A Return to Routine Eligibility Operations

Ohio Department of Medicaid

January 26, 2023

Today's Agenda

1. Recent Federal Actions
   - What Happens From Here?
2. Resuming Routine Eligibility Operations
   - What to Expect with Ohio's Plan
3. Supporting Our County Partners
4. Comprehensive Member Outreach and Other Coverage Options
5. Q&A

Recent Federal Actions

Congressional Action on Unwinding

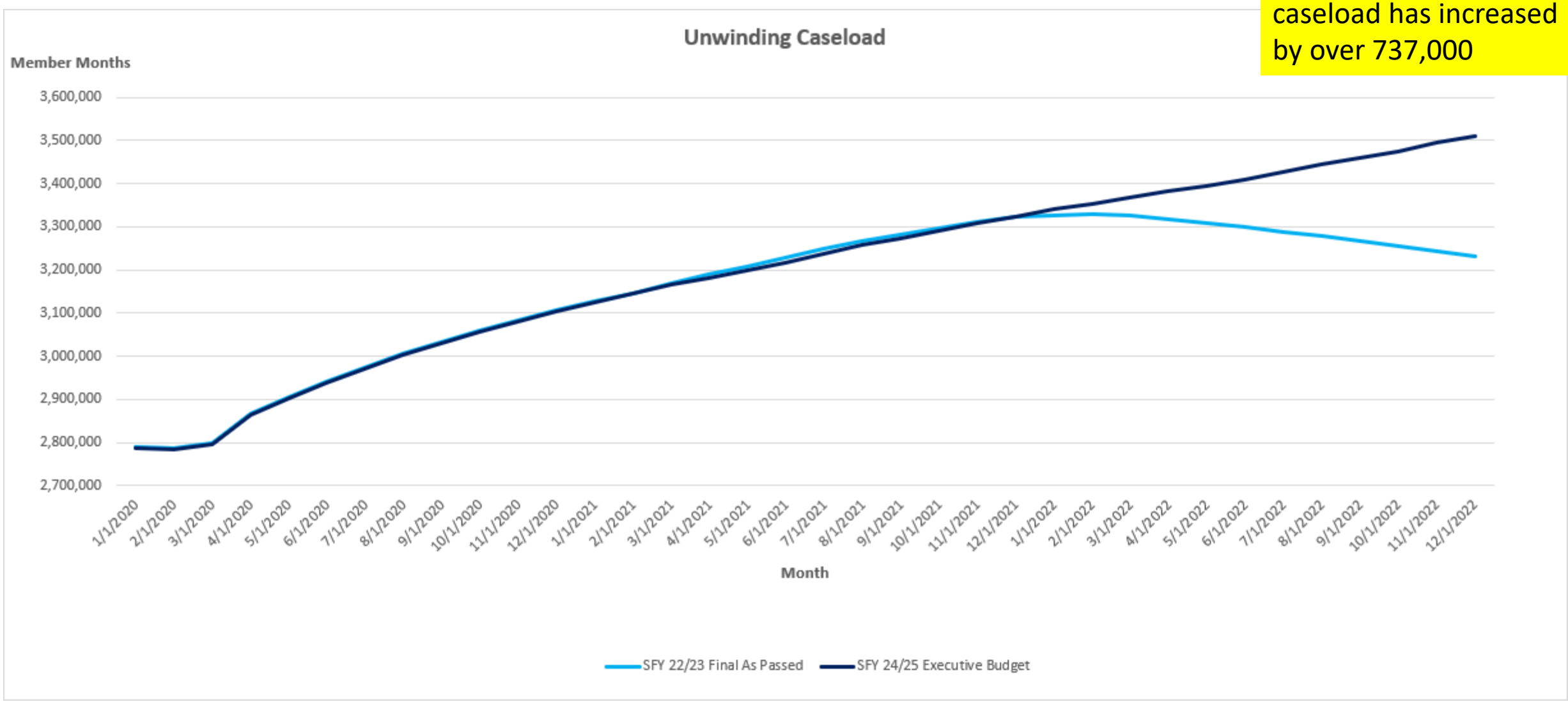
Decoupling the Public Health Emergency (PHE) and Continuous Coverage Requirement

