

Ohio Unwinding Process Overview

A Presentation to Joint Medicaid Oversight Committee

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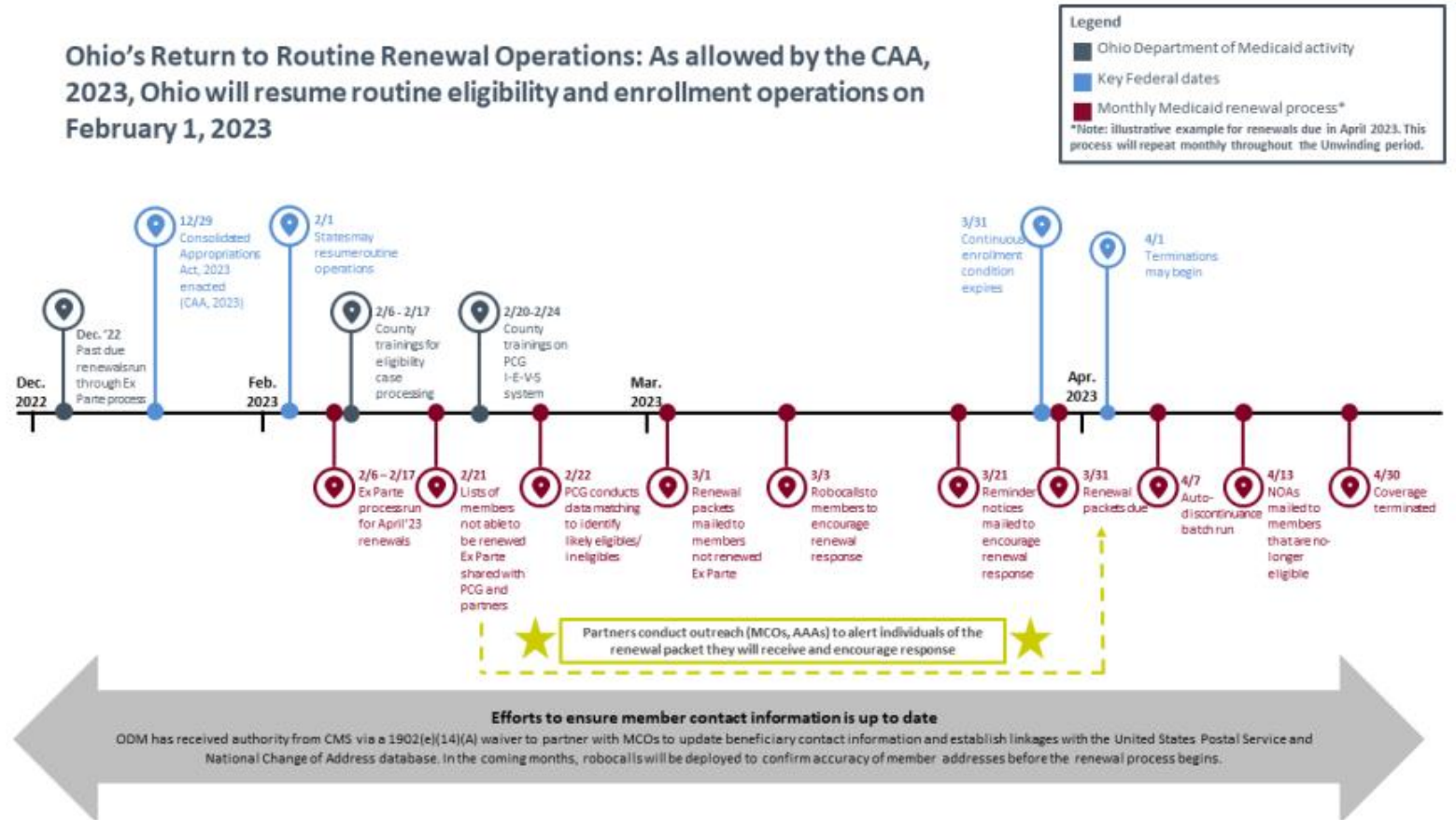
Today's Agenda

- 1 | Overview and History of Unwinding
- 2 | Unwinding Processes
- 3 | Ohio's Unwinding Numbers & Rates
- 4 | State-by-State Comparisons

