
Oregon Health Authority's

MAGI Medicaid

System Transfer Project

Category: Open Government and Data, Information and Knowledge Management

Sponsor: Lynne Saxton, OHA Director

Project Initiation Date: December 2014

Project Completion Date: May 6, 2016

Project Director: Sarah Miller

Project Team: OHA Business and Office of Information Services staff &
Deloitte Consulting (Systems Integrator)

Executive Summary

The primary objective of the OregonONEeligibility (ONE) project was to enable Oregon's Medicaid agency – Oregon Health Authority (OHA) – to create a state-based eligibility determination and enrollment system that included functions to process program eligibility and enrollment for MAGI Medicaid applications. The implemented solution expanded application accessibility and improved application processing efficiency through a Worker Portal for State staff and an Applicant Portal for Oregonians. The successful implementation of the project allowed OHA to overcome a number of significant challenges. Examples include:

- Manual processes required throughout the application/case lifecycle including client matching, manual verifications, concurrent eligibility match, enrollment, and renewal. The lack of standardized processes coupled with technical limitations created variables in the way in which information was recorded and maintained.
- Applicants being forced to complete multiple versions of the same application depending on where they started their application from.
- Lack of standardized automated reports to support federal reporting requirements on performance metrics.

As of May 2016, OHA has achieved the following milestones:

- 234,795 Oregonians enrolled in MAGI Medicaid benefits using the ONE system;
- 370,857 case benefits authorized, including 40,435 HealthCare.gov applications;
- 816 Community Partners are using the ONE system to provide application assistance to Oregonians;
- Paper correspondences to applicants generated in 7 languages; 5 alternate formats: large print, braille, oral presentation, audio tape and computer disk;
- Integration with Federal Data Services Hub for real-time verification of income, citizenship, immigration status, and incarceration status;
- Centralized and verified enrollment data for Coordinated Care Organizations with system reconciliation activities implemented between ONE and Oregon's Medicaid Management Information System (MMIS);
- Integration with state shared service providers like Image and Records Management (IRMS) and Publishing & Distribution to scan/index and generate client correspondence;
- Processing of renewals for approximately 560,000 households, and 600+ additional Community Partners using the ONE system for application assistance;
- Integration with external vendors like MessageMedia to support electronic notifications (SMS) for public user notifications;
- Further automation and self-service capabilities to support MAGI Medicaid application and renewal processes.

Project Narrative

1. Concept

OHA initiated the effort to implement ONE system with the following goals in mind:

- Implementation of an eligibility rules engine to support MAGI Medicaid eligibility determination and benefit calculation for enrollment in Oregon’s Medicaid Management Information System (MMIS);
- Creation of bi-directional account transfer functionality from the Federally Facilitated Marketplace (FFM) and OHA’s Medicaid Eligibility & Enrollment System;
- Integration and implementation of the Minimum Essential Coverage (MEC) check;
- Creation of a public facing website that will direct Oregonians to apply for Medicaid coverage in such a way that it is intuitive for the public.

a. Barriers, Challenges & Opportunities

The environment for completing this project was complicated given the public failure of the Cover Oregon Health Insurance Exchange. Here are the strategies OHA used to address barriers and challenges in this project.

- **We transferred an existing system.** Oregon transferred and implemented “Kynect”, Kentucky’s Healthcare Connection system. We chose this system because Kentucky has similar Medicaid rules, policies, and system interfaces similar to Oregon, and the system closely matched Oregon’s needs.
- **We hired a systems integrator.** Oregon procured Deloitte Consulting for systems integration services. Deloitte has successfully implemented integrated eligibility systems in many other states, including the original Kentucky system.
- **We managed scope tightly.** Oregon chose to change policy or business process before technology whenever feasible. This principle drove adoption of best-practice business processes already inherent in Kynect.
- **We established project governance to minimize risk.** An executive steering committee formed to oversee project implementation, included external advisors from the Office of the State CIO, Legislative Fiscal Office, and other state agencies.
- **We built on existing relationships.** Key individuals from “first user” units served as local experts communicating to their groups and passing on user input. Business leaders were instructed to focus on getting users ready for the new system by “owning” organizational change management, and serving as translators between IT and business operations. On the technology side, we partnered closely with our service providers including the state’s centralized data center.

b. Solution

OHA decided to collaborate with Deloitte Consulting as the systems integrator because of their experience in implementing such large scale systems. Furthermore, the selection of the baseline solution for Oregon was based off of an Affordable Care Act (ACA)-compliant enrollment system in Kentucky, called Kynect, which was also

implemented by Deloitte Consulting. This transfer solution was modified to meet Oregon’s MAGI Medicaid eligibility determination needs.