- In late 2022, Congress enacted the Consolidated Appropriations Act 2023 (CAA)
- The CAA, among other things, officially delinked the continuous coverage requirement from the PHE
- With the reinstatement of routine eligibility operations, individuals can be terminated beginning on **April 1, 2023**
- Federal requirements in place prior to the CAA and new reporting requirements contained in the CAA must be adhered to
- States will continue to receive the 6.2 percentage enhanced FMAP (eFMAP) during the first quarter of 2023 after which it phases down before the end of 2023

2023 Quarter	Medicaid Matching Rate Increase (Percentage Points)
January 1 – March 31	6.2 %
April 1 – June 30	5.0%
July 1 – September 30	2.5%
October 1 – December 31	1.5%

Medicaid Enrollment During PHE

Since February 2020, the Ohio Medicaid caseload has increased by over 737,000



Caseload Drivers in the Return to Routine Eligibility Operations

Reasons the caseload will not return to February 2020 levels:

FEBRUARY 2020 ECONOMY

The February 2020 economy, particularly labor force participation and inflation, were significantly better than the current economy. Years of economic expansion made February 2020 a historic low point for Medicaid caseload post-ACA eligibility.

OBM AND NATIONAL ECONOMISTS ARE PREDICTING A MILD RECESSION IN CY 2023

Medicaid enrollment is counter cyclical with the economy, increasing the likelihood that individuals will be determined eligible, including during the Unwinding period.

"WOODWORK EFFECT"

New enrollments to Medicaid have continued throughout the pandemic. We have research and consistent, historic evidence of numbers of individuals who are eligible for Medicaid but do not enroll.

CMS / FEDERAL REQUIREMENTS FOR PROCEDURES, REPEATED NOTIFICATIONS, AND APPEAL REQUIREMENTS

ODM must follow the federal requirements related to all eligibility processes and reporting requirements.

PRESSURE / REDUCTIONS IN COMMERCIAL INSURANCE

Continuing trends in the overall commercial or employer sponsored insurance space created added pressure for families. In 2020, nearly 60% of employees with employer-sponsored insurance had a high-deductible health plan.

COUNTY CHALLENGES

Administrative efficiencies and additional funding resources are being invested to assist counties, but workforce challenges and turnover have impacted counties, as with the rest of the economy.

AGING OF OHIO'S POPULATION

Ohio's population continues to age, putting upward pressure on the overall caseload.

Resuming Routine Eligibility Operations

Requirements Governing Ohio's Unwinding

Besides CAA, State Health Official requirements remain

- Existing federal requirements governing the eligibility determination and renewal process
  - Three CMS State Health Official (SHO) letters released in December 2020, August 2021, and March 2022 setting out federal expectations and requirements related to case processing timelines and member communications for redetermining Medicaid coverage for those who had their coverage continuously maintained
  - CMS provided guidance related to the Medicaid Continuous Enrollment Condition Provisions in January 2023
- Two federal corrective action plans (CAPs) put in place to remedy an application backlog and PERM audit findings
- House Bill 110* (134th General Assembly) contains a variety of provisions directing how certain aspects of unwinding should take place

*see appendix

Home and Community Based Services (HCBS) Waiver Flexibilities and Timeline

Flexibilities implemented during the PHE for Ohio's HCBS waivers are **not** impacted by the CAA

- As part of the COVID-19 public health emergency (PHE), ODM made a series of operational changes to its Medicaid program, including changes to Ohio's Home and Community Based Services (HCBS) 1915c waivers through flexibilities implemented via Appendix K
- The CAA does **not** impact the timeline for expiration of Appendix K flexibilities, which is still tied to the end of the PHE
- As it becomes available, information regarding the Appendix K flexibilities will be posted on the ODM Resuming Routine Medicaid Eligibility Operations webpage

Ohio's Readiness

The state & partners have been diligently preparing & planning for this process

- Continuous system improvements since 2020 to streamline Ohio Benefits
- Ongoing effort to improve contact information for members. MCOs are updating contact info and will be reaching out to individuals to assist.
- Continuous updates and linkages to stakeholders and grass roots organizations throughout the PHE
  - Disenrollment notices include contact information for navigators
- Improved Ex Parte renewal process
- Hired a 3rd party vendor (PCG) to assist in identifying “likely ineligibles”
- Developed automations (i.e BOTs) targeted to reduce county workload
  - “Fast Lane BOT” processes Medicaid renewals automatically for individuals on MAGI programs who were just recently renewed on SNAP
  - “Address BOT” ingests address updates from members and automatically makes those changes in Ohio Benefits
- Scheduled county trainings and providing additional support as they return to routine operations
- Augmented Medicaid Central Processing Unit (CPU) to help counties with increased workload
- Ohio General Assembly appropriated $30M to CDJFS specific to Unwinding activities (per HB 45, 134th General Assembly)
- Created a dedicated webpage that houses additional information and resources for members, providers, stakeholders, and partners
- Published a partner packet that, among other key messages, encourages members to update their contact information

