



**Ohio Department  
of Medicaid**

# Completing the Return to Routine Medicaid Eligibility Operations Period

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**What to expect after “Unwinding”**

**February 2024**



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# Agenda

- 1 | Background on Unwinding
- 2 | Outcomes of Ohio's Unwinding Efforts
- 3 | Post-Unwinding Changes to Medicaid
- 4 | Next Steps

# Today's Objectives

The purpose of this webinar is to:



## Prepare Medicaid stakeholders for the end of Unwinding

Review which changes from the return to routine Medicaid eligibility operations period (“Unwinding”) will be permanently adopted and what will change. Medicaid stakeholders will learn how these changes will affect their work

# Introductions

## Today's presenters:

- **Patrick Beatty**  
Deputy Director & Chief Policy Officer
- **Kim Fisher**  
Chief, Business Operational Support
- **Rachel Hopmoen**  
Section Chief, Eligibility Policy
- **Roberta Schwamberger**  
Section Chief, Ohio Benefits Systems (OB)
- **Samantha Howe**  
Chief, Strategic Analytics and Reporting, Data Governance and Analytics
- **Jesse Wyatt**  
Bureau Chief, Long-Term Services and Supports

# BACKGROUND ON UNWINDING

What is “Unwinding” and why did it happen?



# Overview

- In March 2020, the federal government declared a public health emergency (PHE) in response to the COVID-19 pandemic
- As part of the federal PHE, state Medicaid programs were permitted to adopt flexibilities and make program changes to maintain coverage for individuals and meet the demands of a pandemic on the US health system. The continuous Medicaid coverage condition prohibited states from disenrolling members from Medicaid during the PHE in exchange for temporarily increased federal financial match
- The Consolidated Appropriations Act, 2023 (CAA) ended the continuous coverage condition. Accordingly, states were required to renew the Medicaid eligibility of all members within 14 months (including those who may not have been renewed since before the PHE)
- Ohio initiated its Unwinding in February 2023 and worked to redetermine the eligibility of its Medicaid members between February 1, 2023, through March 31, 2024
- Ohio Department of Medicaid (ODM) also updated or amended Medicaid policy flexibilities that were suspended or changed during the PHE, such as 1915(e) Appendix K waiver flexibilities, so that these flexibilities could terminate or resume

# UNWINDING CHANGES

What steps did ODM take to meet the requirements of Unwinding?

# Ohio's Guiding Principles during Unwinding

ODM adopted the following principles to define their approach to Unwinding. The health and well-being of Ohioans was top priority throughout

- ODM and county partners will work together to redetermine individuals as required, after the PHE ends --as quickly as possible-- balancing the directives of H.B. 110 and federal requirements to the best of our ability
  - » Keep eligible individuals enrolled and reduce churn
  - » Identify those 'most likely' to be ineligible; prioritize the processing of these cases and assist, as possible, the transition to other coverage
  - » Make efficient, accurate decisions within prescribed timelines **and** achieve a sustainable renewal schedule
  - » Maintain timeliness with new applications and change of circumstance; as well as SNAP and other county responsibilities
  - » Comply with state and federal law and CMS requirements

# Thank You to ODM Partners

ODM would not be able to meet the demands of Unwinding without its partners. Thank you to the agencies that worked collaboratively to make Ohio's Medicaid program work effectively for Ohioans\*

## State Agencies



- Ohio Department of Job & Family Services
- Ohio Department of Administrative Services
- Ohio Department of Aging
- Ohio Department of Developmental Disabilities

## Other Community Partners

- Ohio Food Banks
- Ohio Association of County Boards of Developmental Disabilities
- Ohio Association of Community Action
- ARC of Ohio
- Groundworks
- UHCAN Ohio
- CMS Local Connectors (Ohio: Novak Birch)
- Ohio Children's Hospital Association
- Children's Defense Fund
- Public Children Service Association of Ohio
- Columbus Legal Aid
- Ohio Senior Law
- Ohio Elder Law
- Leading Age
- Ohio Aging Services Network
- Ohio Poverty Law
- Community of Legal Aid
- Ohio Health Care Association
- Ohio Children's Alliance
- Ohio Statewide Independent Living Council
- Center for Community Solution
- Disability Rights Ohio
- Ohio Association of Health Plans

# Preparations for Unwinding

Ohio and its partners made significant preparations to meet the demands of Unwinding from the PHE and return its eligibility operations to pre-pandemic status



