



Department of  
Medicaid

# Resuming Routine Eligibility Operations

**A Presentation to the Joint Medicaid Oversight Committee**

March 15, 2023

Maureen Corcoran, Director  
Ohio Department of Medicaid

# Agenda

- Resuming Routine Eligibility Operations
  - » Federal Actions and Requirements
  - » Caseload Considerations
  - » Post PHE Considerations
  - » Resuming Routing Eligibility Operations
  - » Ohio's Readiness
  - » Sample Dashboards
  - » Comprehensive Communications Outreach



# Federal Actions and Requirements

# Congressional Action on Unwinding

## Decoupling the Public Health Emergency (PHE) and Continuous Coverage Requirement

- In late 2022, Congress enacted the Consolidated Appropriations Act 2023 (CAA), officially delinked the continuous coverage requirement from the PHE
- With the reinstatement of routine eligibility operations, individuals can be terminated beginning on **April 1, 2023**.
- Federal requirements in place prior to the CAA and new reporting requirements contained in the CAA must be adhered to.
- States will continue to receive the 6.2 percentage enhanced federal medical assistance payment (eFMAP) during the first quarter of 2023 after which it phases down before the end of 2023—subject to additional federal requirements

2023 Quarter	Medicaid Matching Rate Increase (Percentage Points)
January 1 – March 31	6.2 %
April 1 – June 30	5.0%
July 1 – September 30	2.5%
October 1 – December 31	1.5%

**Ohio Enhanced  
FMAP  
16 Quarters =  
\$5.1B**

- **NEW CAA requirements for states and CMS enforcement**
  - States must be in compliance with all eligibility rules and regs.
  - Make good faith efforts to maintain up to date contact information.
  - States wouldn't be allowed to disenroll on basis of returned mail unless the state also attempts to contact with another modality, like email or phone.
  - Institutes new public reporting requirements. The monthly reports to HHS will be made public.
  - Legislation lists out required metrics.
  - There are FMAP penalties for states that are not compliant with reporting requirements.
  - New CMS enforcement and oversight authority includes:
    - CMS can require state corrective action plans. The legislation stipulates how quickly states need to respond and make progress
    - HHS could require states to suspend procedural terminations if not compliant with the corrective action plan.
    - CMS can also apply a civil monetary fine up to \$100,000 per day when state is not in compliance
    - The additional CMS enforcement authority is limited to 12-month period in which public reporting is required.

# Requirements Governing Ohio's Unwinding

- Existing federal requirements governing the eligibility determination and renewal process (42 CFR § 435.916)
  - Since Dec 2020 CMS has issued at least 6 pieces of written guidance re: the eligibility determination and renewal process, restoring normal operations following the PHE. This is in addition to numerous webinars and ongoing discussions with Medicaid Directors.
- The CCA added enforcement authority for CMS, with the sole focus of these unwinding operations. Penalties include fines and ordering a state to stop procedural terminations.
  - In recent weeks, CMS has been meeting individually with states to review compliance with the CCA and requirements for states to claim enhanced FFP on April 1st.
- Ohio has two federal significant corrective action plans (CAPs) in place to remedy application backlog and payment error rate measurement (PERM) audit findings. Actions contrary to above federal guidance would have added concern, given the presence of these CAPs.
- House Bill 110\* (134<sup>th</sup> General Assembly) contains a variety of provisions directing how certain aspects of Unwinding should take place

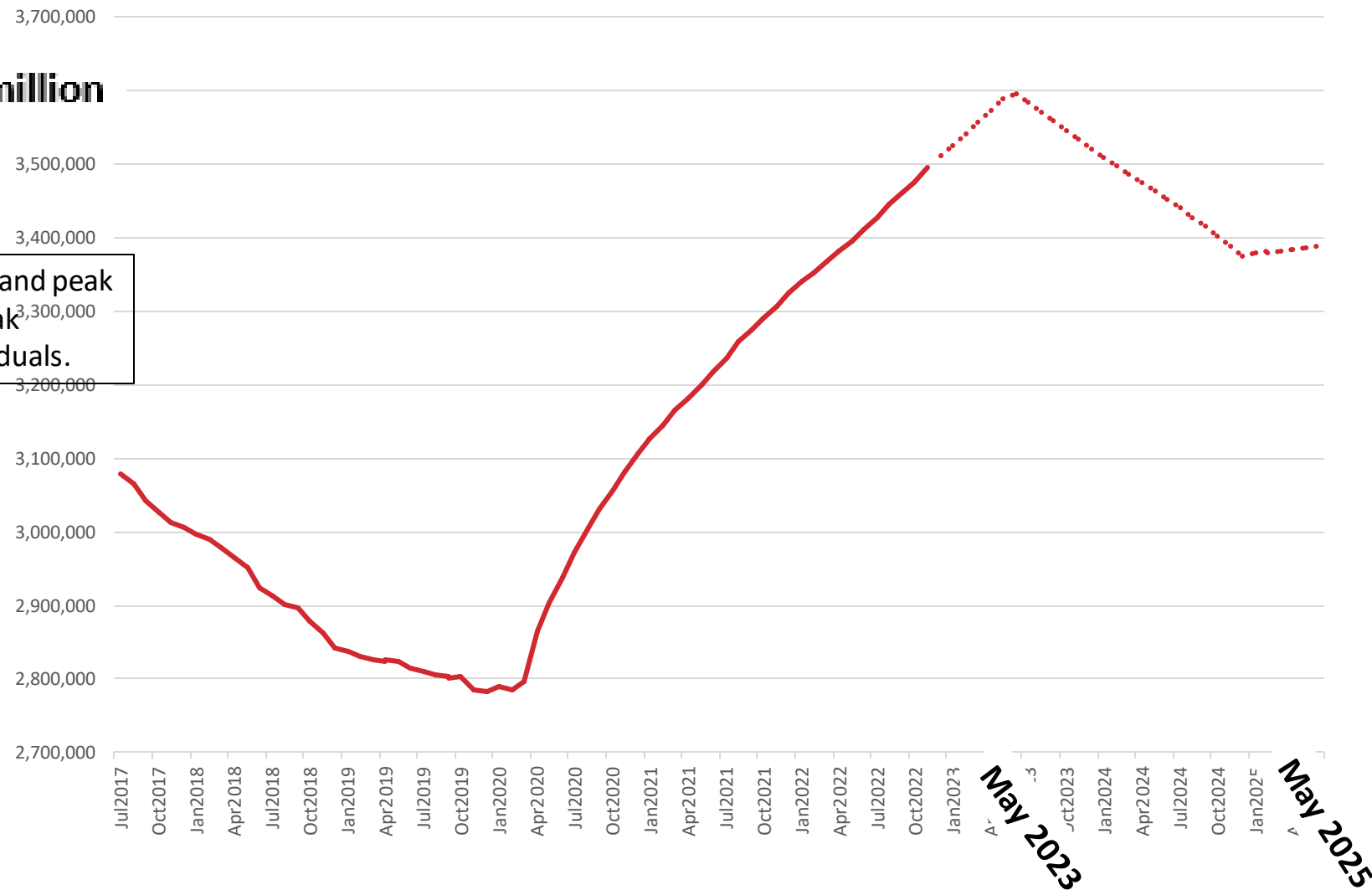
# Caseload Considerations

# Medicaid Caseload

Medicaid Caseload  
SFY 2018-SFY 2025  
Executive Submission, SFY2425

3.6 million

Between trough (Feb '20) and peak (May '23) we project a peak increase of 800,000 individuals.

