

**Disability
Determination
Consolidation Study
Council
Final Report**

December 30, 2005

**Ohio Department of Job and Family Services
Office of Ohio Health Plans**

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1) Overview

a) House Bill 66 Charge:

Amended Substitute House Bill 66 (Section 206.66.46) required a study of the processes used by governmental entities that administer “programs or services for which disability is an eligibility requirement.” The stated purpose of this study was to examine the feasibility of combining the disability determination functions within a single agency and to examine potential advantages or disadvantages of consolidating these functions.

In compliance with HB 66, the Ohio Department of Job and Family Services (ODJFS) convened representatives of county departments of job and family services (CDJFS) and the Rehabilitation Services Commission (RSC) to examine these issues. In addition, ODJFS invited representatives of the Disability Medical Assistance council to participate in order to provide continuity with that group’s discussions related to improving the number of and speed with which DMA enrollees complete a Medicaid disability determination.

b) Executive Summary of Recommendations:

After extensive review, the members of the Study Council agree that Ohio could benefit from increased coordination of current administrative processes used to determine the presence of a disability for enrollment into several public programs for which a disability is required. These programs include: Ohio Medicaid; Disability Financial Assistance (a state only financial aid program) and; Supplemental Security Income and Social Security Disability Income (both federally administered financial aid programs.)

The Council recommends that Ohio can reduce some of the current administrative duplication without a total consolidation of disability determination functions under a single governmental agency. This recommendation is made because it is less costly and does not require changing current eligibility criterion for any of these programs, specifically Ohio Medicaid.

The Council recommends utilizing the existing process and infrastructure of the RSC to perform the vast majority of disability determinations for Ohio Medicaid. Under this model, Medicaid applicants would still apply at their county department of job and family services. However, if applicants are seeking Medicaid enrollment as a disabled person, they would also be required to apply simultaneously for SSI or SSDI through the Rehabilitation Services Commission either via one of SSA’s 57 field offices or on-line via the World Wide Web. By filing what is effectively a dual application, RSC would perform the disability determination process for Medicaid applicants just as they currently perform them for SSI and SSDI applicants.

Ohio Medicaid could accomplish this change quickly and easily by simply utilizing the same disability determination and medical release of information forms that are currently used by Social Security. Thus, Medicaid applicants would apply simultaneously for SSI/SSDI and Medicaid, but the process of applying for and determining their disability would only occur once.

County departments of job and family services and ODJFS would retain the intake and enrollment functions for Medicaid. RSC would make the determination of disability status for Medicaid. As the single state Medicaid agency, ODJFS would retain the final eligibility determination for Medicaid, including both financial eligibility as well as disability status. However, CDJFSs would

be relieved of most of the administrative and financial burden of scheduling medical testing for Medicaid applicants who allege to have a disability.

The benefits of this consolidated process are:

- An estimated \$2 million in cost savings to ODJFS and county departments of job and family services;
- Applicants will have a single disability application form, a single release of information, and a single disability determination process for Medicaid and SSI or SSDI.
- Duplicate administrative functions will be eliminated for collection and review of medical documentation and determination of the presence of a disability;
- The process can be implemented within approximately 18 months and will build upon existing process improvements already underway within ODJFS Office of Ohio Health Plans.

The Council has recommended this streamlined process rather than a total consolidation because of the prohibitive costs of contracting the disability determination work with RSC. RSC’s estimated start-up cost of taking on this responsibility, \$4.2 million, would include establishing a stand alone unit to process Medicaid applications. The ongoing operating cost of outsourcing this function to RSC is estimated to be \$15 million annually. In contrast, the Council’s recommended streamlining option will cost ODJFS approximately \$10 million annually as compared to the current \$12 million annual cost.

Another option that was discussed by the Council was changing Ohio’s current Medicaid financial eligibility status so that it was the same as that for Supplemental Security Income. This option describes the change from Ohio being a “209(b)” state to becoming a “1634” state. (See pages 9 to 10 below for more information on this scenario.) The Council reviewed research performed by the Lewin Consulting Group for the Ohio Commission to Reform Medicaid on this subject. Although changing Ohio’s Medicaid financial eligibility might result in some administrative savings, those savings would be dwarfed by the simultaneous increased caseload costs of purchasing health care for thousands of newly eligible Medicaid enrollees. Thus, the Council rejected this option because of the significant increased costs associated with it.

c) Council Meetings and Membership:

