



Governor's Office of  
Health Transformation

# Extending Medicaid to Cover Uninsured Ohioans

Greg Moody, Director  
Governor's Office of Health Transformation

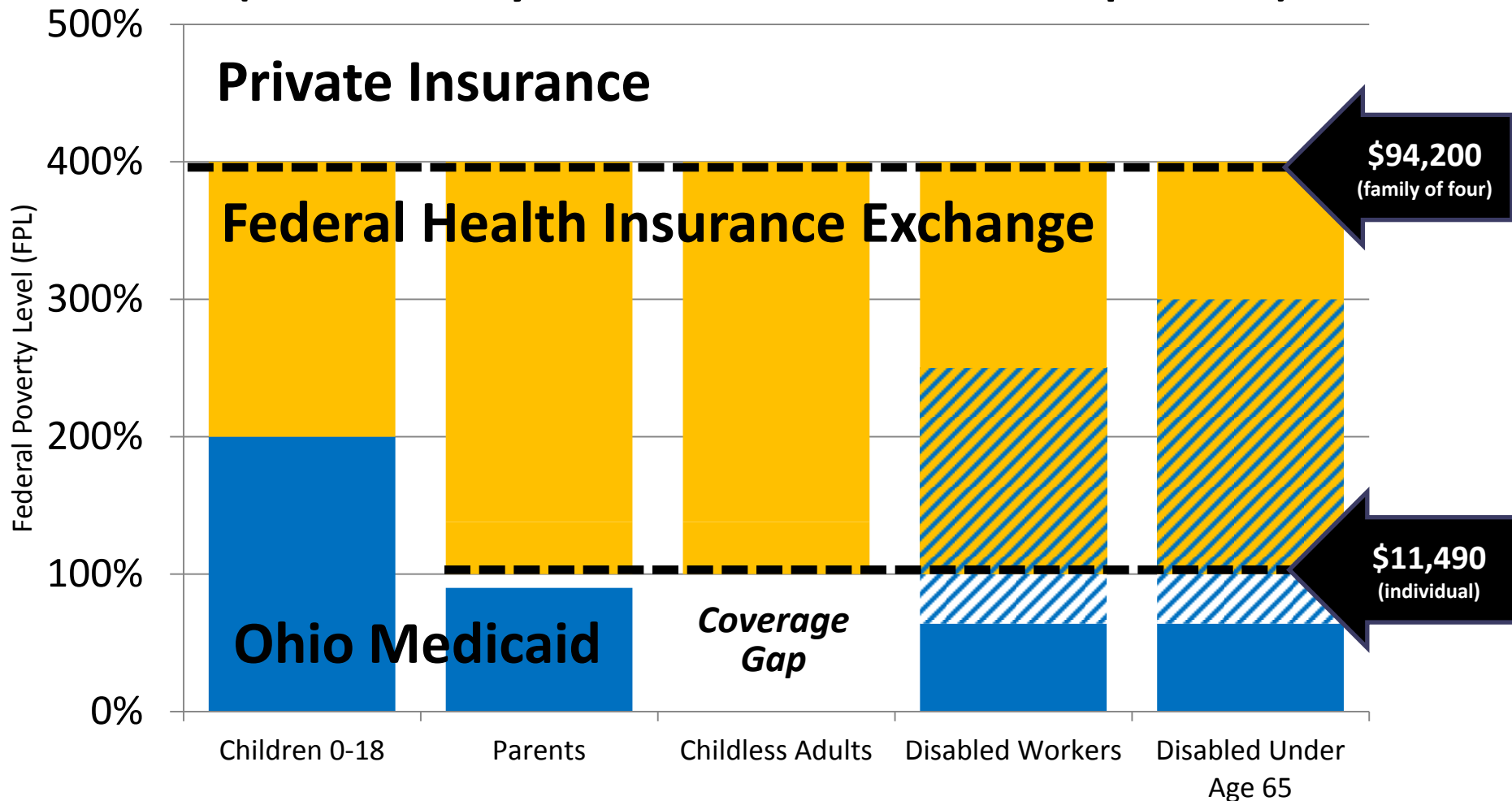
Cynthia Dungey, Director  
Ohio Department of Job and Family Services