## Automations & Systems Improvements

- System improvements to **streamline Ohio Benefits** (OB; Ohio's E&E system) began in 2021
- **Enhancements to ex parte** process
- **PCG I-E-V-S**: third-party data vendor system that provides data for individuals who are sent a manual renewal packet
- **Fast Track Bot**: implements Ohio's 1902(e)(14)(A) SNAP option waiver
- **Renewal Received Bot**: this prevents cases from automatic discontinuance if manual renewal packets have been received or if a renewal packet is not necessary for certain reasons
- **Address Bot**: updates addresses in OB



## Communications

- **Unwinding webpage** with information and resources
- **Partner Packet** for stakeholders with key messages; translated into 7 languages
- Continued **outreach** to Medicaid members
- **IVR**: automated call system that makes reminder calls to Medicaid members
- **ProComm**: automated SMS that sends a communication to individuals due for renewal and requests that they confirm that the address on file is correct (over 401,000 texts sent during Unwinding)
- MCO and case management agencies outreach via **two-way** file exchange

# Preparations for Unwinding (cont.)

Ohio and its partners made significant preparations to meet the demands of Unwinding from the PHE and return its eligibility operations to pre-pandemic status



## County Monitoring & Supports

- **County Activities Dashboard** helps counties to better track and monitor caseload progress
- County **trainings** and technical assistance
- Continued to improve integrations with SNAP and TANF for improved consumer experience
- **\$30M appropriated** to CDJFS's for Unwinding activities
- ODM **Central Processing Unit** and **Eligibility Special Projects** teams assisted counties with increased workloads