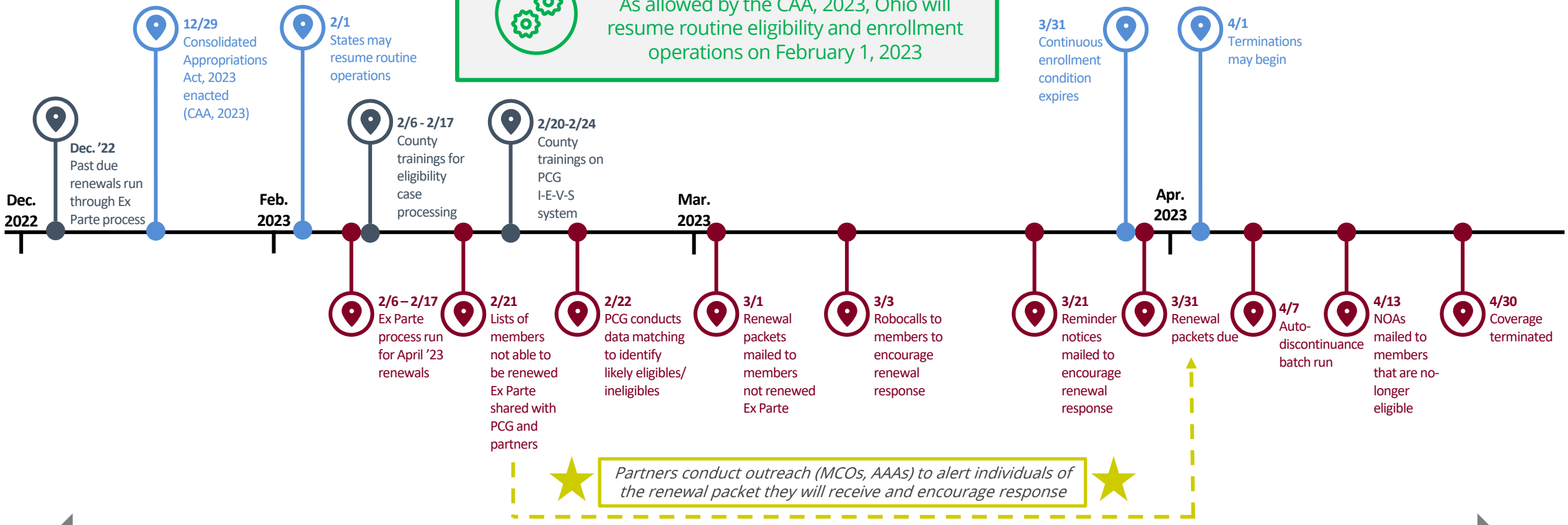
Ohio's Return to Routine Renewal Operations

Legend
- Ohio Department of Medicaid activity
- Key Federal dates
- Monthly Medicaid renewal process*

**Note: illustrative example for renewals due in April 2023. This process will repeat monthly throughout the Unwinding period.*

RETURN TO ROUTINE OPERATIONS

As allowed by the CAA, 2023, Ohio will resume routine eligibility and enrollment operations on February 1, 2023



Efforts to ensure member contact information is up to date

ODM has received authority from CMS via a 1902(e)(14)(A) waiver to partner with MCOs to update beneficiary contact information and establish linkages with the United States Postal Service and National Change of Address database. In the coming months, robocalls will be deployed to confirm accuracy of member addresses before the renewal process begins.

Supporting CDJFS County Partners

The Need to Support our County Partners

Counties Face a Variety of Competing Obligations

New Medicaid Applications

Ohio is still under a federal corrective action plan (CAP) and must remain in compliance by continuing to timely process new applications

Administering Other Programs

In addition to Medicaid, county JFS offices administer several other programs such as SNAP, TANF, childcare, and others

Workforce Challenges

Unprecedented economic conditions and pressures have impacted the ability of county JFS offices to maintain, recruit and train staff. Additionally, this will be the first time that many case workers have processed a disenrollment.

