



OHA MEDICAID UNWINDING TOOLKIT

This toolkit contains information and resources to help OHA members better understand the Medicaid redetermination process, its impact on Medicaid members, and how providers can play a role to reduce the number of uninsured Ohioans.

September 2023

MEDICAID UNWINDING OVERVIEW

In March 2020, the Ohio Department of Medicaid (ODM) enacted several coverage and operational changes to its Medicaid program in response to the COVID-19 public health emergency.

Additionally, with the passage of the Families First Coronavirus Response Act (FFCRA), the federal government provided states with a 6.2% increased federal medical assistance percentage (FMAP). In exchange, states were prohibited from disenrolling members from Medicaid, even if they were found to be ineligible. This was to ensure members did not lose vital healthcare coverage during the pandemic.

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA). Per the CAA, the continuous coverage provision that prohibited states from disenrolling members from Medicaid will expire on March 31, 2023, and, as a result, states will once again resume routine eligibility operations (also known as “Medicaid unwinding”).

The ODM resumed its normal eligibility operations on February 1, 2023, during which time Medicaid members with redetermination dates in April 2023 were reviewed. This work will be spread over the next 12 months as per CMS guidance, states may not redetermine more than 1/9 of their membership every month.

IMPACT TO MEDICAID CASELOAD

Since February 2020, Ohio 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 earlier this year estimated that the caseload will peak at 800,000 by May 2023.

According to a Kaiser Family Foundation (KFF) [analysis](#), between 8 and 24 million enrollees nationwide could lose their Medicaid coverage through the eligibility renewal process. Assuming 18% of all enrollees are disenrolled, KFF estimates over 629,000 Ohio Medicaid members will be disenrolled.

However, based on the twelve-month plan submitted to CMS, ODM [estimates](#) that over eighteen months, caseload will be reduced by approximately 220,000 individuals (later in the SFY 2024-2025 budget process, ODM revised their estimate to 280,000 individuals). ODM's estimate factors in their efforts to automate and streamline the redetermination process.

Source: <https://medicaid.ohio.gov/static/About+Us/Budget/Unwinding+from+the+Public+Health+Emergency+Whitepaper.pdf>

ODM REDETERMINATION PROCESS

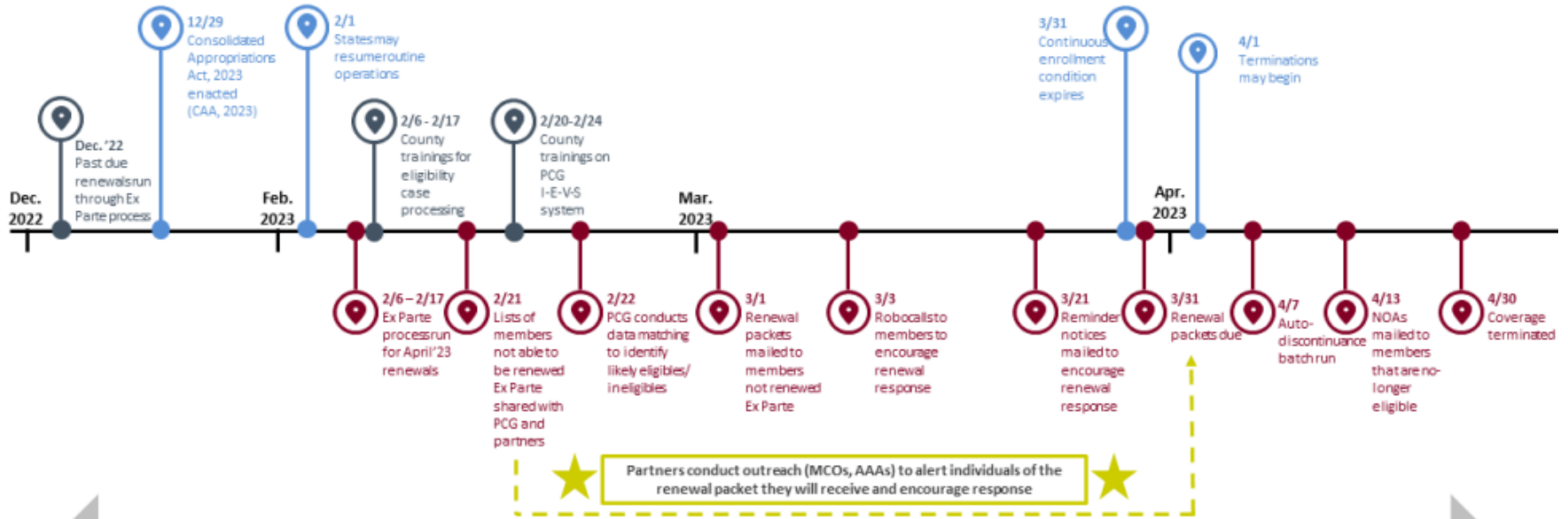
Resumption of Routine Eligibility Operations

