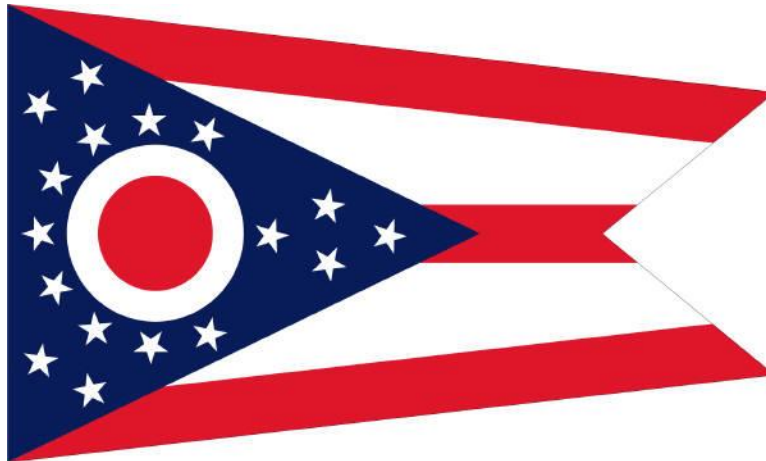


**Operating Protocol (OP) between the  
Department of Administrative Services (DAS)  
and the Department of Medicaid (ODM) for  
Ohio Benefits and other Office of Health  
Transformation (OHT) Initiatives**



*for the period of 7-1-2015 thru 6-30-2017*

**March 20, 2017**

## Glossary

<b>DAS</b>	<b>Department of Administrative Services</b>
<b>OAKS</b>	<b>Ohio Administrative Knowledge System</b>
<b>ODM</b>	<b>Ohio Department of Medicaid</b>
<b>MCD</b>	<b>OAKS Designation for ODM</b>
<b>OB</b>	<b>Ohio Benefits</b>
<b>PHI</b>	<b>Protected Health Information</b>
<b>PPACA</b>	<b>Patient Protection and Affordable Care Act</b>
<b>MAGI</b>	<b>Modified Adjusted Gross Income</b>
<b>SNAP</b>	<b>Supplemental Nutrition Assistance Program</b>
<b>TANF</b>	<b>Temporary Assistance for Needy Families</b>
<b>QDSS</b>	<b>Quality Decision Support System</b>
<b>MITA</b>	<b>Medicaid Information Technology Architecture</b>
<b>OHT</b>	<b>Ohio Health Transformation</b>
<b>SOA</b>	<b>Service Oriented Architecture</b>
<b>HHS</b>	<b>Health &amp; Human Services</b>
<b>CRISE</b>	<b>Client Registry Information System-Enhanced</b>
<b>EAPD</b>	<b>Expedited Advanced Planning Document</b>
<b>CMS</b>	<b>Centers for Medicare and Medicaid Services</b>
<b>HPES</b>	<b>Hewlett Packard Enterprise Services</b>
<b>DDI</b>	<b>Design, Development &amp; Implementation</b>
<b>OHCDW</b>	<b>Ohio HealthCare Data Warehouse</b>
<b>EDW</b>	<b>Enterprise Data Warehouse</b>

<b>BI</b>	<b>Business Intelligence</b>
<b>OP</b>	<b>Operating Protocol</b>
<b>ABD</b>	<b>Aged, Blind, Disabled</b>
<b>ODJFS</b>	<b>Ohio Department of Job and Family Services</b>
<b>LTC</b>	<b>Long Term Care</b>
<b>LOTISS</b>	<b>Linking Ohioans to Information, Services, and Supports (LOTISS)</b>
<b>IVV</b>	<b>Independent Verification and Validation</b>
<b>OCM</b>	<b>Organizational Change Management</b>
<b>CFR</b>	<b>Code of Federal Regulation</b>
<b>OMB</b>	<b>Office of Management and Budget</b>
<b>OHT</b>	<b>Office of Health Transformation</b>
<b>BH</b>	<b>Behavioral Health</b>
<b>MHAS</b>	<b>Mental Health and Addiction Services</b>

**Project: Ohio Benefits Operating Protocol (OP) between the Department of Administrative Services (DAS) and the Department of Medicaid (ODM)**

OP Managers: Stephen Boudinot, (614)466-9389, Stephen.P.Boudinot@das.ohio.gov and John Mack, (614) 752-3778, john.mack@medicaid.ohio.gov

