment requirement ended on April 1, 2023. The Centers for Medicare and Medicaid Services (CMS) gave states up to 12 months to initiate and 14 months to complete eligibility reviews of Medicaid enrollees.⁵ The federal government also implemented an incremental reduction in eFMAP that will continue through the end of 2023.

States are using the word “unwinding” to refer to the return of typical Medicaid policy and procedure, including standard annual Medicaid eligibility reviews and financing. The federal government has given states flexibility as they conduct eligibility reviews, with the goal of minimizing disenrollment of eligible people.⁶

Ohio’s unwinding process

Ohio is currently reviewing eligibility for 3.55 million enrollees, including those who enrolled in Medicaid prior to and during the PHE.⁷ According to the Ohio Department of Medicaid (ODM), 71% of Ohio Medicaid enrollees had been continuously enrolled in Medicaid throughout the PHE and were enrolled at least one year prior to the PHE.⁸ About 29% of Medicaid enrollees gained coverage during the PHE.⁹ Of those who enrolled during the PHE, 41% were children.¹⁰

Figure 2 describes Ohio’s unwinding process. In Ohio, county departments of job and family services (CDJFS) are charged with conducting Medicaid eligibility determinations. Each month, CDJFS are responsible for completing a certain number of renewals, measured in “blocks” (i.e., groups of cases, similar to households, with each block being equivalent to 1.7 individuals).

Each CDJFS has a targeted completion rate of 90% of blocks each month.¹¹ In September 2023, 93% of the counties met or exceeded the completion target.¹² Cases that are not completed in a given month are rolled over to the following month.

Ohio unwinding timeline

In December 2022, ODM ran all cases that were past due for annual eligibility review through the automatic ex parte process. On Feb. 1, 2023, Ohio returned to routinely conducting annual eligibility reviews. The first termination notice letters were sent in April and the first day of non-coverage for those disenrolled was May 1 (as displayed in figure 1). Medicaid unwinding in Ohio is expected to be complete by the end of March 2024.¹³

In Ohio, the rate of eligibility reviews is impacted by multiple factors, including:¹⁴

- Required state compliance with two federal corrective action plans (CAPs) focused on processing new Medicaid applications in a timely manner and addressing other issues
- CDJFS balancing Medicaid eligibility reviews and the administration of other public assistance programs such as SNAP (including recertification of SNAP benefits), TANF and childcare subsidies
- Workforce challenges at CDJFS, such as recruiting, training and retaining the needed workforce
- Computer system and software challenges that slow down the processing of enrollee cases and other administrative tasks

It takes up to 12 weeks to initiate and complete a member eligibility review and can take longer to complete a manual renewal process.¹⁵