County Commissioners Association of Ohio  
May 14, 2014

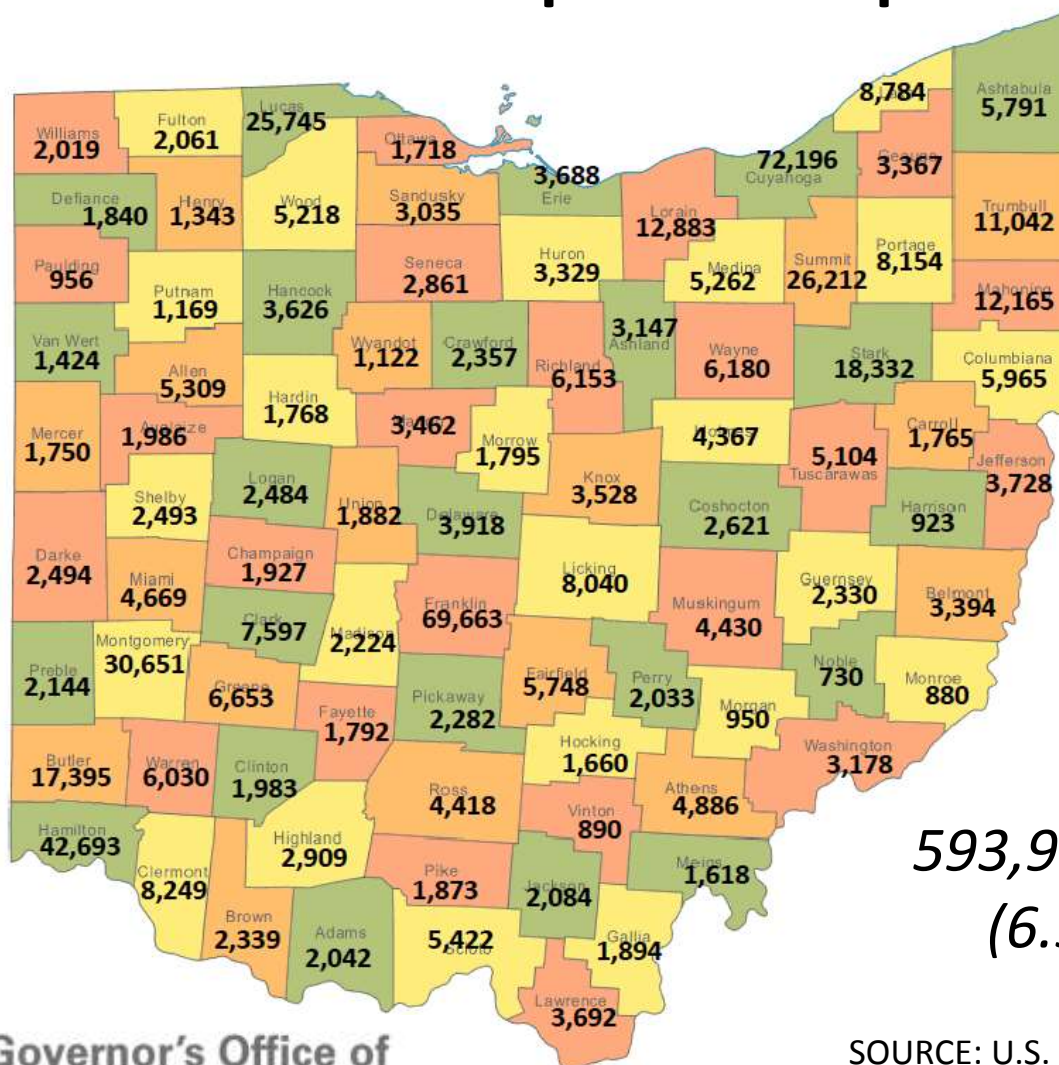
[www.HealthTransformation.Ohio.gov](http://www.HealthTransformation.Ohio.gov)

# Ohio Medicaid and Insurance Exchange Eligibility

(as of January 2014 without Medicaid expansion)



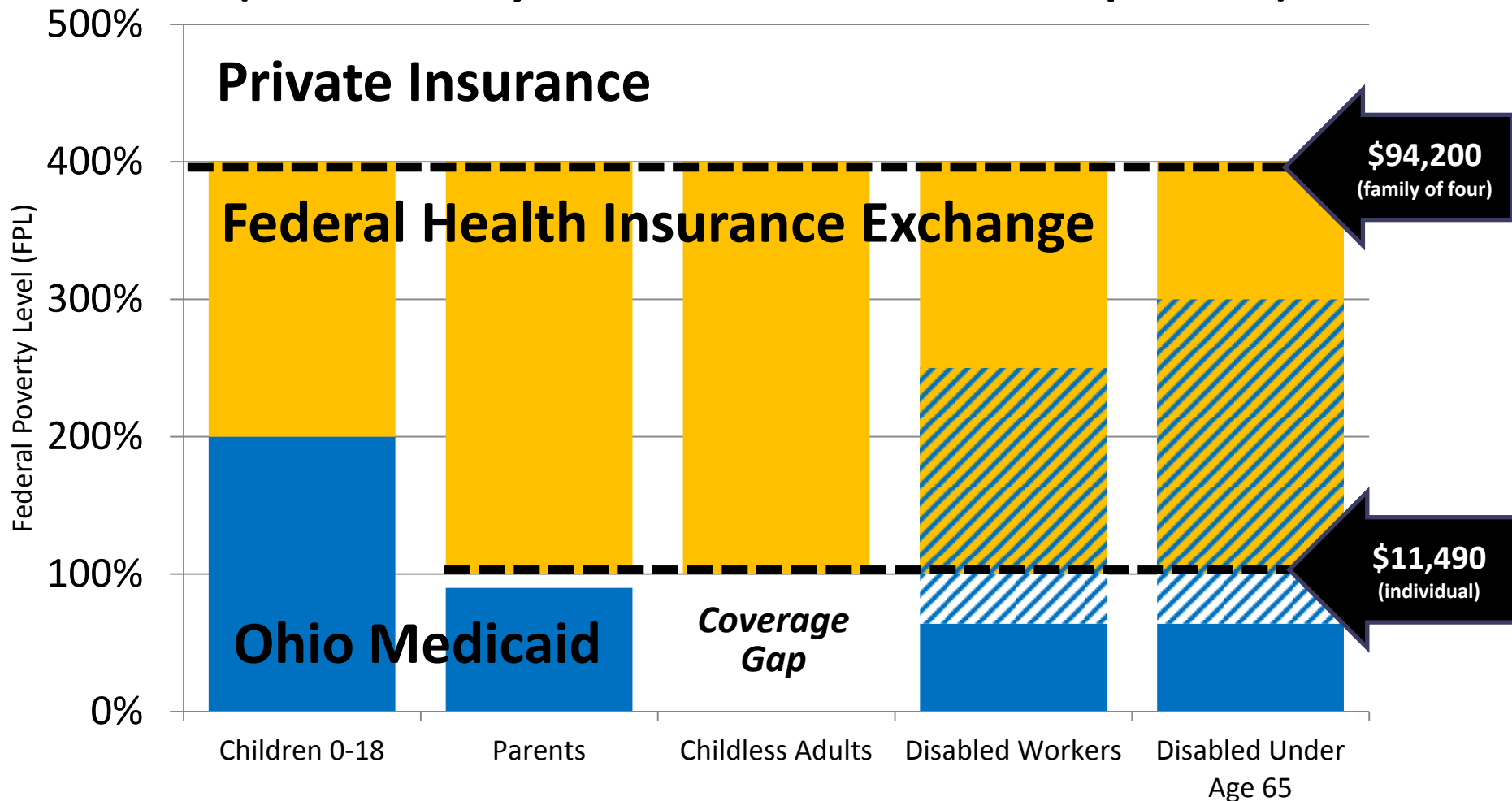
# Number of Ohio county residents who were uninsured with income below 138 percent of poverty in 2010