Updated: 3/20/17

<b>PROJECT PURPOSE</b>	<b>Status</b>
Define the scope of work to be completed subject to this Operating Protocol	Completed
Identify budget for work	Completed
Define any OP specific processes and agreements necessary for the completion of work identified	Completed
Identify timeframes for significant work milestones	In process
Identify partnership parties	Completed
<b>PROJECT MANAGEMENT</b>	
Identify key members of the project team	Completed
Identify a detailed project workplan	Completed
Develop a workplan budget and identify the source(s) of funding	Completed
Report project status to the Program Office and HHS Cabinet	In progress
Coordinate with other project teams through the Program Office	In progress
Develop a stakeholder/media/legislative outreach plan	In progress
Host kick-off event(s) for the project team and stakeholders	Completed
<b>BUSINESS REQUIREMENTS AND SOLUTION</b>	
Define business requirements/policy objectives	Completed
Conduct an internal scan of solutions/capabilities	Completed
Identify and report gaps in existing operations/infrastructure	Completed
Assess the federal landscape for opportunities, including funding, and threats	Completed
Identify best practices, within the state and externally	Completed
Recommend solutions to meet business requirements/policy objectives as they are identified	In process
Identify key deliverables necessary to implement solutions	Completed
Conduct an impact analysis of expected benefits and costs of the solution	Completed
<b>DELIVERABLES</b>	
Develop an implementation budget and identify the source(s) of funding	Completed
Develop an Operating Protocol if the Project Involves Shared Resources	Completed
Draft legislative and/or administrative rule language	Completed
Recommend an appropriation strategy, if needed, for mid-biennium review	Completed
Develop a detailed stakeholder/media/legislative strategy	N/A
Recommend a procurement strategy	Completed
Develop a request for a proposal, if needed	Completed
Support the procurement process (e.g., evaluation, vendor selection)	Completed
Support the completion and approval of federal compliance activities	In progress

**Project: OP between the DAS and the ODM for the design, development and operation of the identified scope of work**

OP Managers: Stephen Boudinot, (614)466-9389, Stephen.P.Boudinot@das.ohio.gov and John Mack, (614) 752-3778, john.mack@medicaid.ohio.gov

Updated: 3/20/17

**PROJECT PURPOSE**

This operating protocol is entered into by the Department of Administrative Services (DAS) and the Department of Medicaid (ODM). It is for the purpose of designing, developing and implementing the work identified in this Operating Protocol. Work includes, but is not limited to: streamlining and simplifying eligibility processes and implementing specified activities related to federal requirements by identifying the work and payment for work associated with identified activities. This Operating Protocol (OP) is effective from 7-1-2015 to 6-30-2017.

**Opportunities include but are not limited to:**

1. Ohio Benefits - ABD Medicaid release
2. Ohio Benefits - SNAP/TANF release
3. Ohio Enterprise Data warehouse (EDW) and Business Intelligence (BI)
4. SAS Environment - Ohio Enterprise Data warehouse and Business Intelligence
5. Linking Ohioans to Information, Services, and Supports (LOTISS)
6. Support of 1915 (i) and Behavioral Health Redesign Initiatives

## Hot Spots

1. A key driver of this protocol is to help the State advance toward using health information technology to improve population health. Demonstrated progress in this area is federally required under the Seven Conditions and Standards<sup>1</sup> which include the Medicaid Information Technology Architecture (MITA) framework.
2. Allow Ohio consumers of Medicaid to move to a self-service model improving their experience and streamlining their applications for assistance.
3. The complex nature of the current eligibility system has created difficulties for Consumers, County workers and State staff as they attempt to enroll consumers in the existing system. After years of use, the changes to rules and subsequent coding within the mainframe system have created a situation where change is often not possible, which has in turn caused a significant increase in manual overrides.
4. Version upgrades are also needed to comply with federally-mandated eligibility enrollment, and clinical coding requirements that will be effective in 2015. Failure to comply could impact federal funding.

## Scope of Work

The Office of Health Transformation (OHT) implements a collaborative work effort across the HHS agencies and leverages enterprise approaches to advance improvements to Ohioans. Pursuant to that objective, this OP includes, but is not limited to work that replaces Ohio's current eligibility system (known as Client Registry Information System-Enhanced [CRIS-E]) with an integrated, enterprise solution that supports both State and County operations. CRIS-E provides intake and eligibility determination support for several of Ohio's HHS programs, as it also presents some case management functionality for several Ohio Department of Jobs and Family Services (ODJFS) programs. Nonetheless, CRIS-E is a legacy system that was designed over 40 years ago, built in 4 years, and finally implemented in 1978. In its current state, it is an amalgamation of workarounds and solution enhancements to ensure end-to-end support of cases that reside within CRIS-E.