Other Medicaid Functions

County workers must clear alerts from Ohio Benefits, process changes in circumstances, perform resource verification for ABD applications, and many other functions to administer Medicaid eligibility and enrollment

Comprehensive Member Outreach and Other Coverage Options

Website Updates

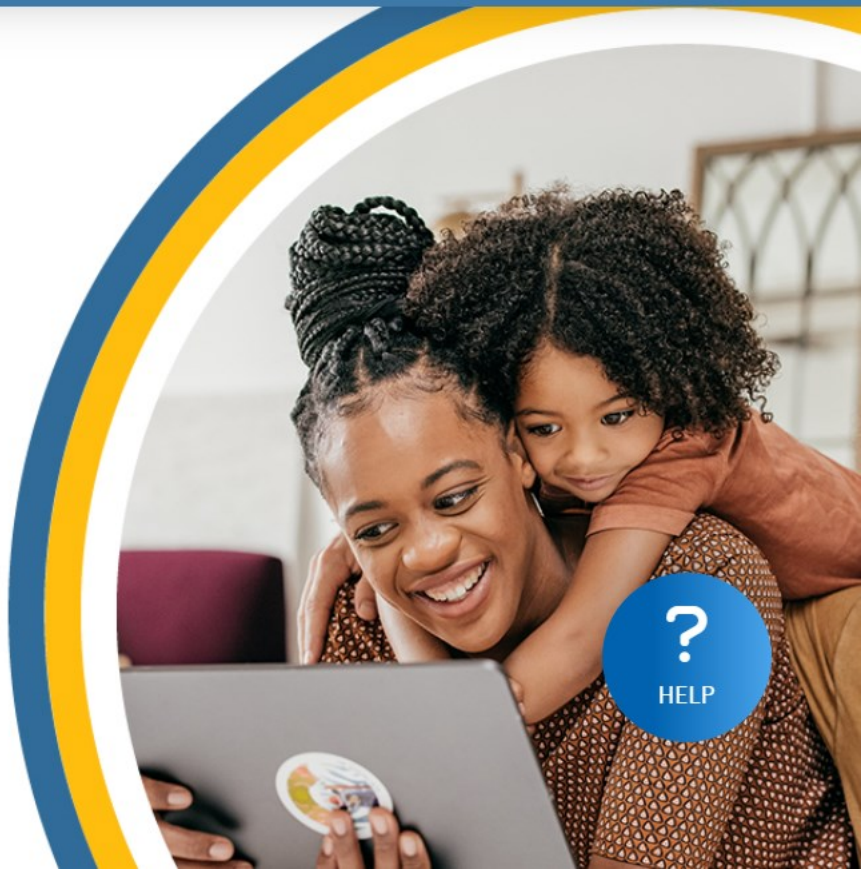
Ohio | Department of Medicaid

FAMILIES & INDIVIDUALS | RESOURCES FOR PROVIDERS | STAKEHOLDERS & PARTNERS | OUR STRUCTURE ABOUT US | Help | Search

Medicaid / Stakeholders & Partners / COVID-19 Unwinding / Resuming routine Medicaid eligibility ope…