*593,912 statewide  
(6.9 percent)*

SOURCE: U.S. Census, Small Area Health Insurance Estimates (2010)

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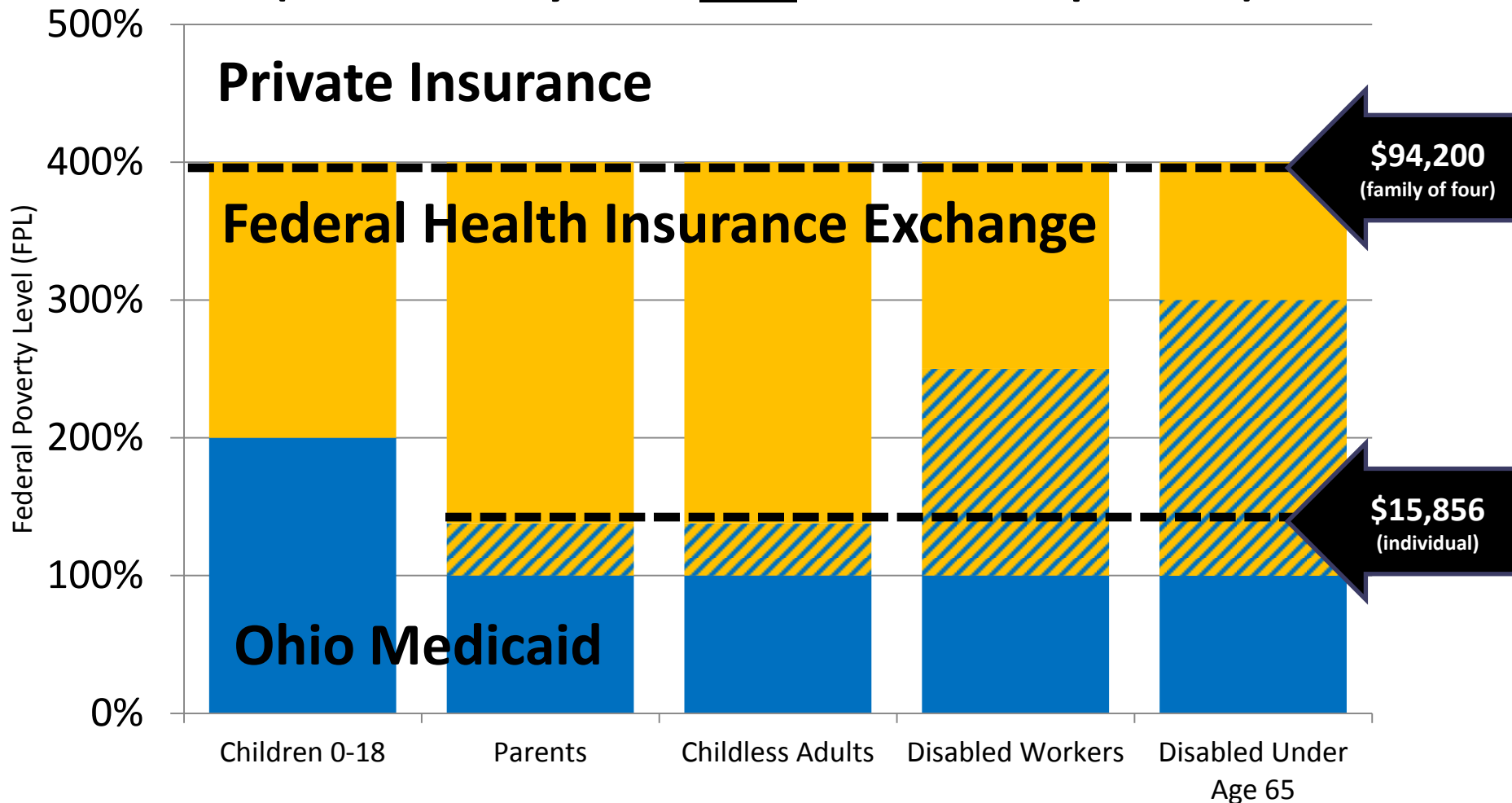


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SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2013 poverty level is \$11,490 for an individual and \$23,550 for a family of 4; over age 65 coverage is through Medicare, not the exchange.

