



JAN 16 2020

Maureen Corcoran
Director
Ohio Department of Medicaid
50 West Town Street, 4th Floor
Columbus, OH 43215

Dear Director Corcoran:

On January 14, 2020, the Ohio Department of Medicaid (ODM) submitted a revised corrective action plan (CAP) to address issues that the Centers for Medicare & Medicaid Services (CMS) identified with the state's implementation of Medicaid and CHIP eligibility and enrollment requirements. CMS has reviewed the state's revised plan, which details the strategies the state has and will implement over multiple phases to address the compliance-related concerns, and we are approving the plan subject to the conditions described in this letter.

Based on our review and analysis of state-provided data and discussions with state staff beginning in 2015, CMS identified multiple issues related to Ohio's timely processing of applications and redeterminations. We communicated our concerns to the state on multiple occasions. Notable progress toward addressing the persistent backlog began in early 2019 as the state experienced a change in administration. Under your leadership and direction, we received the state's commitment to address the longstanding eligibility and enrollment problems, beginning with a reduction of the application backlog. Further, Ohio was proactive in developing and submitting a plan to address the issues CMS identified. Specifically, issues related to:

1. Application Processing: Significant ongoing and persistent delays in the state's ability to complete determinations of eligibility at application, resulting in sizable backlogs of applications pending beyond the timeframes permitted under 42 CFR 435.912(c)(3).
2. Timely Processing of Eligibility Redeterminations: Failure to conduct timely renewals of eligibility in Medicaid, consistent with regulations at 42 CFR 435.916, resulting in sizable backlogs and renewals pending beyond the permitted timeframe.
3. Timely Processing of Beneficiary Changes in Circumstances: Failure to promptly redetermine eligibility between regular renewals of eligibility whenever the agency receives information about such a change in a beneficiary's circumstances that may affect eligibility as required under regulations at 42 CFR 435.916(d).

We appreciate that Ohio took the proactive step to submit to CMS an initial corrective action plan on September 9, 2019 detailing the strategies the state would implement to address these compliance-related concerns. Based on further state analysis and discussions with CMS, the

state updated the plan and submitted a final version on January 14, 2020. We also note that the state has already begun to implement a number of the actions identified in the plan, and those actions have resulted in positive results. For example, we recognize significant progress made since January 2019 to reduce the application backlog by nearly 75 percent.

The CMS is now approving the state's plan, subject to the following conditions, including the requirement that the state meet the timelines and milestones, and additional details described in Appendix A:

Issue 1. Application Processing:

Through continued incremental reductions in the application backlog, Ohio will significantly reduce the number of applications pending over 45 days to no more than 8,000, by June 30, 2020. Ohio will submit an update to the CAP outlining a plan and timeline for a further reduction of applications pending over 45 days by July 1, 2020.

Issues 2 and 3. Timely Redeterminations and Processing of Changes in Circumstances:

Ohio is currently analyzing system and operational changes needed for full resolution of the backlog. The state will complete this analysis in the coming months and submit a plan and timeline to address the requirements at Issue 2 for reduction of the renewal backlog by March 15, 2020, and a timeline for compliance with requirements related to timely processing of changes in circumstances, Issue 3, by April 30, 2020.

Additionally, we note that Ohio's plan includes a discussion of underlying system defects the state has identified that impact the state's compliance with federal requirements related to eligibility and enrollment processes. Ohio has committed to address these issues and will submit a plan to CMS within 30 days of this approval with an initial schedule to address the system defects identified. Ohio will continue to provide CMS with updates to that plan as additional fixes and enhancements to the eligibility and enrollment system are scheduled.

At this time, we believe the strategies that Ohio has included in its plan will introduce sustainable improvements to state systems and operations to ensure that the state conducts timely and accurate determinations at application and renewal, that only eligible individuals are enrolled, and that the state appropriately claims federal matching dollars for state expenditures. To that end, the plan will also address issues identified in the FY 2019 Payment Error Rate Measurement (PERM) results and help to decrease improper payments. The state's work toward compliance with the issues outlined in the CAP supports the work to improve future PERM results.