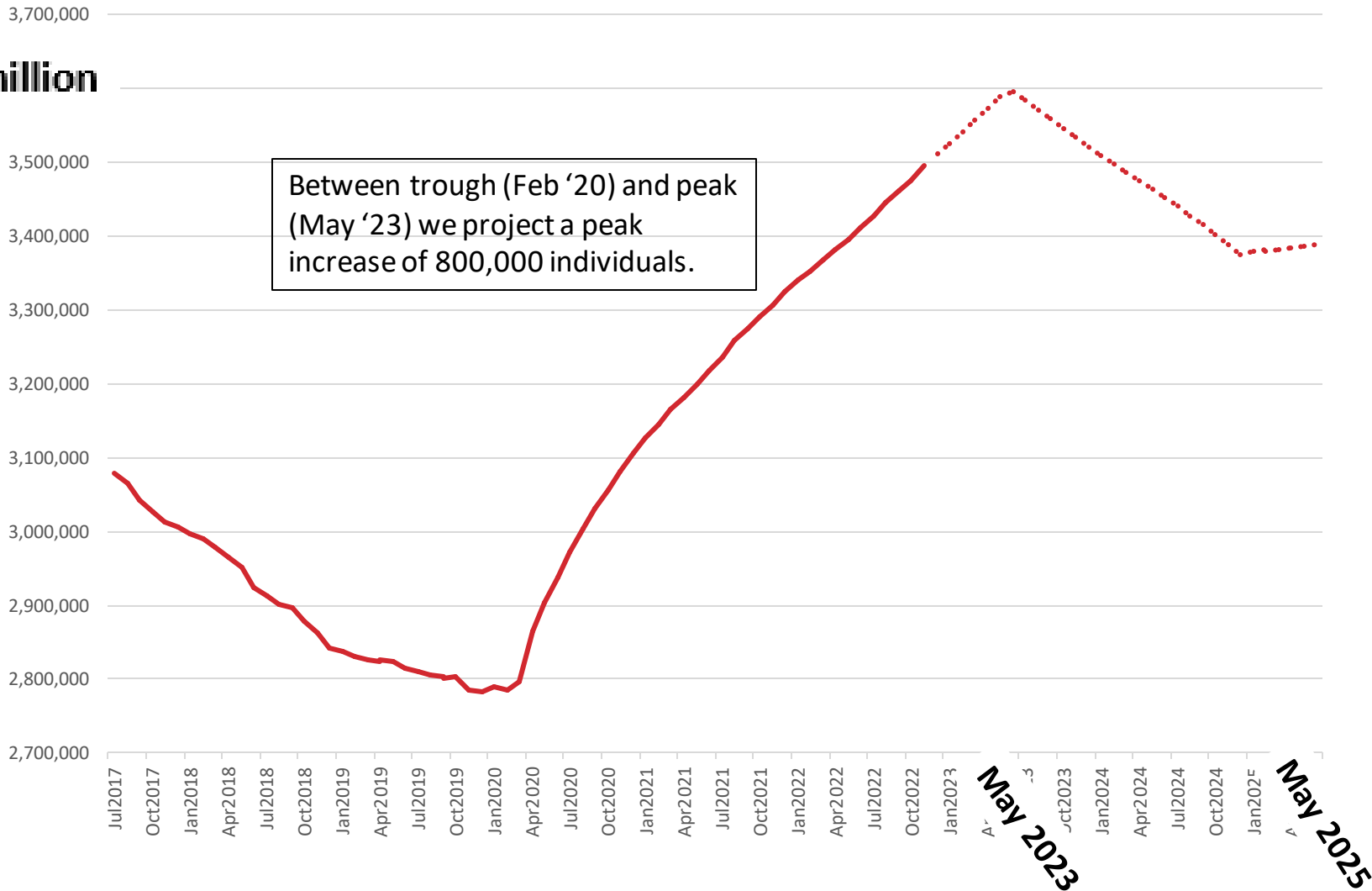


# Medicaid Caseload

Medicaid Caseload  
SFY 2018-SFY 2025  
Executive Submission, SFY2425

Punchline: ODM, LSC, JMOC actuarial  
projections are generally in agreement w/  
some nuanced differences re: the peak.

**3.6 million**



--As of Jan 31st case  
3.55m  
--ODM Peak 3.6m @May  
Decline after 4/1 terms  
Net 761,000 = 27.3% since  
Feb 20  
--12 mo.process, 18 mo.  
Decline  
--27% decline in the  
increase. (JMOC 25%  
decline)

LSC ANALYSIS  
Overall length and end of  
the decline same, but LSC  
peak is 41K below Dec22

LSC Lower by  
0.8% or \$512m  
LSC: SFY 24 (-  
1.3%) \$405M  
SFY 25 (-0.3%)  
\$106m

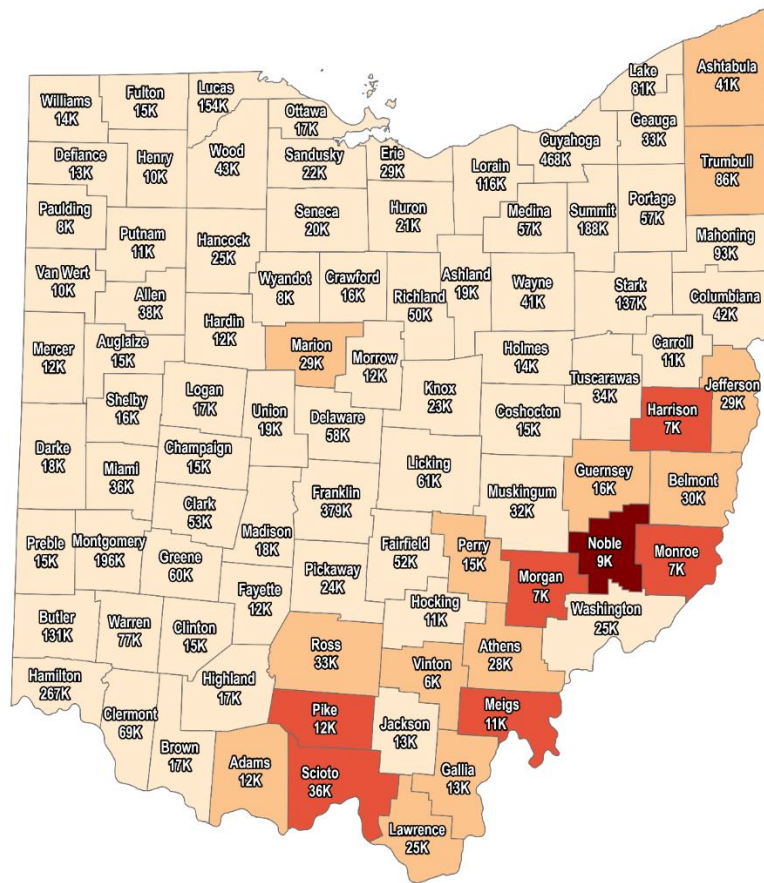


# **Post PHE Considerations Impacting the Caseload & Demographics**

## Post PHE Caseload Considerations

- FEBRUARY 2020 ECONOMY
  - The February 2020 economy, particularly labor force participation and inflation, were significantly better than the current economy. Years of economic expansion made February 2020 a historic low point for Medicaid caseload post-ACA eligibility.
- CMS/FEDERAL REQUIREMENTS RE: PROCEDURES, REPEATED NOTIFICATIONS AND APPEAL REQUIREMENTS
  - » ODM must follow the federal requirements related to all eligibility processes and reporting requirements
- OBM AND NATIONAL ECONOMISTS ARE PREDICTING A MILD RECESSION IN CY 2023
  - » Medicaid enrollment is counter cyclical with the economy, increasing the likelihood that individuals will be determined eligible, including during the unwinding period.
- PRESSURE/REDUCTIONS IN COMMERCIAL INSURANCE
  - » Continuing trends in the overall commercial or employer sponsored insurance created added pressure for families.
    - In 2020 nearly 60% of employees with employer sponsored insurance had a high deductible health plan.
    - From 2015 to 2021 the prevalence of ESI for working age adults in Appalachia dropped by 5.2%; impacting 100,187 adults
- "WOODWORK EFFECT"
  - New enrollments to Medicaid have continued throughout the pandemic. We have research and consistent, historic evidence of numbers of individuals who are eligible for Medicaid but do not enroll
- COUNTY CHALLENGES
  - Administrative efficiencies and additional funding resources are being invested to assist counties, but workforce challenges and turnover have impacted counties, as with the rest of the economy.
- AGING OF OHIO'S POPULATION
  - » Ohio's population continues to age, putting upward pressure on the overall caseload.
- *2021 Note: only 16% of Medicaid individuals with history of incarceration are working, with 40% were actively seeking work.*

