

Public Assistance Benefits Accountability Task Force

Ohio Medicaid: Eligibility Determinations

Ohio Department of Medicaid

June 28, 2022

Key terms

- **Alert:** electronic notification to caseworker in Ohio Benefits of potential change in a beneficiary's circumstances that may affect eligibility
- **Defect:** Ohio Benefits not working as designed
- **Enhancement:** Ohio Benefits working as designed but improvement needed
- **Ex Parte renewal:** a redetermination of eligibility based on reliable verified information contained in the enrollee's 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
- **Ohio Benefits:** Ohio's public benefits eligibility and enrollment system
- **MEQC: Medicaid Eligibility Quality Control** program: federally-required program where states design and conduct projects, known as pilots, to evaluate the processes that determine an individual's eligibility for Medicaid and Children's Health Insurance Program (CHIP) benefits.
- **PERM: Payment Error Rate Measurement:** federal review which measures improper payments in Medicaid and CHIP and produces improper payment rates for each program. The improper payment rates are based on reviews of the Fee-For-Service (FFS), managed care, and eligibility components of Medicaid and CHIP in the year under review. It is important to note that the improper payment rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory, or administrative requirements.

Status of ODM work in response to Auditor recommendations

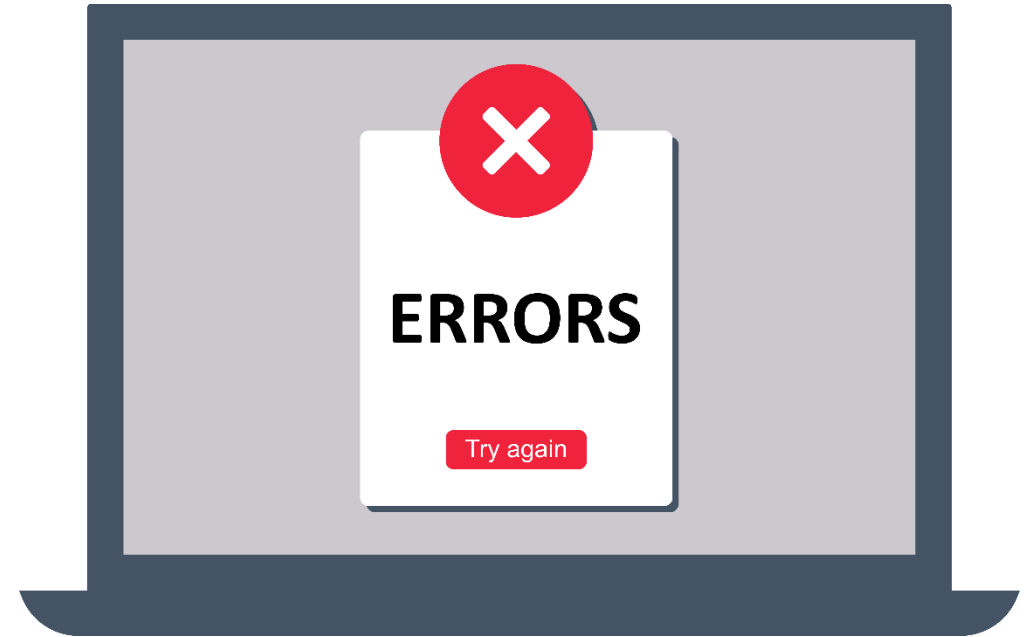
Recommendation	Status
OB system-improve alerts	In Progress
Joint New User training and regional LTC training; improve training for caseworkers	Complete
Reducing and monitoring the backlog of applications and renewals	In progress
Addressing the lag in receiving applications from the marketplace and SS	Complete
Improving reporting to counties to aid in application processing	Complete
Increased staffing at ODM and funding to counties to address backlog	Complete
Re-evaluate eligibility for individuals identified in review	Complete
Improve OB data governance	In progress
Identify best practices for county-administered Medicaid program	In progress