# Ohio Medicaid and Insurance Exchange Eligibility

(as of January 2014 with Medicaid expansion)



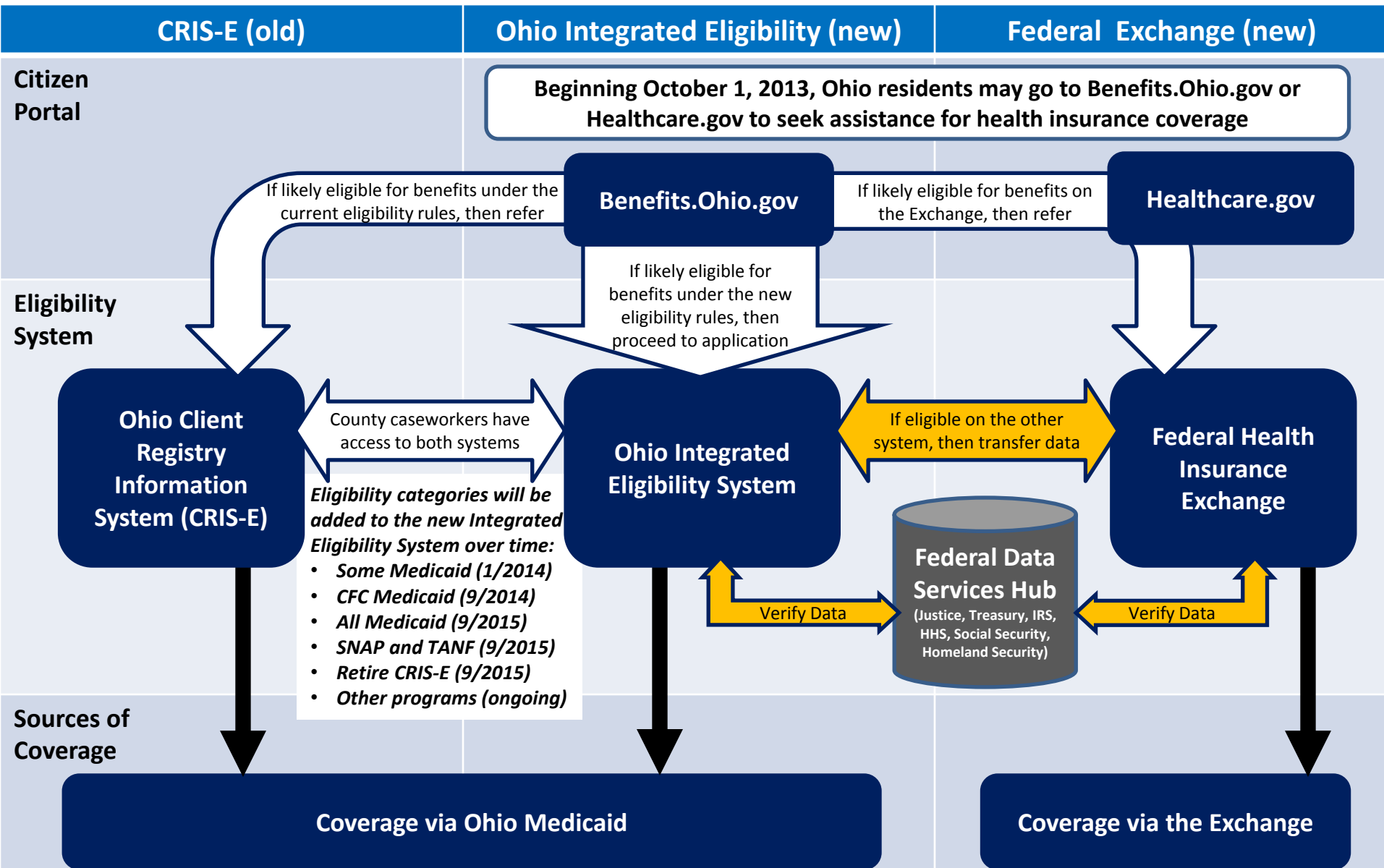
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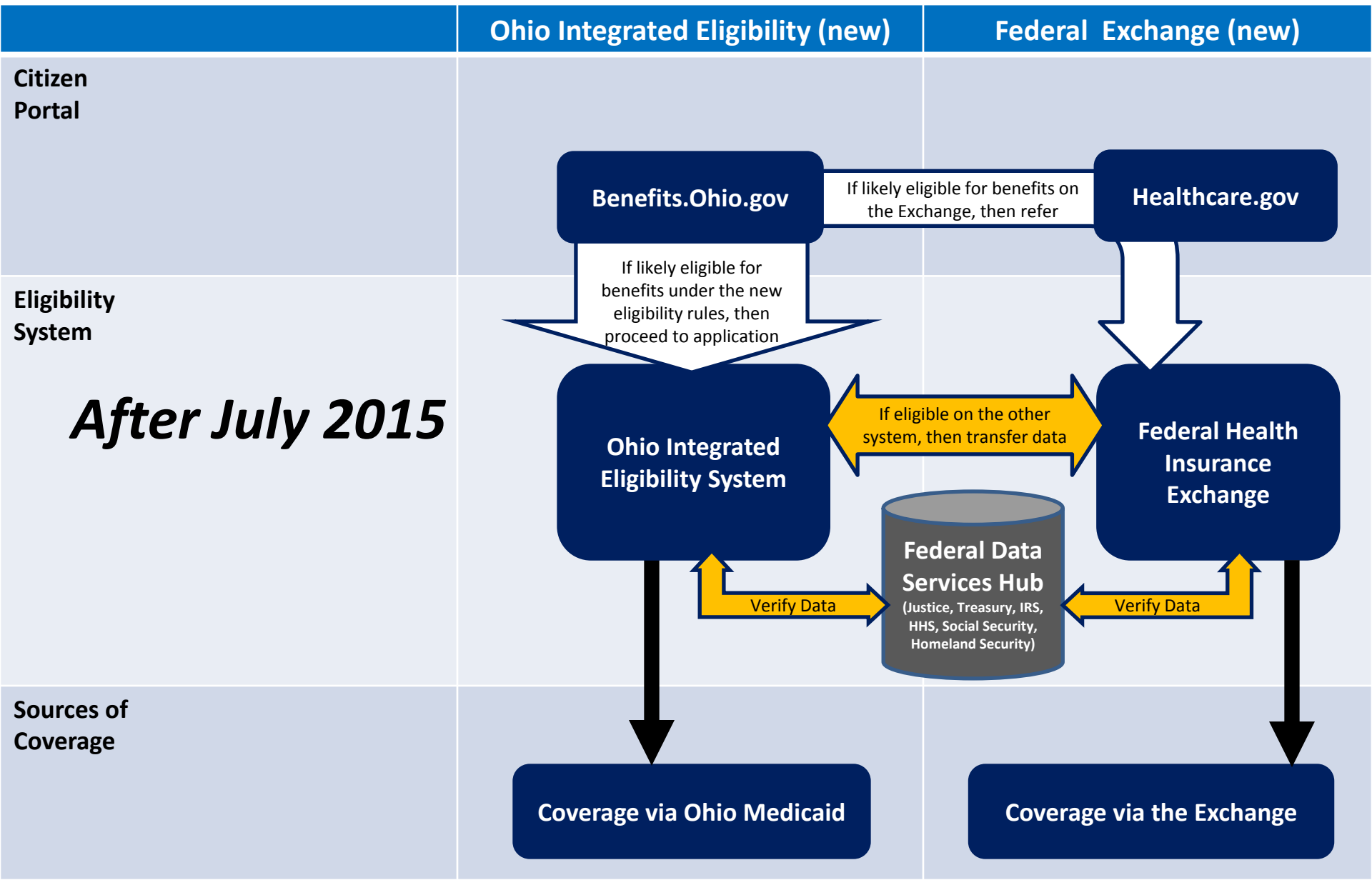
# Ohio Resident Health Insurance Process Flow



