State of Ohio
Integrated Eligibility System

Category: Cross-Boundary Collaboration

Contact:
Katrina B. Flory
Ohio Department of Administrative Services
Office of Information Technology
614.995.5466
Katrina.flory@das.ohio.gov

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Executive Summary

Ohio is the seventh largest state in the United States, operating with a biennial budget of $96.8 billion and serving more than 11.5 million citizens. Ohio, like many states, was facing a new healthcare landscape where the stakes were higher. In October 2013, Ohio became the 25th state to extend Medicaid covering an additional 275,000 Ohioans who were not previously eligible for the program.

Using an innovative approach that involves collaboration among multiple state agency partners, the administration took significant steps to improve services to vulnerable Ohioans, reduce costs, increase efficiency, and support the governor's efforts to create jobs and reduce unemployment.

The Governor's Office of Health Transformation (OHT) initiated a modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize eligibility systems. Ohio's Department of Administrative Services is overseeing the project in partnership with the Department of Medicaid and Department of Job and Family Services. Ohio went live with Medicaid eligibility 8 months after signing the contract with the implementation vendor. This is the fastest eligibility system implementation in the country.

Ohio's Integrated Eligibility System includes a self-service portal that can facilitate real-time eligibility determination and provide a real-time interface with the state's Medicaid Management Information System (MMIS). For applicants that are not eligible for real-time case processing, automated intake through case-creation is available. These actions are improving the consumer experience and significantly reducing the workload associated with these processes.

The Ohio Integrated Eligibility System is a flexible and interoperable solution that will support the full continuum of health and human services programs and services. The solution is adaptive to changing policies and business rules, leverages modern technologies and uses best practices.

The Ohio Integrated Eligibility System has racked up an impressive set of statistics:

- Supports almost 20,000 caseworkers across 88 counties
- Total number of applicants received: 586,741
- 70% of the total applications have been processed
- Total number of applicants processed through "no-touch processing" or processing without worker intervention - 60,000:
    - 5,000 through the self-service portal
    - 25,000 Metro Health Customers
    - 30,000 Federal Hub transfers
- Number of Outbound Accounts transferred to the Federally-Facilitated Marketplace (FFM): 25, 578

To see the system in action visit: http://benefits.ohio.gov.

3. Business Problem and Solution

Ohio was facing a new healthcare landscape where the stakes were higher. The changing and challenging healthcare environment illuminated an already recognized need to streamline health and human services and the overall system to reduce costs, increase efficiency and improve agency business processes.

Ohio needed the right technology system to meet federal deadlines, and also support leadership's goals for integration and efficiency. The state's decades-old legacy systems were cumbersome, siloed and expensive to maintain. Ohio needed a flexible system with a modern technology foundation that could evolve alongside changing policy and program needs and support the shift from an agency-based model to a person-centric model.

The State of Ohio set out on an ambitious effort to deliver and implement a modern technology infrastructure in record time. In fact, it was the most aggressive timeline in the nation.

Given the aggressive timeframe, Ohio was interested in the low-risk, expeditious path of using a proven Human Services software solution. Ohio selected the Accenture human services suite of products. This decision allowed Ohio to rapidly implement a new system capable of handling eligibility across various programs and agencies, and offer citizens easy online access to eligibility and benefits through a self-service portal.

This service-oriented architecture solution offered pre-configured tools, more than 50 technical services and frameworks ready to use, that facilitated quick implementation. The system also allows interoperability so that Ohio can now quickly integrate and interface with partners and other systems and agencies. Built-in federal hub interfaces (homeland security, social security, IRS, Medicaid and Medicare) enable real-time data verification and full support for "no-touch processing." The suite helped Ohio streamline case management and handle a higher caseload through automation and self-service.

Program Rollout

Phase I: Completed October 2013
The first release of the solution was delivered on time and on budget to support early enrollment of those who are now eligible based on their Modified Adjusted Gross Income (MAGI). This phase included the launch of a consumer self-service portal, benefits management software and rules engine.

The system supports enrollment of adults with income up to 138 percent federal poverty level (FPL), including parents, childless adults and people with disabilities. The platform is fully secure and National Institute of Standards & Technology Special Publication 800-53 compliant. It was rolled out with the ability to handle 300,000 concurrent users and allowed Ohioans access to the state's health and human services programs through robust self-service and improved self-sufficiency without any performance issues.

Phase 2: To be completed September 2015
The integrated eligibility solution implementation will be expanded to non-MAGI Medicaid categories. This expansion will support Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP) as well as additional income-driven eligibility programs.

Project Management

Ohio established clear channels of communication from the beginning. Within those channels of communication, leadership set clear expectations for project team members. The team functioned with an overall spirit of transparency. Risks and issues were identified as soon as they arose, and the most critical, high-priority issues were escalated so that they could be remedied without impacting the tight schedule.

Work was coordinated and shared fluidly across work streams. Each team member was empowered to make decisions regarding their assigned work activities and all were set up for success.

All affected agencies, including counties, had representation from the beginning of the project and were invited to provide applicable business and policy resources, as needed, to assist with design and execution of the enterprise solution.

