DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

August 9, 2023

Maureen Corcoran
Director
Ohio Department of Medicaid
50 W. Town Street, Suite 400
Columbus, OH 43215

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) continually reviews data, state activity, and other information to ensure all states comply with federal eligibility and reporting requirements. This role has become particularly important during the state's unwinding period. CMS reviews a number of metrics and data sources to monitor the status of states' efforts to return to regular eligibility and enrollment operations in light of the end of the Medicaid continuous enrollment condition. This letter focuses on three sets of data metrics under CMS review: call center operations, unwinding renewal outcomes on terminations for procedural reasons and Modified Adjusted Gross Income (MAGI) application processing times.

For **May 2023**, your state reported the following data derived from reporting through the Eligibility and Enrollment Performance Indicator (PI) Set[1] and Unwinding data report[2] (data as of July 31, 2023):

PI Call Center Operations Data		**Unwinding Data Report Renewals Metrics**	**PI Application Determination Processing Time Data**
Average call center wait time	**Average call abandonment rate**	**% of beneficiaries terminated for procedural reasons as a share of total beneficiaries due for renewal in May**	**% of MAGI application determinations processed in more than 45 days**
4 minutes	3%	16%	11%

Call Center Operations

Call centers are a critical resource for ensuring equitable access to support for completing renewals and applying for Medicaid and Children's Health Insurance Program (CHIP) coverage. Federal regulations at 42 CFR §435.908 and 42 CFR § 457.110 require state Medicaid and CHIP agencies to provide assistance to any individual seeking help with the application or renewal process in person, over the

[1] See https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/performance-indicator-technical-assistance/index.html
[2] See https://www.medicaid.gov/resources-for-states/downloads/unwinding-data-specifications.pdf

telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR § 435.905(b). Additionally, federal regulations at 42 CFR § 435.906, 42 CFR § 457.340(a), 42 CFR § 435.907(a)(2), 42 CFR § 457.330, 42 CFR § 435.916(a)(3)(i)(B), and 42 CFR§ 457.343 require the agency to afford an individual wishing to do so the opportunity to apply for and renew Medicaid without delay and to provide beneficiaries the option to apply for and renew Medicaid and CHIP by telephone. Excessive call center wait times and call abandonment rates may indicate that the state is not meeting the requirements of providing a meaningful opportunity to complete an application or renewal for Medicaid and CHIP telephonically.

Also, as highlighted by the U.S. Department of Health and Human Services Office for Civil Rights (OCR) in an April 4, 2023 letter to State Health Officials, "persons of color are less likely to have broadband or internet access, or transportation or jobs that permit the time and access needed to meet with Medicaid enrollment staff in person, and therefore may rely more on call centers."[3] State Medicaid agencies have independent obligations under federal civil rights laws[4] to ensure eligible individuals continue to have access to Medicaid and CHIP as states return to normal eligibility and enrollment operations.[5] States are also required to take reasonable steps to ensure meaningful language access for individuals with limited English proficiency (LEP) and ensure effective communication with individuals with disabilities including through call centers. OCR is committed to helping states satisfy their obligations under these laws and encourages states to fund and adequately staff call centers to ensure they are accessible without prolonged delay.[6]

CMS recommends states review call center data to assess whether changes are needed to meet increased demand during the unwinding period. States may consider implementing a range of strategies to avoid long wait times and dropped calls. During unwinding, states have increased call center capacity through hiring and training more staff; contracting for additional vendor services, extending call center hours, and/or automating systems to triage calls based on the type of assistance needed and to provide answers to frequently asked questions. Several states have also implemented call-back options and provided callers with their estimated call wait time or place in the queue to reduce call abandonments. CMS encourages states to adjust call center operations proactively to ensure beneficiaries have timely access.

Procedural Termination Rates

In your May Unwinding Data Report, Ohio reported that 16% of renewals due in May resulted in a procedural termination. This high percent raises concerns that eligible individuals, including children, may be losing coverage. Federal regulations at 42 CFR § 435.930(b) require the agency to continue to provide Medicaid to eligible individuals until they are found to be ineligible. States should ensure all steps are taken to complete a renewal on an ex parte basis and if not possible, to send renewal forms to all beneficiaries before terminating coverage for procedural reasons. If there are delays in processing high volumes of renewals, states must monitor that eligibility systems do not terminate coverage on

[3] See OCR. (April 4, 2023). Re: Ensuring Language Access for Limited English Proficient (LEP) Individuals and Effective Communication for Individuals with Disabilities During the States' Unwinding of the Medicaid Continuous Enrollment Condition, p 5, available at: https://www.hhs.gov/sites/default/files/medicaid-unwinding-letter.pdf

[4] See, e.g., Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504) Title II of the Americans with Disabilities Act (Title II), and Section 1557 of the Affordable Care Act (Section 1557).