# Ohio Resident Health Insurance Process Flow



# Ohio Resident Health Insurance Process Flow





# *Ohio Benefits:* **Successful Implementation**

- Fastest successful eligibility system implementation in the country
- Modern, flexible, interoperable solution that supports the full continuum of HHS programs – transformational not incremental
- Enabled Ohio resident self service capabilities via an online consumer portal (with 0 reported performance issues)
- Automated real time verification of applicant income using the Federal Data Hub (homeland security, social security, IRS)
- Established real time interface with Ohio Medicaid claims system
- Project costs are significantly under budget and are tracking at only 8 percent of the federal Healthcare.gov project costs



# *Ohio Benefits:*

## **State and County Partnership**

- Counties involved from the outset to design the new system
- Trained over 3,500 county case workers to use the new system
- Freed up county access to federal funding for eligibility expenses
- Delivered 10 major system releases that improve performance and incorporate county recommendations to expedite casework
- Delivered presumptive eligibility functionality that allows hospitals and other providers to enroll patients directly into Medicaid
- Converted 26,000 Cuyahoga residents from Metro Health waiver to regular Medicaid with no case worker intervention
- Created a solution to connect inmates to Medicaid coverage for inpatient services (\$18 million in annual savings for Ohio's prisons)



## ***Ohio Benefits:***

### **Mitigating the Impact of the Federal Marketplace**

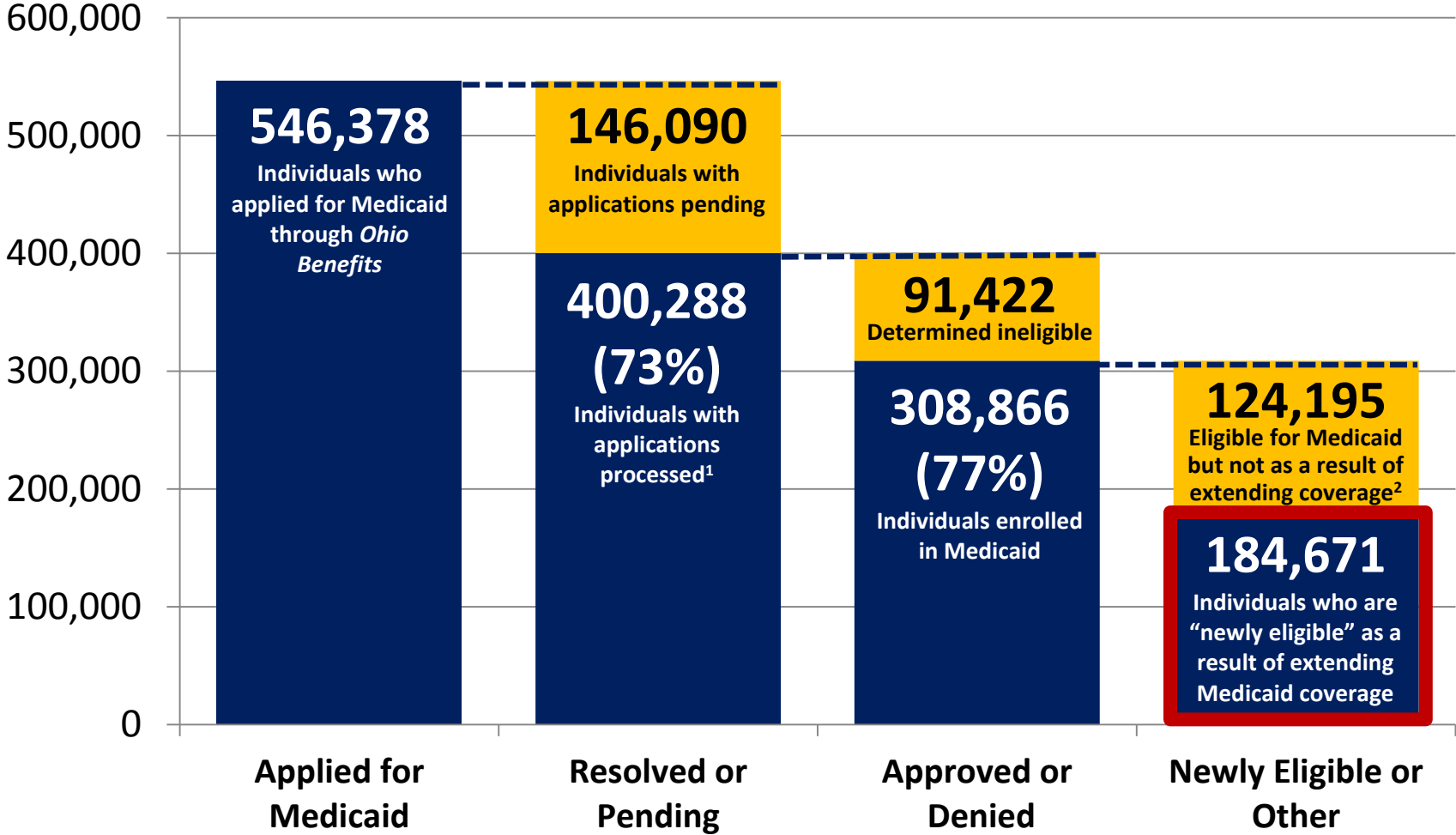
*Potential Ohio Medicaid cases have been accumulating in the troubled federal health care eligibility system since Oct. 2013.*

- 245,700 Ohioans' applications pending in the federal system
- 93,700 (38%) are unrelated to Medicaid benefits
- 66,000 (27%) are already in CRIS-E or *Ohio Benefits*
- 20,000 processed automatically by *Ohio Benefits* and another 39,000 are candidates for automatic processing in May (24% total)
- 27,000 (11%) are being transferred to county case workers in batches throughout May

# Ohio Benefits Update

(October 1, 2013 to April 30, 2014)

Ohio Residents



SOURCE: Ohio Integrated Eligibility System, as of April 30, 2014.

1. Does not include applications still pending in the federal system, which will be processed through *Ohio Benefits* in May 2014.
2. Does not include Ohioans who became eligible for Medicaid as a result of disability or other categorical criterion that required enrollment through CRIS-E instead of [Benefits.Ohio.gov](http://Benefits.Ohio.gov).