OHT seeks to develop the SOA HHS enterprise platform upon which the Ohio Benefits System will be implemented in following phases.

**Medicaid ABD** — Includes the rest of the non-MAGI medical assistance programs and redeterminations. CRIS-E will no longer be the system of record for Medicaid applications

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<sup>1</sup> The Seven Standards and Conditions are Modularity, MITA, Industry Standards, Leverage, Business Results, Reporting, and Interoperability

**SNAP/TANF release** — Replaces CRIS-E and provides production capability for fully integrated, multi-program eligibility system operations

DAS will provide work associated with the integration/exchange of information between LOTISS and the Ohio Benefits System. This includes DAS support for transfer of data from LOTISS to the Ohio Benefits EDW for reporting, business intelligence and analytics purpose.

DAS will provide the following services to ODM to support this initiative:

- LTC Functional Requirements
- LTC Technical Requirements

DAS will provide project management support for the **implementation of Behavioral Health Redesign and carve-in of the behavioral health benefit into managed care**, including, but not limited to:

- Coordinate program, policy and system development
- Track progress across streams of work through weekly meetings, action item tracking, etc.
- Document outcomes and decisions
- Manage issues and escalate to leadership as appropriate
- Provide assistance to develop end to end business and eligibility processes
- Support stakeholder engagement strategy development, including communication plan development, communication material development etc.
- Coordination between multiple agencies including ODM, Ohio MHAS, and **Medicaid managed care plans**.

## **PROJECT MANAGEMENT**

### **Key Project Team Members**

See project team information at the end of this document.

### **Project Management**

DAS will be responsible for overall management of the Ohio Benefits project aspects described in this OP. Vendors are responsible to provide a detailed project plan and to meet agreed-upon deadlines as approved by DAS project director, and to provide updates to the project plan on a

monthly basis. This protocol does not apply to any Ohio Benefits activities of any agencies other than DAS or ODM.

As risks and change orders are identified, the Project Management Office will review potential actions and determine the best action to implement. The project team will follow the Project Management Body of Knowledge (PMBOK) processes and best practices as committed to in the Expedited Advanced Planning Document (EAPD) approved by CMS on July 25, 2012.

## **Major Milestones**

- 1. Complete ABD Medicaid Release**
- 2. Complete SNAP/TANF Release**



## Project Budget

OHT is coordinating project budgets with DAS, ODM, and OBM. Meetings to review and update the budget will be held no less often than quarterly to ensure the budget is a dynamic representation of the work associated with this Operating Protocol. Work defined in this Operating Protocol includes but is not limited to:

1. Ohio Benefits and Enterprise Data Warehouse and Business Intelligence
2. SAS Environment - Ohio Enterprise Data warehouse and Business Intelligence
3. Linking Ohioans to Information, Services, and Supports (LOTISS)
4. Support of 1915 (i) and Behavioral Health Redesign Initiatives

<a href="#">Operating Protocol Budget[2]</a>	SFY16	SFY17
<b>(1) Ohio Benefits</b>	<b>\$263,712,362</b>	<b>\$262,449,930</b>
DDI- 90%	\$151,813,350	\$151,813,350
DDI- 75%	\$27,000,000	\$27,000,000
DDI- 50%	\$7,000,000	\$7,000,000
Operations- 75%	\$75,899,012	\$74,636,580
Operations- 50%	\$2,000,000	\$2,000,000
<b>(2) SAS Environment</b>	<b>\$1,000,000</b>	<b>\$1,066,000</b>
DDI- 90%	\$100,000	\$0
DDI- 75%	\$100,000	\$0
Operations- 75%	\$800,000	\$1,066,000
<b>(3) LOTISS</b>	<b>\$862,590</b>	<b>\$0</b>
<b>(4) 1915 (i)/BH</b>	<b>\$1,000,000</b>	<b>\$1,500,000</b>
<b>TOTAL Operating Protocol Budget</b>	<b>\$266,574,952</b>	<b>\$265,015,930</b>

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[2] Ohio Benefits Printing and Mailing are not included in the Protocol Budget

## OHIO BENEFITS COST ALLOCATION

July 1, 2015 thru September 30, 2015

(Waiver period only)

The cost methodology described below will be used to attribute costs across agencies.

