

Project: ODRC/ODYS Medicaid Eligibility for Inpatient Hospital Services

Lead: Debbie Moscardino, Phone: 614-466-6742, Email: Debbie.Moscardino@jfs.ohio.gov

Updated: 10/5/12

PROJECT PURPOSE	Status
Define the issue that the project will address or remedy	January 2012
Identify "hot spots" that illustrate the urgency to find a solution	Ongoing
Define the project purpose and scope of work	August 2012
Complete a preliminary workplan (using this page as a template)	August 2012
Submit high-value concepts to OBM for the mid-biennium review	Sept 2012
PROJECT MANAGEMENT	
Identify the project team and augment with consultants if needed	August 2012
Determine the project management structure, including table of organization	August 2012
Create a detailed project workplan	Sept 2012
Develop a workplan budget and identify the source(s) of funding	Sept 2012
Report project status to the Program Office and HHS Cabinet	Ongoing
Coordinate with other project teams through the Program Office	Ongoing
Develop a stakeholder/media/legislative outreach plan	N/A
Identify external stakeholders and create a stakeholder advisory group	N/A
Establish a process for regular stakeholder input	N/A
Host kick-off event(s) for the project team and stakeholders	N/A
BUSINESS REQUIREMENTS AND SOLUTION	
Define business requirements/policy objectives	Ongoing
Conduct an internal scan of solutions/capabilities	Ongoing
Identify and report gaps in existing operations/infrastructure	Ongoing
Conduct an external market scan and/or request for information (RFI)	N/A
Assess the federal landscape for opportunities, including funding, and threats	Ongoing
Identify best practices, within the state and externally	N/A
Recommend a solution to meet business requirements/policy objectives	TBD
Identify key deliverables necessary to implement the solution	See Oper Prot
Conduct an impact analysis of expected benefits and costs of the solution	N/A

DELIVERABLES	
Develop an implementation budget and identify the source(s) of funding	See Oper Prot
Develop an Operating Protocol if the Project Involves Shared Resources	See Oper Prot
Draft legislative and/or administrative rule language	See Oper Prot
Recommend an appropriation strategy, if needed, for mid-biennium review	See Oper Prot
Develop a detailed stakeholder/media/legislative strategy	See Oper Prot
Recommend a procurement strategy	See Oper Prot
Develop a request for a proposal, if needed	See Oper Prot
Support the procurement process (e.g., evaluation, vendor selection)	See Oper Prot
Support the completion and approval of federal compliance activities	See Oper Prot

PROJECT PURPOSE – See Operating Protocol

Problem

Define the issue that the project will address or remedy

Focus on answering “Why is this important for Ohioans?”

Use language that tracks to Office of Health Transformation priorities described [here](#)

Include links to reports that provide background or further define the problem

Hot Spots

Identify specific examples that illustrate the urgency of finding a solution to the problem

If possible, translate the example into a simple picture (see example Chartbooks [here](#))

Scope of Work

Define the project purpose in 1-2 sentences

Describe the scope of the project in more detail, including key objectives and goals

High-Value Targets

Identify high-value targets/concepts/ideas that require decisions/direction early in the project

Focus on policy innovations, streamlining programs, and eliminating barriers to innovation

PROJECT MANAGEMENT – See Operating Protocol

Project Team

Identify the project lead and project team members, including consultants (roster attached)

Team membership needs to represent all impacted agencies

Team membership needs to include all necessary skill sets (e.g., policy, fiscal, legal, IT)

Regularly evaluate and update team membership as the project develops/changes

Identify gaps in internal project team capacity and augment as needed (e.g., consultants)

Create a project kick-off event for the project team

Project Management

Describe the project management structure that will be used, including consultants (if any)

Develop a table of organization that connects to the [Program Office](#) and aligns to the work plan

Identify how project risks will be assessed and monitored

Workplan

Create a detailed project workplan using this project template as a guide

Select a project management program/software solution that fits the project, if needed

Identify and sequence activities needed to complete deliverables

Align activities with other project teams through the Program Office

Project Budget

Estimate the time, cost, and other resource requirements to complete activities in the workplan

Identify the source(s) of funding and other resources necessary to cover the workplan

Coordination

Identify other project teams with overlapping interests and authority

Conduct project activities in parallel, coordinated through the Program Office

Harmonize findings and recommendations with other project teams

Regularly report project status to the Program Office and HHS Cabinet

Stakeholder Input

Develop a stakeholder/media/legislative outreach plan with Eric Poklar and Monica Juenger

Identify external stakeholders

Include consumers, providers, vendors, other units of government, legislators, and/or others

