

Integrated Eligibility

In March 2012, the Governor's Office of Health Transformation (OHT) initiated an eligibility modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize eligibility systems technology. The new system will go live on October 1, 2013 and over the next two years replace Ohio's 32-year-old Client Registry Information System (CRIS-E). The goal is for most enrollees to learn of their eligibility for Medicaid and other programs based on income tax information without needing to undergo any additional eligibility tests. The two main features of the plan are to simplify eligibility policy, and to automate eligibility determination systems, as described below.

SIMPLIFY ELIGIBILITY POLICY AND WORKFLOW

Current eligibility processes are confusing and time consuming. Last year, 2.3 million Ohioans had to physically meet with a county caseworker to apply for Medicaid, often requiring multiple repeat visits to the county office. Each individual qualified through a myriad of requirements, computations, and verifications – there are more than 150 categories of eligibility just for Medicaid. Income disregards or special income treatment was used as needed with each family or, in some cases, different standards were applied to individuals within the same family.

Medicaid eligibility will be simplified into three basic categories. Governor Kasich's 2011 Jobs Budget required Ohio Medicaid "... to reduce the complexity of the eligibility determination processes for the Medicaid program caused by the different income and resource standards."¹ As a first step, Ohio Medicaid mapped the current 150+ Medicaid eligibility categories into three groups: (1) children and pregnant women, (2) individuals who are age 65 or older, who have Medicare coverage, or who need long-term services and supports, and (3) community adults not covered in the first two categories.² All three groups will benefit from simplified processes. Eligibility criteria for seniors and people with disabilities (group 2) will not change – income, resources, spend-down, disability determination, and other creditable coverage will be treated the same. Eligibility criteria for children, pregnant women and community adults (groups 1 and 3) will change as a result of new modified adjusted gross income (MAGI) standards mandated by the federal Affordable Care Act (ACA).

¹ [ORC 5111.0123](#)

² If Ohio extends Medicaid eligibility, then the newly eligible population will be enrolled as community adults.

Income eligibility will be simplified based on MAGI standards. Starting January 1, 2014, the ACA requires states to convert their current Medicaid income eligibility standards for children, pregnant women, and community adults into an equivalent MAGI income standard, as defined in the Internal Revenue Code.³ MAGI is the only standard Ohio Medicaid will use to determine eligibility for community adults – there will be no spend-down processes, resource tests, or disability determination requirement, although there will be other qualifying criteria, such as legal residency. The conversion to MAGI will bring state Medicaid programs into alignment with the federal Health Insurance Exchange, which also will use MAGI to determine an individual’s eligibility for a tax credit to offset the cost of purchasing health insurance on the federal Exchange.

Eligibility workflow will be streamlined. The significant changes that the ACA mandates for Medicaid create an opportunity to rethink Ohio’s overall approach to income-based eligibility processes. In August 2013, the Ohio Department of Administrative Services (DAS) entered into a contract with Deloitte Consulting to redesign business processes for all of Ohio’s health and human services eligibility systems.⁴ In the past, the state included workflow redesign as “organizational change management” within new technology contracts, but technology needs typically dominated the work, resulting in an automation of business-as-usual. For integrated eligibility, DAS separated change management and technology upgrades into two contracts – the change management vendor (Deloitte) will streamline state and county eligibility workflows, which in turn will be automated by the technology vendor (Accenture).

AUTOMATE ELIGIBILITY DETERMINATION SYSTEMS

CRIS-E is obsolete and needs to be replaced. When CRIS-E was implemented 32 years ago, it was able to meet the needs of county caseworkers to manually enter cases and provide eligibility determinations for Medicaid and several of Ohio’s health and human services programs. As time went by, many processes were added to allow the original system to do more, but all of the additions were built on the original foundation, which could only extend so far and long ago reached its limit. *The problem is so severe that Ohio Medicaid estimates 60 percent of CRIS-E’s eligibility determinations for Medicaid need to be manually overridden to prevent eligible applicants from being denied coverage.* CRIS-E is so fragile and technically obsolete that it is no longer practical or cost effective to invest in further attempts to enhance the system.