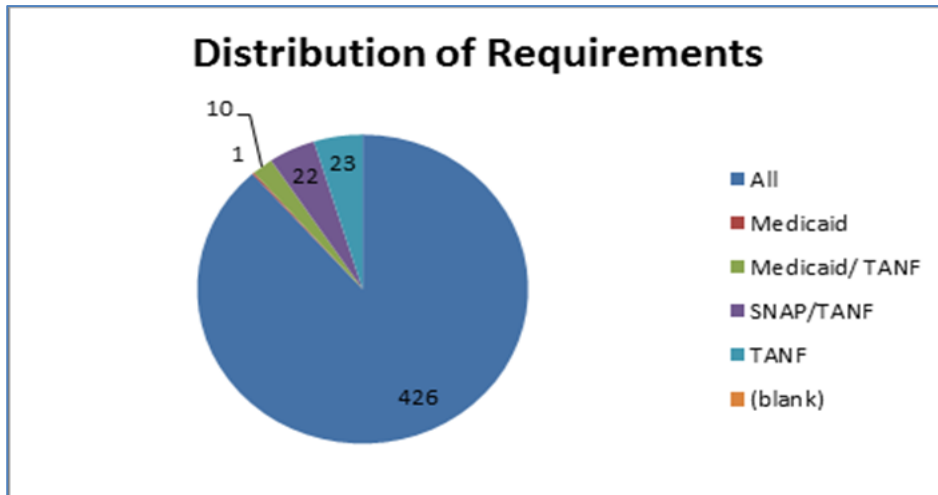
The following will be used to allocate Ohio Benefits costs for the waiver period (currently ending December 31, 2015). During this period the waiver lets any cost associated to the building of the OB system for the Medicaid Program (as long as the Medicaid Program benefits from the developed functionality) to be entirely charged to the grant even if another federal program (i.e. TANF/SNAP) receives a benefit from that development. The document below supports that 83.6% of the OB build during the waiver period will be charged to the Medicaid APD at 90% federal reimbursement.

Functionality	Medicaid	TANF	SNAP
Functional Requirements	91%	7%	2%
Rules	70%	15%	15%
Interfaces	70%	15%	15%
Reports	87%	6.5%	6.5%
Non-functional	100%	N/A	N/A
Overall allocation percentage to program	83.6%	8.7%	7.7%

A breakdown of each area is listed below that gives more detail on the percentage taken:

### Functional Requirements

Out of 482 requirements, 426 are common across all programs; 23 are unique to TANF; 22 are common across TANF and SNAP; 1 is unique to Medicaid and 10 are common across Medicaid and TANF. Therefore the work effort estimation would be that 91% of all functional requirements be allocated to Medicaid because of them showing benefit to the Medicaid program and therefore being eligible for reimbursement through Medicaid according to the APD. TANF and SNAP integrated features will be charged equally to the two programs because the two programs are so tied within the programming.



### Rules

Additionally of the total rule sets/packages that need to be updated here is the breakdown of allocation of effort by program. Numbers of expected updates have 70% being unique to Medicaid or spanning the three programs.

	Total Sets	Expected Updates for Medicaid	Expected Updates unique to TANF/SNAP % charged to TANF (50% of common updates)	Expected Updates unique to TANF/SNAP % charged to SNAP (50% of common updates)
Medicaid (Including MAGI, Non-MAGI and PE)	700	210	0	0
SNAP/TANF	400	0	40	40
Screening	10	5	2.5	2.5
Reasonable Compatibility Determination (RCD)	25	25	0	0
NOAs	150	95	27.5	27.5
Total Rule Sets	<b>1285</b>			
Total Expected Updates	<b>475</b>	<b>335</b>	<b>70</b>	<b>70</b>
Percent of Updates or Effort		70%	15%	15%

**Interfaces**

Of the approximately 50 interfaces it is expected that 15 are required uniquely for TANF/SNAP, or 30 percent of the work effort. The split between TANF/SNAP is again split at 50%.

**Reports**

It's currently estimated that approximately 13 percent or 52 of the 400 total reports would be unique TANF/SNAP reports. These will be split evenly until further actuals are realized. The remaining 87% benefit the Medicaid program.

**Non-Functional Requirements**

100% of the non-functional requirements are required for Medicaid. There is no functionality specific to TANF or SNAP. Therefore 100 percent is allocated to Medicaid for this section.

As areas are further defined the allocation method will be reviewed quarterly and adjusted as necessary.

## OHIO BENEFITS COST ALLOCATION

October 1, 2015 thru September 30, 2016

### (Waiver period only)

The cost methodology described below will be used to attribute costs across agencies pending federal approval. If any changes are required to meet federal compliance, all participants will be advised and those changes will automatically be incorporated into this protocol.