The CMS expects that Ohio will meet the timelines identified in the CAP and will monitor execution of the corrective actions through our existing monitoring processes. Accordingly, continued approval is contingent upon regular updates from the state on the status of its progress toward full compliance and monthly reporting of application and renewal processing data. If at any point it is determined that the state is not meeting the requirements outlined in this letter, CMS may initiate formal compliance proceedings, consistent with 42 CFR 430.35.

The CMS is available to provide any technical assistance the state may need. We would again like to extend our sincere appreciation to you and your staff for the work conducted in development of this promising plan. If you have any questions regarding this letter, please contact Jessica Stephens, Director, Division of Enrollment Policy & Operations, at 410-786-3341 or jessica.stephens@cms.hhs.gov and Christine Davidson, Ohio State Lead, at 312-886-3642 or christine.davidson@cms.hhs.gov.

Sincerely,



Anne Marie Costello
Deputy Director

Attachment:

Appendix A: Ohio Eligibility & Enrollment Corrective Action Plan- January 14, 2020

cc: Ruth Hughes, Deputy Director, Division of Program Operations, Medicaid & CHIP Operations Group

Appendix A: Ohio Eligibility & Enrollment Corrective Action Plan

TO: Anne Marie Costello, Director, Children and Adults Health Programs Group,
Center for Medicaid and Chip Services

FROM: Maureen M. Corcoran, Director Ohio Department of Medicaid

RE: Ohio Eligibility & Enrollment Corrective Action Plan

DATE: January 13, 2020

Upon taking office in January 2019, Governor DeWine inherited from the previous administration a massive backlog of applications for initial Medicaid coverage. In addition to new applications, mandatory eligibility renewals, and updates to cases for changes in eligibility circumstances were also seriously backlogged. These massive backlogs required immediate action. The DeWine administration is keenly aware of the importance of the federally required timely processing of all reported changes in a beneficiary's circumstances. We began work in earnest with our Sister State Agencies and county partners to identify the nature of the issues, the scope of the issues, and the root causes of those issues. Our findings regarding the backlogs revealed that the processes and technology intended to enable effective and efficient processing of applications were instead creating a laborious and ineffective eligibility system. During this work we also discovered potentially significant shortcomings in the eligibility and enrollment processes which resulted in missing records and data, and incorrect eligibility determinations. With your help and guidance, we have been able to identify root causes of issues and strategies for addressing them, and we have been able to construct operational plans to address and correct them. The activities immediately undertaken by the Governor, his Medicaid Director Maureen Corcoran and her team are reported here and constitute the foundation of this Corrective Action Plan.

This Corrective Action Plan's focus is to address the backlogs, it is just one piece of a larger scope of operations engaged in concert with our partner state and county agencies that are also intended to address the soundness of eligibility determinations generally. A description of those work activities can be found in the attached addendum to this Corrective Action Plan.

Issue 1: Application Backlog/Timely Determinations: Significant ongoing and persistent delays in the state’s ability to complete determinations of eligibility at application, resulting in sizable backlogs and applications pending.

Statute and Regulations(s): Sections 1902(a)(8) and 2101(a) of the Social Security Act provide that all individuals wishing to make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals.

42 CFR 435.912(c)(3) and 457.340(d) require the state agency to determine eligibility for Medicaid within 90 days for applicants who apply on the basis of disability and 45 days for all other applicants for Medicaid and CHIP.

Summary of Findings: As of January 2019, Ohio had 53,392 applications pending over 45 days. As of the end of December 2019, Ohio has 18,852 applications pending over 45 days.