Funding for the implemented solution, ONE System, was paid for with enhanced federal funding for Medicaid eligibility systems from the Centers for Medicare and Medicaid Services (CMS). Budgeted at \$62 million at a 90/10 match rate, the project actually came in under budget at just over \$58 million.

From a technical standpoint, the system was designed to support large scale enterprise solutions with virtual servers hosted at the State Data Center. Implementation of the technical solution has many characteristics that show an innovative approach to design and development. These include the following:

- More than 450 virtual servers are hosted at the State Data Center to support multiple environments for design, development, testing, maintenance, and operations;
- Capacity utilization of existing shared services, such as SMTP, SAP BO, Kofax-FileNet integration, etc.;
- Implementation of Single Sign On (SSO) for State staff using the Worker Portal;
- Built-in redundancy to avoid a single point of failure in the system;
- Integration with multiple external systems with real-time and batch connectivity as needed;
- Collaboration with Federal Data Services Hub (FDSH) through real-time connectivity, allowing verification of individual’s information, such as SSN;
- Support for no touch processing for applications that do not require further verifications through “Request for Information”, or RFIs. Integration and collaboration with state shared service providers like Image and Records Management (IRMS), enabling scanning and storage of documents in ONE’s Document Management System (DMS).

The system is also well integrated with external vendors, such as MessageMedia, which have enabled the support for mass electronic notifications like SMS, shown in Figure 1. Non-electronic notifications, such as printing and delivery of paper notices, are supported by establishing Secure File Transferring Protocol (sFTP) with the Oregon Publishing and Distribution department.



The system also generates federally-mandated operational metrics required for CMS ACA compliance.

c. Length of time in operation

The ONE system has been in operation since December 2015. The Maintenance and Operation phase and Enhancement Services agreement is in place through 2018.

d. Project Timeline

As shown in Figure 2, the project was initiated with a Fit-Gap assessment in December 2014, followed by the Design, Develop and Implement (DDI) phase, which kicked off in January 2015. The integrated system was launched in phases, with the Worker Portal being released in December 2015, followed by the Applicant Portal for Community Partners and Oregon residents in February and summer 2016, respectively.

e. Baseline and metrics

So far, more than 240,000 people have been entered into ONE. Ultimately, more than 955,000 Oregonians could use the ONE system to apply for or renew their MAGI Medicaid benefits. On a daily basis, community partners log-in to the Applicant Portal more than 2,000 times in one day; staff log into the Worker Portal more than 20,000 times in one day. Metrics that are used to measure success would be the number of enrollments and renewals since the system has been in operation. More details are provided in Sections 3 and 4 (Significance and Benefits to the Project, respectively).

f. Innovative characteristics

The ONE system features several innovative functional and technical characteristics:

- Fully automated processing for applications that do not require additional information to be submitted from client;
- Real-time connectivity with FDSH allowing instant verification of individual’s data;
- Integration with document management for scanning and storing artifacts;
- Correspondence generation in both paper and electronic formats;
- Automated production environment build deployment;
- Technology architecture with adequate redundancy (no single point of failure);
- Real-time and batch integration with partner systems, such as MMIS, federal interfaces, etc.;
- Production support call routing for reporting and triaging issues;
- Single Sign On (SSO) feature for state staff using the Worker Portal;

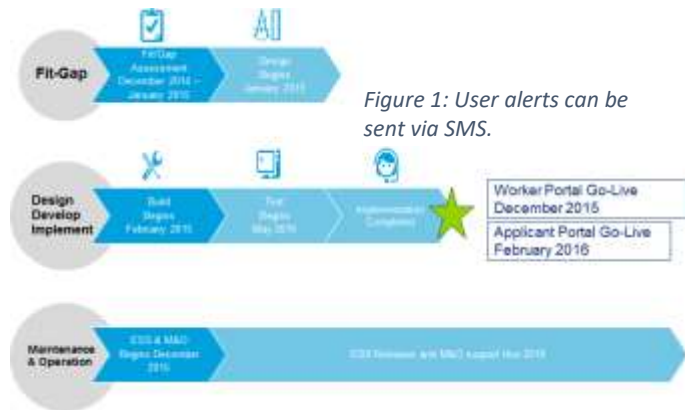


Figure 1: User alerts can be sent via SMS.