Overview and History of Unwinding

Overview of Unwinding

- April 2023 was the first month states were permitted to begin routine eligibility determinations
 - » Ohio choose this earlier timeline
- Ohio’s ex parte (or passive renewal) runs two months prior to renewal due dates
 - » Ohio officially kicked off its process in February 2023
- To date, renewals for 1.8 million recipients have been initiated



History of Preparing for Unwinding

Ohio and its partners have been diligently preparing for Unwinding



Communications

- **Unwinding webpage** with information and resources
 - **Partner Packet** for stakeholders with key messages
 - Continued **outreach** to Medicaid members
 - **ProComm**: state automated SMS that updates member addresses in Ohio Benefits
 - **IVR**: automated call system that makes reminder calls to Medicaid members
 - MCO and CMA outreach via **two-way** file exchange
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Automations & Systems Improvements

- System improvements to **streamline Ohio Benefits** (Ohio's E&E system)
 - **Enhancements to ex parte** process
 - **PCG IEVS**: third-party data vendor system that analyzes and sorts fallout cases
 - **Fast Lane Bot**: implements Ohio's 1902(e)(14)(A) SNAP option waiver
 - **Renewal Received Bot**: prevents improper termination even if the renewal packet is not sent back
 - **Address Bot**: updates addresses in Ohio Benefits
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County Monitoring & Supports

- **County Activities Dashboard** helps counties to better track and monitor caseload progress
- County **trainings** and technical assistance
- **\$30M appropriated** to CDJFS for Unwinding activities
- **Financial incentives** for counties that process additional cases
- **ODM Central Processing Unit** assisting counties with increased workloads

Unwinding Processes

Overview of Ex Parte Review Process

What is ex parte?

Ex parte review is a redetermination of eligibility based on reliable, verified information contained in the enrollee's eligibility case or other current information available to the agency, including information accessed through electronic data sources. All cases due for renewal in a given month are evaluated via this process. The renewal process begins two months prior to an individual's eligibility renewal date.

There are two types of ex parte:

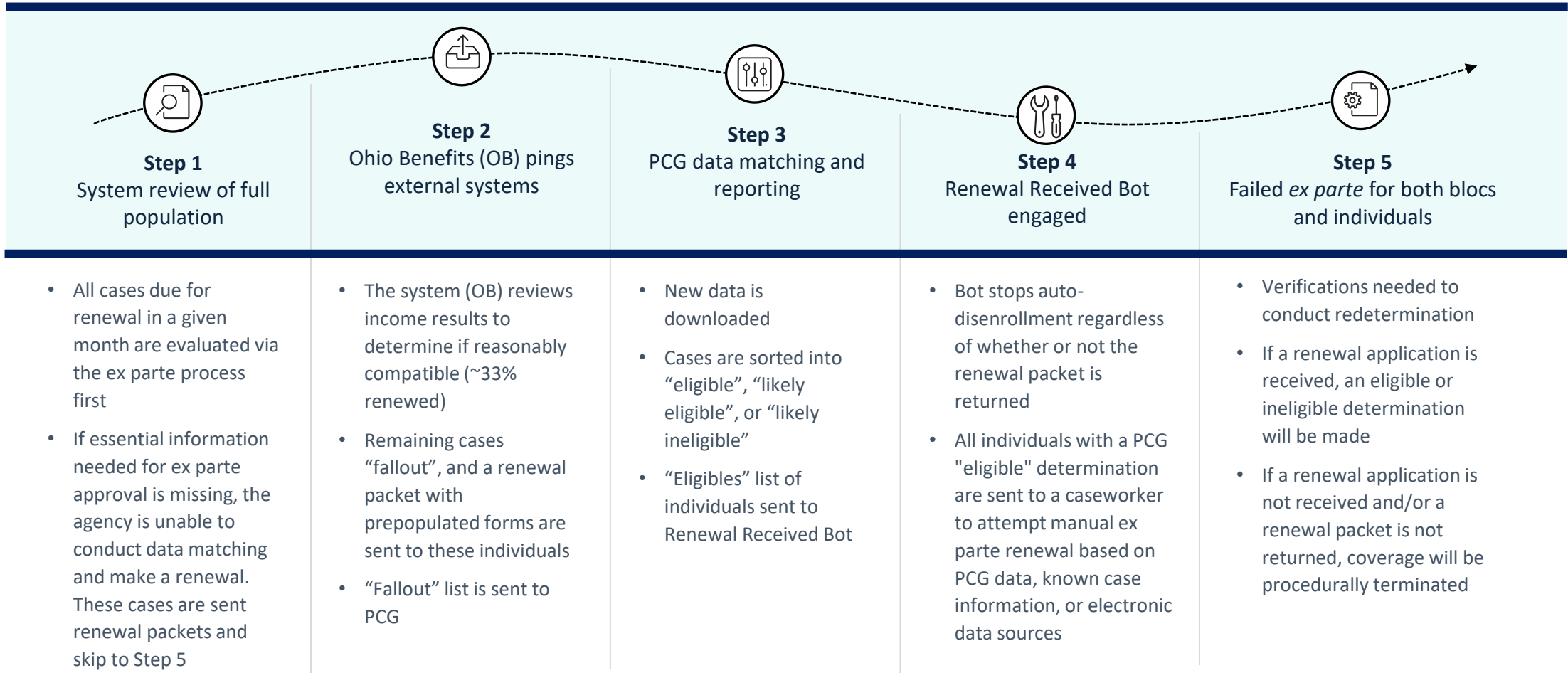


Automated Ex Parte



Manual Ex Parte

OHIO DEPARTMENT OF MEDICAID EX PARTE PROCESS:END-TO-END



Fast Lane Bot engaged throughout the entire process

- Bot conducts nightly sweeps to identify any SNAP re-certifications with a corresponding Medicaid case
- Medicaid case may be renewed based on SNAP recertification

OHIO DEPARTMENT OF MEDICAID ELIGIBILITY PROCESS: END-TO-END (EXAMPLE: JULY 2023 RENEWALS)

Auto Ex Parte
40%

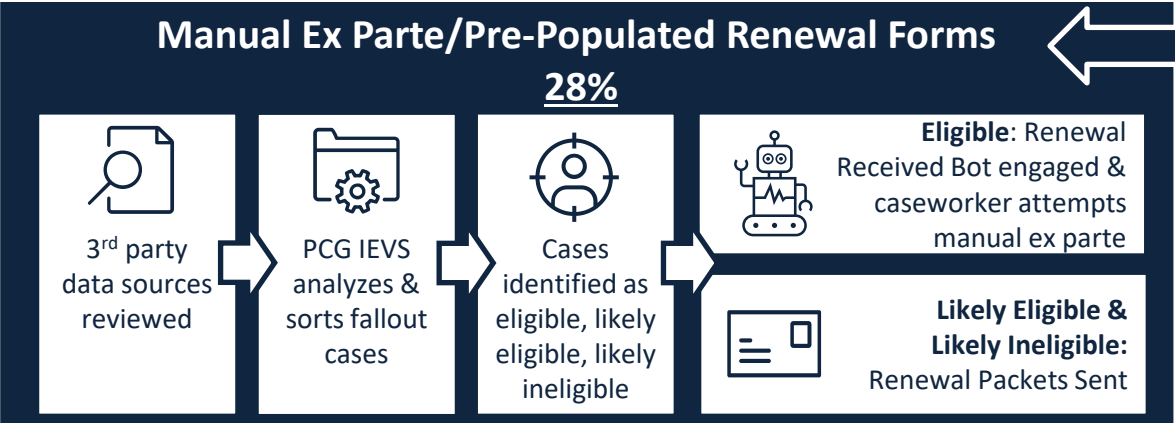
Ineligible Terminations
5%

Eligibility process data highlight

Approximately half of cases categorized as "prepopulated form" renewals are manual ex parte renewals conducted without a prepopulated renewal form returned

Procedural Terminations
19%

“Likely Ineligible” (10%) No Response to Renewal Packet (9%)



Communications

- **IVR:** automated reminder calls to members
- **ProComm:** state automated reminder texts to members & updates member addresses in Ohio Benefits
- **CMA/MCO** outreach to members

Automations throughout eligibility process

- **Fast Lane Bot:** conducts nightly sweeps to identify any SNAP re-certifications with a corresponding Medicaid case (e14 SNAP option waiver authority)
- **Address Bot:** automates address updates received from MCEs, Automated Health Systems, and received through National Change of Address database (e14 waiver authority) in Ohio Benefits System