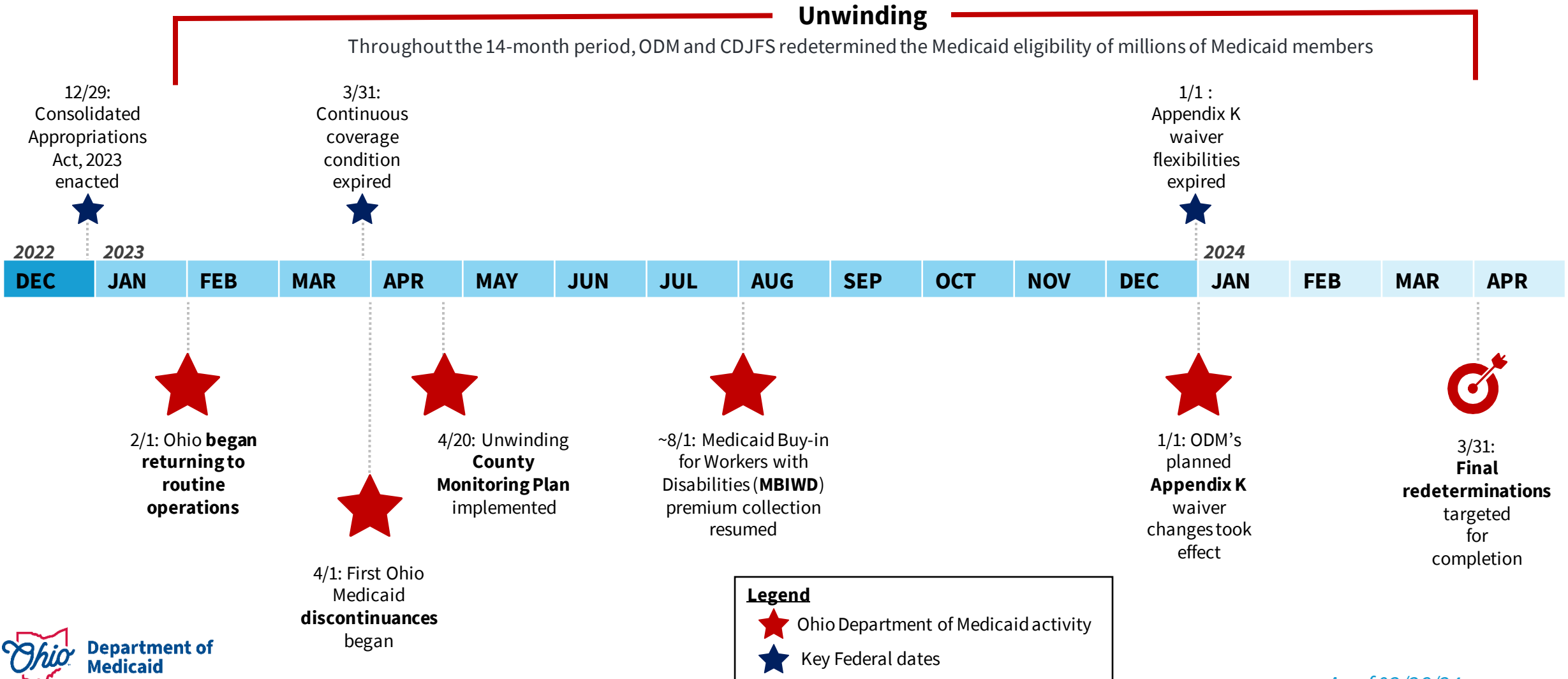


## Policy

- Applied for and implemented multiple **1902(e)(14)(A) waivers** to enable automations and other business process improvements
- Assessed home- and community-based services (HCBS) flexibilities adopted through **Appendix K** authority to determine which flexibilities would be permanently adopted or plan for flexibilities that would end
- Solicited public input, made determinations, crafted rule packages, and created waiver amendments for the following flexibilities:
  - Shared living
  - Legally responsible family members
  - Provider reciprocity (deeming)

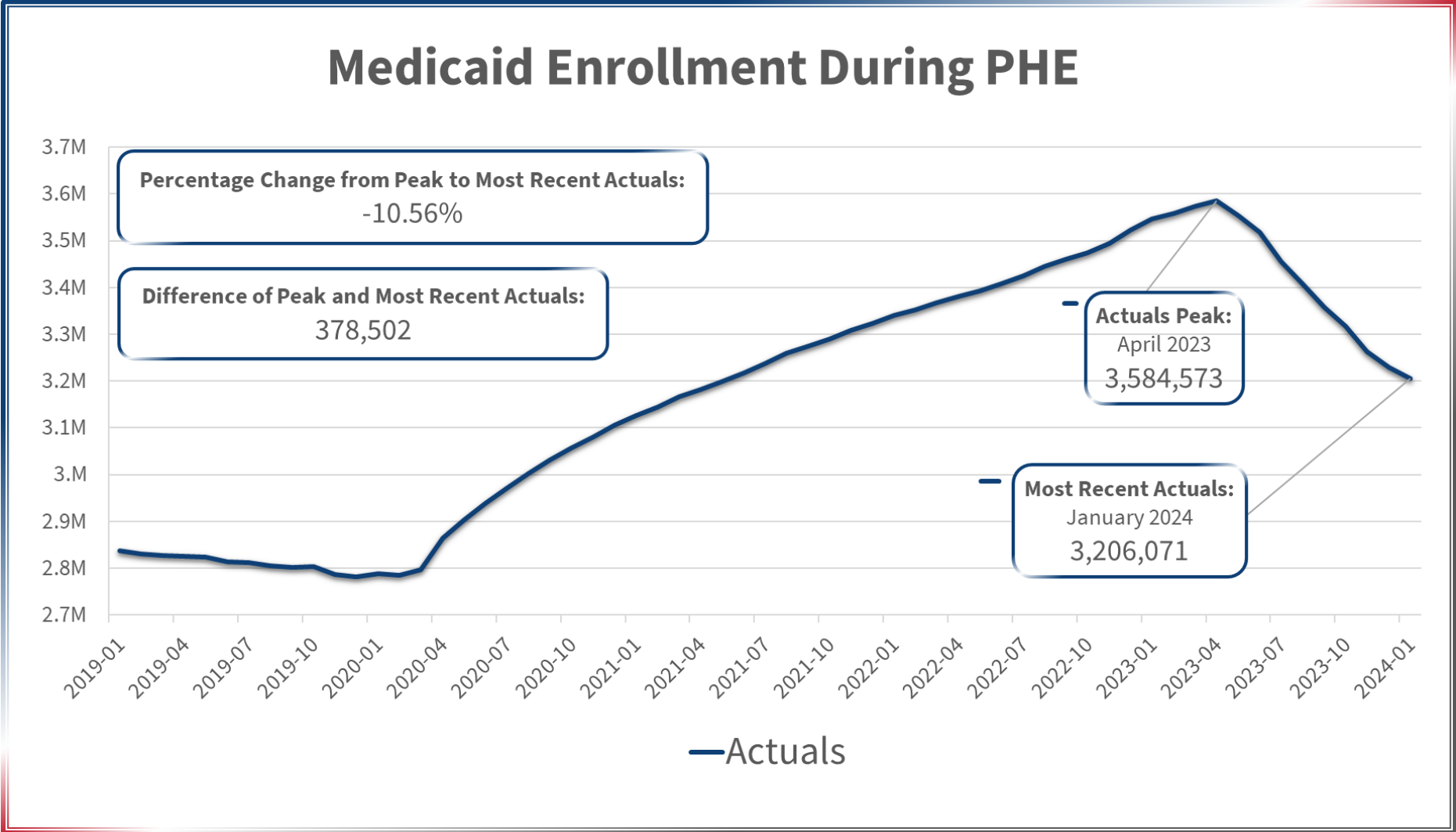
# Ohio's Unwinding Timeline

Key changes to the Ohio Medicaid program as part of Unwinding can be found below



# Change in Medicaid Enrollment During the PHE

Due to the continuous coverage condition, Ohio's Medicaid enrollment grew substantially during the PHE