³ Generally, MAGI is the total of adjusted gross income (1040EZ line 4, 1040A line 21, or 1040 line 37) and tax-exempt interest income (1040 line 8b).

⁴ The DAS Operational Change Management Contract costs \$19 million over three years (\$1.9 million state share); [Contract Summary](#) and [DAS Procurement Website](#) (May 29, 2013).

Federal funds are available to implement new federal eligibility standards. Beginning October 1, 2013, the ACA requires state Medicaid programs to provide online, real-time, web-based eligibility applications, verifications and determinations. States may access 90-percent federal funding through December 31, 2015 to upgrade Medicaid eligibility systems, and use enhanced federal funds to build systems that also determine eligibility for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and other federal programs, so long as the state would have incurred the cost to build the system for Medicaid. In March 2012, CMS approved Ohio's request to use 90-percent federal funding to design and build a new integrated eligibility system for all of the state's health and human services programs.⁵ In February 2013, DAS entered into a contract with Accenture to replace CRIS-E with a new, integrated, enterprise solution that supports both state and county operations.⁶

Counties are the key to building a better system. The hard work of eligibility determination is done by county caseworkers, and that stays the same under the new system. What will change is that county staff will have better tools to do their work. To get this right, counties have been active participants in every step of the process to replace CRIS-E with a better system, including planning, vendor selection, design work, system tests, and extensive training. Late in the process when the federal government mandated the use of telephone applications, it was a group of counties (called Collabor8) that stepped up to provide a solution. And when it was clear that county resources were not sufficient to operate both CRIS-E and the new system through a period of transition, the state provided additional resources in Governor Kasich's Jobs Budget 2.0. Integrated eligibility is a model of what the state and counties can achieve when they coordinate across boundaries for the good of Ohio.

The new system creates significant new capabilities and benefits. At the core of Ohio's new eligibility system is a flexible rules engine that allows policy makers to quickly move new policies into production with minimal programming resources. This rules engine also will allow each program – Medicaid, SNAP, TANF and others – to develop their own distinct policies but share data, minimizing time and effort for both residents and county workers. There are two ways to access and use the new system:

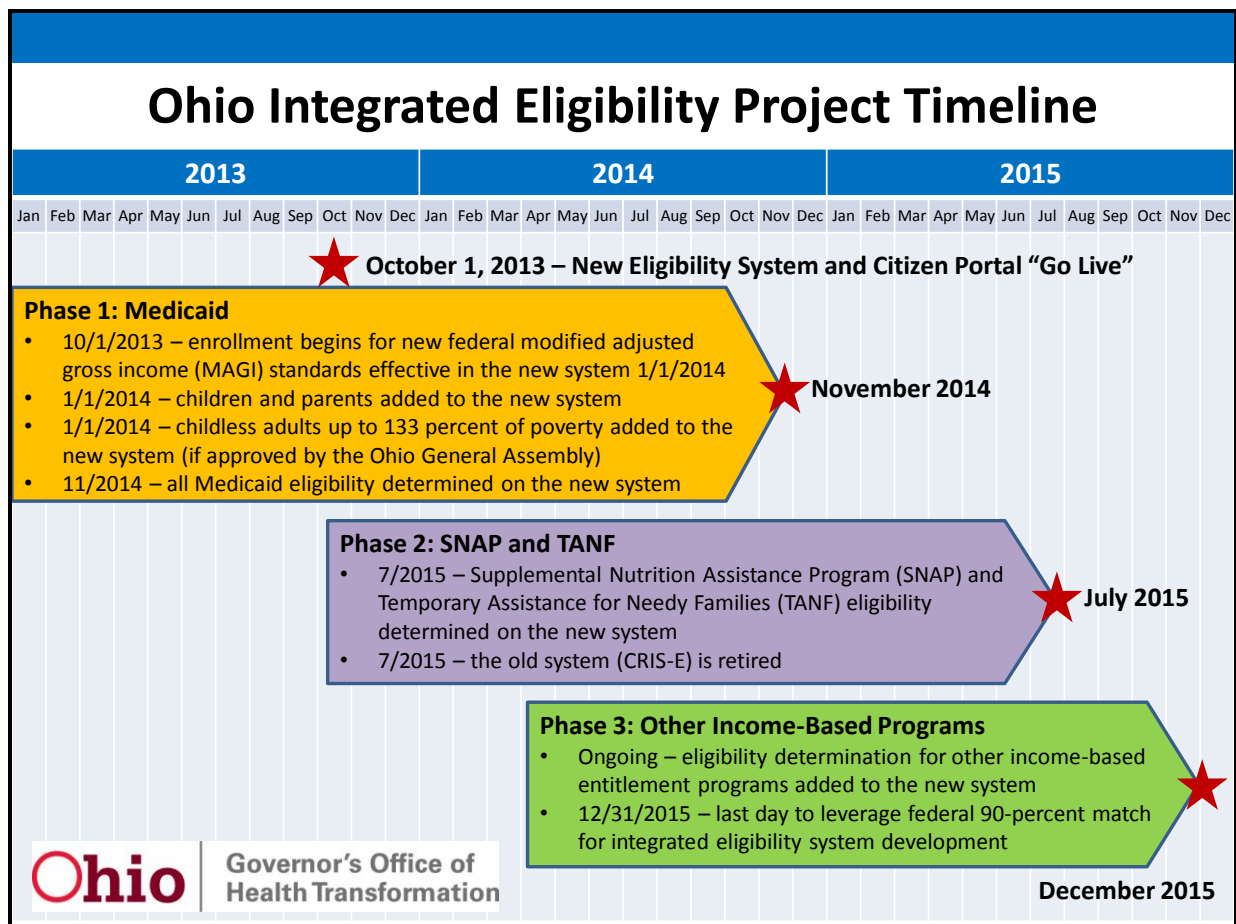
- **Benefits.Ohio.gov** – an online citizen self-service portal that will allow Ohio residents to apply for services and change their demographic information using a computer or mobile device, and

⁵ [CMS Letter](#) awarding Ohio federal planning funds for eligibility simplification (March 23, 2012).

⁶ The DAS Integrated Eligibility Contract costs \$134 million over two years to build the system (\$17 million state share); [Press Release](#) and [DAS Procurement Website](#) (February 6, 2013).

- **Ohio Integrated Eligibility System** – an online benefits management system that will allow county case managers to more efficiently manage their work, including intake and case creation, data collection, automated case notes, eligibility determination and benefits calculation, correspondence, case management, reporting, and system administration, including worker assignment and security.

The new system will be implemented in phases. On October 1, 2013, the Ohio Benefits site will refer most people into the existing Medicaid eligibility system or federal Exchange, and only process applications for certain MAGI groups (primarily children as they age out of foster care). On January 1, 2014, additional Medicaid applicants will be added, including children and parents, and by November 2014 all Medicaid applications will be processed on the new system. By July 2015, SNAP and TANF eligibility will be determined on the new system. As the capabilities of the new system are brought online, the corresponding CRIS-E capabilities will be retired. Eventually, all income-tested health and human services programs will be transitioned into the Ohio Benefits self-service portal and the Ohio Integrated Eligibility system.



The new system will communicate with the federal Health Insurance Exchange. The ACA requires Medicaid eligibility determinations to align with the new federal Health Insurance Exchange. Beginning October 1, 2013, Ohioans who apply through Medicaid (www.Benefits.Ohio.gov) and are not eligible for Medicaid will have their application transferred to the federal Health Insurance Exchange. Similarly, Ohioans who apply for health care through the federal Exchange (www.HealthCare.gov) but may be eligible for Medicaid will have their applications transferred from the Exchange to the Ohio Integrated Eligibility System. Both systems will use the same federal data services hub to verify information. The goal is a single, seamless process of applying for health coverage, regardless of where a resident applies.