# Comparing Ohioans Unemployment Rates to Overall Medicaid Enrollment by County for Ages 18-64

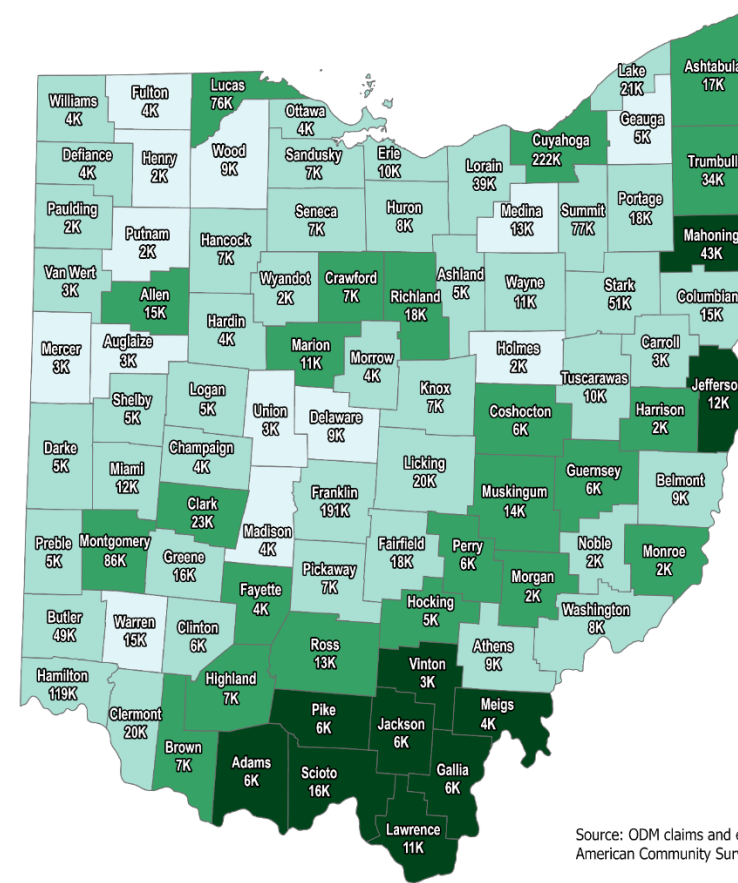


## Ohioans (16 - 64) Unemployed or Not in the Labor Force by County

Ohioans ages 16 - 64 who are unemployed or not in the labor force as a percentage of all civilians ages 16 - 64 from the 2017 - 2021 ACS 5-year estimates (table B23001).

Note that ranges here are consistent with the ranges on the map titled, "Group VIII Population Not Working by County", for comparison.

Numbers displayed are the total estimated number (rounded to the next thousand) of Ohioans (16 - 64) unemployed or not in the labor force in each county.

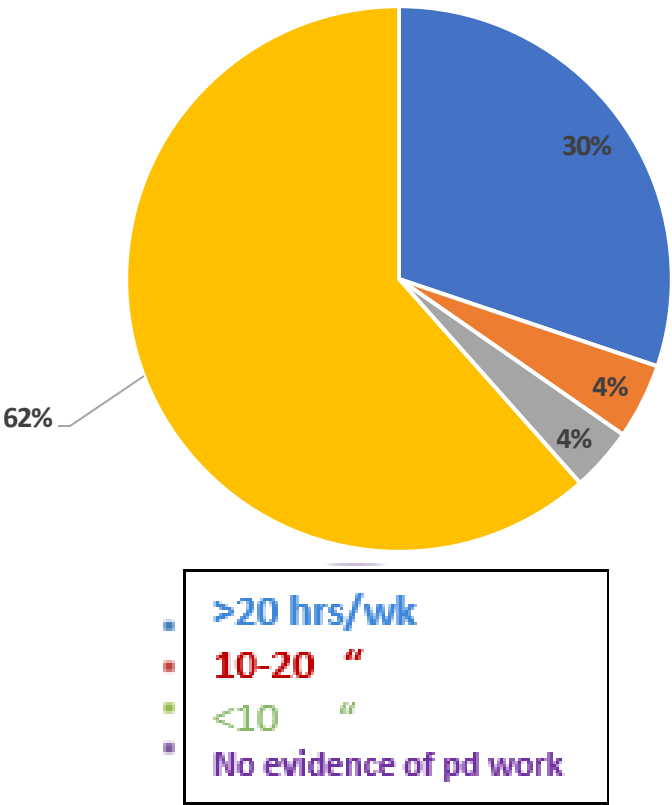


Source: ODM claims and eligibility data from the EDW as of December 2022, American Community Survey

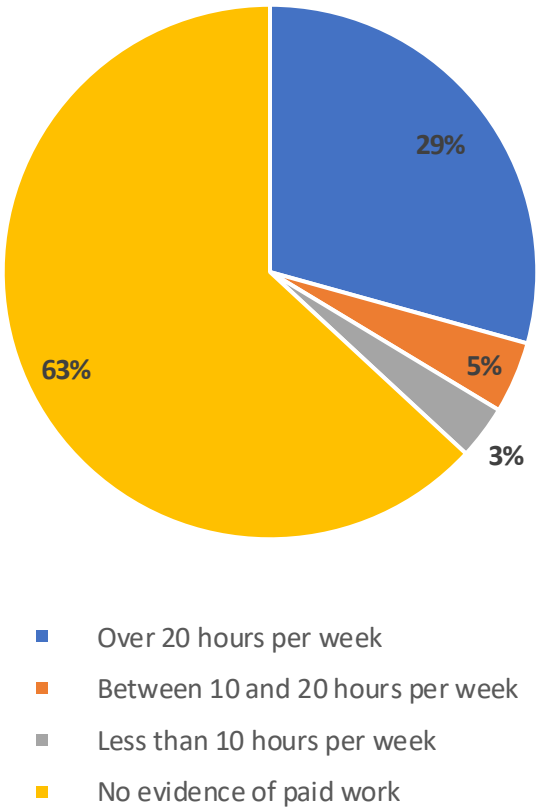
Updated on Friday, January 6, 2023

# Comparison of Those Continuously Enrolled Vs. New Joiners and Re-Joiners in Medicaid During the Public Health Emergency by Paid Work Status

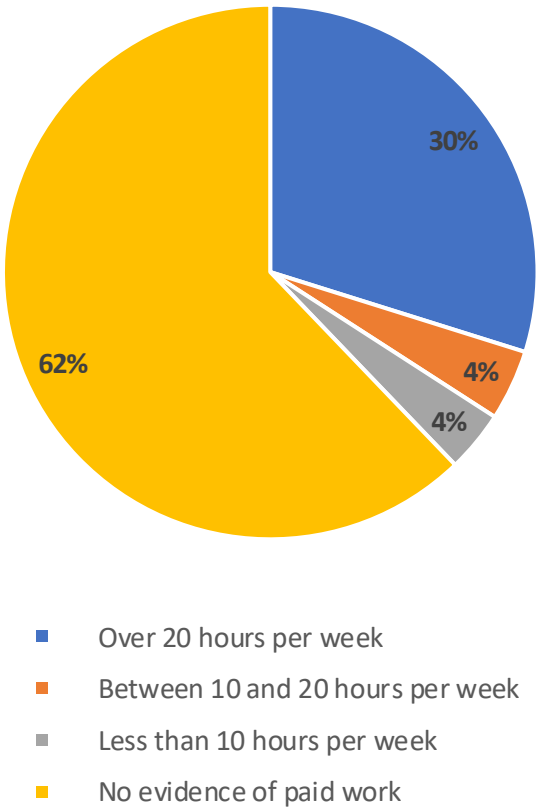
CONTINUOUSLY ENROLLED



PHE JOINERS



PHE RE-JOINERS



Data Source: ODM's Member Month Data, EDW, November 2022

41% of Joiners were children 0-17 y.o. and 30% of the Re-Joiners were kids<sup>10</sup>

