



Ohio

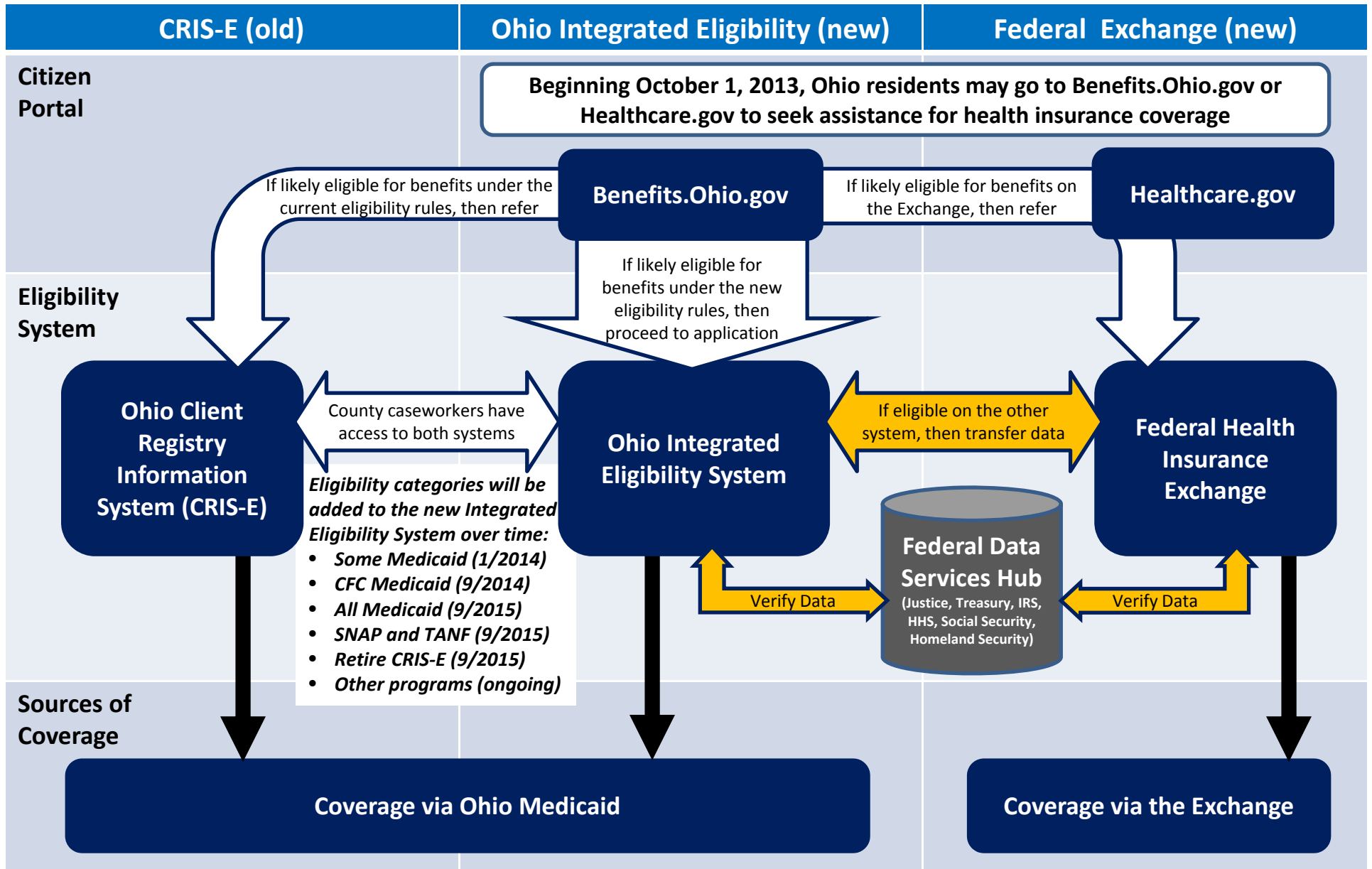
Governor's Office of
Health Transformation

Ohio Benefits Update

updated April 30, 2014

www.HealthTransformation.Ohio.gov

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
- 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

