



# A Return to Routine Eligibility Operations

## Resuming Operations in SFY24-25

### Background

In March 2020, Congress passed the bipartisan Families First Coronavirus Response Act (FFCRA) to provide states with a 6.2 percentage point increase in their federal Medicaid matching rate (eFMAP) for the duration of the federal public health emergency (PHE). As a condition of receiving this increase, states were prohibited from disenrolling anyone from their Medicaid program (also known as continuous coverage), save a few limited exceptions.

On December 29, 2022, President Biden signed into law the Consolidated Appropriations Act (CAA) 2023 that, among other things, delinks the continuous coverage provision from the PHE effective March 31, 2023, and phases out the eFMAP through December 2023 (see table below). Through the end of CY2023, Ohio will have received a total of approximately \$5.1 billion dollars in enhanced federal matching funds. Ohio returned to normal eligibility operations February 1, and disenrollment will begin April 2023.

2023 Quarter	Medicaid Matching Rate Increase
January 1-March 31	6.2%
April 1-June 30	5.0%
July 1-September 30	2.5%
October 1-December 31	1.5%
<b>Ohio Total Enhanced FMAP Jan.2020-Dec.2023</b>	<b>\$5.1 billion</b>

### PHE Impacts to Medicaid Caseload

Since February 2020, Medicaid’s caseload rose by about 760,000 individuals – an increase of about 27.3%. Nearly 41% of those *newly enrolled* during this time (i.e., without prior Ohio Medicaid involvement) are children, and 12% are newborns. ODM estimates that the caseload will peak at 800,000 by May 2023. Based on the twelve-month plan submitted to CMS we estimate that over eighteen months the caseload will be reduced by approximately 220,000 individuals. ODM, JMOC and the LSC projections of caseload reduction are generally in agreement with some nuanced differences regarding the peak.

For additional details about Medicaid’s budget and caseload projections for FY24/25, please refer to the Caseload Whitepaper.

## Regulations Governing Ohio's Return to Normal Eligibility Operations

There are various rules and regulations governing how Ohio, and all states, must administer the return to routine eligibility operations. In addition to the federal requirements that existed pre-pandemic (42 CFR 425.916), CMS has released several State Health Official (SHO) letters and clarifications that establish the following framework for Ohio's approach:

- Federal requirements governing eligibility determination and renewal process:
  - Three CMS SHO letters released in [December 2020](#), [August 2021](#), and [March 2022](#) set 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](#).
- With the reinstatement of routine eligibility operations, individuals can be terminated beginning April 1, 2023.
- ODM must adhere to federal requirements in place prior to the CAA and new reporting requirements contained in the CAA.
- ODM is working within two federal corrective action plans (CAP) put in place in 2020 to remedy an application backlog and audit findings.
- House Bill 110 (134<sup>th</sup> General Assembly) contained a variety of provisions directing certain aspects of ODM's unwinding operations.

## Unwinding Challenges

Ohio uses a state-supervised, county-administered framework for Medicaid eligibility operations. As Ohio returns to routine eligibility operations, Ohio's 88 County Department of Job and Family Services (CDJFS) offices will experience a unique and unprecedented set of challenges; operating under competing responsibilities and federal requirements. These challenges include:

- Enrollee contact information may be out-of-date, so enrollees may be hard to reach as state and county agencies attempt to work redeterminations.
- Some eligibility workers have never processed renewals outside of the continuous eligibility requirement.
- People enrolled for the first time after March 2020 may not be familiar with participating in a renewal process.
- In addition to Medicaid, county JFS offices are responsible for other programs such as SNAP, TANF, and childcare.
- CDJFS have experienced the same staffing shortages as other businesses have.

## Ohio's Readiness

ODM has maintained ongoing contact, providing periodic updates, to stakeholders throughout the pandemic. Working collaboratively with all possible stakeholders, a multi-faceted strategy has been developed. Because much of the hands-on case work falls to county case workers, ODM has made every effort to automate, streamline and support counties. Additional resources have also been provided by the General Assembly. An overview of Ohio's readiness efforts includes the following:

### Data & IT System Improvements

- Continuous IT system improvements since 2020 to streamline Ohio Benefits
- Hired a 3rd party vendor (PCG) to assist in identifying "likely ineligibles". This allows counties to prioritize cases most likely to result in disenrollment.
- Improved *Ex Parte* renewal process, to reduce manual processing and increase accuracy.
- Developed automations (i.e., BOTs) improve accuracy and reduce county workload.

### Additional Outreach

- Ongoing effort to improve contact information for members.
- MCOs will receive monthly info re: member renewals and will reach out to assist, and upon notification of termination will offer assistance with accessing other insurance options.

### County Training, Support, and Monitoring

- County trainings are scheduled and providing additional support as they return to routine operations.
- The Ohio General Assembly appropriated \$30M to CDJFS specific to unwinding activities (HB 45, 134th General Assembly).
- Augmented ODM Central Processing Unit (CPU) to help counties with increased workload.
- Creating new dashboards to monitor county and statewide progress.

### Communications

- Continuous updates and linkages to stakeholders and grass roots organizations throughout the PHE.
- Disenrollment notices include contact information for how to connect with navigators.
- 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.
- Conducted comprehensive member outreach that leverages community partners, managed care organizations, and call/text reminders.