The following work package breakdown will be used to allocate Ohio Integrated Eligibility (IE) costs across the Medicaid, TANF, and SNAP programs for the waiver period (currently ending December 31, 2018). During this period, the waiver lets any cost associated to the building of the IE system for the Medicaid Program (as long as the Medicaid Program benefits from the developed functionality) to be entirely charged to the grant even if another federal program (i.e. TANF/SNAP) receives a benefit from that development. The document below supports that 87 percent of the IE build during the waiver period will be charged to the Medicaid APD at 90 percent federal reimbursement.

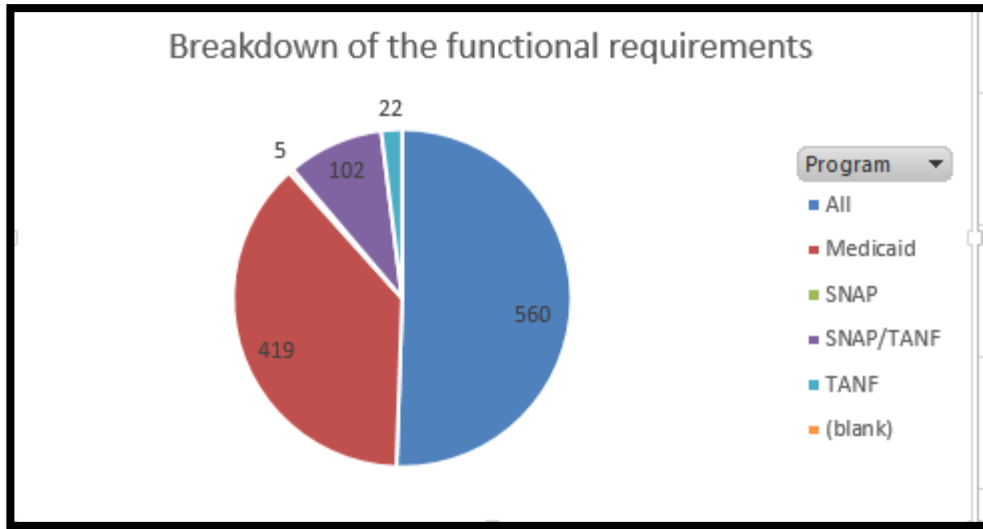
Functionality	Medicaid	TANF	SNAP
Functional Requirements	89%	9%	2%
Rules	83%	8%	9%
Interfaces	78%	10%	12%
Reports	85%	7.5%	7.5%
Non-functional	100%	N/A	N/A
Overall allocation percentage to program	87%	6.9%	6.1%

A breakdown of each area is listed below that gives more detail on the percentage taken:

#### Functional Requirements

Out of 1108 requirements, 560 are common across all programs; 22 are unique to TANF; 102 are common across TANF and SNAP; 419 are unique to Medicaid and 5 are unique to SNAP. Therefore, the work effort estimation is such that 89 percent of all functional requirements are allocated to Medicaid, because of them showing benefit to the Medicaid program and therefore being eligible for

reimbursement through Medicaid according to the APD. TANF and SNAP integrated features will be charged equally to the two programs because the two programs are so tied within the programming.



### Rules

The Ohio Integrated Eligibility System includes 308 total use cases (eligibility rule sets). 169 are Medicaid use cases, and 139 are TANF/SNAP use cases. 75 percent of the TANF/SNAP use cases come out-of-the-box with the product, and do not require customization for Ohio policy rules. The remaining 25 percent of the TANF/SNAP use cases must be developed for Ohio. 100 percent of the Medicaid use cases have to be developed or configured/customized from the base product. Therefore, 83 percent of the total use cases that are being developed / customized for Ohio are for the Medicaid program.

Program	Total Use Cases	Out-of-the-Box Use Cases	Total Use Cases to be Developed	% Cost Allocation
TANF/SNAP Use Cases	139	75%	34.75	17%
Medicaid Use Cases	169	0%	169	83%
	308		203.75	100%

## **Interfaces**

The Ohio Integrated Eligibility System will include 59 interfaces with external systems / agencies. 31 of these interfaces are cross-program, and support the Medicaid, TANF, and SNAP programs. 14 of the interfaces are solely used for the Medicaid program. 1 interface is used for Medicaid and SNAP, 7 are used for SNAP only, 5 are used for TANF only, and 1 is used for SNAP/TANF. Therefore, 78 percent of the interfaces support the Medicaid program, and are consequently eligible for reimbursement through Medicaid according to the APD.