Create a stakeholder advisory group, or rely on an existing entity for stakeholder input

Describe the process that will be used to receive stakeholder input

Create a project kick-off event for the stakeholder advisory group

BUSINESS REQUIREMENTS AND SOLUTION – See Operating Protocol

Business Requirements/Policy Objectives

Collect documents and other background necessary to define requirements/objectives

Define business requirements/policy objectives

Describe what the solution needs to do to meet the requirements/objectives (functional)

Describe how the solution needs to meet user needs (technical, performance, other)

Gap Analysis

Conduct an internal scan of solutions/capabilities to meet business requirements

Identify and report gaps in existing operations/infrastructure

Conduct an external market scan of solutions/capabilities to meet business requirements

Consider using a request for information (RFI) to solicit input on solutions and best practices

Best Practices

Identify current best practices, within the state and externally

Include links to reports about best practices

Solution

Recommend a solution

Prioritize and balance the use of existing internal capacity and internal/external best practices

Identify the key deliverables that are expected to result from the project (update as needed)
Examples of deliverables include legislation, rule, appropriation, and request for proposal (RFP)
Produce reusable content (e.g., procurement RFP meets federal compliance standards)

Benefits

Conduct an impact analysis of the expected benefits and costs of the solution
Describe how the solution will contribute to the Governor's [principles](#) and [priorities](#)
Describe how the solution will contribute to the [Common Sense Initiative](#)
Describe how the solution will contribute to the Governor's [Shared Services Initiative](#)

DELIVERABLES – See Operating Protocol

Implementation Budget

Estimate the time, cost, and other resource requirements to implement the solution
Identify the source(s) of funding and other resources necessary to complete implementation

Operations Protocol

Identify the purpose of sharing resources and the participating state agencies
Identify the funding source and amounts of any shared funding
Identify the names and position titles of any shared personnel
Identify the workflow process transactions for shared operations
Identify the sources and elements of any shared data

Legislation

Recommend changes in current law or administrative rule, if needed
Recommend changes in appropriation authority, if needed
Identify a vehicle for the changes (e.g., next operating budget)
Develop a detailed stakeholder/media/legislative outreach plan with Eric and Monica

Procurement

Recommend a procurement strategy, if needed

Conduct a feasibility study and alternatives analysis and provide sourcing recommendations

Develop a request for proposals (RFP), if needed

Develop a proposal evaluation framework and materials for vendor selection, if needed

Develop a roadmap for sequencing procurement and implementation efforts

Federal Funding and Compliance

Assess the federal landscape for opportunities and threats

Recommend how to maximize federal funding support for the project

Identify and support the completion and approval of required federal compliance activities

Include links to federal websites or reports that are related to the project

DRAFT

PROJECT TEAM

Name	Department	Phone	Email
Debbie Moscardino	OMA/BLTCSS	752-3633	Debbie.Moscardino@ifs.ohio.gov
Icilda Dickerson	OMA/BLTCSS	752-578	Icilda.Dickerson@ifs.ohio.gov
Dan Arnold	OMA/BLTCSS	752-3525	Daniel.Arnold@ifs.ohio.gov
Hank Sellan	OMA/BLTCSS	752-3559	Hank.Sellan@ifs.ohio.gov
Kevin Carter	OMA/BLTCSS	752-3558	Kevin.Carter@ifs.ohio.gov
Patrick Beatty	OMA/DDO	752-3634	Patrick.Beatty@ifs.ohio.gov
Shawn Lotts	OMA/BCOS	752-3585	Shawn.Lotts@ifs.ohio.gov
Kim Kehl	ODYS	644-6540	K.Kehl@dys.ohio.gov
Stuart Hudson	ODRC	728-1942	Stuart.Hudson@odrc.state.oh.us
Nicolle Brooks	ODRC	728-1645	Nicolle.Brooks@odrc.state.oh.us
Tereasa Jamison	ODRC	728.1932	Tereasa.Jamison@odrc.state.oh.us
Renee Slyh	OMA/BPHPS	752-3611	Renee.Slyh@ifs.ohio.gov
Mary Jane Frank	OMA/BPHPS	752-4347	MaryJane.Frank@ifs.ohio.gov
Rick Tully	Gov Office of OHT	752-2585	Rick.Tully@governor.ohio.gov
Craig Figi	Fiscal Services/ODJFS	995-1682	Craig.Figi@ifs.ohio.gov
Mindy Vance	ODMH	466-3105	Mindy.Vance@mh.ohio.gov
Chris Nicastro	ODMH	466-9969	Chris.Nicastro@mh.ohio.gov
Lillian Stockell	OBM	644-6441	Lillian.Stockell@obm.state.oh.us
Leslie Piatt	OBM	728-4155	Leslie.Piatt@obm.state.oh.us
Daniel Schreiber	OBM	644-8805	Daniel.Schreiber@obm.state.oh.us