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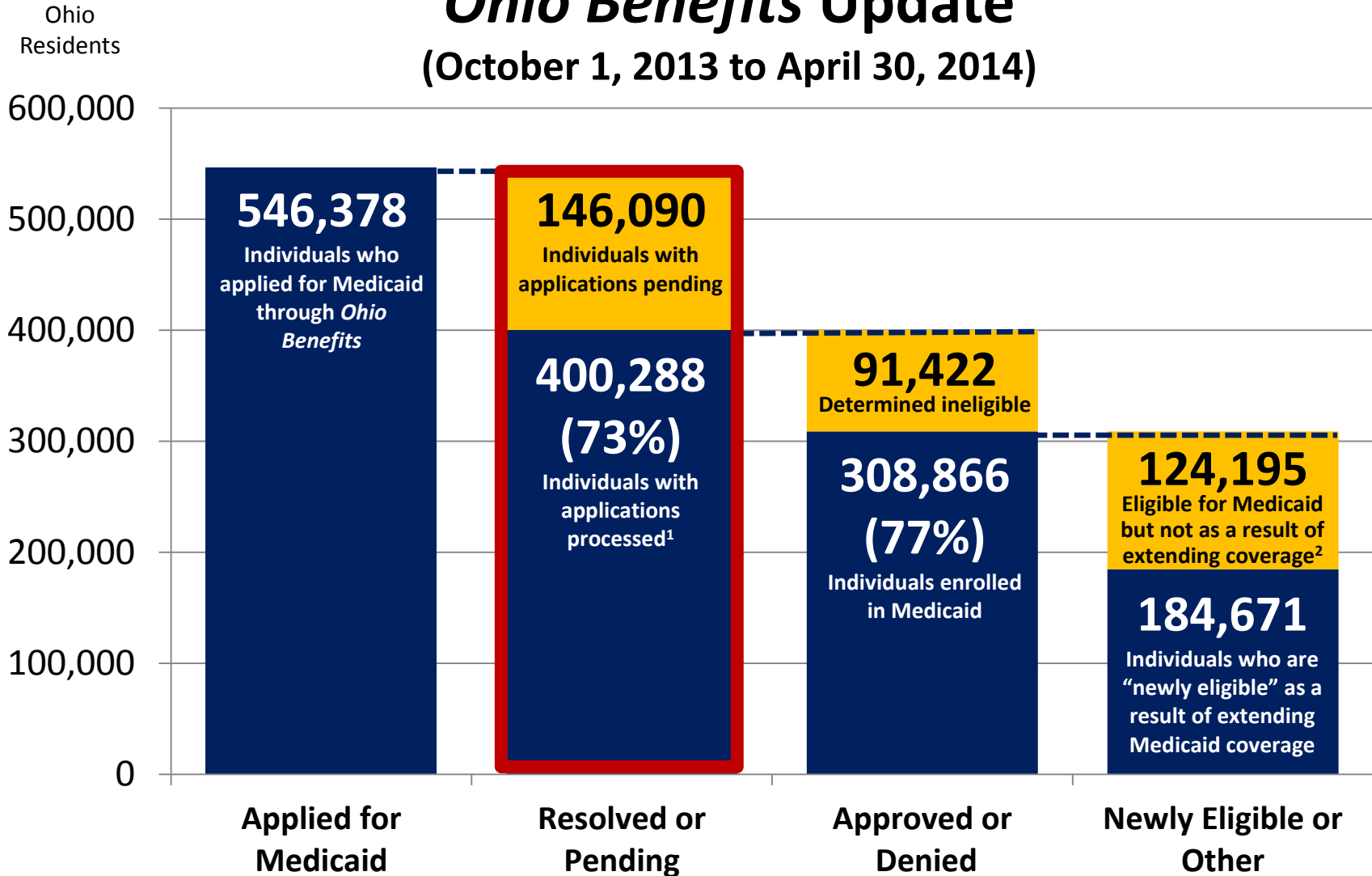
# Ohio Medicaid “Newly Eligible” Enrollment

Enrolled	Estimated	Actual*
January	58,666	96,398
February	117,332	132,265
March	175,999	171,910
April	234,665	184,671

\* Medicaid coverage begins on the date of application, not the date the application was processed, which means prior months are