**NOTE: the remaining 8% are cases that were not yet processed at the time of reporting*



Ohio Unwinding Numbers & Rates

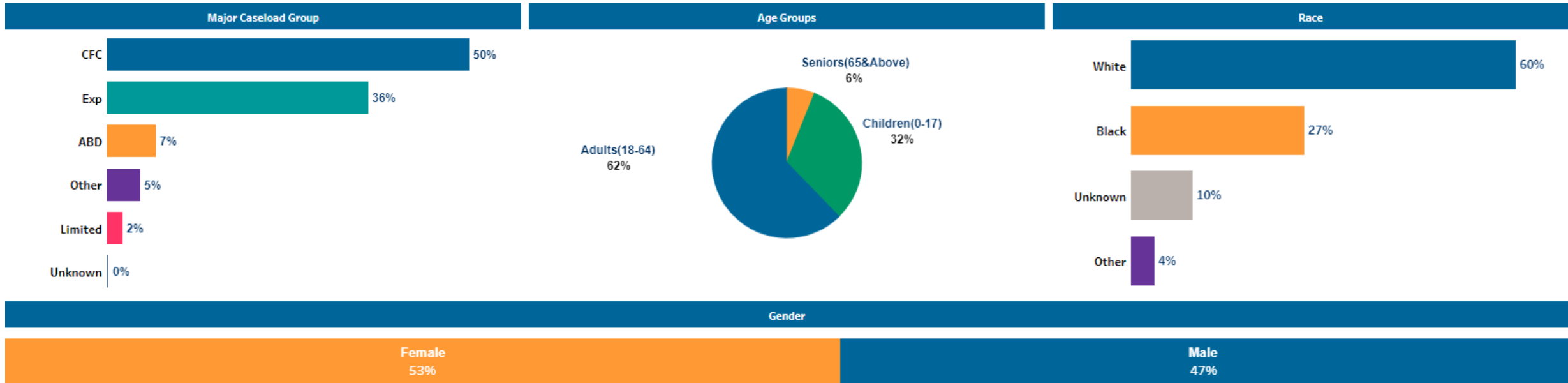
Ohio Renewal Numbers & Eligibility Outcomes by Month

Below are the total number of members up for renewal by month since April 2023. It includes a breakdown of the eligibility outcomes for these members.

# of Individuals	April 23	May 23	June 23	July 23	Aug. 23	Sept. 23
Total members up for renewal	283K	316K	318K	320K	294K	298K
# Retained on Medicaid	209K	232K	216K	216K	193K	195K
% Retained	74%	73%	68%	68%	66%	65%
% Found ineligible	8%	7%	6%	5%	6%	5%
% Procedural terminations	16%	16%	17%	19%	20%	19%
Not processed by month end	2%	4%	9%	8%	8%	10%

Demographics of All Disenrollments

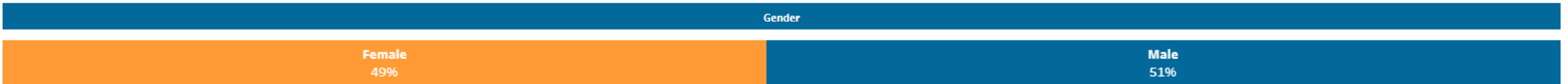
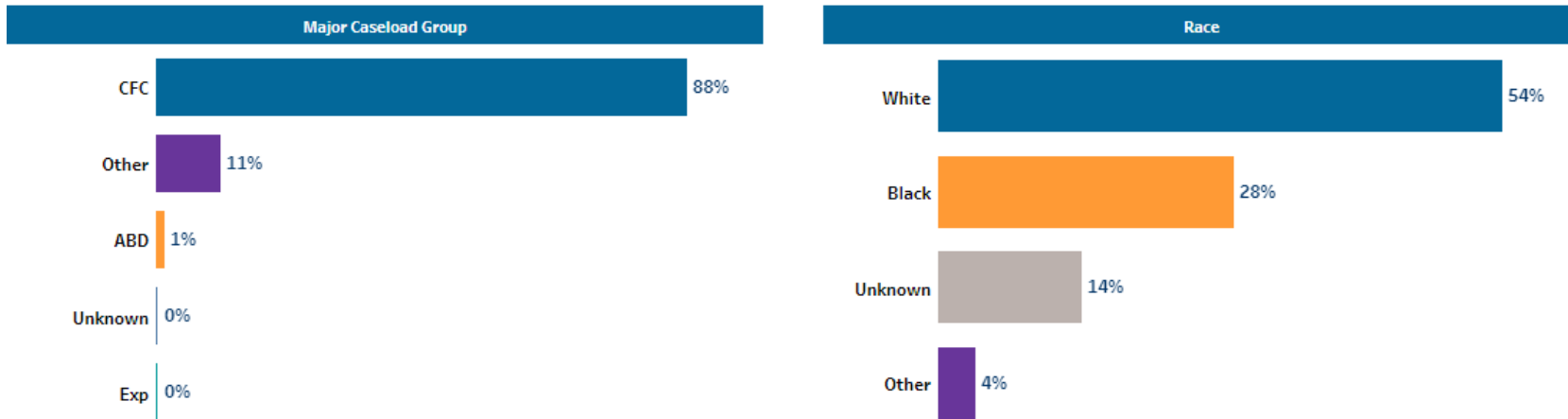
April to September 30, 2023