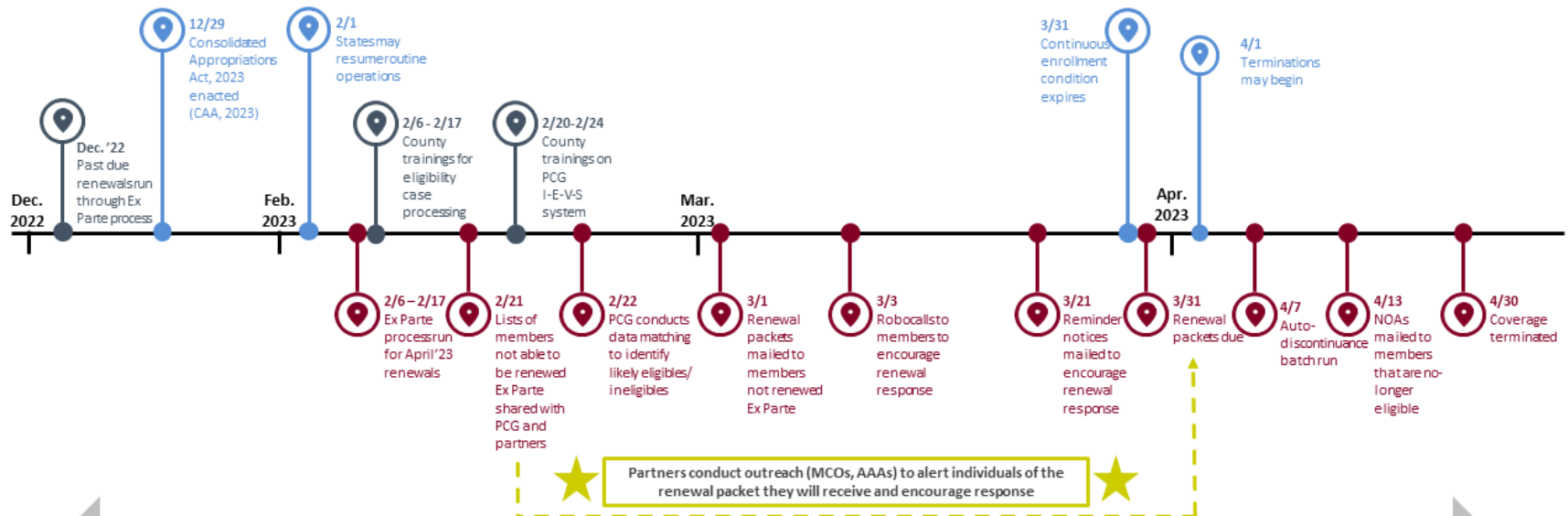
# Resumption of Routine Eligibility Operations

**Ohio's Return to Routine Renewal Operations: As allowed by the CAA, 2023, Ohio will resume routine eligibility and enrollment operations on February 1, 2023**

**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.



**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.

The [timeline](#) above summarizes the life cycle of the renewal process. Some examples of the federal procedural requirements that govern this process and the timeline include:

- No more than 1/9 of the caseload can be processed each month.
- At the point the determination is made about each individual's eligibility, the data used cannot be older than three months.
- Redetermination of an individual can only be done once in a 12-month span of time.
- Individuals must be notified at least twice, using at least two channels of communication.
- The individual has a right to appeal. Termination occurs at the end of the month following the determination that the individual is no longer eligible.

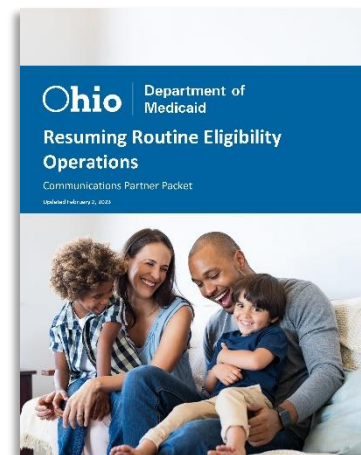
With the adoption of the CAA, Congress gave CMS additional enforcement powers to oversee and intervene in the states' unwinding processes.

This above monthly process kicked off February 1 for those with annual renewal dates in April. For more details around Ohio's return to routine eligibility operations, please refer to our webpage: [Resuming routine Medicaid eligibility operations | Medicaid \(ohio.gov\)](#)

## Comprehensive Member Outreach and Transition to Other Plans

It's no secret that developing and deploying a comprehensive communications plan for our consumers is paramount to ensuring eligible individuals do not experience a disruption in coverage and those no longer eligible for the program are able to smoothly transition to different coverage. In an effort to break through the noise and keep the messaging simple, ODM developed a [partner packet](#), a toolkit that provides a variety of materials and templates for providers, stakeholders, and partners to use in preparing Medicaid members for the return to normal eligibility operations. Key messages 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!



If an individual is notified that they no longer qualify for Medicaid, they may be eligible for other coverage through their employer or the federally facilitated marketplace (i.e., exchange).

In partnership with the Ohio Association of Foodbanks, language was added to every notice of disenrollment (otherwise known as a Notice of Action) about insurance navigators, individuals

who can assist with coverage options. Individuals can also visit [getcoveredohio.org](https://getcoveredohio.org) or call 1-888-628-4467 for help in-person, online, or over the phone.

Additional information and resources about Ohio's return to routine eligibility operations can be located on ODM's dedicated [webpage](#).

## **Conclusion**

No one imagined the PHE to last as long as it has nor anticipated the extraordinary undertaking required to “unwind” and return to normal eligibility operations. Ohio has made extensive preparations to meet its federal and state obligations while engaging a robust network of providers, stakeholders, and partners to assist in enrollee outreach. Having worked collaboratively with the General Assembly, our county partners, and securing the required federal approvals, the appropriate steps have been taken to ensure that those who are eligible maintain their coverage, and those who are ineligible are assisted with options to transition to other coverage.