Figure 2: The three major phases of the project are Fit-Gap, DDI and M&O. Worker Portal launched in December 2015, while the Applicant Portal launched in February 2016.

- Implementation and management of Team Foundation Server (TFS) as the *single source of truth* for all documents, requirements, code, and configuration management items;
- Support of document upload via mobile devices.



Figure 3: User alerts can be sent via email.

g. Communications plan to educate

The Applicant Portal was made available to a set of approximately 85 Community Partners in January 2016. As of April 2016, the number quickly grew to 263, with the goal to reach over 600 Community Partners by the end of June. Talking points were given to Community Partners to share information at their meetings. A parallel effort was underway to release the Applicant Portal for Oregonians in the summer of 2016.

Monthly communications were sent to OHA/DHS staff regarding updates on the project. Additionally, change agents (selected in each business unit) and managers attended monthly meetings to learn about system functionality and project updates, which then were communicated back to their departments.

2. Significance

The project is significant across the following aspects:

Improved Access to Health Care for Oregonians

The system is providing improved access for Oregonians to health care by providing a simplified process for application, enrollment, and eligibility determination in the Oregon Health Plan (OHP), via ONE Medicaid Eligibility determinations. Once the applicant's information has been entered into the system, the connection to the FDSH allows for real-time verification of individual information for the automated processing of applications. The system allows residents or their representatives to apply for benefits online in real-time, through a user-friendly applicant portal. Citizens can also receive correspondence in multiple formats and languages.

Single Application for Benefits through federal Healthcare.gov or OHA

Real-time collaboration between FFM and OHA exists, so an Oregonian can go to either the FFM or OHA website and apply for Medicaid coverage with automatic bi-directional account transfer.

Investing in Oregon’s Technology Infrastructure

Through collaboration with ETS, OIS is able to reduce dependency on external vendors to provide hosting environments. Furthermore, the collaboration has resulted in an investment of a statewide solution and process improvements to advance server delivery for OHA/DHS and other clients.

3. Impact of Project

This project has benefited the State of Oregon in many ways, including multi-party collaborations, cost savings, efficiency, and compliance with federal mandates.

Accuracy of benefit and eligibility determinations has allowed OHA/DHS to terminate cases that no longer meet benefit rules. From terminations done in the months of March and April 2016, the state expected to save over \$8 million and \$5 million, respectively. Further cost savings will be attained in future months as coverage of additional applicants are terminated based on their eligibility determination.

Notwithstanding benefits listed in other sections of this document, additional benefits have been realized due to the implementation of the ONE system:

Benefit	Benefit Aspect	Detail
Increase efficiency of enrollment & renewal processing	Efficiency	<ul style="list-style-type: none"> • 234,795 enrollments in 5 months of system operation • By the end of 2016, OHA processed renewals for approximately 560K households, which targets a total population of 955K Oregonians
Reduce case workload	Collaboration & Cost savings	<ul style="list-style-type: none"> • Eligibility determination is automated and produced using captured application data, verification sources, and current eligibility status through cross-agency collaboration
Increase community partner involvement for application assistance	Collaboration	<ul style="list-style-type: none"> • As of May 2016, 397 Community Partners are currently registered and have processed 4523 applications
Streamline workflow	Efficiency	<ul style="list-style-type: none"> • Task management combined with automated reports have streamlined application processing
Integrate data & document storage	Collaboration, Cost Savings & Efficiency	<ul style="list-style-type: none"> • Centralized and verified enrollment data is available for Coordinated Care Organizations • Interfaces with State shared service providers like Image and Records Management (IRMS) to scan\ store documents in FileNet integrated with ONE

Summary: Project Success and a Healthier Future for Oregonians

Looking forward, the amount of enrollment administrative churn is expected to decrease because prepopulated renewal forms make it easier for renewals to occur. By making the process more efficient, the system will provide quicker access and remove barriers for Oregonians seeking preventative care. Additionally, fully sun-setting the Cover Oregon legacy system and all its complicating factors, has been successfully achieved. These are just a few of the tangible benefits of the system. Through the successful implementation this project, the ONE system has proven that collaboration between multiple agencies can result in large-scale projects coming in under budget, and also provides a brighter future for the MAGI Medicaid program and Oregonians.