Total Population: 438,542

Demographics of Disenrolled Children

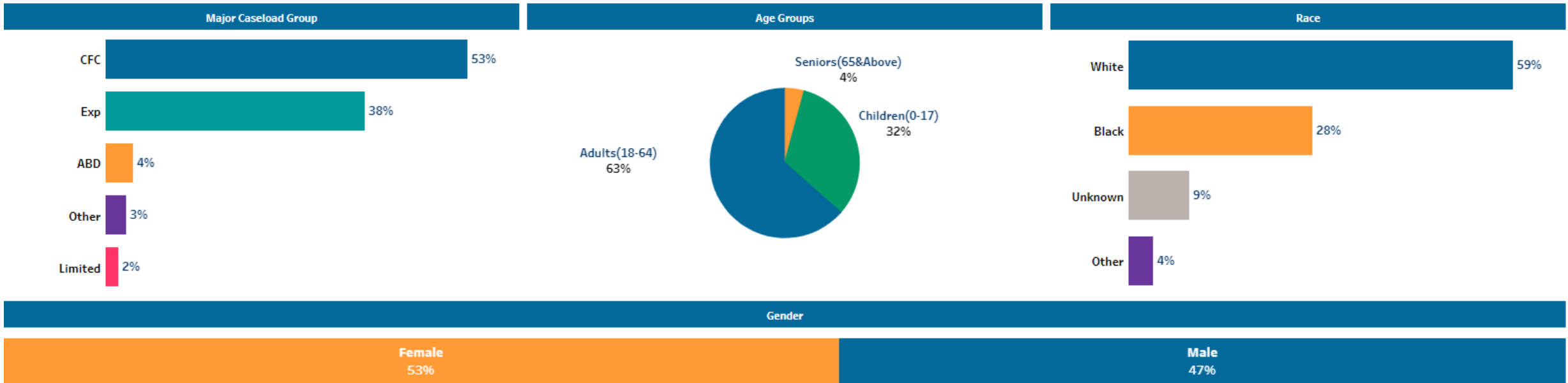
April to September 30, 2023



Total Population: 138,826

Demographics of All Disenrollments (related to Annual Renewals)

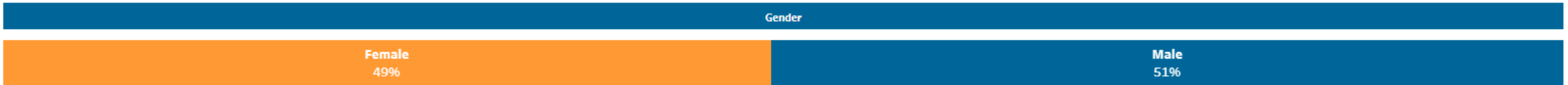
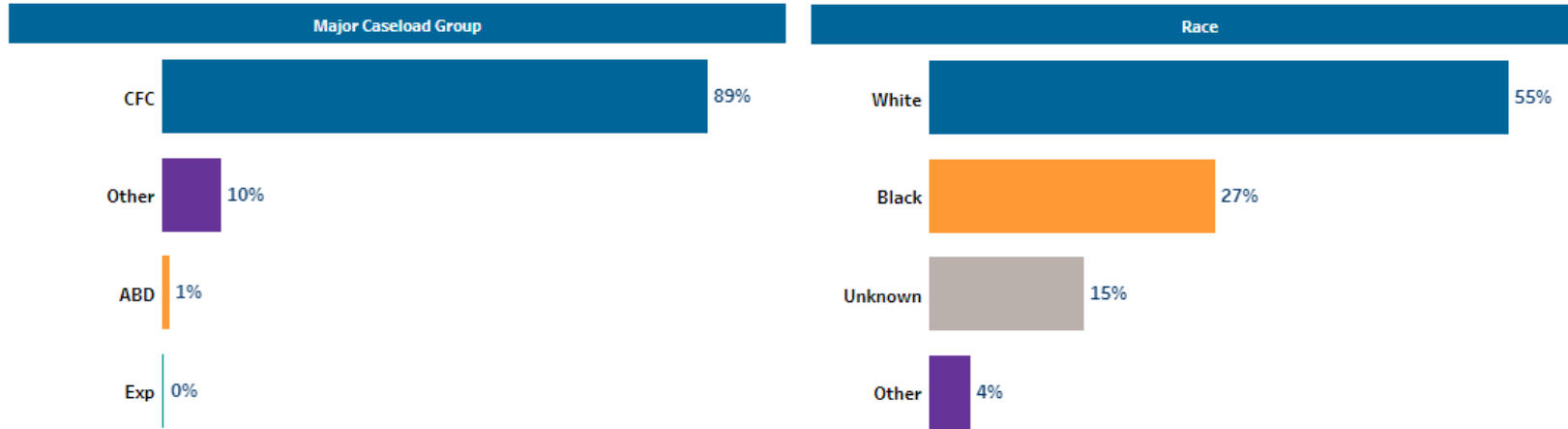
April to September 30, 2023