Strategies for Compliance	Completed Milestones	Interim Milestones and Final Completion Dates
Review for system changes/necessary defect slotting	<ul style="list-style-type: none"> • Multiple releases and defect fixes have been implemented since January 2019. 	<ul style="list-style-type: none"> • Set for implementation system changes (aka “Slot system defects”) contributing to delays and errors in applications: <ul style="list-style-type: none"> ○ Dates not being correctly set by the system ○ Guardrails not established allowing dates to be changed ○ Data not available to auditors for individuals permanently out of the home ○ View history data not available on some screens ○ Problem with Ohio Benefits (OB) sending file to Medicaid Information Technology System (MITS) where a discontinuance has happened in the Ohio Benefits Worker Portal (OBWP) ○ Cases falling out of batch processing because of requirement to override the system ○ Low passive renewal rate

		<ul style="list-style-type: none"> ○ Renewal cycles only look for past dates, so they never get picked up for future renewal if not worked ○ Continuous eligibility defects when auto closure batch is run ○ Lack of communication of Automated Health Systems (AHS) renewal annotation until the renewal is past due ○ Child being updated to “dependent” for tax filing – the system doesn’t direct worker to add the child to the record to get the correct household composition ○ Presumptive eligibility is not being discontinued appropriately ○ Dependent income is being included incorrectly, ○ Household composition is not configured correctly although tax records and relationships are correct ○ System does not end date pregnancy record over 10 months ○ PDF version of E-application submitted through the Self-Service Portal cannot be viewed to see the electronic signature ○ No warning that there are pending records or alerts like other health insurance when Eligibility Determination and Benefits Calculation (EDBC) is run ○ Not correctly creating household sizes that include 19 year olds ● Evaluate and redesign the alert structure to be a prioritized, non-duplicative system the counties can efficiently work within ● Enhance controls within the OB system (to include Electronic Data Management System (EDMS) and County Shared Services (CSS) coding and
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		<p>workflow) to include required data storage recognition before benefit issuance, additional approval before overwriting data (and storage of past data that's been overwritten), complete view of data available within the system</p> <ul style="list-style-type: none"> • Automate system processes to examine decisions for correct application of the rules established within the Ohio Benefits system • Have policy/systems/Technical Assistance (TA) review no touch functionality for applications coming in as an enhancement to further eliminate cases from moving into backlog • Ohio will submit a plan for slotting the various defects and enhancements within 30 days of CAP approval and as additional items are slotted the plan will be updated. • Ohio will review/meet with two states by February 29, 2020 to gather best practices
<p>Improve collaboration between Ohio Department of Medicaid (ODM) and the Ohio Department of Job and Family Services (ODJFS) due to the co-location of Medicaid, Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) processing within the Ohio Benefits system, and the role of the County Departments of Job and Family Services (CDJFS) with all the programs</p>	<ul style="list-style-type: none"> • ODM has recently established (in coordination with ODJFS and the Department of Administrative Services (DAS)) a Project Management Office (PMO) structure that keeps all three Directors and associated leadership informed and part of planning and decision making. – meetings are every two weeks and began in May 2019 - Ongoing • Since OB, Ohio's eligibility and enrollment (E & E) system is now in the maintenance and operations phase, a review of over 50 weekly workgroups was done to refocus the work effort and the number of work teams have now been reduced. We completed a retreat among the three 	

	<p>agencies to better align work. This effort has allowed for better progress overall and more efficient escalation paths. The first meeting was held on August 6, 2019, meetings were consolidated or reduced on September 5th - Complete</p> <ul style="list-style-type: none"> • The management of the OB within Medicaid has now moved to our operations area. The use of experienced leads and the coordination with our claims management system area is showing value in co-management with similarly experienced individuals at ODJFS and DAS. – completed on 7/17/2019 	
<p>Double staff to 50 at the state’s central processing group to work through application backlog and process cases as issues arise during transitions where Ohio Benefits logic is updated, including corrections for defects (defect releases) and enhancements/system improvements</p>	<ul style="list-style-type: none"> • Added processing returned mail and scanning for the counties to work. • Added in scanning received renewal packets and checking the box to ensure that Ohioans do not lose their eligibility before the packet is worked. • The state dedicated Central Processing supervisor has been hired to ensure state staff maintain ongoing management and subject matter expertise. 	<ul style="list-style-type: none"> • Ongoing interviews taking place for remaining staff. Next batch of hiring should be mid-January. Currently up to 41 staff of the 50. • Currently working on renewals along with pending applications. • Four positions are currently being posted/filled under the central processing supervisor. Complete by 2/29/2020
<p>Provide enhanced county technical assistance and funding to support rapid cycle improvements at the state and county</p>	<ul style="list-style-type: none"> • Individualized long-term-care training was conducted at a large metro. The need was realized after visiting that county during the experience initiative. Completed 9/13/19 • Released about \$4M dollars (\$16M with federal match) to help counties 	<ul style="list-style-type: none"> • \$1M (up to \$4M with federal match) to be released in January to help counties with Quality Assurance (QA) efforts. • Joint New User Training is being planned by ODM and ODJFS through county collaboration with state support. Expected to begin Train the Trainer in March 2020 in preparation for statewide