## **Reports**

The Ohio Integrated Eligibility System includes 144 reports. 80 percent of the effort required to develop the reports is for the Extract, Transform, and Load (ETL) process by which data is retrieved from Ohio Benefits and moved to the Operational Data Store (ODS) in a format that supports analysis and reporting. The ETL process supports reporting needs for all programs, including Medicaid, TANF, and SNAP. The remaining 20 percent of the reporting effort is development of reports from the ODS. 15 percent of this remaining effort is for TANF/SNAP reports, and 5 percent is for Medicaid reports. This percent breakdown between Medicaid and TANF/SNAP is based on the number of reports developed from the ODS. Therefore, 85 percent of the reporting effort supports the Medicaid program, and this percentage is consequently eligible for reimbursement through Medicaid according to the APD.

## **Non-Functional Requirements**

100 percent of the non-functional requirements are required for Medicaid. There is no functionality specific to TANF or SNAP. Therefore, 100 percent is allocated to Medicaid for this section. As areas are further defined the allocation method will be reviewed quarterly and adjusted as necessary.

## OHIO BENEFITS COST ALLOCATION

October 1, 2016 thru September 30, 2017

### (Waiver period only)

The cost methodology described below will be used to attribute costs across agencies pending federal approval. If any changes are required to meet federal compliance, all participants will be advised and those changes will automatically be incorporated into this protocol.

The following work package breakdown will be used to allocate Ohio Integrated Eligibility (IE) costs across the Medicaid, TANF, and SNAP programs for the waiver period (currently ending December 31, 2018). During this period, the waiver lets any cost associated to the building of the IE system for the Medicaid Program (as long as the Medicaid Program benefits from the developed functionality) to be entirely charged to the grant even if another federal program (i.e. TANF/SNAP) receives a benefit from that development. The document below supports that 87 percent of the IE build during the waiver period will be charged to the Medicaid APD at 90 percent federal reimbursement.

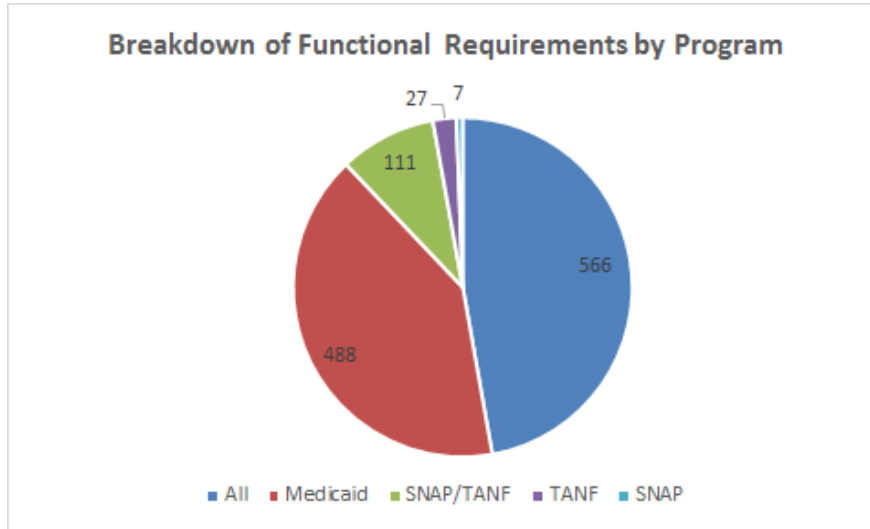
Functionality	Medicaid	TANF	SNAP	TANF / SNAP
Functional Requirements	88%	1%	1%	10%
Rules	79%	12%	9%	
Interfaces	79%	8%	11%	2%
Reports	88%	6%	6%	
Non-functional	100%	0%	0%	0%
Overall allocation percentage to program	87%	5%	5%	3%

A breakdown of each area is listed on the following page that gives more detail on the percentage taken:



## Functional Requirements

Out of 1199 requirements, 566 are common across all programs; 27 are unique to TANF; 111 are common across TANF and SNAP; 488 are unique to Medicaid and 7 are unique to SNAP. Therefore, the work effort estimation is such that 88 percent of all functional requirements are allocated to Medicaid, because of them showing benefit to the Medicaid program and therefore being eligible for reimbursement through Medicaid according to the APD. TANF and SNAP integrated features will be charged equally to the two programs because the two programs are so tied within the programming.



## Rules

The Ohio Integrated Eligibility System includes 326 total use cases (eligibility rule sets). 176 are Medicaid use cases, and 150 are TANF/SNAP use cases. 70 percent of the TANF/SNAP use cases come out-of-the-box with the product, and do not require customization for Ohio policy rules. The remaining 30 percent of the TANF/SNAP use cases must be developed for Ohio. 100 percent of the Medicaid use cases have to be developed or configured/customized from the base product. Therefore, 79 percent of the total use cases that are being developed / customized for Ohio are for the Medicaid program.