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.

Source: <https://medicaid.ohio.gov/static/About+Us/Budget/Unwinding+from+the+Public+Health+Emergency+Whitepaper.pdf>

TRACKING ENROLLMENT

KFF's [Medicaid Enrollment and Unwinding Tracker](#) presents the most recent data on monthly Medicaid disenrollments, renewals, overall enrollment and other key indicators reported by states during the unwinding of the Medicaid continuous enrollment provision. ODM's monthly Unwinding Reports submitted to CMS are available [here](#).

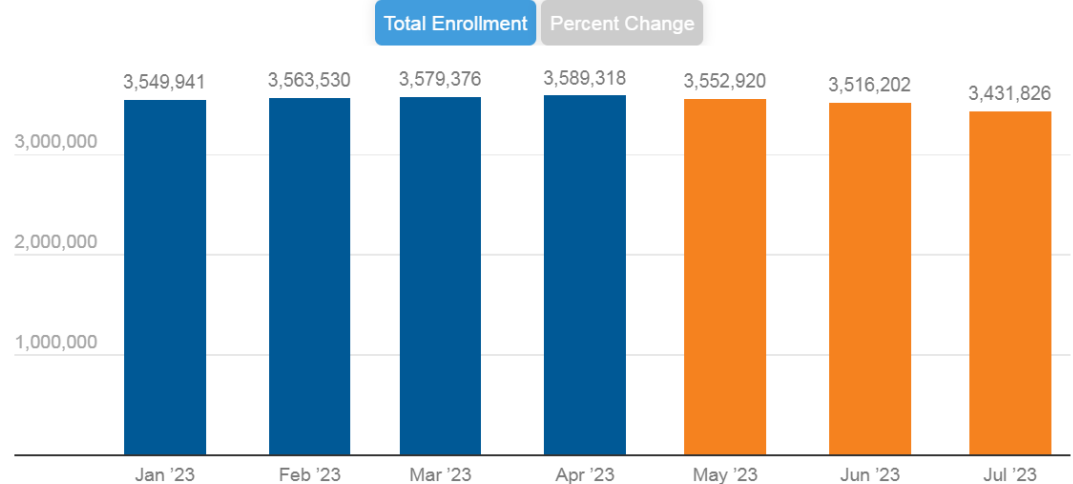
Additionally, ODM's [Dashboard](#) enables users to view enrollment by county, MCO, etc.

Ohio Medicaid's July 2023 caseload is over 3.4 million enrollees, which is a 4% decrease from April 2023.