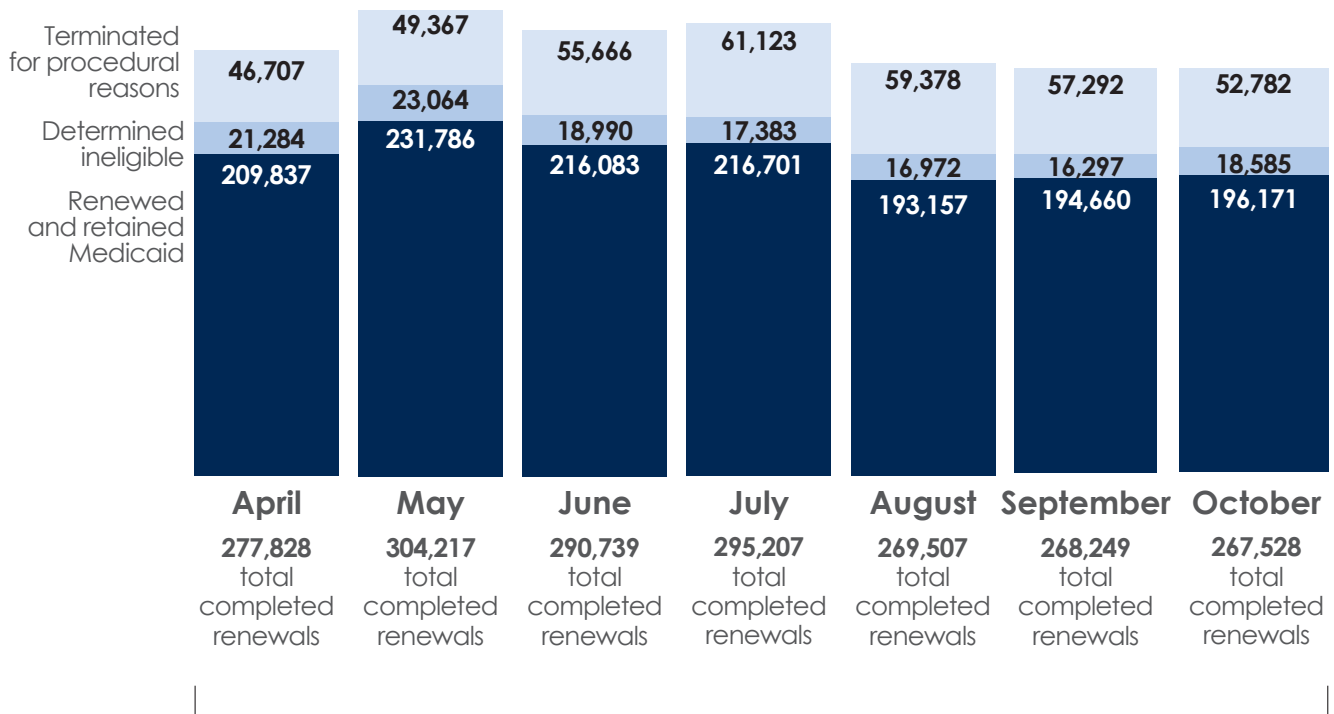
Ohio Medicaid disenrollments

Of the Medicaid enrollees for whom the renewal process has been completed so far, most have successfully renewed and retained their Medicaid coverage. As of October 2023, 74% of people with completed renewals have maintained coverage, while 26% have been disenrolled (see figure 3). From April to September, the Covered Families and Children (CFC) Medicaid category accounted for 53% and Group VIII accounted for 38% of disenrollment related to Medicaid unwinding.¹⁶

Of those who have been disenrolled, 74% were disenrolled for procedural reasons (e.g., the renewal process was not completed).¹⁷ ODM found that, in July 2023, more than half (53%) of the enrollees who were disenrolled for procedural reasons were identified as likely ineligible for Medicaid coverage by PCG analysis.¹⁸ Before the COVID-19 public health emergency, about 50% of Medicaid disenrollments were due to procedural reasons.¹⁹ Ohio mirrors the national rate of disenrollment for procedural reasons since the unwinding of the continuous enrollment provision.²⁰

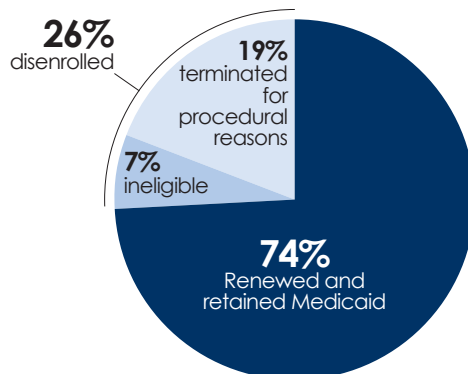
One common contributor to procedural disenrollment is a lack of up-to-date contact information in the state Medicaid system. ODM is using several communication strategies to update enrollee addresses, including robotic process automation software and automated reminder texts. Other challenges contributing to procedural disenrollment may include enrollee language barriers.²¹

Figure 3. Ohio Medicaid renewals and terminations as of October 2023



April-October overall

(1,973,285 total completed renewals)