## Individuals on Medicaid with a substance use disorder diagnosis

Aged Blind Disabled

17%

Group 8/Expansion

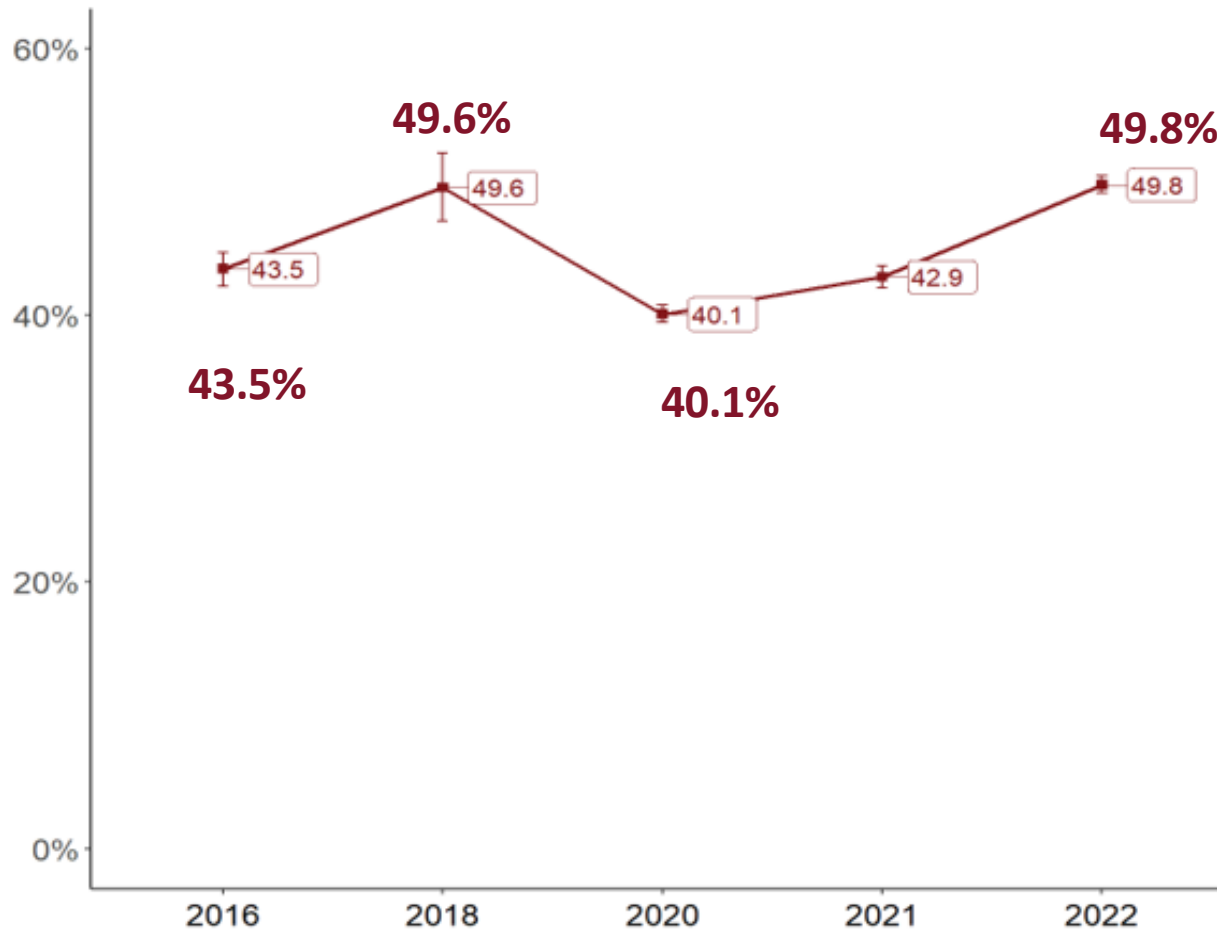
24%

Covered Families/Children

28%

*People "RE-JOINING" Medicaid during the PHE were 1.5x as likely to utilize SUD services as those who "JOINED" Medicaid for the first time during the PHE*

## Percent of group VIII individuals who were working



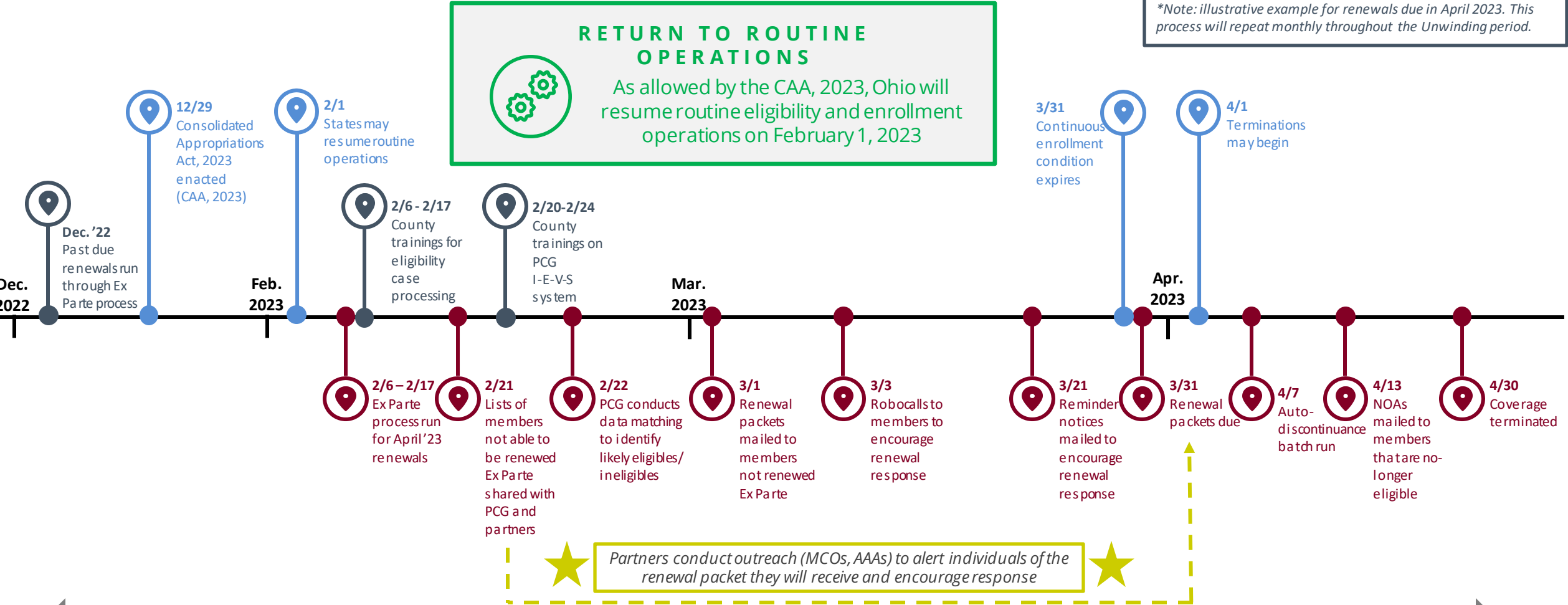
# Resuming Routine Eligibility Operations

# Ohio's Return to Routine Renewal Operations

**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.



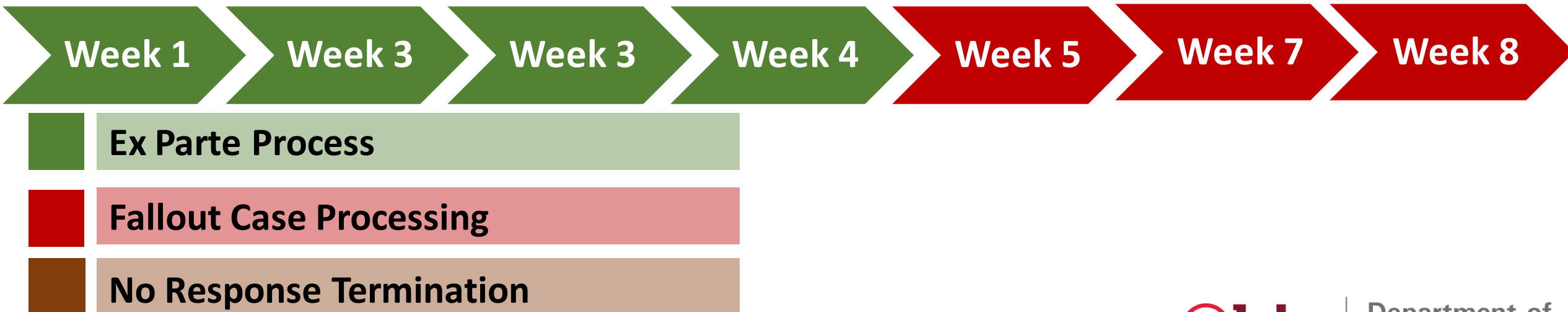
# Fallout Case Processing for Responders

## Month 1

- **Week 1:** Ex Parte Renewal Verification begins
- **Week 3:** Ex Parte Renewal Verification ends
- **Week 3:** Renewal Notices Sent
- **Week 4:** Renewal Packets Sent

## Month 2

- **Week 5:** Fallout lists distributed to MCPs
  - PCG monthly analysis currently being finalized. Dashboards with county results to be available shortly.
- **Week 7:** Renewal Follow-up Reminder
- **Week 8:** Renewal Response Received with verifications supplied
- **Week 8:** Renewal Notice Sent