The council held six formal meetings from August through December. As outlined in HB 66, the council included representatives as follows:

Study Council Chairman		Anthony Trotman, ODJFS
County Department of Job and Family Services Representatives	3	Karen Conklin, Butler County Candy Nelson, Washington County Karen Fuseck, Cuyahoga County
Rehabilitation Services Commission	1	Erik Williamson, Bureau of Disability Determination
Ohio Department of Job and Family Services	8	Mary Haller, ODJFS Representative to the DMA Council Mary Mynatt, Cynthia Afkhami, Lorin Ranbom Michael Moore, Cheryl Lo, Tonya Wingate Malcolm Johnson, Ohio State University - Master of Public Health Intern
Representative of the Disability Medical Assistance (DMA) Council	1	Robin Harris, Ohio United Way

2. Background

a) Impetus for Studying Disability Determination in Ohio:

In its final report, the Ohio Commission to Reform Medicaid recommended to consolidate the disability determination processes that currently exist for Ohio Medicaid and Social Security Disability/Supplemental Security Income. The Commission report asserted that, because RSC conducts more disability determinations than ODJFS, RSC could perform Medicaid determinations more efficiently and inexpensively than ODJFS.

The Commission estimated that this proposed administrative consolidation would save Ohio \$46.9 million the first year and \$51.3 million the second year. Although the Disability Determination Council did agree with some of the Commission's findings, the group could not recreate any scenario under which the considerable amount of savings estimated by the Commission would come to fruition. The Disability Determination Council's recommendations do project some financial savings of about \$2 million. (Refer to the Recommendations Section of this report for details of the savings estimated by consolidating some of the disability determination activity associated with Medicaid, SSI and SSDI.)

In addition to the recommendations of the Ohio Commission to Reform Medicaid, another body also recommended improved efficiencies in the determination of disability associated with applications for Medicaid. HB 66 created the Disability Medical Assistance (DMA) Council charged with advising ODJFS in the ongoing management of the program. In its deliberations, the DMA Council recognized that about one third of enrollees in that program have applied for Medicaid and are awaiting the determination of whether or not their disability meets the criterion for Medicaid eligibility. Because DMA is a state-only funded program with very limited resources, the DMA Council recognized that improving the Medicaid disability determination process would benefit DMA enrollees reducing the amount of time they were waiting for the outcome of their Medicaid eligibility determination. Therefore, the recommendations to improve the efficiency of Ohio's disability determination process will also benefit Ohio's DMA program.

b) Programs Requiring a Disability Determination in Ohio:

Three major public benefit programs require eligible applicants to provide medical evidence that they have a significant disability. All programs share the commonality of "means testing" i.e. applicants must prove that they have very limited amounts of income and resources. These programs are:

1. **Medicaid** – Federal and State funded health care services for uninsured low income individuals. Health care services are the only benefit provided. To receive Medicaid coverage as a person with disabilities, individuals must:
 - Apply for and meet the financial income and resources eligibility tests for Ohio Medicaid;
 - Allege a disability;
 - Document their disability via medical tests which use the same disability standard as that used by Social Security;
 - Undergo a disability determination by the ODJFS Disability Determination Unit within the Office of Ohio Health Plans; and,
 - Applicants are required by the Ohio Administrative Code to apply for Social Security Disability or Supplemental Security Income (SSI).

2. Social Security Disability Insurance (SSDI)

A health care and cash benefit managed by the Federal Social Security Administration (SSA) to which certain applicants are entitled if they have:

- Worked and paid into the Social Security system a sufficient number of calendar quarters and;
- Become sufficiently disabled to meet SSA's definition of disability.

SSDI provides applicants monthly cash payments. It also entitles applicants to health care coverage through the Federal Medicare program.

- ### **3. Supplemental Security Income (SSI)** – This cash benefit is intended for those disabled individuals who have not worked and paid into Social Security. SSI is a “needs based” program meaning eligible applicants must have very low levels of income and resources. Ohioans enrolled in SSI may also be eligible for health care through Medicaid. Ohio does not automatically “deem” SSI enrollees as eligible for Medicaid as the state has maintained a slightly lower income eligibility threshold than Social Security does for SSI. Therefore, SSI enrollees who want Medicaid health care coverage must apply separately for Medicaid at a county department of job and family services.

In Ohio, the Bureau of Disability Determination (BDD) within the Ohio Rehabilitation Services Commission is the entity authorized by the Social Security Administration to determine eligibility, including SSDI and SSI disability determinations.