Updated 10/5/12

Operating Protocol

A. **Applicability.** This Operating Protocol is developed pursuant to Ohio Revised Code(ORC) Sections 191.01-191.06 and is applicable to the following state agencies:

- a. **Ohio Office of Medical Assistance (OMA)**
- b. **Ohio Department of Youth Services (ODYS)**
- c. **Ohio Department of Rehabilitation and Correction (ODRC)**
- d. **Ohio Department of Mental Health (ODMH)**

B. Purpose.

The purpose of this Operating Protocol is to set forth the terms by which ODRC and ODYS will assist with establishing Medicaid eligibility for persons in their care who need inpatient hospital services.

C. Funding Responsibilities.

1. The funding sources identified for the time period specified in the tables below are committed to the initiative. OMA will provide funding up to \$2.5 million during SFY 13 to cover ODRC and ODYS inpatient hospitalizations. To the extent that claims exceed OMA's agreed-upon contribution, ODRC and/or ODYS will transfer to OMA additional funds. Funding decisions may require discussion between OMA/ODRC/ODYS to identify and address how overages will be secured. In future years, beginning with SFY 14, amounts needed above the agreed upon \$5 million (per year) from ODRC and \$750,000 (per year) from ODYS will be certified to the Director of OBM.

**Operating Protocol Funding Table for:
Time Period: 1-1-2013 to 6-30-2013**

Agency	Fund Source- Fund	Fund Source- ALI	Amount	CFDA No.	Will Funds Be Sub- Granted?	Description of How Funds Will Be Transacted
ODRC	N/A					Determined by ODRC if needed
ODYS	N/A					Determined by ODYS if needed
OMA	GRF	600525	\$2.5 million	93.778	No	Providers paid directly from MITS

Time Period: 7-1-2013 to 6-30-2014

Agency	Fund Source-Fund	Fund Source-ALI	Amount	CFDA No.	Will Funds Be Sub-Granted?	Description of How Funds Will Be Transacted
ODRC	N/A					Determined by ODRC if needed
ODYS	N/A					Determined by ODYS if needed
OMA	GRF	600525	\$5 million	93.778	No	Providers paid directly from MITS

D. Personnel. Personnel identified for the time period specified in the table below are committed to the Medicaid Eligibility for Inpatient Hospital Services initiative.

**Operating Protocol Personnel Table for:
Time Period: 7-1-2012 to 6-30-2013**

Agency	Staff Person Name	Position	FTE Value	Functions Performed
OMA	Shawn Lotts	MHSA 2		Supervise Medicaid Eligibility Determinations
OMA	Angie Simms	MHSA 1	75%	Complete Medicaid Eligibility Determinations
ODRC	Carolyn Dunson	RoMPIR Coordinator	1	Assist with Medicaid Application Process and Verifications
ODYS	Kim Kehl	RoMPIR Coordinator	.5	Assist with Medicaid Application Process and Verifications
ODYS	Mike Orban	Management Analyst Supervisor	.5	Assist with Medicaid Application Process and Verifications; assist with Title IV-E eligibility
ODMH	Mindy Vance	Mental Health Administrator		ODMH Linkage Coordinator

E. Workflow. Key workflow process transactions for the ODRC/ODYS Medicaid Eligibility for the Inpatient Hospital Services initiative are described below.

RESPONSIBILITIES OF OMA

OMA is the single state agency in Ohio responsible for the administration of the Medicaid program and has the full legal authority to administer or supervise the administration of the program. Certain discrete functions may be delegated to ODRC/ODYS; however,

nothing in this Agreement can modify, impair or hinder the authority of OMA to administer the Medicaid program. OMA shall retain final authority related to this program and shall cooperate with ODRC/ODYS to plan, implement, monitor, and evaluate the provision of services under this Agreement.