<ul style="list-style-type: none"> • Allocate resources for additional staff and overtime • Provide TA and training 	<p>work on backlog of pending applications, renewals and change processing. Final release December 2019</p>	<p>implementation throughout 2020. Survey was released to compile training information and obtain county training materials to establish best practices. County training materials have been collected and are currently being consolidated.</p> <ul style="list-style-type: none"> • Regional long-term-care training is being planned by ODM through county collaboration with state support. Survey was released to compile training information and obtain county training materials to establish best practices. Information has been received and materials are currently being consolidated. Medicaid is currently approaching counties for open slots within their training dates so that counties needing training can access it until full training is ready in September 2020. • ODM technical assistance and compliance staff have been and will continue to work 1/1 with counties having a backlog of pending applications. Additional funding was released on 12/30/19 to help continue the progress and handle the extra cases from the FFM open enrollment. The extra funding can be used for overtime, or temporary hire of staff for application, renewal and change processing work. • Will engage with a nursing facility management entity (manages more than one Nursing Facility (NF)), the associated Area Agency on Aging (AAA)(s) and the county(ies) involved to define gaps with processing Long-Term-Care (LTC) cases. Moved to a roundtable format where gaps are expected to be identified by January 31, 2020. • As issues are identified on LTC cases they'll be prioritized for operational help/communication needs in Ohio Benefits, EDMS, or Provider Gateway. Recommendations are ongoing.
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<p>Hire county subject matter expert (SME) to understand the overall needs of the counties and explore ways to more efficiently process applications</p>	<ul style="list-style-type: none"> • County SME began work on 5/6/19. He has met with all counties during regional meetings, has traveled individually to 17 counties to obtain information and workflow regarding application processing, issues with the system in general, and to establish open communication with our county directors, and data and program leads. His work has been invaluable. We've continually adjusted our focus as he has brought opportunities to us. The keys to this success have really been simple: keeping the message that we're in this together, finding and sharing best practices and ensuring that all counties and the state are working from the same data. – Complete 5/6/19 	<ul style="list-style-type: none"> • County SME will continue to meet with counties to obtain further best practices and training needs.
<p>Ensure collaboration between state, county, and Ohio Job and Family Services Directors' Association (JFSDA) and federal partners. Establishing new and maintaining ongoing communication will be key for capturing and sharing best practices, sharing those practices and dealing with any barriers that come to light</p>	<ul style="list-style-type: none"> • In conjunction with ODJFS and JFSDA, a county survey was done of all 88 counties to ensure ODM leadership understands the landscape of Ohio's counties and the various structures that govern. Presentation to Directors Complete 10/15/19 • More than 30 ODM, ODJFS, JFSDA and contract staff visited 7 counties as part of a county experience initiative. This day-in-the life experience helped to inform us of the new set ups. Best practices were collected and are being used in discussions with other counties as appropriate. Presentation to Directors Complete 10/15/19 	<ul style="list-style-type: none"> • Quarterly meetings are held with all regions of the state. JFS and ODM trainers, JFSDA staff, policy leads, county experts and leaders within the agencies review application processing best practices, talk about new practices, collect barriers and research concerns, etc. Meetings will remain ongoing • Three complete sets of meetings have taken place and the next round will happen in the Jan-March quarter. • Communicate best practice and survey data to all counties January 31, 2020 • Investigate with CMS cases coming in backlogged from the Federal Market Place, Low Income Subsidy (LIS) and SSI. A list of cases will be supplied for review by January 31, 2020.