- Applicants must apply in person at the SSA Field Office, or online on the SSA website and then present any documentation they have of their disability.
- If existing medical evidence is not sufficient to make a decision, BDD makes arrangements with medical professionals to perform additional medical testing.
- Currently, no formal interface exists between ODJFS and Rehabilitation Services Commission's Bureau of Disability Determination.

c) Comparison of Current Disability Determination Programs and Processes:

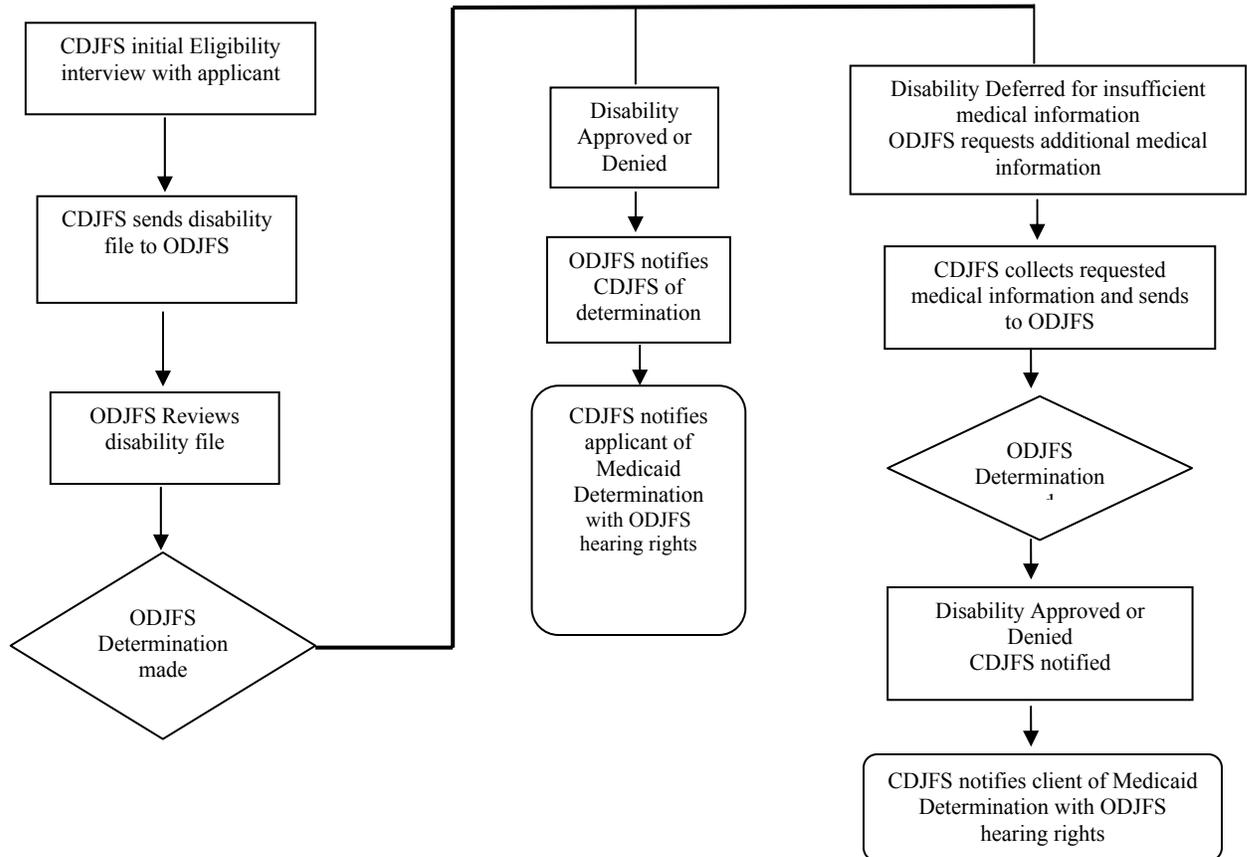
	Supplemental Security Income	Social Security Disability Income	ODJFS Medicaid
Benefit Type	Cash benefit + possible Medical care through Medicaid		Medical care
Application Method	Apply on line or at SSA Field Office	Apply on line or at SSA Field Office	Apply at County JFS; application sent to ODJFS for disability determination
Disability Definition	“Disability” defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which could be expected to last for a continuous period of not less than 12 months.		
Medical Evidence Funding	Required medical exams/tests performed by physicians and psychologists are funded by Social Security	Required medical exams/tests performed by physicians and psychologists are funded by Social Security	Required medical exams/tests performed as arranged by CDJFS and paid for out of County funds.
Quality Assurance	RSC and SSA Regional Office Sampling of cases 97.5% accuracy rate		Quality assurance is performed however, accuracy rate not available until paperless system implementation
Re-determination Timeframe	Re-determination of disability must be performed 1 to 7 years.		
# Applications Reviewed, 2005	183,779 (SSI & SSDI combined)		30,213
# and Percentage of Applications Approved/ Denied	43, 923 - 23.9% approved 136, 915 - 74.5% denied 2,941 - 1.6% no decision		14, 985 - 49.6% approved 9,034 - 29.9% denied 6,194 - 20.5% no decision*
Average Time to Issue a Decision	97.1 days**	94.6 days**	145 days**
Staff to # applications reviewed ratio	1 employee: 300 cases		1 employee: 286 cases***