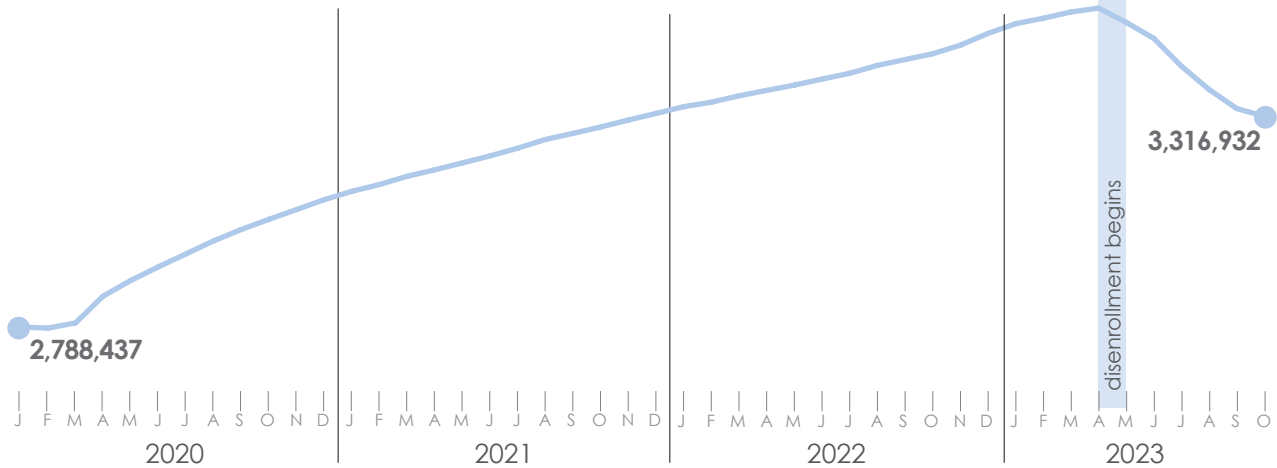


Source: HPIO analysis of Ohio Department of Medicaid monthly unwinding reports to CMS

Ohio Medicaid enrollment increased gradually from the start of the COVID-19 pandemic to March 2023 (as displayed in figure 4) but decreased by 259,670 enrollees from March to October 2023²², including 73,225 children (28% of decrease) and 186,445 adults (72% of decrease). The decrease in enrollment accounts for people disenrolled due to annual eligibility redeterminations related to Medicaid unwinding and for other reasons, such as death, change in income and relocation. The extent to which Medicaid enrollment has decreased for reasons unrelated to unwinding is not publicly available.

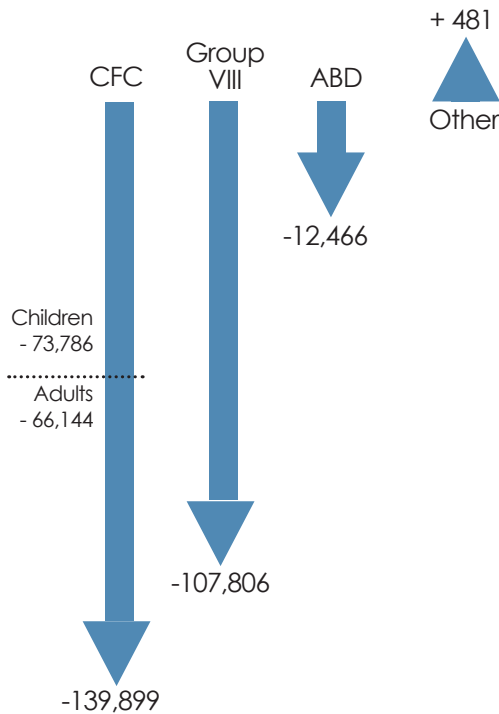
The CFC category experienced the greatest decrease in enrollment with 139,899 enrollees losing coverage (as displayed in figure 5).²³ Of that number, 73,786 children were disenrolled, accounting for 53% of the decrease in CFC enrollment.²⁴

Figure 4. Ohio Medicaid enrollment trends (January 2020-October 2023)



Note: ODM caseload reports update each month to reflect retroactive and back-dated eligibility.
Source: Ohio Department of Medicaid Caseload Reports

Figure 5. Ohio Medicaid groups change in enrollment from March-October 2023



Source: Ohio Department of Medicaid Demographic and Expenditure Dashboard

Ohio Medicaid eligibility categories
 Full Medicaid benefits are available to the following Ohioans:

Covered Families and Children (CFC)

- **Children**, ages 18 and younger, in households with incomes up to 211% FPL.
- **Parents** in households with incomes up to 90% FPL.
- **Pregnant and postpartum women** (up to 12 months after birth) with incomes up to 205% FPL.