# Case Processing for Non-Responders

## Month 1

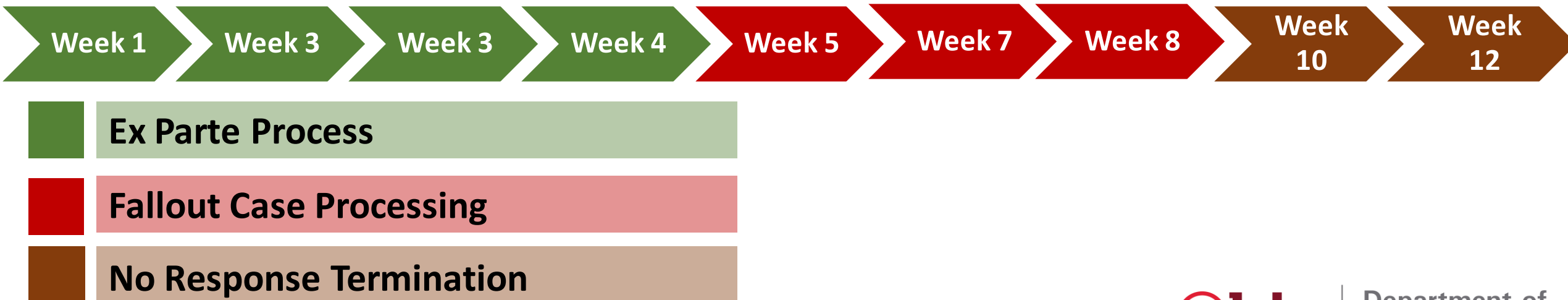
- **Week 1:** Ex Parte Renewal Verification begins
- **Week 3:** Ex Parte Renewal Verification ends
- **Week 3:** Renewal Notices Sent
- **Week 4:** Renewal Packets Sent To Persons Not Renewed Through Ex Parte

## Month 2

- **Week 5:** Fallout lists distributed to MCPs
  - PCG monthly analysis currently being finalized. Dashboards with county results to be available shortly.
- **Week 7:** Renewal Follow-up Reminder
- **Week 8:** Renewal Response Due Date

## Month 3 – no response

- **Week 10:** Termination Notice Sent
- **Week 12:** Adverse Action Effective Date



# **Ohio's Readiness & Supporting CDJFS County Partners**

# Summary – Ohio Readiness

The state & partners have been diligently preparing

## 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”
- Improved *Ex Parte* renewal process
- Developed automations (i.e. BOTs) improve accuracy and reduce county workload

## Additional Outreach

- Ongoing effort to improve contact information for members.
- MCOs will receive info re member renewals and will reaching out to assist. Ongoing effort to update contact info.

## County Training, Support & Monitoring

- County trainings are scheduled and providing additional support as they return to routine operations
- Ohio General Assembly appropriated \$30M to CDJFS specific to Unwinding activities (per HB 45, 134th General Assembly)
- Augmented ODM Central Processing Unit (CPU) to help counties with increased workload

## Communications:

- Continuous updates and linkages to stakeholders and grass roots organizations throughout the PHE  
Disenrollment notices include contact information for 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

# County Challenges & Competing Obligations

## New Medicaid Applications

Ohio is still under a federal corrective action plan (CAP) and must remain in compliance by continuing to timely process new applications

## Administering Other Programs

In addition to Medicaid, county JFS offices administer several other programs such as SNAP, TANF, childcare, and others

## Workforce Challenges

Unprecedented economic conditions and pressures have impacted the ability of county JFS offices to maintain, recruit and train staff. Additionally, this will be the first time that many case workers have processed a disenrollment.

## Other Medicaid Functions

County workers must clear alerts from Ohio Benefits, process changes in circumstances, perform resource verification for ABD applications, and many other functions to administer Medicaid eligibility and enrollment

# Sample Dashboards to Measure State and County Progress

## County Activities Dashboard

\*Click on the links below to navigate sections and click with Home option to return to this page

Data Dictionary

Capacity

Redeterminations

SNAP

Applications

← Undo → Redo ↺ Replay ▾ ↶ Revert ↻ Refresh ⏸ Pause

🔗 Share 📄 Download 🖥️ Full Screen

*Dashboards will be live approximately end of March 2023*

## Completed Program Blocks


[Home](#)
[Back](#)

County  
(All)

Benchmark Met?  
(All)

Reporting Month  
October 2022

Benchmark Rate  
87.3% 100.0%

Note: Benchmark target is 90.0%

State Wide Blocks Completed

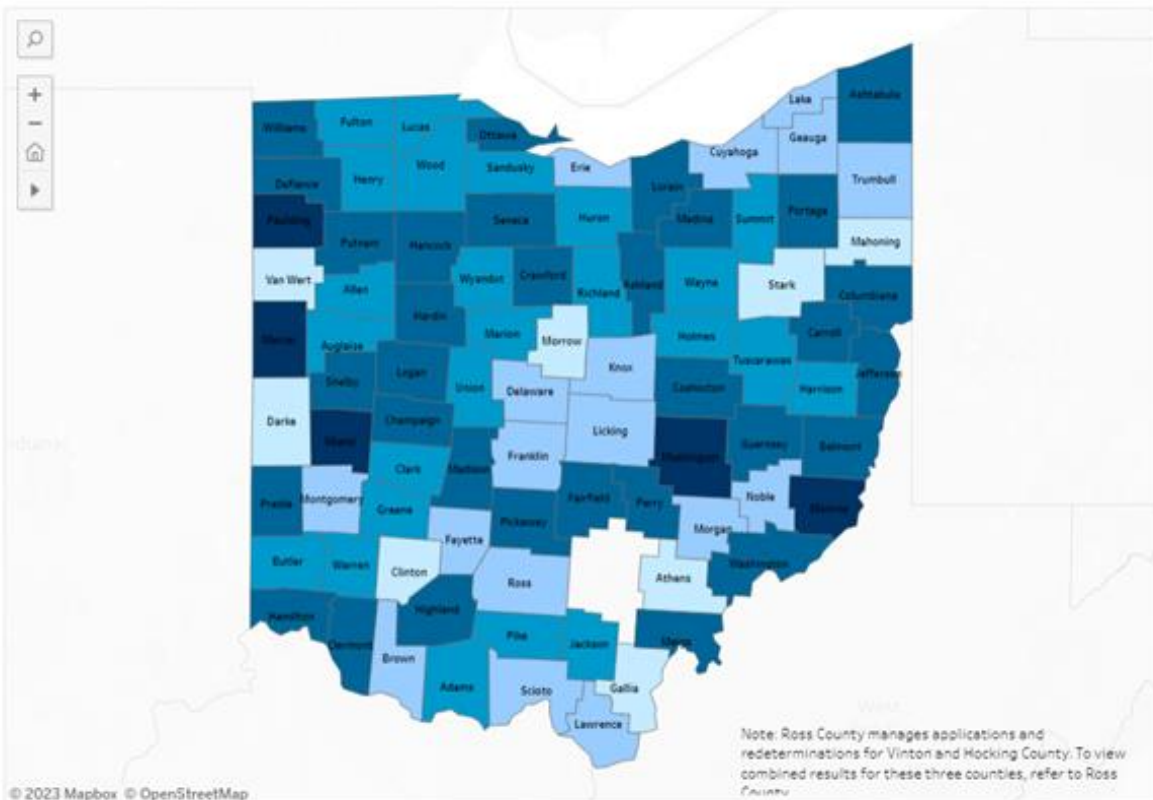
90,260

State wide Estimated Blocks Due

96,961

State Wide Block Completed Rate

93.1%



County	Blocks Completed	Estimated Blocks Due	Benchmark Rate
Monroe	39	39	100.0%
Paulding	72	73	98.6%
Muskingum	702	714	98.3%
Miami	277	282	98.2%
Mercer	107	109	98.2%
Crawford	152	156	97.4%
Coshocton	185	190	97.4%
Jefferson	331	341	97.1%
Meigs	129	133	97.0%
Ottawa	124	128	96.9%
Pickaway	202	209	96.7%
Ashland	169	175	96.6%
Highland	267	277	96.4%
Williams	184	191	96.3%
Shelby	153	159	96.2%
Preble	204	212	96.2%



## Capacity Gap by County


[Home](#)
[Back](#)