*Cases deferred from ODJFS to CDJFS due to insufficient medical evidence.

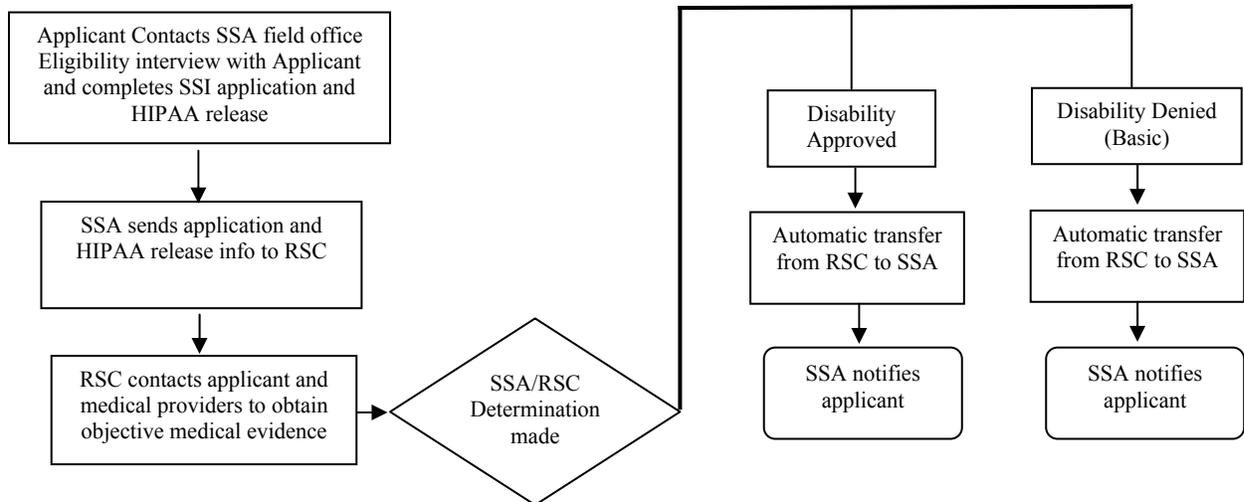
**The variance between RSC and Ohio Medicaid processing time is due to the time required to compile medical evidence. RSC has agreements with medical providers to obtain medical evidence, while CDJFS/ODJFS does not have access to this type of provider network.

***This assumes 1 CDJFS FTE per county and 20.5 ODJFS FTE's.

Current Medicaid Disability Determination Process



Current RSC Disability Determination Process



d) Ohio’s Current Medicaid Eligibility Standard – “209(b)” versus “1634”:

Two distinct decisions must be made in order to determine whether an applicant for Ohio Medicaid is eligible as a person who is “aged, blind or disabled.” In order to be enrolled in Medicaid as a disabled person, the answers to both of the following questions must be yes:

- 1) Is the person’s income and resources less than the state imposed limit of \$525 in income and \$1500 in resources as of State Fiscal Year 2005? ¹
- 2) Does the person have a medically documented illness or medical condition that is disabling enough to prohibit them from working and is expected to result in death or last for at least 12 months?

Ohio Medicaid’s financial eligibility threshold is slightly more conservative (i.e. requiring lower income and resources) than that used by most other states who use the same standard as the Federal Supplemental Security Income (SSI) program which provides cash benefits to people who are low income and disabled. In the parlance of the Social Security Act, Ohio has chosen to use a Medicaid eligibility standard as outlined in section 209(b) while most other states have chosen a standard outlined in section 1634.