ODM Work to Improve in Context

- New Ohio Department of Medicaid (ODM) leadership in 2019
 - Immediate work to address caseload backlog
- Federal Payment Error Rate Measurement (PERM) audit and Auditor of State reviews identified serious defects in the Ohio Benefits (OB) eligibility system
- Addressing similar corrective action plans in response to audits or reviews from the HHS-OIG and CMS Medicaid Eligibility Quality Control (MEQC) program
- New team handling audit responses at ODM
 - Reviewed process for efficiencies and best practices
 - New tools for tracking ODM responses
 - Proactive remediation

Strategies to improve eligibility determinations

- System Improvements
- Monitoring and Reporting
- County Training and Engagement



System Improvements

Strategies to Improve Eligibility Determinations: Ohio Benefits Defects

To address defects in Ohio Benefits ODM began grouping defects by functionality and ranking those groups by impact to address the most problematic issues first.

Continuous improvement and reduction of defects in Ohio Benefits

- Renewals: fixed defects related to system created renewal dates
- Change reporting: fixed defects to allow workers to process changes
- Ohio Benefits Worker Portal: fixed defects that deter application and prevent application processing

ODM, ODJFS, DAS, and Accenture staff categorized 1,500 defects and 500 enhancements into 13 priority areas. Between August 2019 and December 2020, nine releases fixed nearly 1,000 of these defects.

Strategies to Improve Eligibility Determinations: Ohio Benefits Enhancements

- Alerts: ODM worked with ODJFS to review every alert generated in Ohio Benefits, seeking to reduce unnecessary, duplicative, or unhelpful alerts sent to caseworkers. Alerts cut nearly in half.
- Ex Parte Renewals: Significant improvements to the ex parte renewal process to improve the accuracy and streamline the number of Medicaid renewals that occur in the system without county caseworker intervention.
- Overrides: Employed a system enhancement to require supervisor approval of worker overrides, a significant source of errors.
- Automation and Bots: ODM implemented automation and bots (baby bot and DRC bot) and continues to explore automation options.
- Audio Signatures: Implemented enhancement allowing applicants to multiple programs to provide only one audio signature.
- These and other enhancements are expected to greatly assist the CDJFS agencies while improving accuracy.

Ohio Benefits Defects & Enhancements as of May 2022

#	Key Audit or CAP Focus Area Functional Group	Implemented Defect Corrections and Enhancements	Scheduled Defect Corrections and Enhancements	Unscheduled Defect Corrections and Enhancements
1A	Eligibility Determination Errors	400	74	13
1B	Alert Management	48	14	2
1C	Income Overwrites and View History	52	6	0
2	Renewal Processing	47	1	0
3	Change Reporting (Redetermination)	33	22	5
4	SSP Look and Feel	36	7	4
5	Notices of Action	45	11	1
6	Document Management	1	4	1
7	IVR/CSS	N/A	NA	N/A
8	Signatures	1	0	0
9	Electronic Verification	25	9 1	6
10	Intake and No Touch	34	6	0
11	Reports	26	5	0

Ohio Benefits: Current Defects

Row Labels	Needs Scheduled	Release 4.2.1 (7.9.22)	Release 4.3 (8.20.22)	Release 4.4 (10.15.22)	Grand Total
All Programs	23	28	36	40	127
SNAP / TANF	32	13	25	19	89
Medicaid	8	8	27	13	56
Child Care	6	7	1	7	21
Grand Total	69	56	89	79	293

Strategies to Improve Eligibility Determinations: Ohio Benefits

- OB Data Governance Committee – includes ODM, ODJFS and DAS.
- Technical assessment of Ohio Benefits – Ohio engaged a vendor, Currier McCabe and Associates, to perform an in-depth system assessment.
- The assessment reviewed Ohio Benefits management, infrastructure, and application to document risks and provide recommendations.
 - **Short-term** – The vendor provided mitigation strategies based on best practice and industry standards of risks and issues identified.
 - **Long-term** – Ohio will consider risks and issues identified that cannot be remedied via a change request in Ohio Benefits system as technical requirements RFP for the maintenance and operation of Ohio Benefits system or in the procurement of a new eligibility and enrollment system.