Training efforts to date have been significant and planning for additional opportunities is well underway. Over 3,500 county case workers were trained to use the new system. Presumptive eligibility program and core MAGI Medicaid training was also conducted for counties. Phase 1.0 of Train-the-Trainer is complete and the project team is in the process of deploying a hybrid central/regional instructor lead training program for untrained county users. A training needs assessment is in process to collect impacted audience and specific learning needs requirements. Training for SNAP/TANF and Aged, Blind or Disabled (ABD) Medicaid is in the initial planning stages.

The first major portion of this three year implementation was delivered on time and on budget, eight months after the contract was awarded. This is the fastest successful eligibility system implementation in the country.

4. Significance

The Ohio Integrated Eligibility project is reducing the costs associated with eligibility processes, particularly those that rely on information technology. Beneficiaries have new self-service online access options. The system is facilitating data sharing among state agencies and offices, providing the state and its county partners with new capabilities to enroll people and manage human service operations.

The new, service-based technology enterprise framework at the core of the planned system enables cost savings for IT system development, operations and maintenance. The project is benefitting key stakeholder groups in a variety of ways:

For Ohio citizens. The system simplifies eligibility under new guidelines with technology-automated processes. Ohio residents can find, and more easily apply for benefits. The system simplifies client eligibility based on income, thus improving the consumer experience.

For caseworkers. The Ohio Integrated Eligibility project is transforming and improving the way more than 20,000 county workers support Ohioans. No-touch processing is operational in Ohio for all ACA Medicaid categories. This functionality includes automated processing of intake and case creation and relies on state and federally defined program rules to determine eligibility. Citizens can apply online and receive near real-time eligibility determination without worker intervention. No-touch processing frees caseworkers from working on processing applications and allows them to spend more time on helping customers in areas that require human interaction. The statistics above are evidence of workload reduction for caseworkers.

For state agencies. The system supports health and human services programs that service millions of Ohio participants. The new system streamlines state and local responsibility for eligibility determination and modernizes eligibility systems technology. The former lack of standardization led to work around solutions that were developed county-by-county, and presented great challenges for automation.

The project aligns with several of NASCIO's State CIO priorities, including: consolidation / optimization, budget and cost control, governance, health care, security, shared services and portal. The project also aligns with several priority technologies, applications and tools including virtualization, legacy application modernization, enterprise resource planning (ERP, business intelligence (BI) and business analytics (BA) applications.

5. Benefit of the Project

The State of Ohio's broader IT Optimization is focused on improving IT planning, reducing infrastructure complexity, increasing the use of enterprise applications/solutions, and employing business intelligence tools. These highly interrelated components will benefit the state by:

- Promoting strong central planning and governance that provides insight into the business needs of the agencies and a holistic view of the enterprise.
- Simplifying the infrastructure to reduce costs and provide a foundation for common, enterprise applications and solutions.
- Expanding the use of enterprise applications to facilitate the integration of disparate sources of data.
- Achieving this data integration will greatly improve state services and service

delivery, enhance policy making and enable enhanced analytic capabilities and reporting options.

The Ohio Integrated Eligibility project is enabling the states shared service goals for IT Optimization. The system is also meeting an urgent need, Ohio needed the right technology system to meet federal deadlines and support leadership's goals for integration and efficiency.

This seven-year project will replace hardware and software for the eligibility determination system first deployed in 1978. It will also simplify the eligibility determination process. For example, it will condense the categories for which eligibility is determined from about 150 to three broad categories.

Not only will the new system speedup determinations for the existing 2.3 million Ohioans on Medicaid, but it will also help handle the approximately 275,000 new enrollees.

Significant, tangible benefits are already being realized:

- Inmates connected to Medicaid coverage for inpatient services, which represents $18 million in annual savings for Ohio's prisons.
- 26,000 Cuyahoga residents were converted from Metro Health waiver to regular Medicaid with no case worker intervention.
- Project costs are considerably under budget and only eight percent of the federal Healthcare.gov project costs.
- Delivered 10 major system releases that improved performance and incorporated county recommendations to expedite casework.
- Implemented presumptive eligibility functionality that allows hospitals and other providers to enroll patients directly into Medicaid.

This innovative, flexible and interoperable solution supports the full continuum of health and human services programs and services. The solution is adaptive to changing policies and business rules, leverages modern technologies and uses best practices. Additionally, Ohio was able to secure federal funding to cover 90 percent of the cost of the project.

Overall Benefits

- Improves customer service and citizen access to state programs / services.
- Reduces overall costs for Ohio's taxpayers by meeting a person and family's needs and preventing more costly publicly funded services and by preventing service delivery duplication, waste, fraud and abuse.
- Simplifies eligibility determination process.
- Accelerates eligibility determinations.
- No-touch processing to accurately handle the volume of applications and minimize manual error.

- Caseworkers are trained on complex cases and eligibility determination.
- Freed up county access to federal funding for eligibility expenses.

Technology Benefits

- Services are governed cross-agency.
- Better interoperability between projects.
- Maximizes use of state technology assets.
- Provides more flexible solutions.
- Promotes reuse.
- Reduces development / support time and costs.
- Established enterprise contracts that can be leveraged across Health & Human Services agencies.

Future Benefits

In 2015, Ohioans will also be able to use the system to apply for other social service programs that rely on an income test. These programs include TANF and SNAP.