There are pros and cons associated with both of these eligibility standards. For example, states with a 1634 status simply accept the Social Security Administration’s eligibility determination for SSI as their eligibility determination for Medicaid. Therefore, their administrative costs for eligibility determination and enrollment are minimized because these functions are being performed by another governmental entity.

However, the benefit of lower administrative costs must be compared to the cost of providing health care to an additional number of enrollees with serious, chronic, and expensive health care needs. The Lewin Group studied the cost/benefit of changing Ohio’s Medicaid eligibility standard for the Ohio Commission to Reform Medicaid. Their report presented three scenarios in which Ohio would hypothetically change its Medicaid eligibility standard to match that of the SSI program. Each of the three scenarios would increase overall Medicaid enrollment and two would increase Medicaid costs. The scenario that estimated reduced costs was only able to achieve them by cutting 23,465 disabled people from current Medicaid rolls and assuming that new applicants would not choose to shelter their income via a federally allowable “Miller trust.” ² By remaining a “209(b)” Medicaid state, Ohio has also maintained some administrative duplication in determining Medicaid eligibility versus SSI. However, Ohio has also foregone the health care costs of adding anywhere between 8,620 and 33,397 disabled Ohioans to the Medicaid rolls.

The members of the Disability Determination Study Council reviewed the Lewin Report in detail and concluded that the administrative savings gained from changing Ohio’s Medicaid eligibility standard to match that of SSI would not outweigh the added cost of increased caseload and health

¹ The standard for married couples is \$904 and \$2250

² See pages 11-18 of the Lewin report: http://www.ohiomedicaidreform.com/pdf/The_Lewin_Group_Medicaid_1634_Conversion_Final_Report.pdf for more information

care costs among this most expensive Medicaid population. Therefore, the Study Council sought a solution that would maximize administrative efficiency utilizing existing eligibility standards.

e) Caseload Growth Trends in Ohio Medicaid and SSI:

Ohio Medicaid has experienced significant growth in the Medicaid Aged, Blind, and Disabled (ABD) caseload from September 2000 to June 2005. Growth is noted in all ABD eligibility categories including: those over the age of 65 years; working aged adults with disabilities or who are legally blind; the Medicare buy-in population; and, people with disabilities who are spending down to meet the eligibility financial standards.

The most notable increase has been the working aged adults with a disability who are not receiving Medicare. This group accounts for 54 percent of the growth during the time period studied. Within this group, adults age 50 to 64 years, account for 26 percent of the growth. Dually eligible individuals, those receiving both Medicaid and Medicare, under the age of 65 years are the second largest growth group accounting for 25 percent of the growth.

This suggests there are more working aged adults, especially those in the 50 to 64 year age group, meeting both the financial and disability standards of eligibility than 5 years ago. It could also suggest that more individuals of working age are disabled, unemployed, or working for lower wages than in previous years.

Ohio's SSI caseload has also grown ; from 1990 to 2004 the number of Ohio enrollees in SSI has grown by 57 percent. While state law currently requires Medicaid applicants to also apply for SSI, data is not available to confirm if cases have been processed in each entity.

f) Relevant Information from Other States:

Council members obtained information from Medicaid programs in Virginia, Oklahoma and North Carolina. These states were selected as examples of options that Ohio might choose in terms of improving its Medicaid disability determination processes.

Virginia:

Virginia retains a Medicaid financial eligibility standard different from that used by the Social Security Administration for SSI, under the 209 (b) status. Virginia Medicaid outsourced this function to Disability Determination Services, the state agency responsible for determining eligibility for SSI and SSDI. Medicaid eligibility is approved when SSI disability benefits are approved. If the applicant is denied SSI benefits, applicants can appeal for "Medicaid only" disability benefits. The Medicaid agency then determines disability based on information from the initial disability application (SSA-3368 form).

North Carolina:

North Carolina mirrors the Federal SSI program and automatically enrolls all SSI eligibles into the Medicaid program, under the 1634 status. North Carolina pursued this Medicaid eligibility change a number of years ago in order to expand Medicaid enrollment into Medicaid among their disabled population. North Carolina has a single entity performing disability determinations for all three programs: Medicaid, SSI and SSDI. This function is housed within the Division of Vocational Rehabilitative Services.

North Carolina handles administrative appeals for SSI and SSDI separately from appeals for Medicaid. An applicant who has been denied SSI benefits can appeal to the state Medicaid agency to seek a Medicaid only benefit.

