Ohio | Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

April 7, 2022

Mark Romanchuk, Chair
Joint Medicaid Oversight Committee
77 South High Street, 19th Floor
Columbus, OH 43215

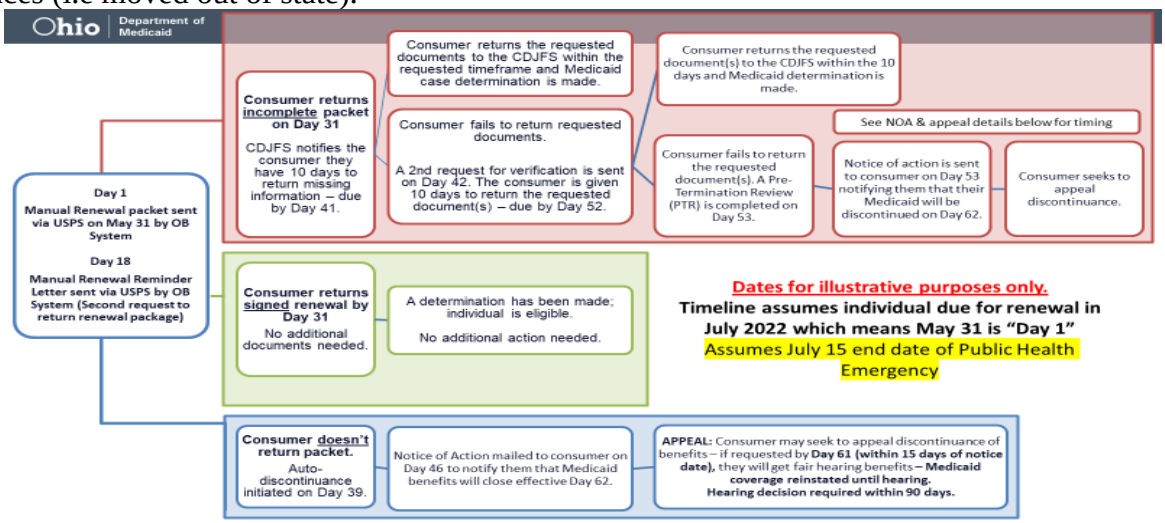
Chairman Romanchuk:

In response to your memo dated April 4, 2022, below is the department's response to your questions concerning the unwinding from the public health emergency (PHE). We appreciate the committee's interest in this topic and for bringing it up for discussion. This is obviously a major undertaking that all states are currently facing and appreciate the opportunity to provide additional details.

Questions

1. Can you explain ODM's normal Redetermination Process? Please differentiate the original processing from the process during the COVID emergency. The type of Redetermination process it uses and what roles ODM plays as well as Ohio's County Departments of Jobs and Family Services (CDJFS)? Like who initiates the process and first begins the review process for Redeterminations?

The renewal process (not redetermination) is best illustrated by the image below. This is different from a redetermination--which is not an annual renewal--but rather an action taken in response to a change in an individual's circumstances during their period of eligibility. The image below depicts the process that will occur once the PHE ends, which is the same process that existed prior to the pandemic. During the pandemic, the main difference was the counties were prohibited from disenrolling an individual found to be ineligible except in limited circumstances (i.e moved out of state).



2. What financial systems/software does your agency use to verify a person's income?

The financial systems involved are SWICA, UCB, and SSI/SDX. The software is part of Ohio Benefits.

3. Were Redetermination notices still sent out to recipients during the pandemic?

Yes, renewal notices are required by federal regulation.

4. What is the requirement for Medicaid recipients to report changes of income? Is it thirty (30) days?

The requirement to report a change in income is 10 days.

- Did the MOE suspend this requirement as well?

No, the MOE did not suspend this requirement.

- How often does the agency verify individual's income change?

County JFS offices verify individuals' Medicaid eligibility annually. For many populations in Medicaid, more frequent renewals are generally prohibited. Several systems send periodic reports directly into Ohio Benefits that may impact eligibility. In cases where this may impact eligibility, the system sends an alert to the county caseworker to investigate further since the alert alone does not definitively establish the individual is no longer eligible. Counties can then conduct a change of circumstances redetermination more frequently than the annual renewal.

5. What is CMS requirement for Redeterminations after the PHE? Is it still Ex Parte (the normal process?

For those who are not renewed as part of Ex Parte, the required process for renewals is outlined in the chart provided in Question 1.

6. On November 2, 2020, CMS's Interim Final Rule was issued, instructing states to transition individuals from their current eligibility category to other Medicaid Categories of Aide if eligible for so long as both categories offer minimum essential coverage (MEC). All of Ohio's categories are considered MEC, except Alien Emergency Medicaid Assistance and Presumptive Eligibility. This directive really prompted states to review cases despite the MOE and was helpful for anticipation of the PHE ending.