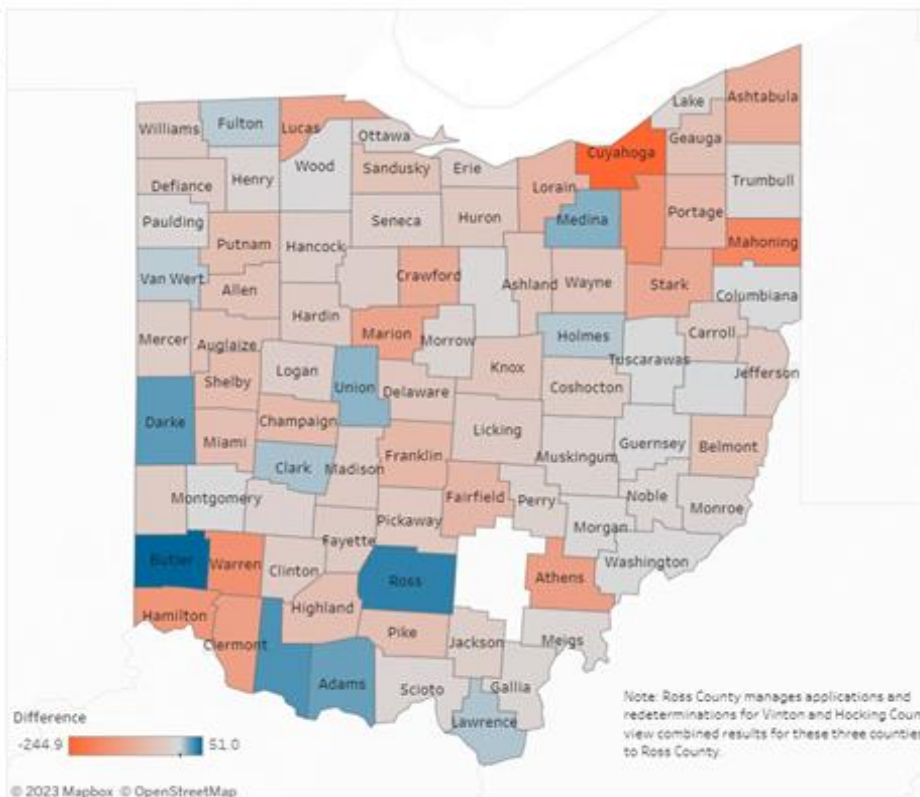
Reporting Month 📅

County

**Note:**  
**Projected Capacity:** The number of program blocks that the county is projected to be able to complete based on a model of historical performance and current years of staffing experience and numbers of staff.

**Est. Benchmark:** The number of program blocks that all workers (regardless of years of experience and actual current staffing levels) within the county need to complete in order to meet the expected benchmark for the selected month.

County Map Differences



Program Block Processing Capacity by County

County	Projected Capacity	Est. Benchmark	Difference
Cuyahoga	9,284	9,529	-245
Mahoning	1,591	1,772	-181
Warren	562	724	-162
Summit	3,298	3,459	-160
Hamilton	5,701	5,851	-151
Athens	255	387	-132
Clermont	928	1,059	-131
Marion	368	490	-122
Lucas	3,418	3,538	-120
Stark	2,291	2,400	-108
Crawford	252	359	-107
Ashtabula	568	672	-104
Lorain	1,709	1,794	-85
Fairfield	748	829	-81
Franklin	8,247	8,327	-80
Portage	801	877	-76
Champaign	116	187	-72
Shelby	162	230	-68
Miami	471	536	-65
Highland	273	338	-64
Putnam	43	107	-64
Pike	211	272	-61
Geauga	163	223	-60
Belmont	352	411	-59
Sandusky	265	320	-54
Allen	711	765	-53
Auglaize	114	167	-53
Wayne	491	541	-50
Knox	248	296	-48
Ashland	230	277	-46
Delaware	377	423	-46

## Metrics by Count



Home

Back

Select a Metric  
Manual Renewals Completed in Reporting Month

Reporting Month  
Feb 2023

Region  
(All)

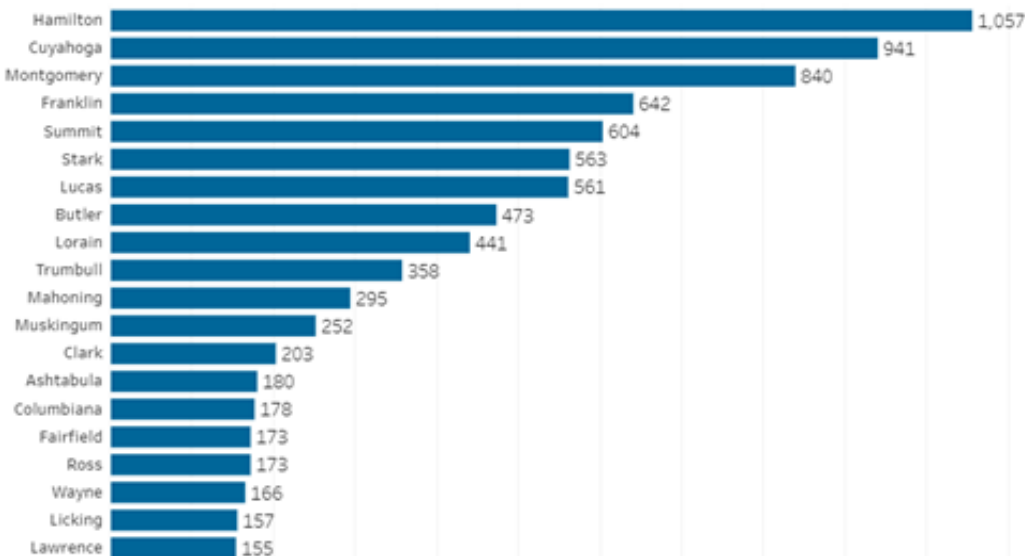
CSS Group  
(All)

Note: Select only one Reporting Month to view when selecting "All Pending Renewals" as a Metric.

### Top Counties

20

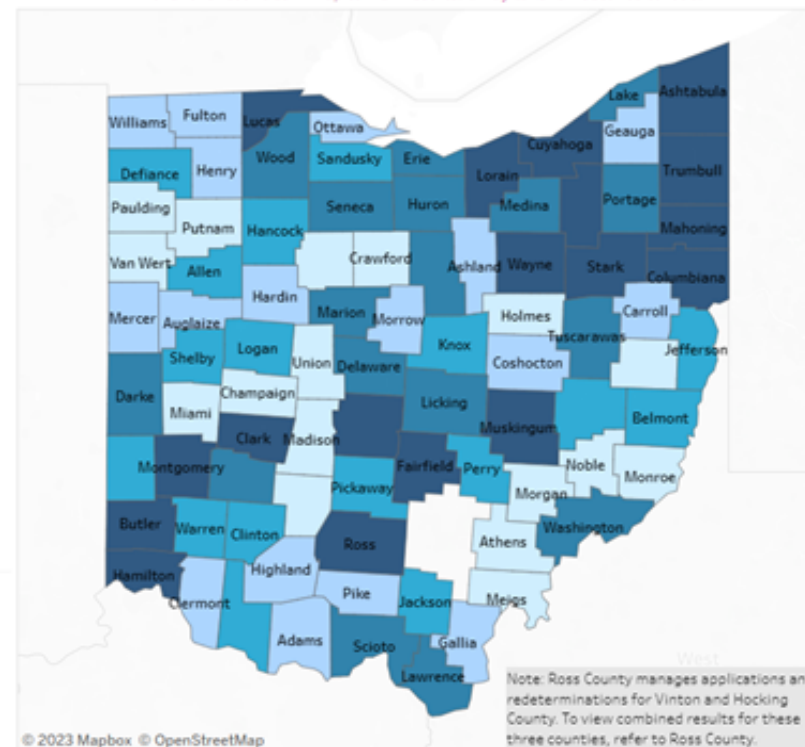
<- Enter a number



### Statewide

12,344

\*Hover over counties in map to view results. It may take few seconds to load.



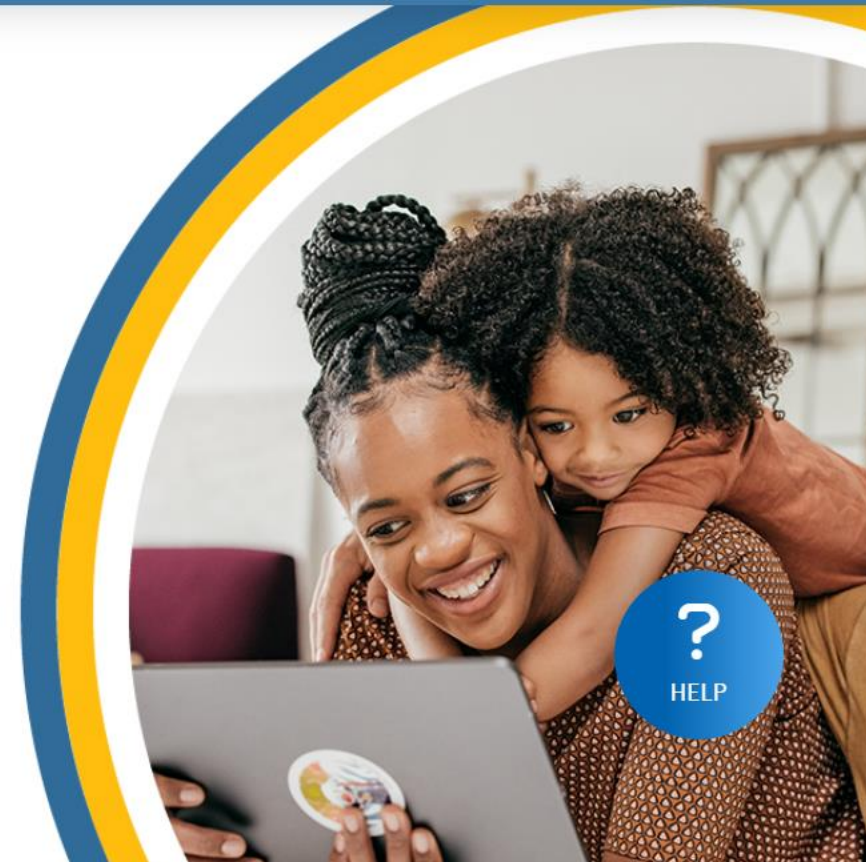
# Comprehensive Member Outreach and Other Coverage Options

# Website Updates

Medicaid / Stakeholders & Partners / COVID-19 Unwinding / Resuming routine Medicaid eligibility ope...