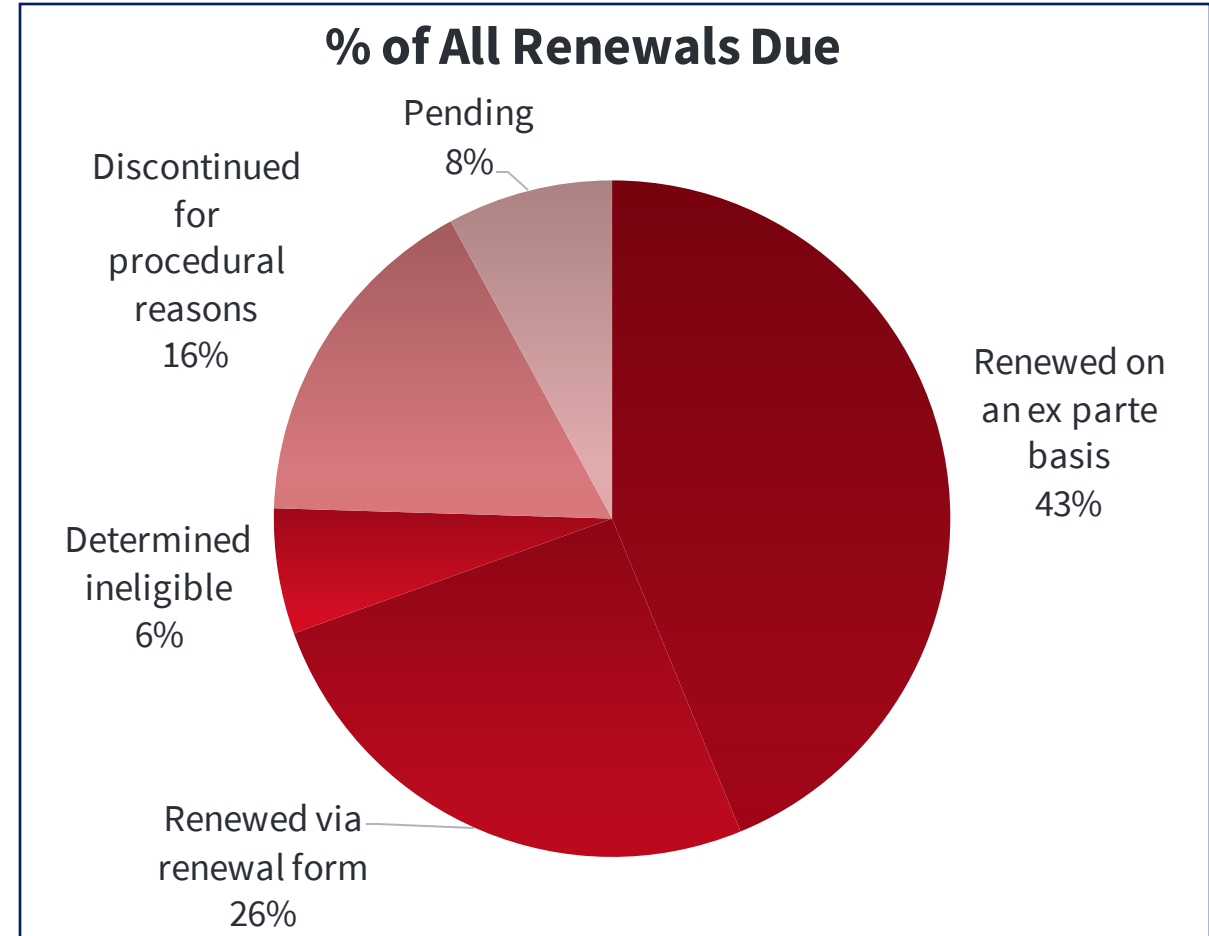


# OUTCOMES

What were the results of ODM's efforts to meet the demands of Unwinding? How did its performance measure up to other state Medicaid programs?