constantly adjusted to reflect actual enrollment. As a result, January data is more accurate than February, February is more accurate than March, etc.

# Ohio Benefits Update

(October 1, 2013 to April 30, 2014)



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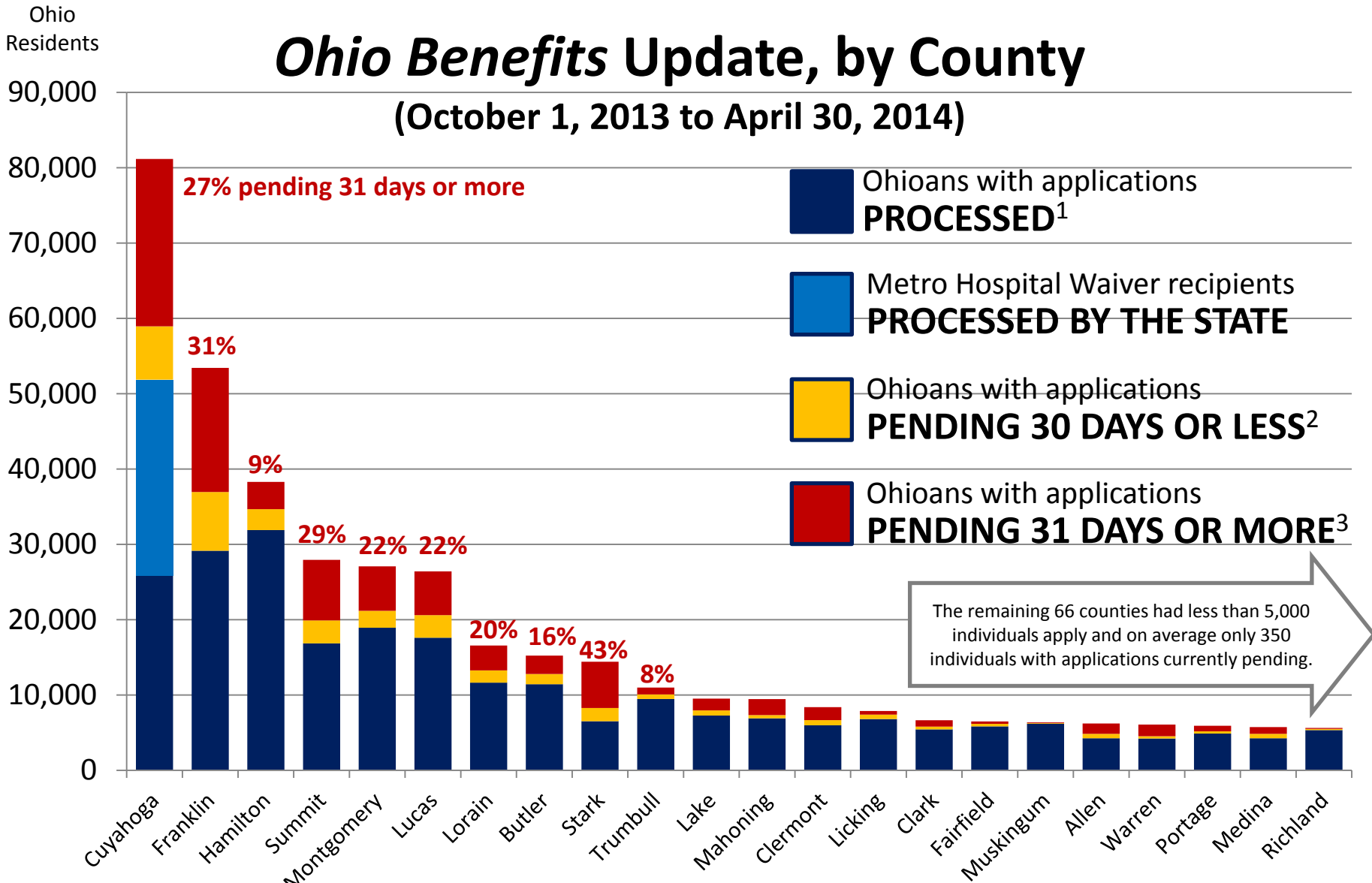
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# Ohio Benefits Update, by County