Total Population: 355,230

Demographics of Disenrolled Children (related to Annual Renewals)

April to September 30, 2023

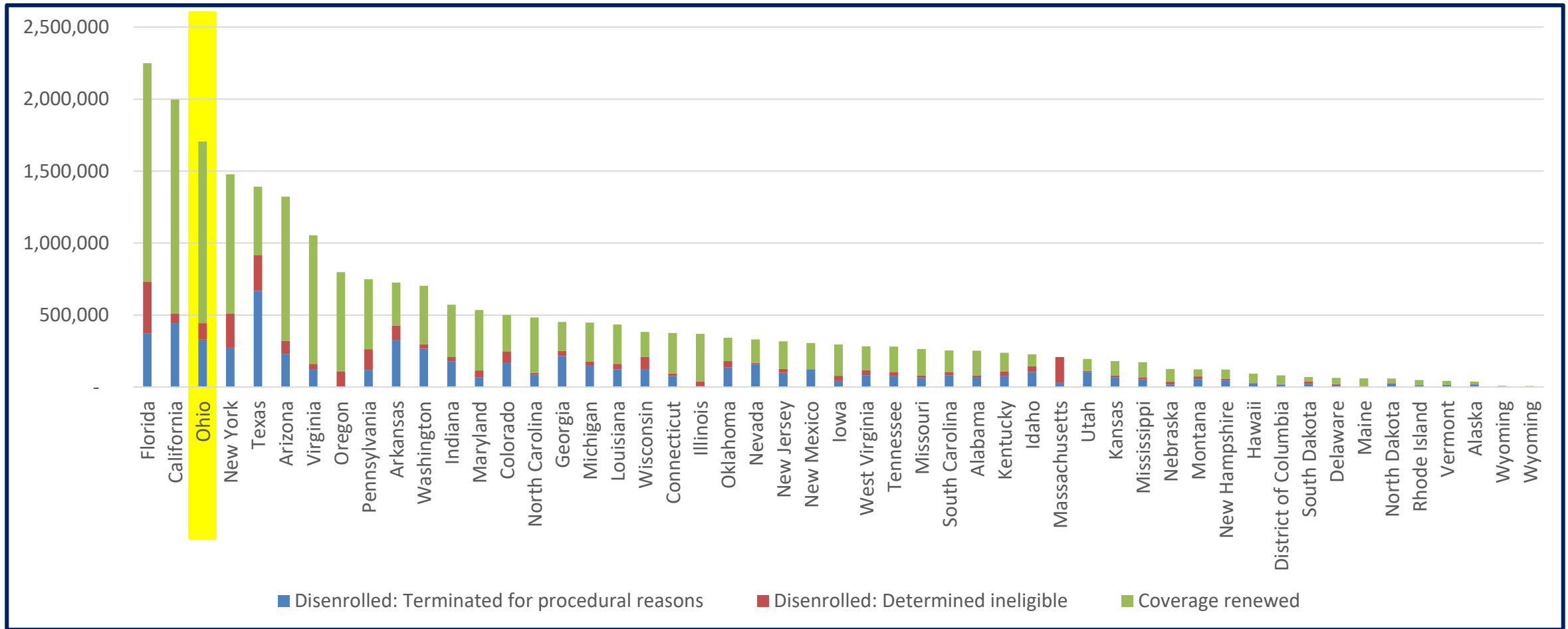


Total Population: 108,247

State by State Comparison

Disenrollment and Coverage Renewed Numbers Across Reporting States

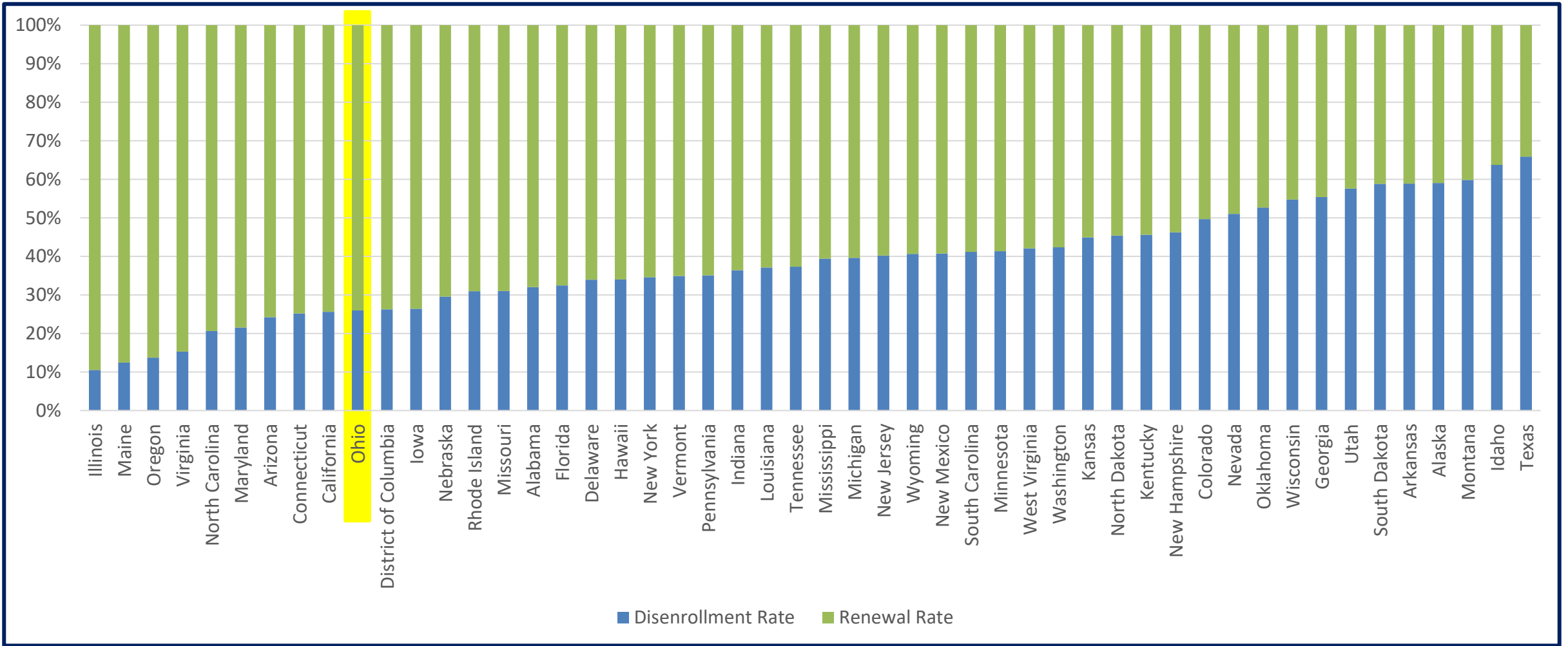
Of completed redeterminations, the number of people disenrolled for procedural reasons, disenrolled due to ineligibility, or coverage was renewed



*Source: [KFF Medicaid Enrollment and Unwinding Tracker \(as of 10.2.23\)](#)

Disenrollment Rates Across Reporting States

The percentage of people whose coverage was renewed versus the percentage of people disenrolled



*Source: [KFF Medicaid Enrollment and Unwinding Tracker \(as of 10.2.23\)](#)

Peer State Comparisons: Unwinding Percentages by Category