# Ohio's Performance

- Nationally, Ohio was a top performing state in completing renewals and preventing procedural discontinuances during Unwinding
- The total number of cases processed (as of 02.01.2024) in Ohio is roughly **2.5 million**, the fifth highest number of renewals processed in the nation
- On average, Ohio counties have consistently processed more than 91% of their renewals due each month

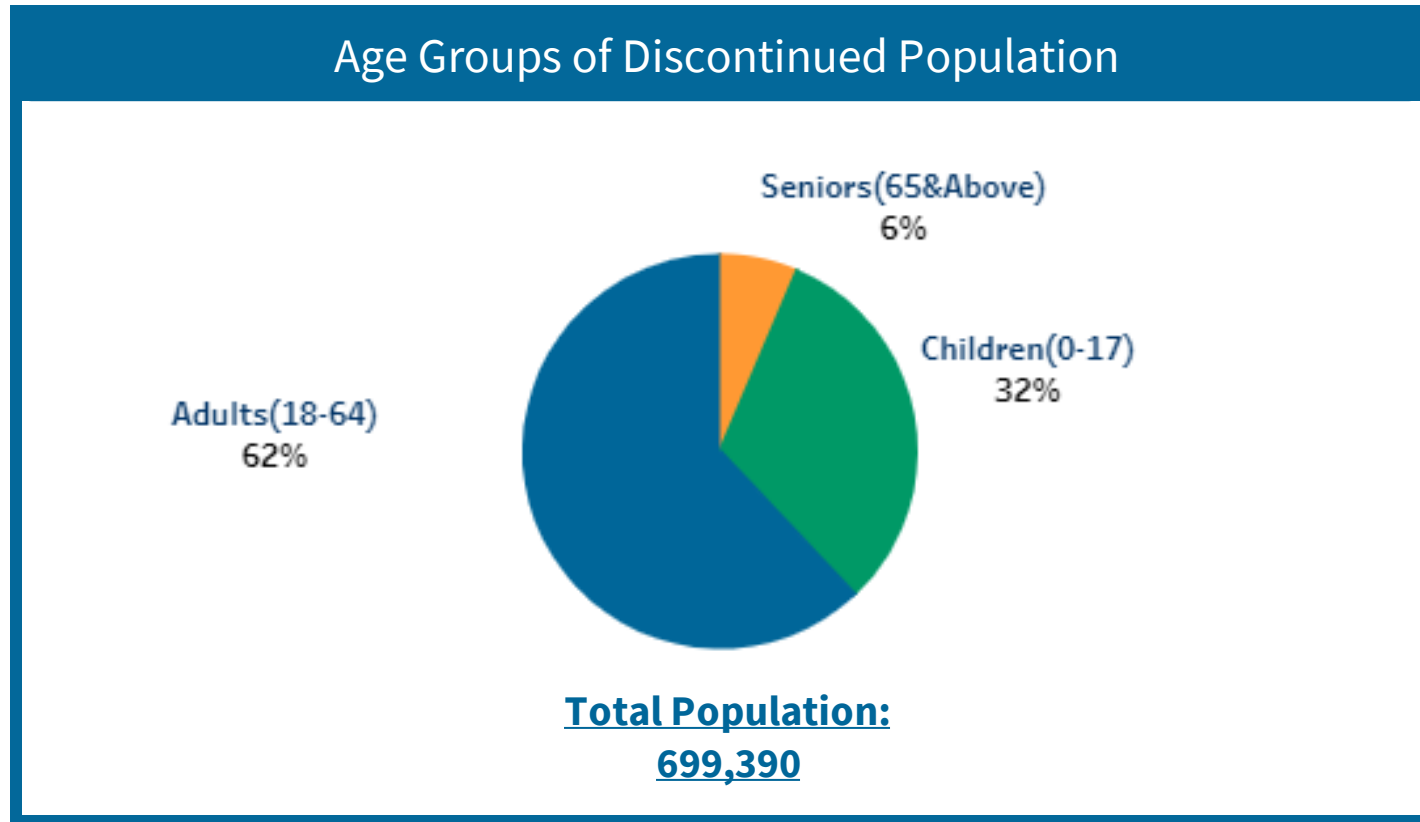


Outcomes for all of Ohio's Medicaid renewals 2/2023 through 1/2024

\*Source: [KFF Medicaid Enrollment and Unwinding Tracker \(as of 02.01.24\)](#)

# Age Demographics of all Unwinding Discontinuances

Evidenced by the pie chart below, of the 699,390 individuals discontinued from Medicaid, 62% were adults, 6% were seniors, and 32% were children.