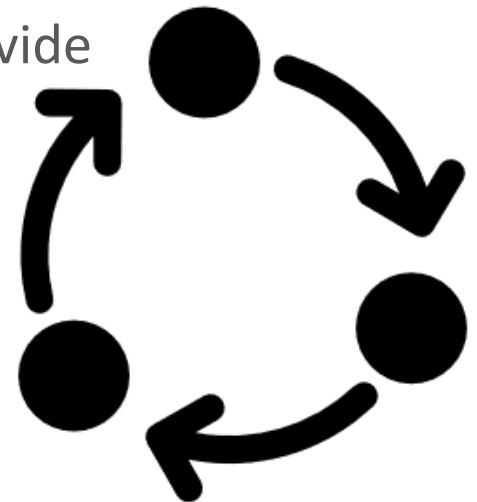
ODM Monitoring and Reporting

Application Backlog

- In January of 2019, CMS put ODM on notice it would require a corrective action plan to address nearly 100,000 pending applications and more than half were pending for 45 days or more.
- Corrective actions:
 - » Worked with county partners to address human errors; and with DAS and JFS to address Ohio Benefits issues.
 - » Pre-PHE, met weekly with CMS to discuss progress. Monthly reporting to CMS on progress continues.
 - » Added staff at ODM for trouble-shooting and technical assistance.
 - » Increased reporting to and engagement with counties.
 - » Increased alert monitoring and county feedback.
 - » Improvements to the ex parte review process in Ohio Benefits for renewals.
- In May of 2022, ODM had 6,297 Medicaid applications pending for > 45 days.

Strategies to reduce repeat findings: MEQC Monitoring

- Medicaid Eligibility Quality Control (MEQC) is a federally required review. ODM leveraged the knowledge of the MEQC unit to provide feedback to CDJFS agencies and improve case accuracy.
- Improve the effectiveness of MEQC unit
 - Standardized and aligned MEQC reviews with PERM reviews
 - Built EQC system application to improve process
 - Improved reporting abilities
- Continually looking for opportunities to support the county agencies and provide feedback
 - Participated in roundtable discussions
 - Ongoing participation in quarterly meetings
 - Ongoing participation in training



County Training & Engagement

Strategies to reduce repeat findings: County Training & Engagement

- A comprehensive ongoing training strategy has been developed to:
 - Address common county caseworker errors - presented in specialized training sessions, monthly webinars and pre-recorded presentations
 - Work with ODJFS to educate new workers on cash, SNAP and Medicaid benefits incorporating policy and systems. Began in 2020, today the 5th class is moving through the 12-week course
 - Train those case managers who are new to long term care eligibility incorporating policy and system training
- Updated language in county subgrant agreements related to application and renewal processing requirements



CDJFS Training Opportunities

- During calendar year 2021, ODM provided training updates on 62 topics.
- ODM hosts monthly webinars with all 88 counties. Webinars include policy updates, training material, and general guidance or instruction on recent changes and issues.
- ODM and JFS also host quarterly webinars to discuss training topics affecting multiple programs.
- For each major system release or system enhancement that impacts the end user, updated training materials are produced and disseminated. These materials may take the form of job aids that are posted to the project website, train-the-trainer sessions, and video conferences where system users can ask live questions about the system.
- Recordings of previous ODM training and materials are available for viewing at any time on the JFS hosted Innerweb, along with current eligibility policy related desk aids.

County Engagement Team

- Created as part of PERM CAP
- State is split into five regions with a county engagement manager in each region
- Quarterly calls with each region to discuss application timeliness
- Weekly timeliness calls with select counties
- Monthly hypercare calls with each region to discuss Technical Assistance webinars
- Identify and share best practices from counties
- Developed and recorded “Small Bites” training on renewal signature requirements
- Individual county hypercare training sessions as requested. Topics include:
 - Entering income into Ohio Benefits
 - Long-term care eligibility
 - Using AVS
 - Hub Ping
 - E-verify
 - Using the Work Number
 - Completing renewals/running RE correctly

Continuing Challenges

- **Public Health Emergency** required shifted focus, changed eligibility standards, and will require significant unwinding effort
- **OhioBenefits**
 - Competing priorities including hardware/software, cash/SNAP, and unravelling the public health emergency changes
- Eligibility **complexity** and changing regulations
- **County caseworker workload and turnover**
- Ensuring **training** reaches all caseworkers