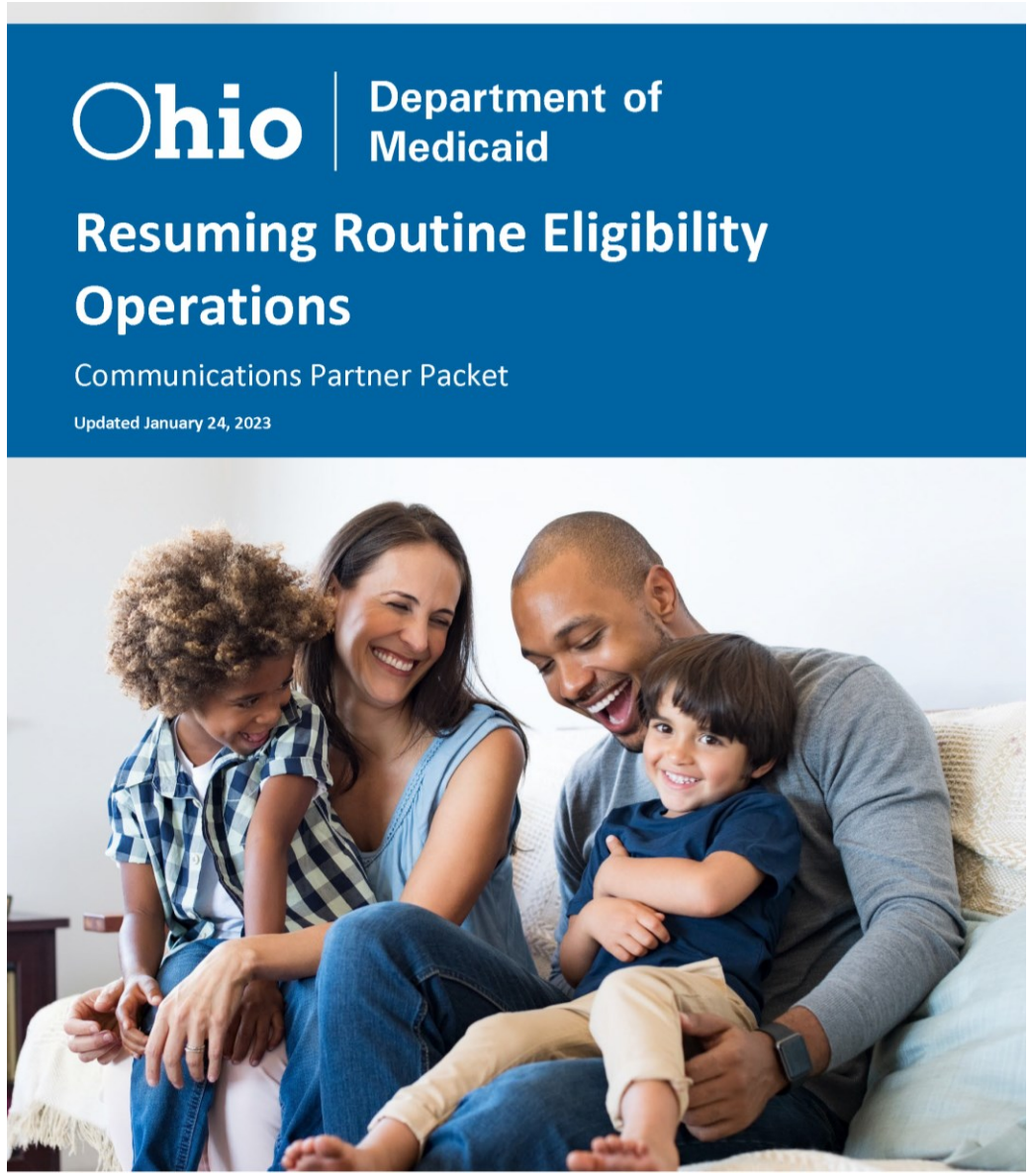
Resuming routine Medicaid eligibility operations

Updated January 13, 2023.

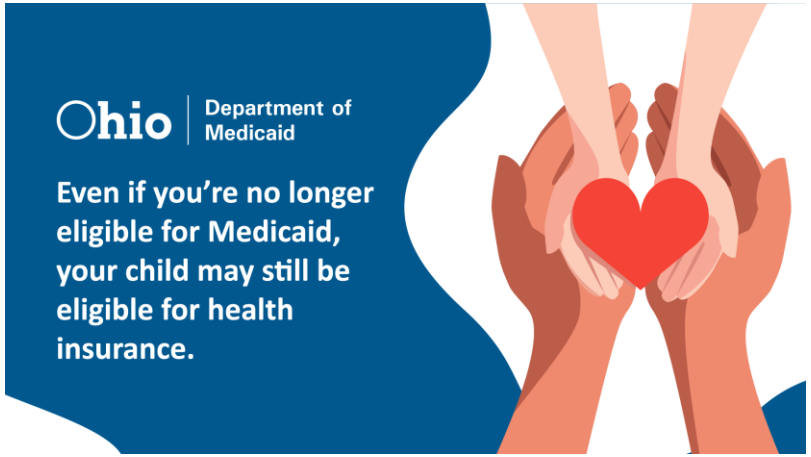


Partner Packet 2.0

- As the state gets ready for a return to routine eligibility operations, ODM has updated its partner packet to reflect recent federal actions as well as updates to its key messages for Medicaid members. Key messages in 2.0 include:
  - Update Your Contact Information
  - Watch Your Mail
  - Respond to Requests for Information
  - Complete and Mail Back Your Renewal Packet
  - Transition to Other Coverage
  - Children May Still be Eligible