OMA agrees to:

1. Obtain approval from the Centers for Medicare and Medicaid (CMS) for this initiative.
2. Upon CMS approval, make Medicaid eligibility determinations for:
 - a. ODRC inmates who are under the age of 21, over the age of 65, or pregnant.
 - b. ODYS youth in care.
3. Work with ODRC on a process for establishing additional eligibility groups.
4. Develop the system structure to make these eligibility determinations in the electronic eligibility system and Medicaid Information Technology System (MITS).
5. Develop spreadsheet for weekly communication between OMA and ODRC/ODYS regarding applications submitted and processed.
6. Set up an e-mail box for ODRC/ODYS Medicaid applications and verifications.
7. Develop and send a communication explaining the program to hospitals that will be providing inpatient hospital services to ODRC inmates and ODYS youth in care.
8. Develop and update, as needed, a training program for and provide technical support to designated ODRC/ODYS/ODMH staff and subsequent staff persons (as needed) that includes but is not limited to:
 - a. Medicaid eligibility standards
 - b. Medicaid program integrity requirements
 - c. How to submit Medicaid applications through secure e-mail
 - d. Consumer rights to state hearings and appeal processes
 - e. Security and confidentiality of collected and stored information
 - f. Consequences of the misuse of confidential information
9. Review and process Medicaid applications submitted to OMA and determine eligibility within seven business days of the initial inpatient hospital stay for CMS approved groups identified in #2 above.
10. Review and process Medicaid applications submitted to OMA and determine eligibility within seven business days for inmates of ODRC being released to the community who have severe and persistent mental illness (SPMI) and have been determined disabled by SSA.
11. Provide funds up to agreed-upon amounts as identified in Section C. Funding Responsibilities.

12. Request amounts from ODRC and/or ODYS above the agreed-upon funding using the ISTV process to transfer to OMA non-federal share.
13. Reject any provider claim submitted 365 or more days after the date of service as a non-reimbursable service unless the provisions of Ohio Administrative Code (OAC) rule 5101:3-1-19.3(E) apply.
14. Provide general monitoring and oversight to assure ODRC/ODYS meets applicable federal requirements.

RESPONSIBILITIES OF ODRC/ODYS/ODMH

ODRC/ODYS/ODMH agree to:

1. Ensure that all responsibilities identified in this agreement are implemented in accordance with Ohio's approved Medicaid State Plan and Amendments, in accordance with applicable OAC and ORC provisions, and abide by official OMA policies and procedures to ensure the integrity of, and the efficient and effective administration of Ohio's Medicaid program.
2. Identify and assign ODRC/ODYS/ODMH staff to assist with Medicaid applications and verifications.
3. Ensure authorized ODRC/ODYS/ODMH staff assigned to this project participate in training and technical support offered by OMA that includes, but is not limited to:
 - a. Medicaid eligibility standards
 - b. Medicaid program integrity requirements
 - c. How to submit Medicaid applications through secure e-mail
 - d. Consumer rights to state hearings and appeal processes
 - e. Security and confidentiality of collected and stored information
 - f. Consequences of the misuse of confidential information
4. Submit to the designated OMA e-mailbox scanned Medicaid applications and verification of citizenship, income and resources for ODYS youth.
5. Submit to the designated OMA e-mailbox scanned Medicaid applications for ODRC inmates who are under the age of 21, over the age of 65, pregnant or other groups as agreed to by OMA and ODRC who need inpatient hospital services.
 - a. Verification of citizenship, income, and resources to verify eligibility.
 - b. Submit authorized representative form signed by the ODRC inmate.
6. Utilize information obtained only for purposes permitted under HIPAA.
7. Monitor accuracy of Medicaid applications, signed authorization forms and verifications submitted by ODRC/ODYS staff for ODRC inmates and ODYS youth.

8. Submit to OMA a one year estimate of ODRC/ODYS anticipated Medicaid expenditures broken down by the next four quarters. This report is due at least 30 days prior to the start of the quarter.
9. Provide weekly reports to OMA that include a list of names, social security numbers, hospital setting type and dates of service(s) for ODRC inmates and ODYS youth placed in specific hospital settings or residential treatment. A communication spreadsheet developed by OMA will be used for this weekly report regarding applications submitted.
10. Issue payment, when appropriate, in an agreed upon format within 10 business days of receipt of an ISTV from OMA.
11. Ensure sufficient non-federal share is available to reimburse OMA in the agreed upon time frame.

F. Data Sharing.

1. Data sources and elements to be shared for the ODRC/ODYS Medicaid Eligibility for Inpatient Hospital Services project for the time period specified are shown in the table below.

**Operating Protocols Data Sharing Table for:
Time Period: 7-1-2012 to 6-30-2013**

Agency	Data Source	Description of Data Elements	Is Data Protected Health Information?	Description of Data Sharing Procedures
OMA	CRIS-E	Eligibility	Yes	Eligibility Notices
OMA	Data Warehouse		Yes	Reports
OMA	MITS	Eligibility Spans and Claims	Yes	Provider Portal
ODRC				
ODYS	Juvenile Justice Case Management System (JJCMS)	Youth demographic information	Yes	Operating Protocol
ODYS	OK Database	Mental health case note and clinical records	Yes	Operating Protocol

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.

DRAFT