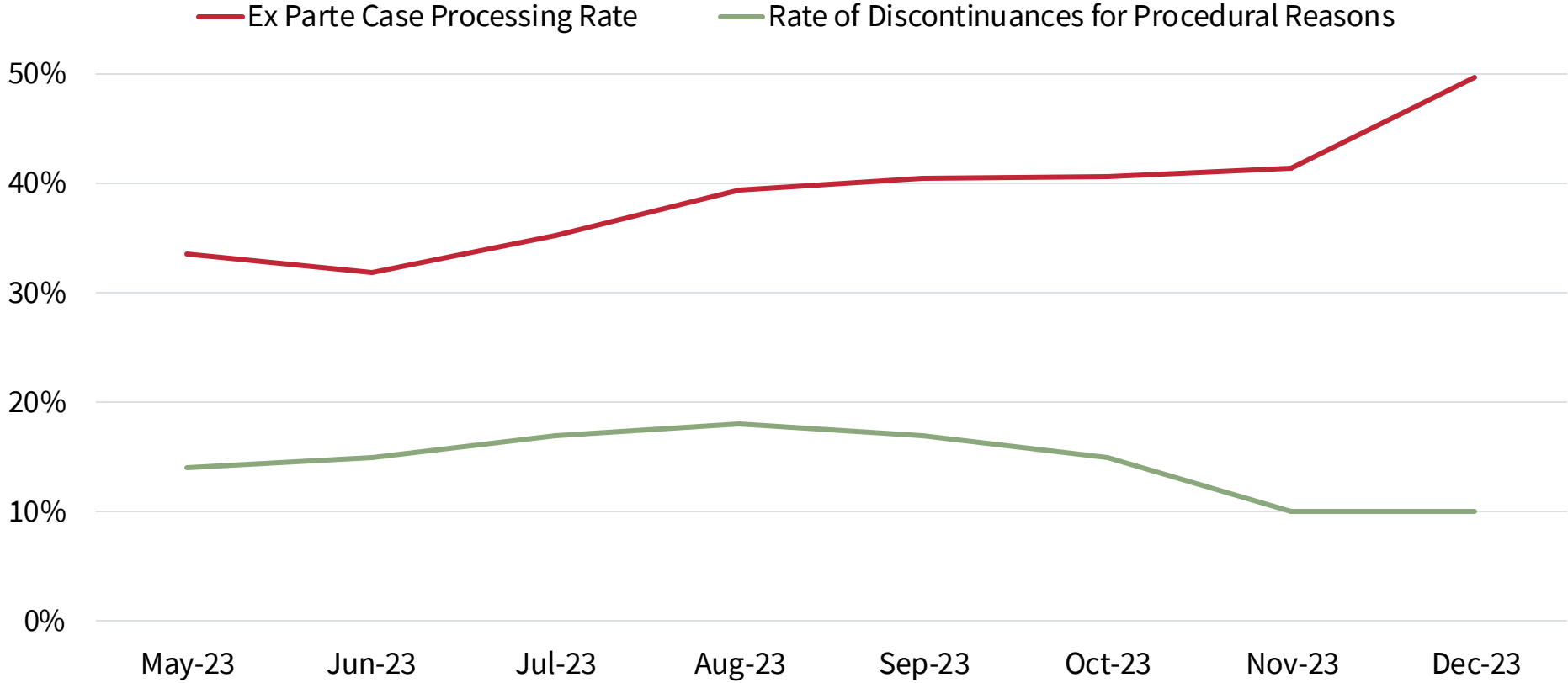


Consistent with Governor DeWine’s commitment to children, ODM has taken every opportunity to retain coverage for eligible Ohio children. **Although children make up 45% of Ohio’s overall Medicaid population, the rate of discontinuances for children was 32%;** less than the rate of discontinuances for adults compared to their overall status in the Medicaid population.