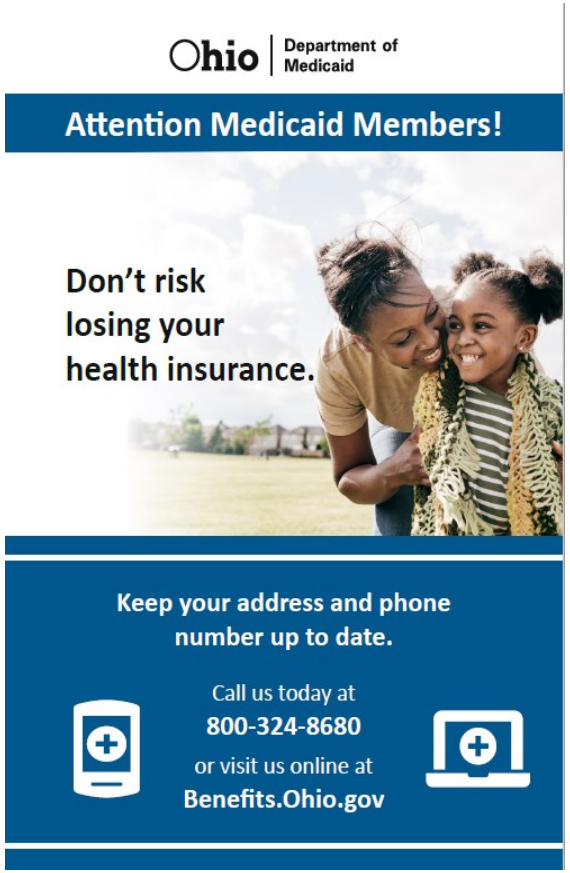


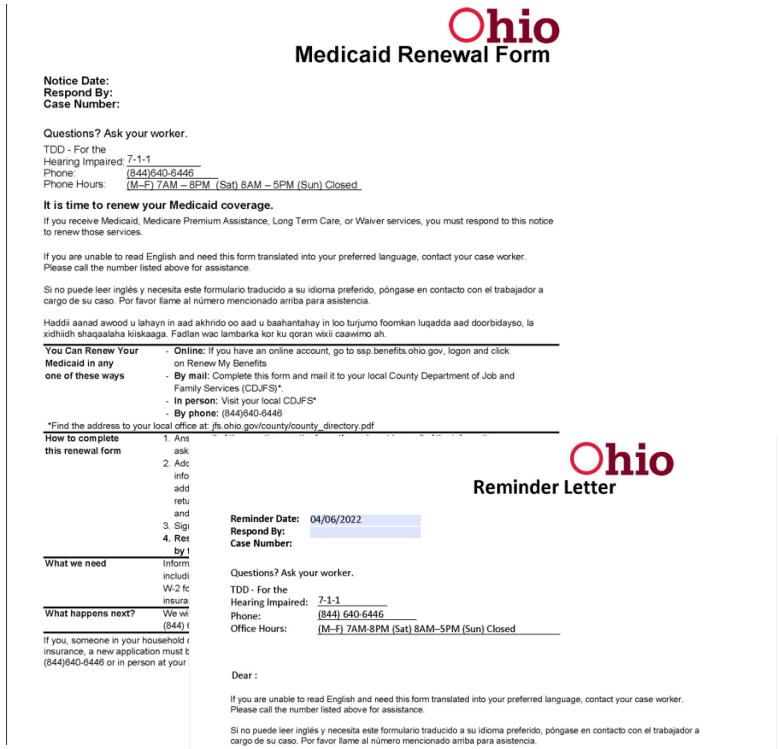
Sample Messages



TWITTER 7m ago

Ohio Medicaid needs your contact information. Otherwise, you may miss important updates about your health insurance and risk losing coverage. Visit Benefits.ohio.gov or call 1-800-324-8680 to update your contact information today.




Ohio
Medicaid Renewal Form

Notice Date:
Respond By:
Case Number:

Questions? Ask your worker.

TDD - For the Hearing Impaired: 7-1-1
Phone: (844)640-6446
Phone Hours: (M–F) 7AM – 8PM (Sat) 8AM – 5PM (Sun) Closed

It is time to renew your Medicaid coverage.

If you receive Medicaid, Medicare Premium Assistance, Long Term Care, or Waiver services, you must respond to this notice to renew those services.

If you are unable to read English and need this form translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

Si no puede leer inglés y necesita este formulario traducido a su idioma preferido, póngase en contacto con el trabajador a cargo de su caso. Por favor llame al número mencionado arriba para asistencia.