	<ul style="list-style-type: none"> • Shared information collected with key counties for review – Complete November 14, 2019 	
<p>Monitor the trend of pending application backlog.</p>	<ul style="list-style-type: none"> • Tracking to date shows pending applications over 45 days at these numbers: <ul style="list-style-type: none"> • January 2019 53,392 • March 55,323 • May 40,565 • July 27,758 • September 18,164 • November 13,690 • December 18,853 - it should be noted here that during the FFM open enrollment, November 1, 2019-December 15, 2019, that Ohio received almost 45,000 applications (average of 6,400 per week). Ohio receives an average of 700-800 applications weekly from the FFM outside of the open enrollment period. 	<ul style="list-style-type: none"> • An analysis of pending application backlog will be done by January 15, 2020 to determine further steps needed in the January to March quarter. Given FFM application and COLA workload, renewal processing concentration, current trends, and overtime being distributed 12/30/2019 and central processing work, we expect to have no more than 14,000 pending applications over 45 days by February 15, 2020. No more than 25% of this backlog will be cases outside of a 90-day processing window. • March 31, 2020 should have Ohio at no more than 12,000 pending applications over 45 days with no more than 20% outside of a 90-day processing window. • May 15, 2020 should have Ohio at no more than 10,000 pending applications over 45 days with no more than 15% outside of a 90-day processing window. • June 30, 2020 should have Ohio at no more than 8,000 pending applications over 45 days with no more than 10% outside of a 90-day processing window. • An update to the CAP that outlines a plan for a further reduction of applications over 45 days will be submitted by July 1, 2020. • JFS and ODM have been implementing a reporting system (dashboards and ad hoc reporting tool) to allow counties to have more focused information for caseload management / operations. Initial tools (Application Intake, e-Applications, and Monthly Application Timeliness dashboards and an Application Lifecycle Blank Canvas for ad hoc

		report generation) were available for county use on for 2019NOV04. Release 2 dashboards include Non-Compliance, Participant Demographics, Recertification, Worker Caseload Distribution, and Worker Participation (estimated release in Feb 2020).
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Issue 2: Renewal Backlog/Timely Redeterminations: Failure to conduct timely renewals of eligibility resulting in sizable backlogs and renewals pending beyond the timeframe permitted.

Statute and Regulation(s): 42 CFR 435.916(a) and 457.343 require the eligibility of Medicaid and CHIP beneficiaries whose financial eligibility is determined using MAGI based income be redetermined once every 12 months, and no more frequently than once every 12 months. 42 CFR 435.916(b) requires that the agency redetermine the eligibility of Medicaid beneficiaries excepted from MAGI for circumstances that may change, at least every 12 months.

Summary of Findings: As of December 2018, Ohio had 283,870 renewals that were past due for renewal. As of December 2019, Ohio has 129,465 cases are past due for renewal.

Strategies for Compliance	Completed Milestones	Interim Milestones and Final Completion Dates
Review for system changes/necessary defect slotting	Multiple releases and defect fixes have been implemented since January 2019.	<ul style="list-style-type: none"> • Set for implementation system changes (aka “Slot system defects”) contributing to delays and errors in applications: <ul style="list-style-type: none"> ○ Dates not being correctly set by the system ○ Guardrails not established allowing dates to be changed ○ Data not available to auditors for individuals permanently out of the home ○ View history data not available on some screens ○ Problem with Ohio Benefits (OB) sending file to Medicaid Information Technology System (MITS) where a discontinuance has happened in the Ohio Benefits Worker Portal (OBWP) ○ Cases falling out of batch processing because of requirement to override the system ○ Low passive renewal rate ○ Renewal cycles only look for past dates so they never get picked up for future renewal if not worked