[5] For more information regarding state requirements to provide accessible eligibility and enrollment processes, see *Accessibility Requirements in Medicaid and CHIP*, February 2023, available at: https://www.medicaid.gov/resources-for-states/downloads/accessibility-unwinding-slides.pdf

[6] See supra note 1.

these cases until reviews are complete. Additionally, federal regulations at 42 CFR § 435.902 require that the agency's policies and procedures must ensure that eligibility is determined in a manner consistent with simplicity of administration and the best interests of the applicant or beneficiary. While CMS expects procedural terminations, a high rate of procedural terminations may indicate that beneficiaries may not be receiving notices, are unable to understand them, or are unable to submit their renewal through the required modalities. As discussed in the previous section, high average call center wait times and call abandonment rates may also contribute to procedural determinations if beneficiaries are not able to access a call center for assistance or to complete renewals over the phone. CMS is continuing to monitor rates of procedural terminations each month as states conduct renewals and whether high volumes of terminations for procedural reasons are a result of potential non-compliance with requirements applicable to eligibility redeterminations under title XIX of the Social Security Act.

While CMS recognizes the significant steps that states have taken to prepare for unwinding and simplify renewal processes, we urge you to take further action to reduce the number of terminations for procedural reasons as quickly as possible by adopting strategies to increase ex parte renewal rates, to support enrollees with renewal form submission or completion, and to facilitate reinstatement of eligible individuals disenrolled for procedural reasons quickly. CMS recently released several strategies directed at minimizing terminations for procedural reasons and urges states to adopt and implement these strategies.[7]

MAGI Application Determination Processing Time:
As part of CMS' efforts to ensure state compliance with timely determination of eligibility requirements, we are also monitoring MAGI application processing times closely. As you will note, 11% of your state's MAGI application determinations were processed in more than 45 days, exceeding the regulatory requirements.

Federal regulations at 42 CFR § 435.912 and 42 CFR § 457.340(d) require states to complete eligibility determinations for Medicaid and CHIP promptly and without undue delay. The determination of eligibility for any individual may not exceed 90 days for applicants who apply on the basis of a disability and 45 days for all other applicants, including those whose eligibility is being determined based on their MAGI. CMS expects states to process applications in compliance with federal timeliness standards.

CMS acknowledges that during the unwinding period, states may have some pending applications for new applicants to complete as they resume normal processing of renewals. However, given that application volume may increase as individuals disenrolled from Medicaid or CHIP during the renewal process reapply, it is imperative that states complete this work on processing new applications expeditiously and maintain timely application processing to ensure timely access to coverage for eligible individuals. We remind states of our expectations, described in CMS' March 2022 State Health Official Letter on unwinding[8], that they complete eligibility determinations for all MAGI and non-disability related applications pending as of the continuous enrollment condition within two months

[7] See https://www.medicaid.gov/resources-for-states/downloads/state-strategies-to-prevent-procedural-terminations.pdf
[8] See SHO #22-001 RE: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency, p. 6–7, available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf

(May 2023), complete eligibility determinations for all disability-related applications pending as of the end of the continuous enrollment condition within 3 months (June 2023), and resume timely processing of all applications within no more than 4 months (July 2023). States not in compliance with these requirements may be requested to submit a corrective action plan.

To ensure timely application processing, we urge you to identify and implement appropriate strategies and best practices to ensure application processing times are in compliance with federal requirements. CMS continues to monitor this potential area of non-compliance with federal requirements as states resume application determinations expectations by July 2023. State experience provides good lessons and best practices in understanding the impact of these factors in more detail. To assist states CMS released a slide deck from a two-part MAC LC meeting in 2019, "Medicaid and CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations." This tool highlights policies that contribute to timely and accurate application processing and current state practices that have proven effective, including those related to completing and receiving applications, verifying and determining eligibility, and strategies for reporting and management.

Closing

CMS expects states to review continually call center data, renewals outcome metrics and application determination processing timeliness data and adjust operations as necessary to protect beneficiaries. We will follow up with you in the near future on the changes you are making to address the issues we have identified. As always, CMS is available to provide technical assistance to states in achieving compliance with federal requirements. As states consider adjusting operational strategies throughout unwinding, we encourage you to review our slides on Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021). For technical assistance, please contact Jessica Stephens at Jessica.Stephens@cms.hhs.gov or 410-804-1431.

Sincerely,

/s/

Anne Marie Costello
Deputy Director