April 2023 – February 12, 2024

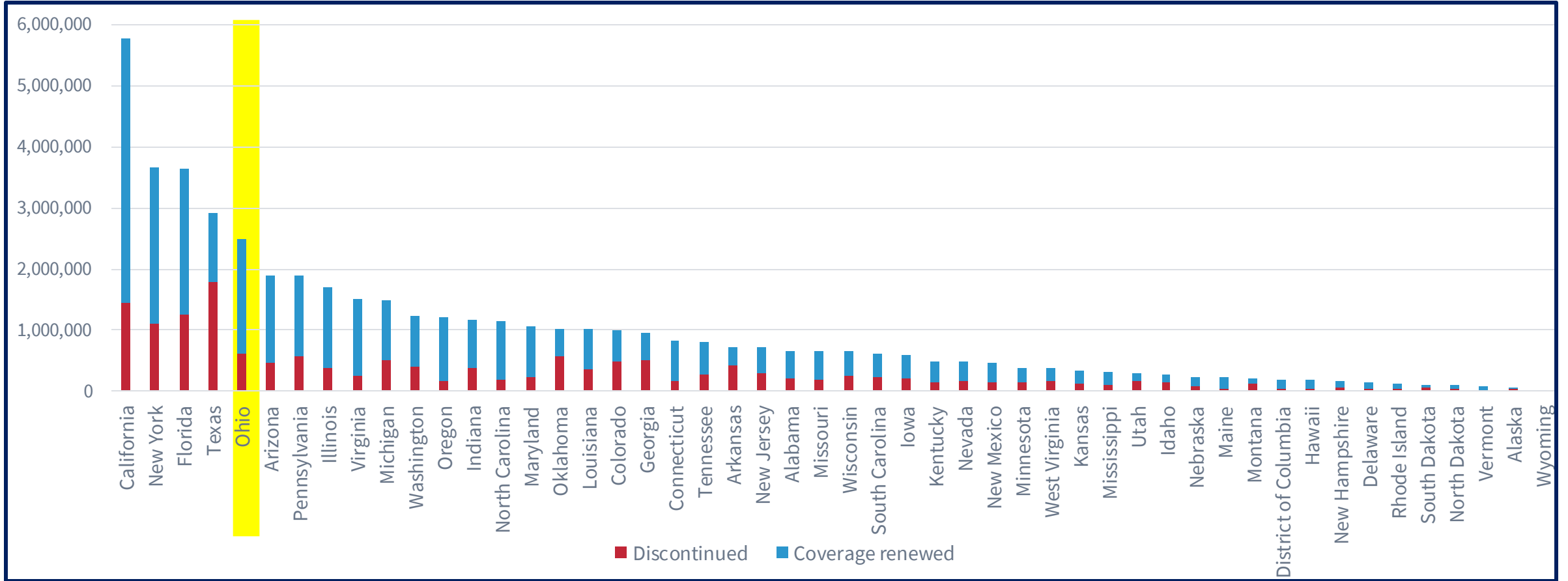
# Ohio's Performance

During the Unwinding period, there was an increase in the number of individuals processed through ex parte and a decrease in the percentage of individuals discontinued for procedural reasons



# Medicaid Coverage Renewed and Discontinued Across Reporting States

Ohio is fifth in the nation for number of renewals completed, and the percentage of discontinuances remains below peer states



# Ohio's Performance

Ohio has the seventh largest Medicaid budget and processed the fifth highest number of individuals in the nation as of January 2024

Rank	Top 5 State	Medicaid population size	Number of cases processed during Unwinding	Percentage of required redeterminations completed during Unwinding	# of months the state has conducted discontinuances by 02/2024	Ratio of number of cases processed relative to the total size of their Medicaid population	Renewal Rate during Unwinding
1	California	14.23M	5,775,694	77%	8	0.41	76%
2	Florida	4.98M	3,636,970	98%	10	0.73	65%
3	New York	5.88M	3,654,630	97%	8	0.62	70%
4	Texas	7.49M	2,919,894	71%	9	0.39	46%
5	Ohio	3.42M	2,486,204	92%	10	0.73	76%

# POST-UNWINDING

What can Ohio Medicaid stakeholders expect after the end of Unwinding?

# Post-Unwinding Changes

- The return to routine eligibility operations period, or the “Unwinding” period, **ends on March 31, 2024**
- In the months after Unwinding, Ohio may continue to wrap up any remaining Unwinding activities including renewing outstanding cases, winding down operational activities, and submitting any required reporting to CMS and the state legislature
- The following slides outline changes in business **operations**, member and stakeholder **communications**, and **policy** flexibilities that will remain or end after Unwinding, which may impact stakeholders



# Post-Unwinding Changes



## Operations

- Ohio will continue to redetermine individuals on Ohio Medicaid annually on the month of their renewal date\*
  - Outside of annual reviews, ODM will make eligibility changes in response to member changes (e.g.: if a member moves out of state mid-year ODM will discontinue coverage, etc.)
- Some automated renewal bots will not continue after March 2024
  - Renewal Received Bot
  - National Change of Address (NCOA) data will no longer update the Address Bot linked to OB
- Some automated bots will operate until the end of 2024
  - Address Bot will continue collecting contact information from Managed Care Organizations (MCOs) and ODM's call center vendor, Automated Health Systems (AHS)
  - Fast Track Bot will continue to leverage SNAP data to determine eligibility
- The vendor PCG will no longer provide third-party data previously used to help determine an individual's eligibility for Medicaid