Program	Total Use Cases	Out-of-the-Box Use Cases	Total Use Cases to be Developed	% Cost Allocation
TANF/SNAP Use Cases	150	70%	45.75	21%
Medicaid Use Cases	176	0%	176	79%
	326			100%

## **Interfaces**

The Ohio Integrated Eligibility System will include 61 interfaces with external systems / agencies. 31 of these interfaces are cross-program, and support the Medicaid, TANF, and SNAP programs. 16 of the interfaces are solely used for the Medicaid program. 1 interface is used for Medicaid and SNAP, 7 are used for SNAP only, 5 are used for TANF only, and 1 is used for SNAP/TANF. Therefore, 79 percent of the interfaces support the Medicaid program, and are consequently eligible for reimbursement through Medicaid according to the APD.

## **Reports**

The Ohio Integrated Eligibility System includes 153 reports. 80 percent of the effort required to develop the reports is for the Extract, Transform, and Load (ETL) process by which data is retrieved from Ohio Benefits and moved to the Operational Data Store (ODS) in a format that supports analysis and reporting. The ETL process supports reporting needs for all programs, including Medicaid, TANF, and SNAP. The remaining 20 percent of the reporting effort is development of reports from the ODS. 12 percent of this remaining effort is for TANF/SNAP reports, and 8 percent is for Medicaid reports. This percent breakdown between Medicaid and TANF/SNAP is based on the number of reports developed from the ODS. Therefore, 88 percent of the reporting effort supports the Medicaid program, and this percentage is consequently eligible for reimbursement through Medicaid according to the APD.

## **Non-Functional Requirements**

100 percent of the non-functional requirements are required for Medicaid. There is no functionality specific to TANF or SNAP. Therefore, 100 percent is allocated to Medicaid for this section. As areas are further defined the allocation method will be reviewed quarterly and adjusted as necessary.

## **Stakeholder Input for Ohio Benefits**

Current Eligibility and Enrollment functionality and data is utilized by several offices and agencies. Stakeholders using the functionality and data include, but are not limited to:

1. Ohio Department of Medicaid (ODM)
2. Department of Job and Family Services (ODJFS) and County Departments of Job and Family Services (CDJFS)
3. Department of Administrative Services (DAS)
4. Office of Health Transformation (OHT)
5. Office of Budget and Management (OBM)
6. Other Cabinet Level Agencies

## **BUSINESS REQUIREMENTS AND SOLUTION**

### **Business Requirements/Policy Objectives/Deliverables for Ohio Benefits**

The business requirements are being detailed by the project teams, are contained within the RFP and the contract that resulted from it.

[PUBLIC LAW 111 - 148 - PATIENT PROTECTION AND AFFORDABLE CARE ACT](#)

### **Procurement for Ohio Benefits**

DAS managed the competitive procurement of OB, IVV, and OCM vendors. The procurement process comports with applicable federal legislation listed below including that for procurement.

### **Federal Funding and Compliance for Ohio Benefits**

**Record Retention-** All records relating to the integrated eligibility and business intelligence project costs (e.g., DDI, Maintenance and Operations), included work performed and supporting documentation for invoices submitted to ODM by DAS shall be retained and made available by DAS for audit by the State of Ohio (including, but not limited to, the Auditor of the State of Ohio, the Inspector General, or any duly authorized officials) and agencies of the United States government for a minimum of three years after final payment. If an audit or review is initiated, during this time period, DAS shall provide documentation or access to such records until the audit or review is concluded and all issues resolved. If applicable, DAS must meet the documentation requirements of code of federal regulations outlined in 2 CFR 225, 45 CFR 92, 45 CFR 95 and OMB Circular A-133.

Most of the expenditures associated with this contract are expected to receive 90%, 75%, and 50% federal financial participation as appropriate to the category of work and as determined according to OMB Circular A87 and the waiver of that exception specifically for the ACA eligibility and enrollment system. The project and expenditures associated with the project will comply with the following federal and state legislation:

Health Insurance Portability and Accountability Act of 1996 security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

## **Federal Funding**

[OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments \(05/10/2004\)](#)

[Federal Funding Accountability and Transparency Act of 2006](#)

[Transparency and Accountability in Federal Spending Act of 2008](#)

[OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations \(includes revisions published in the Federal Register 06/27/2003 and 06/26/2007\)](#)

[Tri Agency Letter on details of cost allocation waiver dated 1-23-2013](#)

[Affordable Care Act FAQ 4-25-2013](#)