		<ul style="list-style-type: none"> ○ Continuous eligibility defects when auto closure batch is run ○ Lack of communication of Automated Health Systems (AHS) renewal annotation until the renewal is past due ○ Child being updated to “dependent” for tax filing – the system doesn’t direct worker to add the child to the record to get the correct household composition ○ Presumptive eligibility is not being discontinued appropriately ○ Dependent income is being included incorrectly, ○ Household composition is not configured correctly although tax records and relationships are correct ○ System does not end date pregnancy record over 10 months ○ PDF version of E-application submitted through the Self-Service Portal cannot be viewed to see the electronic signature ○ No warning that there are pending records or alerts like other health insurance when Eligibility Determination and Benefits Calculation (EDBC) is run ○ Not correctly creating household sizes that include 19 year olds ● Evaluate and redesign the alert structure to be a prioritized, non-duplicative system the counties can efficiently work within. ● Enhance controls within the Ohio Benefits system (to include EDMS and CSS coding and workflow) to include required data storage recognition before benefit issuance, additional approval before overwrite of data (and storage of past data that’s
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		<p>been overwritten), complete view of data available within the system and</p> <ul style="list-style-type: none"> • Automated system processes to examine decisions for correct application of the rules established within the Ohio Benefits system. • Will engage with a nursing facility management entity (manages more than one NF), the associated AAA(s) and the county(ies) involved to define gaps with processing LTC cases and renewals. Moved to a roundtable format that will identify gaps by January 31, 2020. • Have policy/systems/TA review no touch for renewals coming in as an enhancement to further eliminate renewals from moving into backlog. Review with at least two states by February 15, 2020. • Ohio will submit a plan for slotting the various defects and enhancements within 30 days of CAP approval and as additional items are slotted the plan will be updated. • Move renewal paperwork received in ODM and then mailed to counties for scanning into a central point for scanning into the imaging system for immediate county access. Contingent on system release expected in April 2020.
Using the current regional meeting structure will focus on best practices for renewals and seek county input on reducing this backlog.		<ul style="list-style-type: none"> • Will go over statewide stats with counties in the Jan-March regional meetings.
County subject matter experts will specifically engage with counties to assess county needs and explore ways to more efficiently process renewals.		<ul style="list-style-type: none"> • County on site visits will move immediately to focus on processing renewals. County SMEs will visit 15 counties from now through March 2020 and visits will continue throughout 2020.

<p>Provide enhanced county technical assistance to support rapid cycle improvements on renewals at the state and county</p> <ul style="list-style-type: none"> • Allocate resources for additional staff and overtime • Provide TA and training 	<ul style="list-style-type: none"> • Additional county funding was made available 12/30/2019 for applications, renewal and change processing • First analysis completed on renewals. Three categories of renewals are currently being processed given the analysis totaled about 30,000. 	<ul style="list-style-type: none"> • County by county lists of past due renewals with documentation received (case is ready to work) will become part of the weekly lists already sent for application processing. To begin January 20, 2020. • Implement a pilot renewal project with a small county to further define/understanding reporting. Complete by January 31, 2020. • Further analysis of the renewals outside of the original analysis will be conducted to decide how to further direct resources. This will be done by January 31, 2020.
<p>Reporting</p>	<ul style="list-style-type: none"> • Weeks of understanding and analysis have gone into report improvements for renewals. 	<ul style="list-style-type: none"> • JFS and ODM have been implementing a reporting system (dashboards and ad hoc reporting tool) to allow counties to have more focused information for caseload management / operations. Initial tools (Application Intake, e-Applications, and Monthly Application Timeliness dashboards and an Application Lifecycle Blank Canvas for ad hoc report generation) were available for county use on November 4, 2019. Release 2 dashboards include Non-Compliance, Participant Demographics, Recertification, Worker Caseload Distribution, and Worker Participation (estimated release in Feb 2020).
<p>Monitor the trend of pending renewal backlog.</p>	<ul style="list-style-type: none"> • December 2018 – 283,870 • January 2019 – 276,566 • March 2019 – 255,704 • May 2019 - 217,341 • July 2019 – 182,920 • September 2019 – 130,589 • October 2019 – 133,238 • December 2019 – 129,465 • As counties reduced pending applications instruction was given to immediately move to pending renewals. Backlog came down 	<ul style="list-style-type: none"> • Category 3 – Older cases that have had renewal packets sent and returned, but that have not been worked. These have been further separated into buckets and will be acted on in the next several weeks. Total of 47,056 cases. • Further analysis of renewal backlog will take place by February 15, 2020 of the remaining renewals needing completed. • A plan for the further reduction of pending renewals will be submitted by March 15, 2020.