Group VIII

- **Adults**, ages 19 to 64, who have incomes less than 138% of the FPL and are not eligible for other categories of Medicaid.

Aged, Blind, Disabled (ABD)

- **Medicaid Buy-In for Workers with Disabilities (MBIWD)**. Working individuals, ages 16 to 65, who have a disability, income below 250% of the FPL and resources valued at less than \$13,233.
- **Dual eligible beneficiaries**. People eligible for both Medicaid and Medicare; Medicaid pays for some services that are not part of the Medicare benefit package, most notably, long-term care services and supports.

There are other categories of Medicaid, including people who are presumptively eligible. For more information about Ohio Medicaid eligibility, see [2023 Ohio Medicaid Basics](#).

In August 2023, CMS alerted states that some people with Medicaid coverage may have been disenrolled incorrectly because of a methodological error.²⁵ Income eligibility for Medicaid varies²⁶; if one member of the household is determined to be no longer eligible (for example, a parent), others in the household may still be eligible (for example, their children).

In over half the states, including Ohio, children and other household members with different eligibility statuses were improperly disenrolled from Medicaid because these states' systems had not accurately accounted for different eligibility levels within the same household when conducting ex parte review. About 20,000 Ohioans were impacted by this error.²⁷

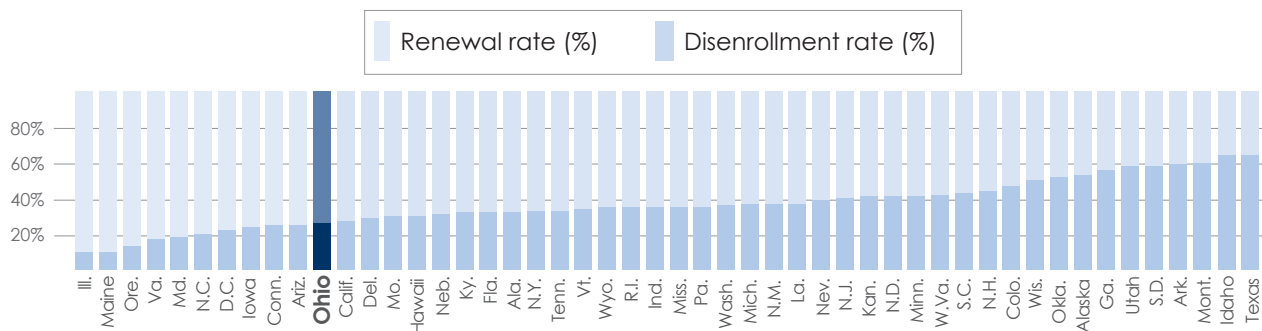
ODM worked with CMS to comply with federal requirements. In September 2023, CMS estimated that about half a million children and others nationwide who had been erroneously disenrolled were expected to regain Medicaid coverage²⁸, and required some states to pause procedural terminations while these issues were resolved.²⁹ Ohio was permitted to continue with the unwinding process.

Unwinding in Ohio compared to other states

Ohio is on track to complete Medicaid unwinding-related determinations by March 2024. As of October 19, 2023, Ohio has completed or initiated renewals for 2.1 million enrollees out of 3.55 million total enrollees.³⁰ Nationwide, at least 10,868,000 people have been disenrolled from Medicaid as of November 21, 2023.³¹ Ohio has the eleventh lowest rate of disenrollment, as displayed in figure 6. Note that some states, either voluntarily or by CMS requirement, have paused disenrollments for various reasons, including to correct their ex parte review process (see above for information about ex parte methodological errors).³²

Ohio is completing more renewals on an ex parte basis than 37 other states.³³ In July 2023, the average ex parte renewal rate among 49 states and D.C. was 30.7%.³⁴ Ohio's ex parte renewal rate for the same month was 40.1%.³⁵ According to ODM and PCG, a higher ex parte renewal rate is more efficient because it eliminates or reduces staffing needs.³⁶

Figure 6. **Estimated rate of disenrollment and renewal, by state, as of Nov. 21, 2023**



Note: Unwinding data reporting and the start date of disenrollment differ by states. Data for Massachusetts is not available, and Hawaii paused disenrollment in September through the end of 2023.