Figure 1

Ohio Medicaid/CHIP Monthly Enrollment

Disenrollments in Ohio began in May. Enrollment declined by 157,492 from April to July 2023



SOURCE: KFF Analysis of State Administrative Data • PNG

KFF

Source: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

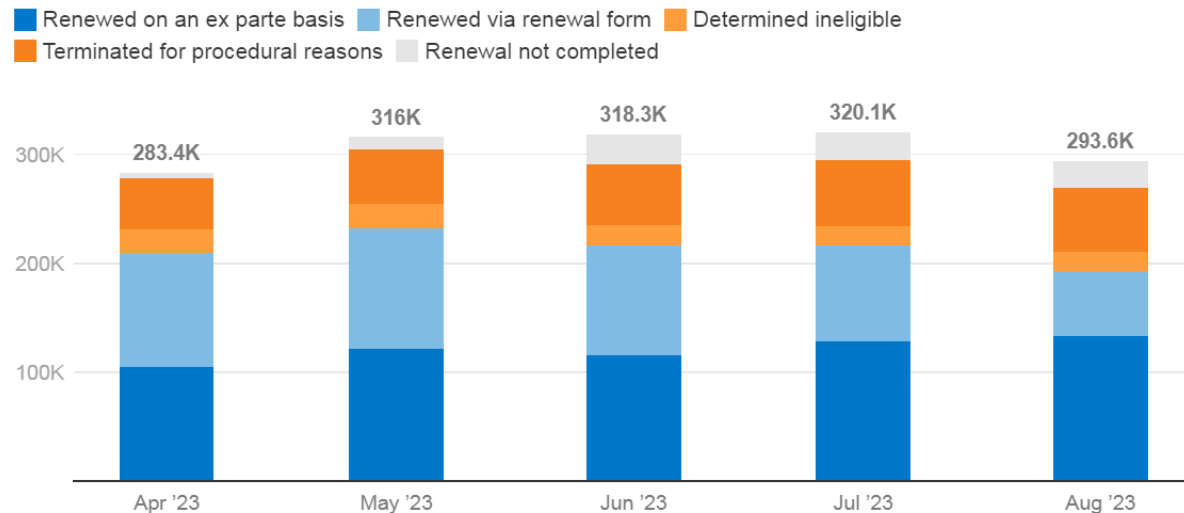
TRACKING REDETERMINATIONS

As of August 2023, over one million Medicaid enrollees renewed their coverage while almost 370,000 Medicaid enrollees have been disenrolled from the Ohio Medicaid program.

73.6% of disenrolled individuals were disenrolled for procedural reasons (e.g., not completing necessary paperwork to determine eligibility).

Ohio Monthly Renewals

As of August 2023, 1,067,564 enrollees renewed their coverage and 369,934 enrollees were disenrolled, including 97,693 who were determined ineligible and 272,241 who were disenrolled for procedural reasons



SOURCE: KFF Analysis of State Monthly Unwinding Report to CMS • Get the data • PNG

KFF

Source: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

HHS PAUSES PROCEDURAL MEDICAID TERMINATIONS IN 30 STATES, INCLUDING OHIO

In August, CMS [alerted](#) all states to a potential eligibility systems issue that inappropriately disenrolls children and families from Medicaid and CHIP, even when the state had information indicating that they remain eligible for coverage. Automatic renewal systems in several states are calculating eligibility at the family income level, rather than the individual level. The glitch resulted in improper disenrollments, especially for children, because family members may have different eligibility requirements.

As of Sept. 21, [30 states, including Ohio](#), have reported having this auto-renewal issue and have paused procedural disenrollments for impacted people to avoid CMS taking further action, HHS said. In Ohio, these eligibility issues have impacted between 10,000 - 49,999 individuals.

As of Sept. 20, at least 7.2 million people have been disenrolled from Medicaid through the unwinding of continuous enrollment requirements, according to the [KFF Tracker](#). Of those disenrolled, 73 percent were removed from Medicaid for procedural reasons, rather than being determined ineligible for the program.

This slide will be updated as ODM shares additional information regarding this mandatory pause.

Added Sept. 25, 2023

IMPACT OF DISENROLLMENTS

Given the higher-than-expected disenrollment experience in Ohio, it is critical that Medicaid members are encouraged to take the necessary steps to update their contact information, respond to requests for information (including renewal packets), or transition to other coverage if they are no longer eligible for Medicaid.