   So did your department themselves flag cases for moving recipients to different Categories of Aide throughout this PHE (it would have helped the counties)?

Both the state and counties flagged cases very early in the pandemic for a number of reasons—not just in instances related to moving recipients to other categories of aide. At the time, we weren't sure how long the PHE would last. CMS updated the guidance on changing categories of aide shortly after the PHE began. Additionally, any cases where a person wasn't being recategorized due to federal guidance should have gone through at least one renewal cycle by now.

- If your agency did not, then did you have the CDFJS continually do so?

Both state and county employees flagged cases very early on in the pandemic for recategorization reasons, but the practice was short-lived.

7. Colorado has been in preparation for over a year for this Redetermination process. Weekly as well as

monthly meetings. From reviewing cases they did an analysis on those who should be removed once the PHE ends. These people were assigned another ID number for tracking purposes on a monthly basis. Has ODM done a similar type of analysis?

ODM has not performed an analysis on how many individuals would not be eligible for Medicaid had it not been for the PHE. Instead, ODM has worked to comply with the provisions of HB 110 by procuring a third-party vendor to identify those who are likely ineligible when the PHE ends. By prioritizing these cases, we will enable counties to focus on processing those cases first in order to reduce caseload as quickly as possible while keeping eligible Ohioans enrolled.

- What was the method of categorizing Covid related versus non-related?
  Not applicable
- How does agency measure keeping cases open?
  Not applicable
- Did you create metrics in how cases were being kept open?
  Not applicable
- If so, then how?
  Not applicable

8. What is your process for keeping cases open? Were CDJFS instructed to flag and then override the denial?

To comply with the requirements of the federal Families First Coronavirus Relief Act (FFCRA), counties are not permitted to disenroll individuals (except in limited circumstances). They do have to issue an override to prevent the disenrollment from occurring.

- Does overriding require a supervisor's approval and were notes made when overridden?

Yes, an override does require a supervisor's approval as part of a two-step process instituted as part of the PERM audit findings from 2019.

Note: This is the current process for counties and the flag would be because the person is over resources and the overriding action would generate a letter. Overriding also requires a supervisor's approval.

- Do you still have weekly Exception Reports, number of Overrides completed, duplicate Social Security Numbers, procedures not taken? It may also be referred to as a Misfire Report.

We have reports generated enumerating the number of overrides that take place.

9. Do you still have a weekly report on defects in the (OIES) Eligibility System like the prior administration?

Yes.

- How are those reports available for public information? Are they currently available on line?

We do not post these reports online.

- What do the majority of the reports show?

If we understand your question correctly, these reports show defects in the eligibility system that are used for tracking purposes and to help determine what system upgrades are needed when we schedule updated releases to

the Ohio Benefits system.

10. It seems there has been more of a focus of keeping cases open since cases cannot be closed in acceptance of the additional 6.2% FMAP. Is there also leniency to not deny new Medicaid applications throughout the pandemic?

No such leniency exists.

11. CMS requires states to develop Unwinding Operational Plans, describing how states will address outstanding eligibility and enrollment actions in a way that reduces erroneous loss of coverage and enables a sustainable distribution of renewals in future years. They also supplied a Planning Tool Kit to assist states with this development. While the Unwinding Plans are not required to be submitted to CMS for approval, they must be available upon their request.

    - Does ODM have their plan fully prepared? If not what is its current stage in the development process?

ODM is still reviewing the host of new options and requirements issued by CMS in its most recent state health official letter (SHO) to determine the feasibility and timeliness of implementation. Only after we determine this can we finalize an unwinding plan.

    - Is it online or available to the public (CMS also encourages both in its guidance).

Nothing is posted online since it is not finalized.

12. Concerning setting renewal dates, CMS' State Health Official Letter 22-001 issued Thursday, March 3, 2022, encourages states to align renewal dates for individuals within households and with recertification timing for Medicaid, SNAP and other benefits. Has this coordination been relayed by ODM to the counties?

NOTE: It is also a strategy to spread out annual redeterminations in upcoming years. Staggered renewal dates are needed now to avoid this situation next year.

The option of aligning renewal dates across programs has been available to states since before the pandemic. ODM has encouraged the counties to incorporate this as part of their workflow process, having covered it in multiple training sessions. Aligning renewal dates across programs reduces the overall workload of county staff and promotes continuity of care for the individuals we serve.