Haddii aanad awood u lahayn in aad akhrido oo aad u baahantahay in loo turjumo foomkan luqadda aad doorbidayso, la xidhiidh shaqaalaha kiiskaaga. Fadlan wac lambarka kor ku qoran wixii caawimo ah.

You Can Renew Your Medicaid in any one of these ways	- **Online:** If you have an online account, go to ssp.benefits.ohio.gov, logon and click on Renew My Benefits - **By mail:** Complete this form and mail it to your local County Department of Job and Family Services (CDJFS)*. - **In person:** Visit your local CDJFS* - **By phone:** (844)640-6446

*Find the address to your local office at: jfs.ohio.gov/county/county_directory.pdf

How to complete this renewal form	1. Ans ask 2. Adc info add retu and 3. Sig 4. Re by t
What we need	Inform includi W-2 fo insura
What happens next?	We wi (844) (

If you, someone in your household c
insurance, a new application must b
(844)640-6446 or in person at your

Ohio
Reminder Letter

Reminder Date: 04/06/2022
Respond By:
Case Number:

Questions? Ask your worker.

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It is time to renew your Medicaid coverage.

In , you were sent a Medicaid renewal form. We have not yet received a response from you. If we do not hear from you by , a Notice of Action proposing to end Medicaid coverage and explaining hearing rights will be mailed to you.

You can renew your Medicaid in any one of these ways:

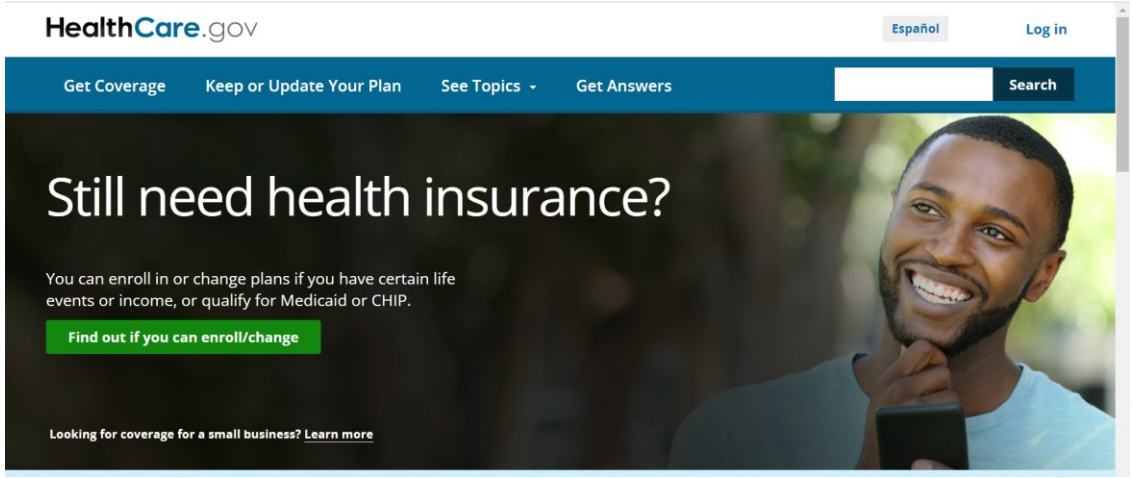
- **Online:** If you have an online account, go to ssp.benefits.ohio.gov, logon and click on Renew My Benefits.
- **By mail:** Complete the Medicaid Renewal Form and mail it to your local County Department of Job and Family Services (CDJFS)*.
- **In person:** Visit your local CDJFS*.
- **By phone:** (844) 640-6446

*Find the address to your local office at: jfs.ohio.gov/ county/county_directory.pdf

NEED HELP WITH YOUR RENEWAL? Visit benefits.Ohio.gov or HealthCare.gov or call us at **(844) 640-6446**. Para obtener una copia de este formulario en Español, llame **(844) 640-6446**. If you need help in a language other than English, call **(844) 640-6446** and tell the customer service representative the language you need. We'll get you help at no cost to you.

Other Coverage Options When Individuals are No Longer Eligible

- If a Medicaid member has been notified they no longer qualify for Medicaid, they may be eligible for other coverage options either through their employer or on the federally facilitated marketplace (i.e. exchange).
    - OB makes automatic file transfers through the exchange for individuals found ineligible (does not apply to individuals disenrolled for procedural reasons)
- ODM partnered with the Ohio Association of Foodbanks to include information on every notice of disenrollment (otherwise known as a Notice of Action) for those individuals who need assistance with other coverage options. They can visit getcoveredohio.org or call 1-888-628-4467 for help in person, online or over the phone.