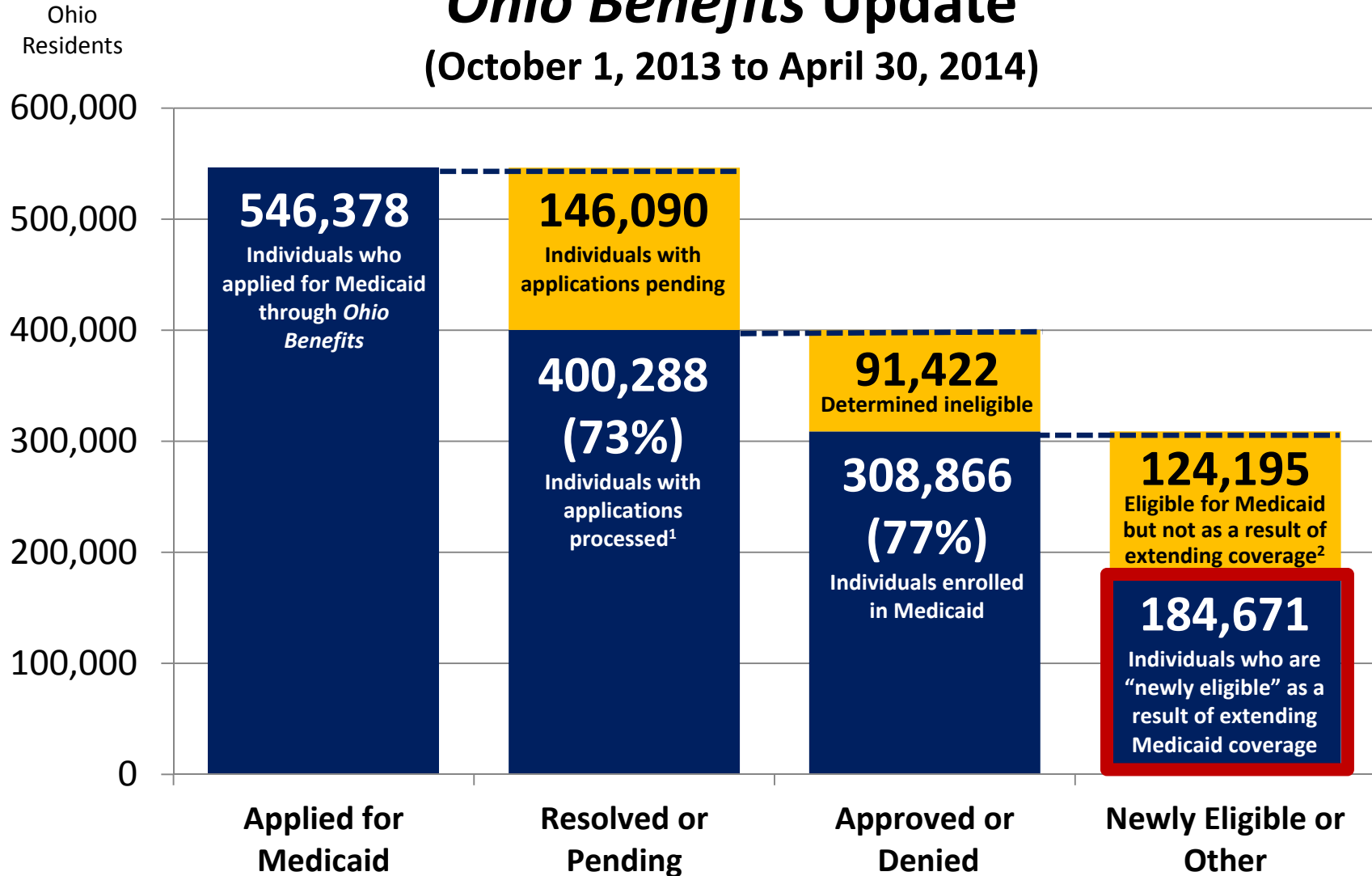
Potential Ohio Medicaid cases have been accumulating in the troubled federal health care eligibility system since Oct. 2013.

- 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)



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.