Source: Kaiser Family Foundation Medicaid Enrollment and Unwinding Tracker

Medicaid enrollment and unwinding trackers

For continued updates on the unwinding progress for Ohio and the U.S., see:

- [Medicaid Enrollment and Unwinding Tracker, KFF](#). Provides monthly data on unwinding, including Medicaid enrollment, renewals and disenrollments.
- [County Activities Dashboard, Ohio Department of Medicaid](#). Tracks the state- and county-level unwinding progress on a monthly basis, including procedural disenrollments, ex parte and manual renewals, renewal completion rates, new Medicaid applications and workforce capacity.
- [Resuming Routine Medicaid Eligibility Operations, Ohio Department of Medicaid](#). Provides information about Ohio Medicaid unwinding process and progress, including data and federal guidance on unwinding.

Federal requirements for Medicaid Unwinding

CMS has issued requirements for states during the unwinding period. Figure 7 shows some of those requirements.³⁷

Figure 7. **Federal requirements for unwinding**

State Medicaid agencies must :	State Medicaid agencies must not :
<ul style="list-style-type: none">• Complete all renewals as part of the unwinding process by May 2024• First attempt an ex parte renewal for all members before sending a renewal form for the manual review of eligibility• Give members at least 30 days to return their renewal forms and any requested information• Reconsider eligibility without requiring members to complete a new Medicaid application if the renewal form and/or requested information is returned within 90 days of the date of termination• Provide flexibility for members to submit renewal information online and by phone, as well as accept electronic and telephone signatures• Make renewal forms and notices sent to members accessible to people with limited English proficiency and/or disabilities• Make multiple attempts to contact members and update their contact information using different sources and modalities• Give enrollees an opportunity to appeal the decision without losing coverage• Submit monthly data on renewals to CMS	<ul style="list-style-type: none">• Disenroll most Medicaid members prior to April 1, 2023• Act on renewals started before February 2023• Require a member to provide consent before attempting an ex parte renewal• Terminate a member's coverage due to mail returned with an in-state forwarding address, even if the state does not receive confirmation of the in-state address change• Exclude cases from the ex parte renewal process because the individual has not consented to the use of federal tax information

Source: Medicaid.gov

Connecting Ohioans to other forms of health insurance

As the unwinding process continues, many more Ohioans will likely lose or experience gaps in coverage. Some who were disenrolled for procedural reasons may still be eligible and may need assistance with reenrollment. Others may be eligible for subsidized coverage through the Marketplace.

Some Ohioans who lose Medicaid coverage may be able to enroll in health insurance through their employer.³⁸ People with access to employer-sponsored coverage generally have sixty days from the date they lose Medicaid coverage to enroll outside of their employer's open enrollment period.³⁹

CMS is encouraging an "all hands on deck" approach to assisting people who lose Medicaid coverage with obtaining health insurance, with roles for individuals and both private and public sector groups to play.⁴⁰ CMS is offering a **Marketplace** Special Enrollment Period (SEP) between March 31, 2023 and July 31, 2024, to allow those disenrolled from Medicaid to enroll in Marketplace health insurance coverage outside of the annual open enrollment period.⁴¹

The federal government increased funding for the Navigator Program to assist individuals through the renewal process.⁴² Ohio navigators, led by the Ohio Association of Foodbanks, help individuals explore health insurance options, complete forms, gather requested documents and ensure that their mailing address and other contact information is updated. Ohioans who no longer qualify for Medicaid may be eligible for government-subsidized private health insurance coverage through the Marketplace, and navigators can assist individuals with reviewing these and other options for coverage.

Trained local navigators are available in-person, online and by phone, and in multiple languages. Ohioans can request local help, [schedule an appointment](#), or contact Navigators at (833) 628-4467 or (833) NAV-4INS.

Acknowledgments

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Notes

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For questions about the Ohio Medicaid program, visit <http://medicaid.ohio.gov> or call 1-800-324-8680. To apply for Medicaid benefits, visit benefits.ohio.gov, apply over the phone at 1-800-324-8680 or visit the local county department of job and family services office.



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