If Medicaid members do not respond to renewal packets and/or requests for information, they run the risk of losing their healthcare coverage, even if they still meet eligibility criteria. Additionally, members should still send in their renewal packets even if the due date has passed.

Eligible members whose coverage has been discontinued for failing to respond have 90 days to reenroll in Medicaid without needing to submit a new application. They can also contact their local County Department of Job and Family Services (CDJFS) or the Medicaid Consumer Hotline to reenroll.

Those who are no longer eligible can be referred to resources, such as [Get Covered Ohio Navigators](#), to help them obtain healthcare coverage outside of Medicaid.

Source:

https://medicaid.ohio.gov/static/Stakeholders,%20Partners/Unwinding/ODM%20Partner%20Packet_Resuming%20routine%20operations_vSHA RE.pdf

HOW PROVIDERS CAN HELP PATIENTS MAINTAIN COVERAGE

OUTREACH

Communication from trusted healthcare organizations are essential to help spread the news that Medicaid redeterminations have resumed.

Utilize resources from [CMS](#) and [ODM](#) to tailor messaging from your organization. This helps ensure critical messages are accurate, simple, and consistent with federal and state agencies.

Ensure patient registration staff are prepared to inform Medicaid patients that Medicaid redeterminations have resumed. Additionally, patient registration staff should stress the importance of updating their contact information and completing renewal packets.

PARTNER

Leverage relationships with community-based organizations to help spread the news that Medicaid redeterminations have resumed.

Consider partnering with organizations that may help you target specific Medicaid populations, such as day programs for individuals with special needs, schools, religious-based organizations, etc.

Refer patients to these organizations and/or [Get Covered Ohio](#) for help with redetermination paperwork or enroll in another form of coverage.

COMMUNICATION OPPORTUNITIES

Drop-In Articles

Brief stories suitable for use on websites and in newsletters and bulletins

Flyers

Printable flyers, great for posting in your business location or distributing by including it in packaging or as a handout

Social Media

Graphic posts that can be used on your own social media accounts

Text Messages

Short reminder messages to encourage updating contact information

Medicaid Member Mailers

Direct messaging that is suitable in an email or U.S. postal format

On-Hold Messages

Messaging provided to Medicaid members when on hold about the impending end of the continuous coverage provision and ways they can best be prepared

Rack Card

Printable rack card in the standard size (4x9 inches)

Patient Portal Alerts

Pop-up notices to remind Medicaid patients Medicaid eligibility redeterminations have resumed

Targeted Phone Calls

Robocalls or personal calls to remind Medicaid patients eligibility redeterminations have resumed

PARTNERSHIP OPPORTUNITY WITH MEDICAID MCOS

OHA has partnered with the Medicaid MCOs to organize the sharing of Medicaid member eligibility data, also known as “fallout files,” via a secure file transfer portal. Individuals on these fallout files have been identified by ODM as being ineligible for Medicaid or CHIP following their eligibility redetermination.

The goal of sharing fallout files is so hospitals can identify patients and target outreach to them to ensure they transition to and enroll in ACA Marketplace coverage or obtain health insurance through their employer. This could also be a way to conduct further outreach to see if the individual needs help appealing their loss of Medicaid coverage. Click [here](#) for more information.

Relatedly, OHA has requested that ODM provide Medicaid members’ eligibility redetermination date in MITS and/or the eligibility file. This will enable providers to be more proactive in their outreach to Medicaid members. OHA members will be alerted if/when ODM decides to implement this data field.

RESOURCES

- [ODM unwinding resources](#)
 - [Information for stakeholders, partners, and providers](#)
- [ODM enrollment dashboard](#)
- [CMS unwinding information](#)
- [CMS communications toolkit](#)
- [Get Covered Ohio Navigators](#)
- [KFF Medicaid Enrollment and Unwinding Tracker](#)

Please reach out to [Quyên Weaver](#) with any questions related to Medicaid unwinding.

We appreciate your support to help ensure Ohioans maintain health insurance coverage.

OHA collaborates with member hospitals and health systems to ensure a healthy Ohio

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