## **Procurement Standards (Competition/Sole Source):**

SMM Section 11267

45 CFR Part 95 Subpart F §95.613

45 CFR Part 92 Subpart C §92.36

## **Access to Records**

42 CFR Part 433.112(b) (5) – (9)

45 CFR Part 95 Subpart F §95.615

SMMS Section 11267

## **Software & Ownership Rights**

42 CFR Part 433.112(b) (5) – (9)

45 CFR Part 95 Subpart F §95.615

SMMS Section 11267

## **HIPAA Privacy & Security**

45 CFR Part 160 and Part 164, Subparts A and E

## **Cost Allocation**

2 CFR Part 225 formerly OMB A-87.Appendix C to Part 225—State/Local-Wide Central Service CAP

## **Other applicable Federal and State Laws**

## PROJECT TEAM

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## Operating Protocol

- A. Applicability.** This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies: ODM (MCD) and DAS
- B. Management.** Maintaining the Operating Protocol will be a joint responsibility between ODM (MCD) and DAS. The following designees will be responsible:

Name	Department	Phone	Email
Steve Boudinot	DAS	614-466-9389	<a href="mailto:Stephen.P.Boudinot@das.ohio.gov">Stephen.P.Boudinot@das.ohio.gov</a>
John Mack	MCD	614-752-3778	<a href="mailto:John.Mack@medicaid.ohio.gov">John.Mack@medicaid.ohio.gov</a>

- C. Purpose.** The purpose of this protocol is to design, develop and implement the work described in this OP including but not limited to manage the relationship between ODM and DAS in the development of the OB system.
- D. Personnel.** Personnel identified for the time period specified in the table below are committed to the OB project for ODM, DAS, and JFS.

Operating Protocol Personnel Table for:  
Time Period- 07/01/15 -06/30/16

Agency		Position	FTE Value	Functions Performed
ODM	TBD	Various		Various project related function in build and run
DAS	TBD	Various		Various project related function in build and run

### **Employee Billing:**

A DAS employee assigned to assist with specified OB project obligations will complete effort reporting in OAKS HCM to document work completed for and billed to Ohio Benefits. DAS/OIT will track and collect payroll and effort reporting data and issue a bi-weekly invoice to Medicaid for those hours which are specific to OB. OIT invoices will include all necessary documentation and signatures to support ODM in the review, approval and payment process. ODM will follow the guidelines for the general payment process and will issue payment no later than 30 days from the date indicated on the invoice.

### **E. Health Transformation Project General Billing Workflow:**

All Health Transformation project invoices will follow the same general review, approval and payment process and timeline. All vendor invoices must be paid within 30 calendar days of the

date of invoice. Allowing for weekends and holidays, the process must be accomplished in 22 or less business days.

General process and timeline for invoice payment based on business days:

- Day 1 Vendor invoice received by OIT
- Day 1-3 Vendor invoice reviewed and approved by OIT
- Day 1-3 OIT creates and issues invoice to ODM
- Day 4 - 17 ODM reviews, approves and issues payment for OIT invoice
- Day 18 - 22 OIT remits payment to vendor

If any step in the process incurs a delay that exceeds the planned schedule, the issue must be escalated to both ODM (MCD) and DAS Project Management leads.

**If ODM receives an improper invoice from DAS, ODM must notify DAS within 10 working days of the receipt of that invoice. ORC 126.30 and OAC 126-3-01 require payment of interest for any invoice not paid within 30 days of receipt. Failure of either party to adhere to the schedule could require implementation and an obligation to pay interest by the agency responsible for the delay.**

**Data Sharing**

1. Data sources and elements to be shared for the ODM and DAS for the time period specified are shown in the table below.

Operating Protocols Data Sharing Table for:				
Time Period: 7-1-2013-6-30-2015				
Agency	Data Source	Description of Data Elements	Is Data Protected Health Information?	Description of Data Sharing Procedures
DAS	MIT5	Medicaid related	Yes	NIST SP-800-53
DAS	CRISE	Medicaid related	Yes	NIST SP-800-53

2. If a participating agency reasonably determines that its protected health information shared with another agency has been maintained, used or disclosed in violation of state or federal law, the agency may cease sharing access to the information until the matter is satisfactorily resolved among the agencies and the Governor's Office of Health Transformation. The agency, agency contractors or agency sub-contractors responsible for the failure of reasonable security or failing its duty to protect PHI will be responsible for rectifying that incident. Any material suspected security incident of PHI by contractors must be reported to the contracting agency. Agencies must provide immediate notice of any suspected security incident to the DAS Office of Information Security and Privacy to coordinate mitigation