	<p>significantly during this period accordingly.</p> <ul style="list-style-type: none">• An analysis of pending renewal backlog has been done and three categories have been identified for batch processing.• Renewal packets that received no response (named Category 1, but processed after Category 2) had a batch case close in the system. A defect first stopped auto termination. Following the issuance of state hearing rights notices about 27K cases were auto closed in September and October 2019.• Category 2 – About 5K cases had the redetermination completed, but because of a defect in the system the renewal date was not updated. These dates were moved to their correct dates for next renewal in August 2019	
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Issue 3: Timely Processing of Changes in Circumstances: Failure to promptly redetermine eligibility between regular renewals of eligibility whenever the agency receives information about a change in a beneficiary’s circumstances that may affect eligibility.

Statute and Regulations(s): 42 CFR 435.916(d) and 457.343 require the agency to promptly redetermine eligibility between regular renewals of eligibility whenever it receives information about a change in a beneficiary’s circumstance that may affect eligibility.

Summary of Findings: Ohio has communicated to CMS that the state does not always act timely on information and redetermine eligibility between regular renewals of eligibility whenever the agency receives information about such a change in a beneficiary’s circumstances.

Strategies for Compliance	Interim Milestones and Final Completion Dates
<p>During SFY 2019 more than 16.9 million alerts were issued according to DAS records. Many are duplicative, not germane to eligibility status, and not requiring county worker action. This creates an overwhelming volume of information being sent to the counties.</p> <p>Review for system changes/necessary defect slotting.</p>	<ul style="list-style-type: none"> • Evaluate and redesign the alert structure to be a prioritized, non-duplicative system the counties can efficiently work within. • Enhance controls within the Ohio Benefits system (to include EDMS and CSS coding and workflow) to include required data storage recognition before benefit issuance, additional approval before overwrite of data (and storage of past data that have been overwritten), and require clearing of alerts before EDBC is run. • Automated system processes to examine decisions for correct application of the rules

	<p>established within the Ohio Benefits system.</p> <ul style="list-style-type: none"> • Fix reporting so that counties can see all alerts issued to them in one report/spreadsheet and have duplicate, irrelevant and closed case alerts removed. • Ohio will submit a plan for slotting the various defects and enhancements within 30 days of CAP approval and as additional items are slotted the plan will be updated.
<p>Analyze changes in circumstance data</p>	<ul style="list-style-type: none"> • Review with Rhode Island work they've done on change in circumstance processing and monitoring. Contact by January 31, 2020 • Pilot change processing workflow with a county by February 29, 2020 • Develop a full dashboard of change of circumstance data by March 15, 2020 • Analyze a backlog of documents received in the EDMS system for categorizing and processing. March 15, 2020 • Upon development of a dashboard monitor reporting for change of circumstance data – April 15, 2020 and ongoing

<p>Submit a plan to CMS for resolution (Plan to include dates and milestones as appropriate to address any identified backlogs.</p>	<ul style="list-style-type: none">• Plans for resolution of change of circumstance processing will be developed as analysis is done and reports are captured. A plan for this ongoing work will be submitted by April 30, 2020.
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ADDENDUM TO
Ohio's Eligibility & Enrollment Corrective Action Plan – January 13, 2020

As a new administration, we assumed management in 2019 and within the first six months with your help we became aware of potentially significant shortcomings in the eligibility and enrollment processes. We began work in earnest with our Sister State Agencies to identify the nature of the issues, the scope of the issues, and the root causes of those issues. Our findings of substantial backlogs of applications and renewals created the opportunity to discover that the processes and technology intended to enable effective and efficient processing of applications were instead creating a laborious and ineffective eligibility system.