Governor's Office of Health Transformation

Ohio Medicaid “Newly Eligible” Enrollment

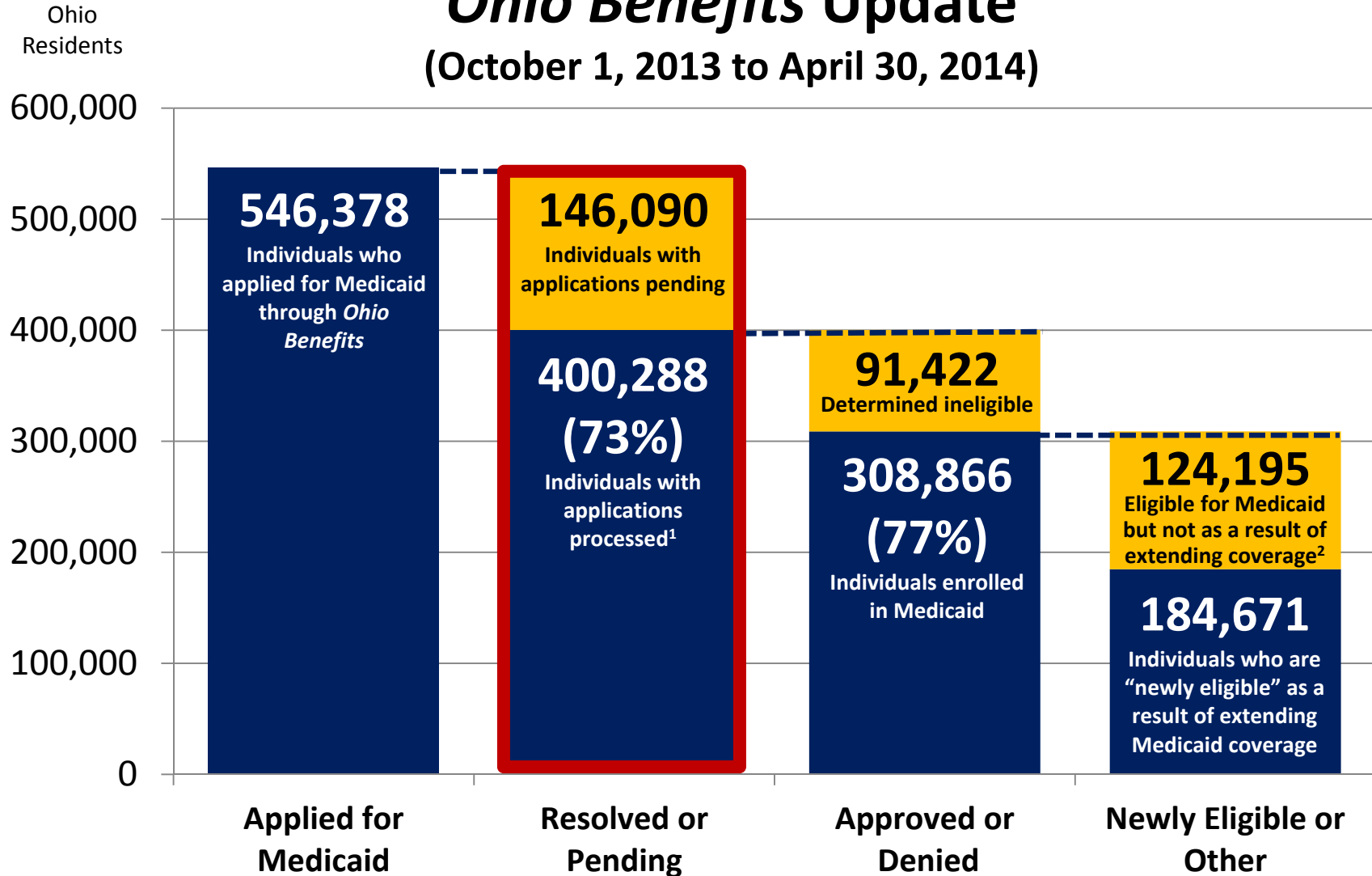
Enrolled	Estimated	Actual*
January	58,666	96,398
February	117,332	132,265
March	175,999	171,910
April	234,665	184,671

* 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)