\*The size of Ohio's Medicaid population is subject to change consistent with program fluctuations that occurred prior to 2020

# Post-Unwinding Changes



## Communications

- ODM will continue to use **ProComm** and **IVR** technologies to contact members with automated SMS texts and robo-calls to share information and reminders about renewing their coverage
- Ohio Benefits' **Self Service Portal** (SSP) will retain its improvements to enhance user experience

# Post-Unwinding: Communications to Members

Partners and stakeholders can support Medicaid members by continuing to spread the following key messages:

1

## Update contact information and respond to requests for information

1. Whenever there is any change to member contact information (address, phone number, or email address), update this information in Ohio Benefits
2. Respond to requests for information

2

## Share with members the importance of responding to renewal packets

If ODM is unable to verify a member's eligibility with available data, a renewal packet will be mailed, prompting them to go through the renewal process so that their CDJFS can determine if they still qualify for coverage

3

## Ensure Medicaid members take the necessary steps to transition to other coverage if they're no longer eligible for Medicaid

If a Medicaid member is notified that they no longer qualify for Medicaid, they may be able to buy low-cost health coverage through the federally facilitated Marketplace at [Healthcare.gov](https://www.healthcare.gov)

4

## Children may be eligible for coverage even if their parent/legal guardian is no longer eligible

ODM's "Healthy Start" program is available to insured or uninsured children in families with income up to 156% of the federal poverty level and CHIP is also available to uninsured children in families with income up to 206% of the federal poverty level

# Post-Unwinding Changes



## Policy

- Appendix K Flexibilities
  - Through stakeholder engagement and within federal allowance, ODM, ODA, and DODD have made new amendments to Ohio Administrative Code (OAC) permitting certain flexibilities to continue
  - Changes related to flexibilities took effect on January 1, 2024
  - For additional information on changes to HCBS (including trainings on the Direct Care Worker Relationship Rule & Extraordinary Care Instrument), please visit [ODM's HCBS webpage](#)

# 1902(e)(14)(A) Waivers

**Legend**

- Waiver flexibilities ending March 2024
- Waiver flexibilities continuing

During the transition to routine operations, Ohio applied for and leveraged waiver strategies via Section 1902(e)(14)(A) authority<sup>1</sup> to improve business processes and protect beneficiaries. These waivers are currently set to expire after December 2024.

	1	2	3	4	5	6
<b>1</b>	<b>Renew Medicaid eligibility for SNAP participants without conducting a separate MAGI-based income redetermination</b>	<b>Ex Parte renewal for individuals with no income and no data returned</b>	<b>Allow delayed collection of premiums for Medicaid premium programs</b>	<b>Partnering with MCOs to update beneficiary contact information</b>	<b>Establish linkages with the U.S. Postal Service (USPS) and the National Change of Address (NCOA) database</b>	<b>Partnering with MCOs to complete Medicaid renewal forms</b>
<b>Strategy</b>	Strategies to Increase Ex Parte Renewal Rates	Strategies to Increase Ex Parte Renewal Rates	Other	Strategies to Update Contact Information	Strategies to Update Contact Information	Strategies to Support Enrollees with Renewal Forms
<b>Description and History</b>	<ul style="list-style-type: none"> <li>This was operationalized via an automated process that went live in mid-December 2022</li> </ul>	<ul style="list-style-type: none"> <li>Households who were verified to have zero-dollar income within the last 12 months could be renewed ex parte if no information was received/returned from a financial data source</li> </ul>	<ul style="list-style-type: none"> <li>Ohio applied this delayed collection of premiums to the Medicaid Buy-In for Workers with Disabilities (MBIWD) program</li> </ul>	<ul style="list-style-type: none"> <li>An automated process went into effect October 2022 for MCOs to submit beneficiary contact information changes to a bot which made the changes in Ohio Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Member records were updated with addresses obtained from returned USPS mail with an in-state forwarding address</li> <li>A contractor provided this NCOA dataset; contract to expire after March 2024</li> </ul>	<ul style="list-style-type: none"> <li>Ohio directed MCOs to provide assistance to parents/guardians and their households to complete Medicaid renewal forms</li> </ul>

# NEXT STEPS

How can stakeholders stay up to date after Unwinding?

# Stay in touch to learn more!



Slides from this meeting and other resources are available on the ODM Unwinding **webpage**:

<https://medicaid.ohio.gov/covidunwinding>



Members can call the **Medicaid Consumer Hotline** with questions, (800) 324-8680. Help is available Mon-Fri 7am-8pm and Sat 8am-5pm ET



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# QUESTIONS?

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the GoToWebinar chat function**



# THANK YOU

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