Oklahoma:

Oklahoma maintains oversight for Medicaid disability determinations within the single state Medicaid agency, as a 209(b) state. By consolidating the Medicaid disability determination within the state’s Social Security disability determination process it improved efficiencies and reduced costs.

In Oklahoma, individuals applying for Medicaid and alleging a disability are referred to the SSA. If the Social Security determination unit is unable to determine a disability for SSI, then the case is transferred to the state Medicaid agency. In most cases, the SSA approval is upheld and the applicant is Medicaid eligible. If the applicant is denied SSI disability benefits, they will also be denied coverage for Medicaid, provided that their medical condition has not worsened since the SSI denial. The Medicaid agency then determines the presence or absence of a disability based on the medical summary.

3. Recommendations for Ohio’s Medicaid Disability Determination Process

a) Council Recommendations:

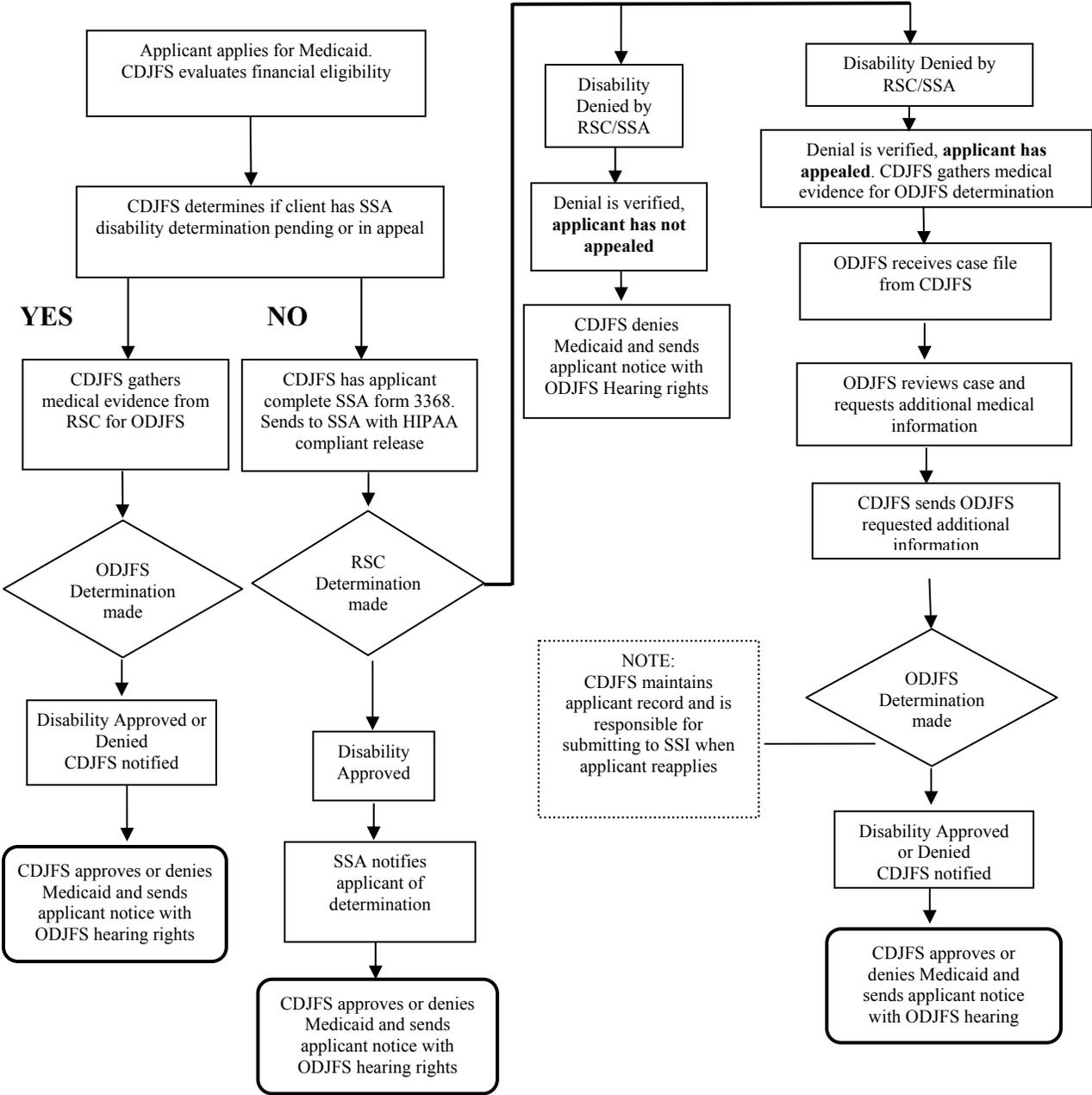
Based on the charge of HB66, the Council considered several options to improve efficiency and reduce duplication. Below are the recommendations of the Ohio Disability Determination Council which do not require changes to the current eligibility criteria.³