13. ODM's current Medicaid Hotline, Automated health Systems (AHS), the workers can tell callers why they are not eligible, but do not touch a case otherwise. The information is taken and then sent to the appropriate county. However, considering the current circumstances, do you plan to change this procedure so ODM itself can modify the eligibility information so the counties are not so overwhelmed?

ODM is exploring ways we can assist counties with their caseloads, both through system upgrades and other technical assistance. Historically, we have not been permitted to allow AHS employees to conduct a renewal process since they are a vendor and not state employees.

14. Currently, your CDJFS' have a Shared Services Customer Services phone system, Finesse. So they were already receiving out of county calls prior to the pandemic. Is, ODM itself prepared for a high influx of calls they will receive through AHS?

Yes, AHS is prepared for increased call volume.

15. There is concern about CDJFS being overwhelmed with calls, foot traffic with the Medicaid Redeterminations alone (not considering SNAP, Childcare and other benefits). What help are you giving the counties? All forms of help and not just IT, but staffing as well.

ODM operates a team of individuals to help process cases in counties experiencing severe backlogs. We will continue to provide this support through the unwinding. We have increased the effectiveness of our ex parte process as one way to reduce the number of cases that need to be touched by county staff. We have also performed several system updates to reduce the number of alerts generated by the system where feasible. We have also transferred the funding appropriated by the General Assembly in HB 110 to provide county support all in addition to continued technical assistance, unwinding updates, and other forms of training for our county partners.

16. Was funding passed in the past Budget Bill (Amended Substitute House Bill 110) to help CDJFS with this Redetermination process?

Yes, the General Assembly made half of the historically optional fund transfer between ALIs 651525 and 655522 mandatory, totaling $2.5 million (as your note below indicates). There was an additional $2.5 million optional transfer in HB 110 as well. The Senate also added an additional $1M initially intended as a placeholder for conference committee discussions to resolve differences between the House and Senate. This $1M figure remained unchanged in the Reports of Conference Committee version of HB 110.

- When was the money sent out to the counties?

The $2.5 million mandatory transfer and $1 million HB 110 appropriation became available to the counties on January 21st, 2022. The option $2.5 million transfer became available to counties on March 25th, 2022.

Note: Section 33.150, Public Assistance Eligibility Determination and Local Program Support, requires ODM to transfer $2, 500,000 to the CDJFS each fiscal year. The money must be spent by June 30, 2022. The first transfer just happened this year in January. A notice for the second just went out last week.

17. Who are the type of recipients who will be mostly be disqualified once this PHE ends?

We expect that those most likely to be disenrolled will be those who historically have higher rates of churn. These primarily tend to be those enrolled in MAGI categories, whereas those enrolled in ABD populations tend to be less sensitive to economic fluctuations.

- Are they low level workers with many hours?

We anticipate that many individuals will correspond with this description.

- What is it that will make them ineligible?

Most disenrolled individuals will either be over income or fail to participate in the renewal process.

18. How much of an increase in state hearings for appeals do you anticipate?

Because of the uniqueness of the situation, we don't have a way of reliably projecting how many appeals will be filed in response to restarting disenrollment's after a nearly two-and-a-half-year hiatus.

- Are appeals handled on the state or county level?

They are handled by the Bureau of State Hearings housed within the Ohio Department of Job and Family Services (ODJFS).

- Is county participation required?

Yes, counties participate in the state hearing process.

- Is there an appropriate number of staff to handle the projected high volume?

ODJFS oversees the Bureau of State Hearings, so this question is better directed to them. We do anticipate that recent CMS guidance calling for a spreading out of the renewal cases will reduce the number of hearings that are requested in any single month.

19. Considering that MCPs may have better addresses for recipients that ODM, are you coordinating with them for this information?

We are exploring this option as this is one of those flexibilities that was just made available as part of CMS's recent state health official's letter.

20. Is ODM working on a phone APP to access OIES, this would greatly help CDJFS with being flooded with calls. This could be in addition to the current web-based applications.

We are not currently working on a phone app, as we have been working on improving the functionalities we have now before introducing/building anything new. We have also updated Ohio Benefits to make it more mobile friendly.

21. A text system was initiated I believe last year or the year prior to that, to allow clients to get information via text. How broad is the information?

Yes, County Shared Services operates a text capability.

- How much detail can get in the text messages?

It can send notices that documents were received, benefits have been approved, notices of pending applications, and notices of Medicaid renewal.

- Has this technique been successful?

There are approximately 485,000 users signed up for text alerts, so the technique has been successful in the sense that it has provided a new way of increasing engagement.

- If not then why?

Not applicable

cc: Jada Brady, Joint Medicaid Oversight Committee