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

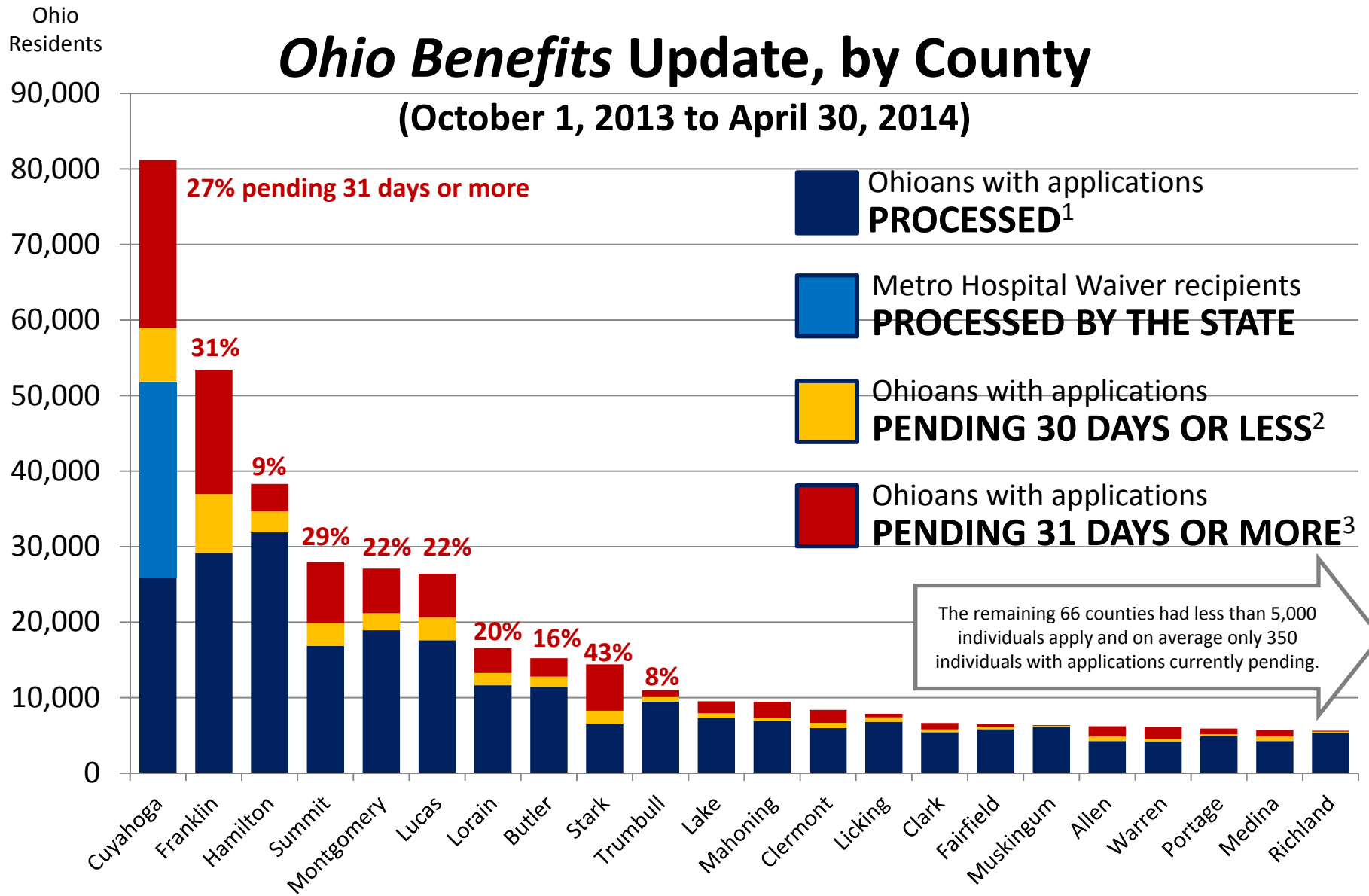
1. Does not include applications still pending in the federal system, which will be processed through Ohio Benefits in May 2014.
2. Does not include Ohioans who became eligible for Medicaid as a result of disability or other categorical criterion that required enrollment through CRIS-E instead of Benefits.Ohio.gov.



Governor's Office of Health Transformation

Ohio Benefits Update, by County

(October 1, 2013 to April 30, 2014)



Governor's Office of Health Transformation

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.