## Resuming routine Medicaid eligibility operations

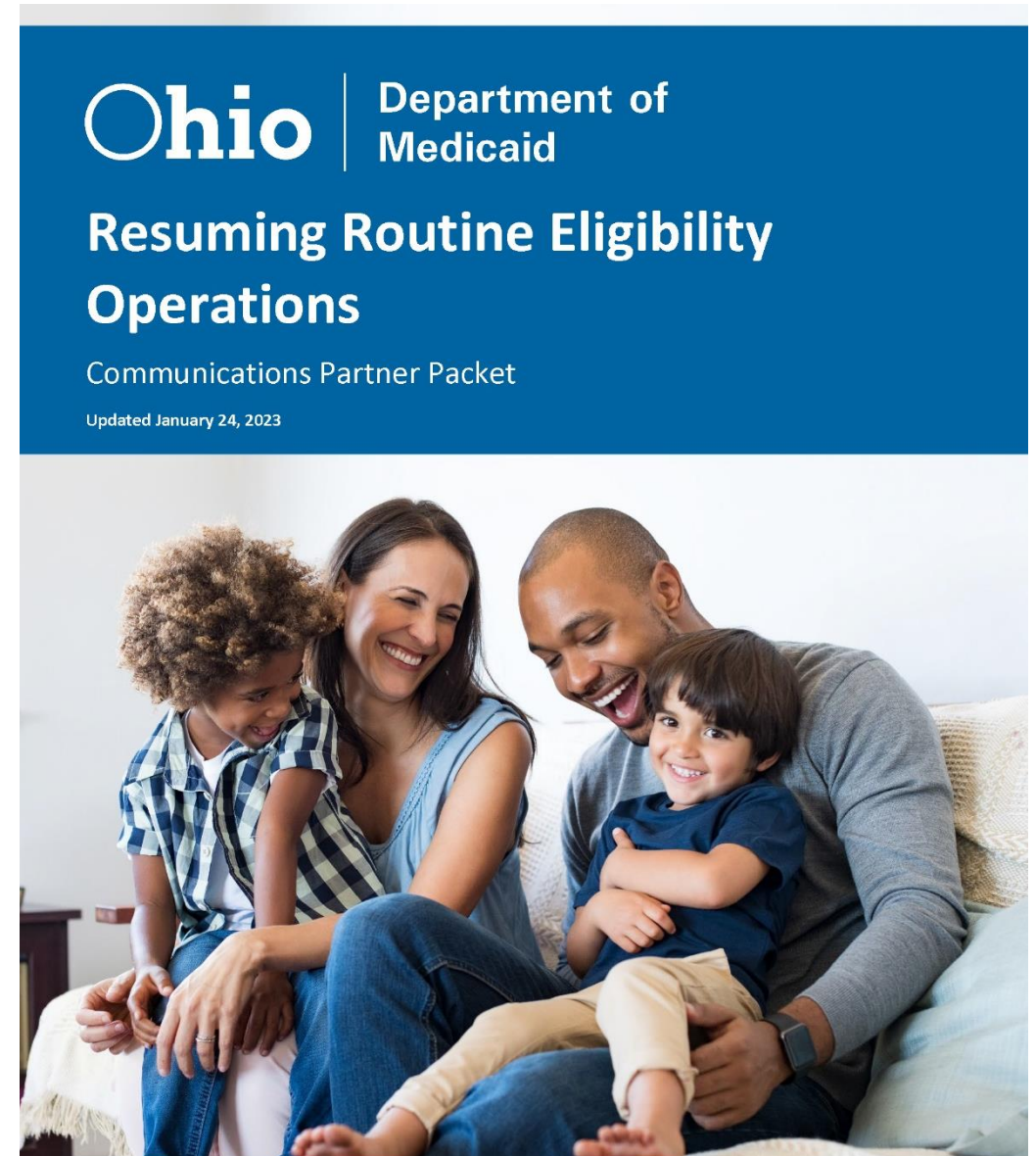
Updated January 13, 2023.





## Partner Packet 2.0


- As the state gets ready for a return to routine eligibility operations, ODM has updated its [partner packet](#) to reflect recent federal actions as well as updates to its key messages for Medicaid members. Key messages in 2.0 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



# Sample Messages

**Ohio** | Department of  
Medicaid


Even if you're no longer eligible for Medicaid, your child may still be eligible for health insurance.



**Ohio** | Department of  
Medicaid



## Attention Medicaid Members!

Don't risk losing your health insurance.



Keep your address and phone number up to date.

Call us today at  
**800-324-8680**  
or visit us online at  
**Benefits.Ohio.gov**


TWITTER

7m ago

Ohio Medicaid needs your contact information. Otherwise, you may miss important updates about your health insurance and risk losing coverage. Visit [Benefits.ohio.gov](https://Benefits.ohio.gov) or call 1-800-324-8680 to update your contact information today.



**Ohio**  
Medicaid Renewal Form

**Notice Date:**  
**Respond By:**  
**Case Number:**

**Questions? Ask your worker.**  
TDD - For the Hearing Impaired: 7-1-1  
Phone: (844) 640-6446  
Phone Hours: (M-F) 7AM-8PM (Sat) 8AM-5PM (Sun) Closed

**It is time to renew your Medicaid coverage.**  
If you receive Medicaid, Medicare Premium Assistance, Long Term Care, or Waiver services, you must respond to this notice to renew those services.

If you are unable to read English and need this form translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

Si no puede leer inglés y necesita este formulario traducido a su idioma preferido, póngase en contacto con el trabajador a cargo de su caso. Por favor llame al número mencionado arriba para asistencia.

Haddi aanad awood u lahayn in aad akhrido oo aad u baahantahay in loo turjumo foomkan luqadda aad doorbidayso, la xidhiidh shaqaalaha kiiskaaga. Fadlan wac lambarka kor ku qoran wixii caawimo ah.

**You Can Renew Your Medicaid in any one of these ways**

- **Online:** If you have an online account, go to [ssp.benefits.ohio.gov](https://ssp.benefits.ohio.gov), login and click on Renew My Benefits.
- **By mail:** Complete this form and mail it to your local County Department of Job and Family Services (CDJFS)\*.
- **In person:** Visit your local CDJFS\*.
- **By phone:** (844) 640-6446

\*Find the address to your local office at: [fs.ohio.gov/county/county\\_directory.pdf](https://fs.ohio.gov/county/county_directory.pdf)

**How to complete this renewal form**

1. Ask
2. Add info
3. Sign and
4. Return by:

**What we need**

Inform include W-2 for insurance (844)

**What happens next?** We will mail you a Notice of Action proposing to end Medicaid coverage and explaining hearing rights will be mailed to you.

**Reminder Date:** 04/06/2022  
**Respond By:**  
**Case Number:**

**Questions? Ask your worker.**  
TDD - For the Hearing Impaired: 7-1-1  
Phone: (844) 640-6446  
Office Hours: (M-F) 7AM-8PM (Sat) 8AM-5PM (Sun) Closed

**Dear :**

If you are unable to read English and need this form translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

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Haddi aanad awood u lahayn in aad akhrido oo aad u baahantahay in loo turjumo foomkan luqadda aad doorbidayso, la xidhiidh shaqaalaha kiiskaaga. Fadlan wac lambarka kor ku qoran wixii caawimo ah.

**It is time to renew your Medicaid coverage.**

In , you were sent a Medicaid renewal form. We have not yet received a response from you. If we do not hear from you by , a Notice of Action proposing to end Medicaid coverage and explaining hearing rights will be mailed to you.