1. Applicant applies for Medicaid through the existing application process at their CDJFS. The CDJFS reviews the application, determines financial eligibility, and enters the case into the electronic data system.
2. CDJFS completes and sends the SSA application and the Health Insurance Portability Accountability Act (HIPAA) compliant release to the SSA Field Office.
3. CDJFS upholds SSA/RSC’s disability determination approvals and denials. If an SSA/RSC determination is unavailable or an applicant requests an appeal, CDJFS will gather the medical evidence for ODJFS to make a disability determination.
4. CDJFS submits emergency cases to SSA Field Office for expedited review. Depending upon what is needed in the case, RSC’s turn-around time for emergency reviews is typically under 20 days.

³ This is mentioned in reference to the recommendation of the Ohio Commission to Reform Medicaid which recommended the consolidation of disability determination and recommended that Ohio change Medicaid eligibility from its current 209(b) state to the 1634 status. The Council reviewed the OCRM report related to this debate and determined that although changing to a 1634 state might save minimal administrative costs, it would result in significant added caseload costs. Thus the Council chose to adopt recommendations that maximized administrative efficiency without incurring added caseload costs.

5. CDJFS retains presumptive decisional authority to award emergency benefits.
6. SSA, RSC and ODJFS establish an interagency agreement to share clinical data and Medical Technical Advisor training.
7. ODJFS continues paperless system implementation for retained disability determinations.
8. Ohio adopts a statutory change to accept HIPAA compliant releases signed by claimants for up to one year from the date signed and that one free copy of medical records be provided to RSC/BDD.

**Recommended Medicaid Disability Determination Process
Process for New Applications Only**



b) Rationale for Recommendations:

The recommended changes in the Medicaid disability determination process improve efficiency and eliminate redundancy by consolidating Ohio’s disability determination process within RSC. This prevents approximately 11,181 duplicate determinations and is estimated to reduce ODJFS and CDJFS administrative costs by an estimated \$2 million annually. This can be accomplished without changing current Medicaid eligibility standards.

ODJFS must retain capacity to conduct 19,819 state only reviews (e.g. Alien Emergency Medical Assistance and Disability Financial Assistance). The CDJFS/ODJFS cost to process these determinations is estimated to be \$10 million.

These recommended changes improve the timeframes within which disability determinations are completed. Since RSC’s process is completely integrated, some of the fragmentation of the 88 county CDJFS system is streamlined. The Council anticipates that the recommended changes will reduce disability determination turnaround time, and eliminate ODJFS deferrals on the determinations processed by RSC.

Finally, to make the process more efficient the Disability Determination Study Council recommends Ohio adopts a statutory change to accept the SSA application form and HIPAA compliant releases signed by claimants for up to one year from the date signed and that one free copy of medical records be provided to RSC/BDD.

c) Implementation Process and Timeframe:

The Council’s recommended timeline to accomplish these changes is at least 18 months. This does not include the system development timeframe. The following is a high level summary of the recommended implementation. Note that some of these activities could run concurrently.

Activity	Total Duration	Comments
Communication and input from key stakeholders in the disability advocacy community	6 months	Necessary to address concerns that will arise in proposing this change and consider modifications suggested by the advocacy community.
ODJFS Rule Revisions	6 months	Revision of OAC 5101:1-39-03
Statutory Changes	6 months	Maintain a HIPAA complaint release form for up to one year One free copy of medical records for RSC
SSA/RSC System Interfaces Project Plan	3 months	
SSA/RSC System Interfaces Development	TBD	Dependencies: 1. Resources and programming specifications 2. Paperless system implementation at ODJFS. 3. Interface cost estimates 4. System Programming resources 5. SSA Agreement
CDJFS Training	3 months	

4) Next Steps

a) Review and Continue Process Improvements Already Underway

In late 2004, Ohio Medicaid undertook a complete redesign of the Ohio Medicaid Information Technology System. This extensive project, called MITS, contained a focus on process improvements in the existing Medicaid disability determination. In fact, Disability Determination was determined so important that it was prioritized as an area for immediate process improvements rather than awaiting the full implementation of MITS in 2008. ODJFS hired Deloitte Consulting (via a competitive bid process) to outline both short and long term recommendations for Ohio's Medicaid disability determination process. Following is the progress to date on these recommendations.