OHIO ASSOCIATION OF FOODBANKS

get covered

How Can You Help?

- Spread the word!
  - Educate, Equip, and Engage
- Reinforce key messages in Partner Packet 2.0
  - Speak with one voice
- Refer to ODM Resuming Routine Medicaid Eligibility Operations webpage for updates and other resources
- Provide feedback to the state
  - What are you seeing? Hearing? Gather up common themes, questions, and issues

Questions?

Appendix

HB 110 Implementation Efforts: Section 333.255

Seek Controlling Board approval for a 3rd party vendor by November 1st, 2021 (A)	Completed on time. Received CB approval on 10/25/21.
Vendor must have access to 8 different types of records to assist in verifying eligibility (B)	The contracted vendor will have access to these data sources.
Vendor must assist ODM in identifying those enrolled in Medicaid who are deemed to be "likely ineligible" to prioritize those case when PHE ends and complete them within 90 days (C)	•Data analytics vendor is in place; will assist in identifying individuals who are "likely ineligible". •ODM and the counties will prioritize the processing of those deemed to be "likely ineligible" while complying with federal requirements. •States cannot make an eligibility determination if the data being used is more than 3 months old.
ODM must conduct an expedited eligibility of newly enrolled for 3 or more months during PHE but not in the last 6 months. This must be done within **six months** after the PHE ends (D)	•Data analytics vendor will help identify those "most likely to be ineligible" •As required, ODM made this request to CMS. However, per 42 CFR 435.916 and reiterated in CMS' unwinding guidance, states are not permitted to do eligibility renewals on an individual more than once every 12 months. •Per CMS guidance, states may not redetermine more than 1/9 of their total Medicaid caseload each month. •States cannot make an eligibility determination if the data being used is more than 3 months old. •Ohio's plan will prioritize those likely ineligible while balancing other important priorities, including new applications, changes of circumstance and Ohio's two federal Corrective Action Plans.
ODM must write a report of its findings from working with the 3rd party vendor and submit it to certain public officials no later than 120 days after the PHE ends. (E)	ODM will complete the required report.
The 3rd party vendor must be reimbursed entirely based on validated cost savings realized by the department. (F)	Reimbursement/vendor contract with ODM is compliant with the statutory requirement.

HB 110 Implementation Efforts: Section 5163.52

ODM must continue to conduct eligibility redeterminations to the fullest extent permitted under the law. (A)	The counties have continued to perform redeterminations and renewals throughout the PHE. However, because of the requirement to maintain eligibility, states are unable to disenroll, except in limited circumstances.
Within 60 days of the end of the PHE, ODM must complete an audit (B)	ODM has or will comply with the requirements for the audit.
Completes and acts on redeterminations within 60 days of all individuals who haven't had a redetermination in 12 months (B)(1)	•This conflicts with the 6-month timeline in 333.255(D). •Per CMS guidance, states may not redetermine more than 1/9 of their membership every month. •States cannot make an eligibility determination if the data being used is more than 3 months old •PCG data analytics will help identify those who are "most likely to be ineligible". Prioritization of these cases by the county will enable us to right-size the Medicaid caseload. •Ohio's plan will prioritize those likely ineligible while balancing other important priorities, including new applications, changes of circumstance and Ohio's two federal Corrective Action Plans.
Requests approval from CMS to conduct redeterminations on recipients enrolled for more than 3 months and act on those redeterminations within 90 days. Individual counties can request an additional 30 days (B)(2)	•As required, ODM made this request to CMS. However, per 42 CFR 435.916 and reiterated in CMS' unwinding guidance, states are not permitted to do eligibility renewals on an individual more than once every 12 months. •Per CMS guidance, states may not redetermine more than 1/9 of their total Medicaid caseload each month. •States cannot make an eligibility determination if the data being used is more than 3 months old •Data analytics vendor will help identify those "most likely to be ineligible" •Ohio's plan will prioritize those likely ineligible while balancing other important priorities, including new applications, changes of circumstance and Ohio's two Corrective Action Plans.
Submit a report summarizing the results of the audit to certain public officials (B)(3)	ODM will submit the required report.