

Ohio requests transfer of federal files into *Ohio Benefits*

- Potential Ohio Medicaid cases have been accumulating in the federal health care eligibility system since October 2013. As of February 12, there were Medicaid applications for 106,624 Ohioans pending in the federal system.
- Ohio and other states wanted to perform end-to-end testing to avoid glitches in the federal system (www.healthcare.gov) transferring into the state systems, which in Ohio's case has been working well (www.benefits.ohio.gov). However, the states' multiple requests for testing were denied.
- Despite the risk of entering untested data into the state's system, Ohio Medicaid officially requested that the federal government transfer its pending cases in order to rescue those Ohioans who have been waiting in limbo to access health care. The first federal cases will transfer into *Ohio Benefits* on February 26.
- Ohio Medicaid and county departments of job and family services are working together to manage the sudden influx of federal cases and expedite their resolution:
 1. A collaborative team including county personnel and the Ohio Departments of Administrative Services and Medicaid will receive the federal file and clean up as many federal errors as possible prior to transferring cases to counties.
 2. *Ohio Benefits* will support counties that want to voluntarily collaborate to work pending cases.
 3. *Ohio Benefits* will be modified to incorporate county recommendations for system enhancements that expedite casework.
 4. Ohio Medicaid will free up county access to enhanced federal funding for eligibility expenses.
 5. Based on county needs, Ohio Medicaid will make additional training available to more county staff.
 6. Ohio Medicaid and the counties will review the state's outstanding caseload in mid-March and determine what course corrections to make, if any.
- The influx of federal cases is not expected to keep Ohioans from accessing Medicaid. This is because federal law requires Medicaid to cover allowable expenses in any of the three months prior to the date a person applies, not the date an application is approved. Thus, a delay in processing does not impact the effective date of coverage.