Short Term Recommendations

1. **Effective 2/1/05, retain (at ODJFS) deferred disability determination cases rather than sending them back to County Departments of Job and Family Services.** The benefit of this is to alleviate mailing paper files back and forth due to incomplete medical information. This saves time, staff administrative work, and postage. It also helps to facilitate a quicker turnaround of the applicant's disability determination. The only instances of case files being returned to Counties is for those cases that have been held for 90 days or more. These cases will be sent back with a letter requesting further follow up.
2. **Effective 3/1/05, Establishment of a Case Tracking System** - The ODJFS Disability Determination Unit has implemented a database (in Microsoft Access) tracking system that allows ODJFS to track case status, case outcomes and hearing status. This system was designed to temporarily track information until a workflow documentation system could be implemented. The system enables staff to generate reports on:
 - a. The number of deferrals, denials, and approvals by county;
 - b. Case status within the unit,
 - c. The type of denial and approval. (e.g., "blindness")

Utilizing this database, ODJFS sends counties status reports on cases and requests for additional information needed to process cases.

3. **Improving MTA (Medical Technical Advisor [physician]) Contracts** - ODJFS will be developing new performance requirements to improve the rate of physician review, and is reviewing the performance standards required by RSC in their review process. Due to the length of current contracts, these performance standards should be in place by SFY 2007. However, we have begun work with physicians to expedite their review process.
3. **Changes to the ODJFS CRIS-E system** – Effective 12/05 ODJFS changed the view screens used by CDJFS workers that are necessary to complete the disability determination review. We estimate that this change will save approximately 12 hours per week for the Disability Determination Unit and allow us to process 50 additional cases each week.
4. **Training** – Quarterly training sessions have already occurred with CDJFS workers to communicate these changes. In addition, ODJFS staff are pursuing opportunities to share training materials and information from RSC.

5. **Quality Assurance Review of Disability Determination of Cases** – ODJFS’s Disability Determination Unit is reorganizing in order to devote staff to conduct quality assurance activities aimed at improving the quality, consistency and timeliness of reviews. ODJFS has implemented phase 1 of this two phase process.
6. **Staffing** - In order to continue progress to improve processing timeliness, ODJFS has reviewed staffing levels and has instituted the following changes:
 - a. A nurse manager position was created to develop quality programs and a administrative manager was hired to manage the FileNet system.
 - b. Two additional full time nurse reviewers were hired to increase the number of case reviews completed annually.
 - c. Current temporary reviewers are able to continue into the next fiscal year.
 - d. 8 additional temporary clerical staff assist with support functions as needed over the next fiscal year.
 - e. An analyst position was filled to assist in case processing, data management and system maintenance.
 - f. The area also seeks replacement staff to maintain the case processing time while permanent staff are out on disability leave.

Long Term Recommendations

1. **Implement an Electronic Data Management System (EDMS)** – Deloitte Consulting recommended that ODJFS institute an electronic data management system to automate some of the overwhelming amount of paper and manual staff work in the current Ohio Medicaid disability determination process. Based on 30,000 reviews, ODJFS annually spends an estimated \$18,000 on paper, \$24,900 on postage, \$600,000 in internal labor costs (15,000 hours of staff reviewer time), and \$513,000 in physician contractor fees (9,900 hours of review time) to process these determinations. (Note: this does not include mail room labor costs.) ODJFS’s goal in undertaking this is not only to automate this heavily manual process, but also to develop systems that are aligned with the broader Medicaid Information Technology System design and in line with industry standards.

In pursuit of this goal, an EDMS system was recommended, FileNet, as the IT solution that best meets these requirements. ODJFS is in the process of purchasing this hardware. The solution is capable of accepting images from those CDJFS’s that have current imaging systems, as well as imaging paper records received from the majority of CDJFS’s. This solution along with MITS IT infrastructure changes will move us forward to eliminating rework, improving timeliness of the determination process, and improve both CDJFS and OHP effectiveness in serving our shared customers. System design, development and implementation have just begun and will continue through SFY 2006. .