You can renew your Medicaid in any one of these ways:

- **Online:** If you have an online account, go to [ssp.benefits.ohio.gov](https://ssp.benefits.ohio.gov), login and click on Renew My Benefits.
- **By mail:** Complete the Medicaid Renewal Form and mail it to your local County Department of Job and Family Services (CDJFS)\*.
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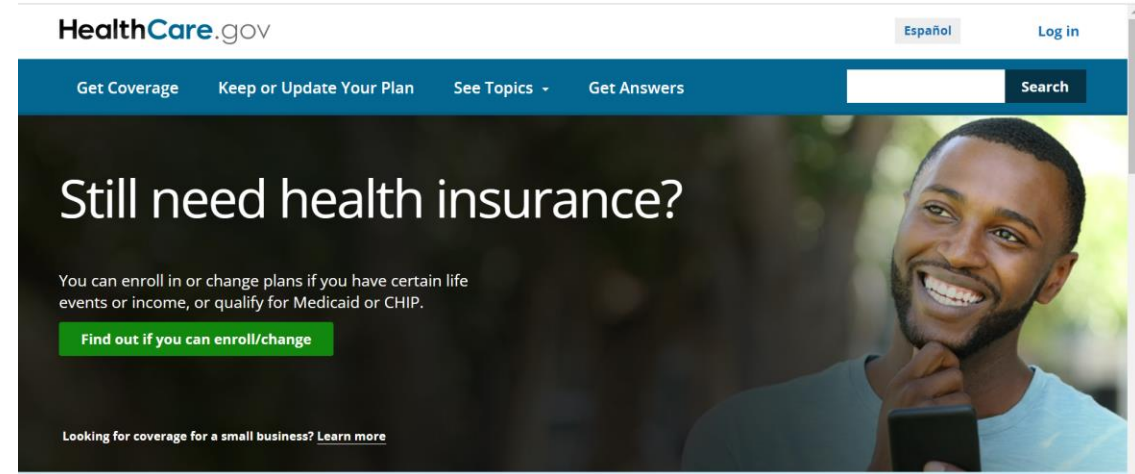
\*Find the address to your local office at: [fs.ohio.gov/county/county\\_directory.pdf](https://fs.ohio.gov/county/county_directory.pdf)

NEED HELP WITH YOUR RENEWAL? Visit [Benefits.Ohio.gov](https://Benefits.Ohio.gov) or [HealthCare.gov](https://HealthCare.gov) or call us at (844) 640-6446. Para obtener una copia de este formulario en Español, llame (844) 640-6446. If you need help in a language other than English, call (844) 640-6446 and tell the customer service representative the language you need. We'll get you help at no cost to you.

**Ohio**  
Reminder Letter

# Other Coverage Options When Individuals are No Longer Eligible

- If a Medicaid member has been notified they no longer qualify for Medicaid, they may be eligible for other coverage options either through their employer or on the federally facilitated marketplace (i.e., exchange).
  - OB makes automatic file transfers through the exchange for individuals found ineligible (not individuals disenrolled for procedural reasons)
- ODM partnered with the Ohio Association of Foodbanks to include information on every notice of disenrollment (otherwise known as a Notice of Action) for those individuals who need assistance with other coverage options. They can visit [getcoveredohio.org](https://getcoveredohio.org) or call 1-888-628-4467 for help in person, online or over the phone.



**Questions?**



# Appendix

# A Few Key Terms & Provisions

## KEY TERMS

- **Public Health Emergency (PHE)** – an official declaration by the federal Department of HHS that a disease or disorder presents a public health emergency
- **Unwinding** - the process by which states will resume annual Medicaid eligibility reviews after the PHE ends
- **Renewal** – case is up for standard annual renewal
- **Redetermination** – case is *not* up for annual renewal, but a ‘redetermination’ of eligibility is needed based on a “change in circumstances”
- **Ex parte renewal** – a redetermination of eligibility based on reliable verified information contained in the enrollees eligibility case or other more current info available to the agency, inc. info accessed through electronic data sources. Ex parte can be done by the enrollment system, or manually by a county case worker

## Families First Coronavirus Response Act (FFCRA) PROVISIONS

- **Temporary Increase of Medicaid FMAP: Ohio ~\$300m/quarter**
  - Effective January 1, 2020, states may claim a 6.2 percentage point increase in FMAP if requirements are met
  - The increased FMAP expires on the last day of the calendar quarter in which the PHE ends
- **Continuous Coverage Provision**
  - In exchange for the temporary increase in FMAP, states must maintain the enrollment and coverage of Medicaid beneficiaries who were enrolled as of or after March 18, 2020, unless they ask to be disenrolled, move out of state, or have passed away.

# HB 110 Implementation Efforts: Section 333.255

Seek Controlling Board approval for a 3 <sup>rd</sup> party vendor by November 1 <sup>st</sup> , 2021 (A)	Completed on time. Received CB approval on 10/25/21.
Vendor must have access to 8 different types of records to assist in verifying eligibility (B)	The contracted vendor will have access to these data sources.
Vendor must assist ODM in identifying those enrolled in Medicaid who are deemed to be “likely ineligible” to prioritize those case when PHE ends and complete them within 90 days (C)	<ul style="list-style-type: none"> <li>• Data analytics vendor is in place; will assist in identifying individuals who are "likely ineligible".</li> <li>• ODM and the counties will prioritize the processing of those deemed to be “likely ineligible” while complying with federal requirements.</li> <li>• States cannot make an eligibility determination if the data being used is more than 3 months old.</li> </ul>
ODM must conduct an expedited eligibility of newly enrolled for 3 or more months during PHE but not in the last 6 months. This must be done within <b>six months</b> after the PHE ends (D)	<ul style="list-style-type: none"> <li>• Data analytics vendor will help identify those "most likely to be ineligible"</li> <li>• As required, ODM made this request to CMS. However, per 42 CFR 435.916 and reiterated in CMS’ unwinding guidance, states are not permitted to do eligibility renewals on an individual more than once every 12 months.</li> <li>• Per CMS guidance, states may not redetermine more than 1/9 of their total Medicaid caseload each month.</li> <li>• States cannot make an eligibility determination if the data being used is more than 3 months old.</li> <li>• Ohio's 12-month plan will prioritize those likely ineligible while balancing other important priorities, including new applications, changes of circumstance and Ohio's two federal Corrective Action Plans.</li> </ul>
ODM must write a report of its findings from working with the 3 <sup>rd</sup> party vendor and submit it to certain public officials no later than 120 days after the PHE ends. (E)	ODM will complete the required report.
The 3 <sup>rd</sup> party vendor must be reimbursed entirely based on validated cost savings realized by the department. (F)	Reimbursement/vendor contract with ODM is compliant with the statutory requirement.

# HB 110 Implementation Efforts: Section 5163.52

ODM must continue to conduct eligibility redeterminations to the fullest extent permitted under the law. (A)	The counties have continued to perform redeterminations and renewals throughout the PHE. However, because of the requirement to maintain eligibility, states are unable to disenroll, except in limited circumstances.
Within 60 days of the end of the PHE, ODM must complete an audit (B)	ODM has or will comply with the requirements for the audit.
Completes and acts on redeterminations within 60 days of all individuals who haven't had a redetermination in 12 months (B)(1)	<ul style="list-style-type: none"> <li>• This conflicts with the 6-month timeline in 333.255(D).</li> <li>• Per CMS guidance, states may not redetermine more than 1/9 of their membership every month.</li> <li>• States cannot make an eligibility determination if the data being used is more than 3 months old</li> <li>• PCG data analytics will help identify those who are "most likely to be ineligible". Prioritization of these cases by the county will enable us to right-size the Medicaid caseload.</li> <li>• Ohio's 12-month plan will prioritize those likely ineligible while balancing other important priorities, including new applications, changes of circumstance and Ohio's two federal Corrective Action Plans.</li> </ul>
Requests approval from CMS to conduct redeterminations on recipients enrolled for more than 3 months and act on those redeterminations within 90 days. Individual counties can request an additional 30 days (B)(2)	<ul style="list-style-type: none"> <li>• As required, ODM made this request to CMS. However, per 42 CFR 435.916 and reiterated in CMS' unwinding guidance, states are not permitted to do eligibility renewals on an individual more than once every 12 months.</li> <li>• Per CMS guidance, states may not redetermine more than 1/9 of their total Medicaid caseload each month.</li> <li>• States cannot make an eligibility determination if the data being used is more than 3 months old</li> <li>• Data analytics vendor will help identify those "most likely to be ineligible"</li> <li>• Ohio's 12-month plan will prioritize those likely ineligible while balancing other important priorities, including new applications, changes of circumstance and Ohio's two Corrective Action Plans.</li> </ul>
Submit a report summarizing the results of the audit to certain public officials (B)(3)	ODM will submit the required report.