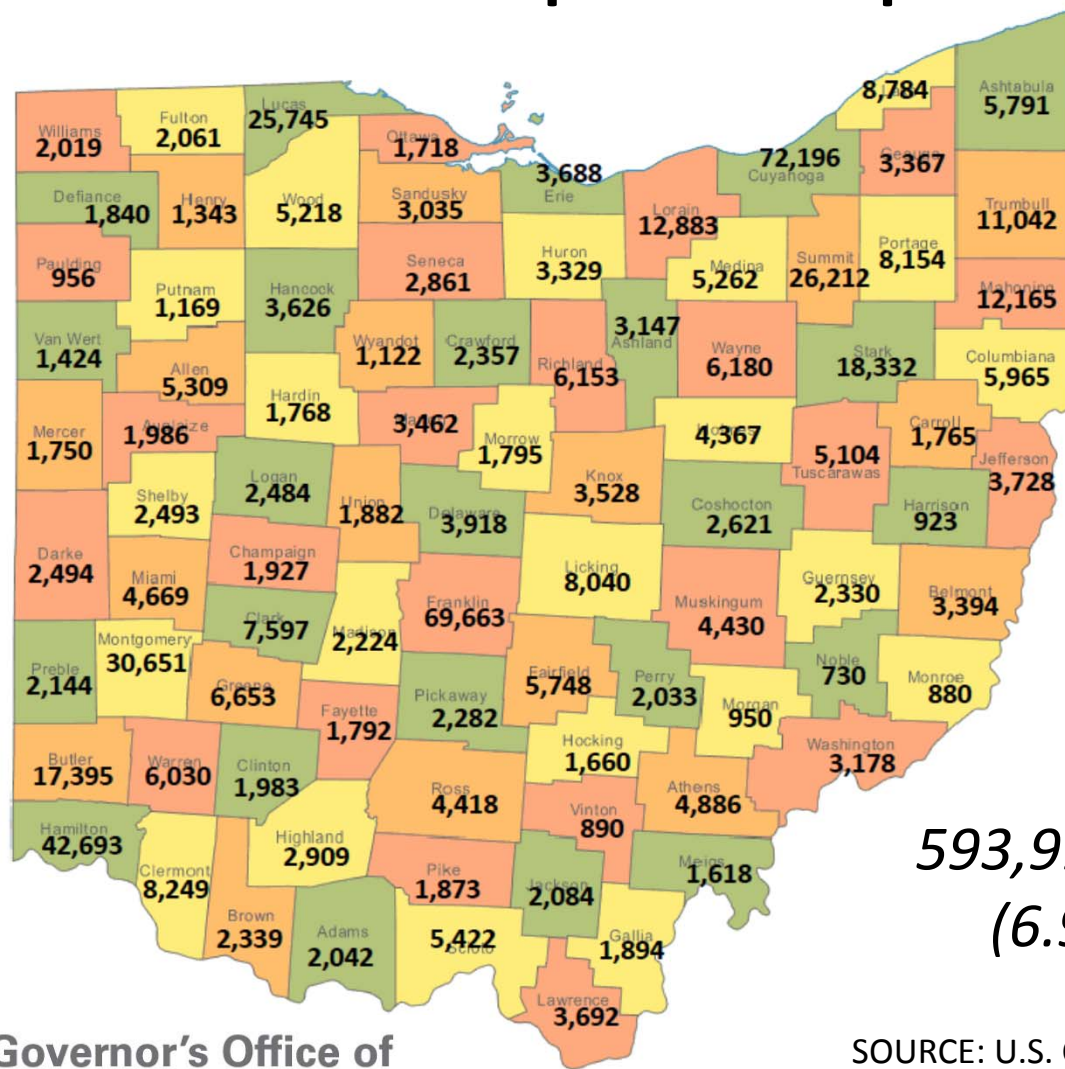
Percentage of *Ohio Benefits Caseload Pending More than 30 Days, by County*

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.



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)



Governor's Office of Health Transformation



www.healthtransformation.ohio.gov

CURRENT INITIATIVES

BUDGETS

NEWSROOM

CONTACT

VIDEO



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