(October 1, 2013 to April 30, 2014)



SOURCE: Ohio Integrated Eligibility System, as of April 30, 2014.

1. Total Processed = 400,288 from October 1, 2013 to April 30, 2014.
2. Total Pending 0-30 days = 44,474 on April 30, 2014.
3. Total Pending 31 days or more = 101,616 on April 30, 2014.



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# Percentage of *Ohio Benefits Caseload Pending More than 30 Days, by County*

0-5%	6-10%	11-20%	21%+
Noble, Morgan, Guernsey, Coshocton, Muskingum, Perry, Washington, Seneca, Pickaway, Jefferson, Richland, Hardin, Scioto, Jackson, Knox, Auglaize, Henry, Brown, Pike, Belmont, Meigs, Adams, Champaign, Fairfield, Defiance, Lawrence	Preble, Holmes, Sandusky, Madison, Columbiana, Wood, Licking, Wayne, Fulton, Shelby, Williams, Carroll, Mercer, Huron, Crawford, Fayette, Hancock, Vinton, Trumbull, Athens, Marion, Morrow, Gallia, Hamilton, Monroe, Putnam	Logan, Ashland, Erie, Hocking, Union, Delaware, Wyandot, Harrison, Portage, Clark, Darke, Ross, Tuscarawas, Medina, Butler, Lake, Paulding, Lorain, Clermont	Montgomery, Lucas, Allen, Mahoning, Ashtabula, Warren, Cuyahoga, Summit, Franklin, Clinton, Highland, Geauga, Greene, Miami, Stark, Ottawa, Van Wert

*NOTE: All counties were given an option to seek assistance from other counties to work pending cases. A bonus program was established to financially reward counties that provide assistance. However, none of the high-caseload counties chose the shared services option.*





# Local Funds Freed Up When Counties Enroll “Newly Eligible” Medicaid Beneficiaries

Local Funds Impact (in millions)	FY 2014	FY 2015	FY 2014-15
Sales tax revenue	\$4	\$21	\$25
Behavioral health services to Medicaid	<u>\$35</u>	<u>\$70</u>	<u>\$105</u>
<b>TOTAL LOCAL BENEFIT</b>	<b>\$39</b>	<b>\$91</b>	<b>\$130</b>



## Promoting wellness and recovery

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John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • [mha.ohio.gov](http://mha.ohio.gov)

To: ADAMH Boards  
From: Tracy Plouck, Director  
Date: May 6, 2014  
RE: Enrollment in Medicaid Benefits

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Over the past few weeks, I have heard anecdotal concerns from various areas of the state regarding the mechanics of enrollment in Medicaid.

If you are aware of individuals within your board area who may be eligible for Medicaid benefits, please reach out and encourage them to sign-up via the web at <http://benefits.ohio.gov>.

This electronic method gives Ohio residents an easy way to check their eligibility and directly apply for benefits. It streamlines communication with the local office of Job and Family Services and reduces paperwork as compared to the paper application.



### Current Initiatives

#### Modernize Medicaid

Extend Medicaid coverage to more low-income Ohioans  
Reform nursing facility reimbursement  
Integrate Medicare and Medicaid benefits  
Prioritize home and community based services  
Create health homes for people with mental illness  
Rebuild community behavioral health system capacity  
Enhance community developmental disabilities services  
Improve Medicaid managed care plan performance

- More detail about extending Medicaid coverage

#### Streamline Health and Human Services

Implement a new Medicaid claims payment system  
Create a cabinet-level Medicaid department  
Consolidate mental health and addiction services  
Simplify and integrate eligibility determination  
Coordinate programs for children  
Share services across local jurisdictions

- More detail about the *Ohio Benefits* implementation

#### Pay for Value

Engage partners to align payment innovation  
Provide access to patient-centered medical homes  
Implement episode-based payments  
Coordinate health information technology infrastructure  
Coordinate health sector workforce programs  
Support regional payment reform initiatives  
Federal Health Insurance Exchange

- County-level detail on pending cases