Eligibility is the cornerstone of the foundation of the Medicaid program and of SNAP and other related programs. Our State and County Partner agencies recognize this and have renewed commitment to ensuring all issues are remedied. The issues are complex, not easily remedied, and are in some instances embedded in flawed operations and systems designs. State Agencies take seriously their responsibility to ensure that eligibility determinations and enrollment for the various programs are timely and accurate. The management of the identified programs is a shared responsibility of the state and county agencies as evidenced by the federally approved state plan amendment that designates county departments of job and family services as the entities responsible for the conducting eligibility determinations. Our interest is singular in this regard.

<https://medicaid.ohio.gov/Portals/0/Medicaid%20101/Medicaid%20State%20Plan/Section%201/A1-A3.pdf?ver=2018-02-02-081705-117>

Since February, Medicaid has worked aggressively and collaboratively with county partners to address human errors with the Department of Administrative Services (DAS) and the Department of Job and Family Services (JFS) to address Ohio Benefits issues. For example, we've added twenty-five staff for trouble shooting and technical assistance. We have re-established constructive working relationships with county partners and reduced the backlog of pending applications by approximately 65% and reduced the backlog of pending renewals by 54%. Additionally, the Ohio Department of Medicaid has completed on-site visits to over 25 counties, helping some counties to reduce their backlog to near zero.

As you review the specifics of our Eligibility and Enrollment Corrective Action Plan, you will note that challenges identified generally fall into multiple categories:

- Alerts
- Overwrites
- Caseworker training
- Eligibility accuracy and timeliness

These areas were not of central focus in the previous administration, and as a result were not managed or monitored in the most effective manner. The following summarizes what we have found, and remediations already underway or planned.

The Ohio Benefits system serves as a centralized database of recipient information that is shared among all public assistance programs that are managed within the system. Those include Medicaid, SNAP, and Cash assistance programs. Management and operation of the system is a shared responsibility of multiple state and county partners and the vendors that support them.

The systems operations are complex and are driven by policies that county partners must implement. The State and County Partner agencies acknowledge there are areas in need of improvement and have taken steps to further define those areas and set out concrete measures to make those improvements.

Alerts:

Some of the observed activity are intended system design elements that may have had an effect that was not intended and not beneficial, i.e. large numbers of alerts. The State and County Partner agencies will be working with support vendors to identify tools and opportunities to reduce the volume and types of alerts sent to county workers.

Overwrites:

There are design elements that may not have been apparent at the time but presented opportunities for error. Overwriting previous income case information without a failsafe prevention or data backup is not something contemplated at the original program design. The State and County Partner agencies will be working with support vendors to identify tools and opportunities to limit who can overwrite, to back up information, and to identify in what instances that can happen.

Caseworker training:

The complexity of the program both at an operational level, as well as on policy level, necessitate training for all county workers. The scope, frequency, and manner for such training are not sufficient. Eligibility operations are not the things that many healthcare policy leaders focus on; it is not payment reform, it isn't financial innovations, or clinical advancements and for that reason eligibility staffing, operations, and training are always an afterthought. This is both a resource and training issue. At the beginning of the administration the State Agencies began intensive work with the county agencies to address a massive backlog left by the previous administration. We are already in the process of developing and pursuing training on a variety of different fronts based on weaknesses we identified.

Eligibility accuracy and timeliness:

Each of the foregoing contributed to eligibility enrollment statuses for some Medicaid cases that were either inadequately documented, or incorrectly determined. Our work with other state agencies has facilitated identifying and categorizing those errors. Our planned work includes regular and methodological sampling of cases by our Program Integrity staff in concert with auditors to evaluate accuracy and timeliness.