Ohio Department of Medicaid

medicaid.ohio.gov

Presentation to the Joint Medicaid Oversight Committee

4/18/2024

Maureen Corcoran, Director
Matt Stearmer, Deputy Director
Patrick Beatty, Deputy Director

Ohio Department of Medicaid

Agenda

❑ Update on Status of OMES System Developments

❑ ODM Response to AOS Audit of Concurrent Eligibility

❑ Medicaid Buy-In for Workers with Disabilities (MBIWD)

   ❑ Ohio Workability

Department of Medicaid

Update on OMES System Developments

Ohio Medicaid Enterprise System (OMES) Update Summary | *As of April 12, 2024*

Progress, Updates and Announcements for Providers

- **New Trading Partners**- Medicaid has opened the ability for TPs to begin enrolling to do business with the state. Enrollment was paused due to the OMES Go-live.
- **NDC Rejection Analysis**- Spike in NDC rejection in March. Restarted EDI NDC engine. Rejections dropped 99% and have returned to normal levels.
- **CHC Cyber Attack Impact**- CHC connections were severed. CHC connections are being evaluated for limited restoration.
- **Call Center Metrics:** We've identified a scenario where calls can be dropped without any warning to the provider/TP. Call center process changes are being implemented.

Previous Month Policy Outcomes

Timely Filing: 4,981 FFS claims submitted, 1564 providers. $777k paid FFS claims.

CPSE changes: 1761 unique providers have accessed CPSE. Roughly 40 providers a day.

Claim Volume Increase: The increase in call/claim volume did not impact call center performance.

Call Center Metrics – April. 2024

	Total # of calls handled by an agent	Average wait time	# of abandoned calls
PNM	4,213	10 sec.	35
EDI	330	10 sec.	3
FI	23,839	11 sec.	311
SPBM	31,279	13 sec.	206

Enrollment and Revalidation

31,210*	New providers enrolled to date through PNM
1,744	New CANS providers enrolled through PNM
13 days	Enrolling new providers average processing time
11,093*	Revalidations completed to date through PNM

Credentialing

17,122	Providers credentialed
22 days	Average credentialing processing time

EDI Highlights

Total Number of New Trading Partners: 8 new trading partners have been started. Six are in process and two agreements are in review.

FI Call Center Highlights

Call Center Reason Codes: 90% of calls fall into three categories

- **Claims:** Status (79%), denial rates (11%), and accuracy (<1%).
  - The vast majority of calls are claim status updates
- **Eligibility:** Eligibility of member's enrollment in Medicaid (7%).
- **Financial Payment:** Payment inquiry (3%)

EDI Transaction Rate

	Fee-for-Service (FFS)	Managed Care
Claims Transactions *(EDI Compliance Pass %)*	96%	96%
Remittance Advice *(EDI Compliance Pass %)*	99%	99%
Real-Time EDI Inquiries *(Responses %)*	95%	85%

*Feb 2024, metric is being adjusted to focus on net changes.

Defects and Projects	ODM has upcoming fixes and deliverables in various domains (below) related to the Ohio Medicaid Enterprise System (OMES). These projects have been bundled to prioritize and address defects and related programming changes, to effectively allocate resources for high-priority deliverable components.

Key Defects and Provider Pain Points

3B Implementation

1. Prior Authorization (PA) submissions.
2. Finding the remittance advice.
3. Adjusting EDI claims in the portal.
4. Seeing all claims submitted regardless of submission method.
5. How ARs are collected and reported to providers.

Pain Points

1. Provider and member enrollment overlaps.
2. Data synching between the systems.
3. Rule alignment.
4. FQHC/RHC, ICF/NFs, Hospitals.
5. Provider affiliation rule adjustments or custom programming needs.
6. Electronic Visit Verification (EVV) integration and timely delivery of services.

System Release Management

1. Release 08 (Apr 30): TPL, Care Coordination, BH specialty etc.
2. Release 09 (May 31): HMS Reporting, Affiliation, ICF Payments, multiple DEA numbers etc.
3. Release 10 (Jun 30): Business rule and data alignment (affiliation, license, end dates), waiver alignment, ICF billing dates etc.

Defects and Projects Recap

February 2024	
How many defects have been closed since Dec 2023?	26 Claims 40 All Others
How many defects have been closed since Dec 2023?	23 Claims 22 All Others

February 2024	
How many defects are currently open?	50 Remaining
How many projects are ongoing?	149 Remaining

CPSE Daily Unique Visitors

*Note: Projects are continuously being added and an increase in projects indicates future work to be done.

ODM Response to AOS Audit of Concurrent Eligibility

Background on Medicaid Adopted Enhancements to Improve the Eligibility System and Increased Efficiencies

- **2019 -** ODM met with county caseworkers to better understand issues with eligibility system alerts to identify areas for system improvements.

- **2020 -** ODM and ODJFS created an **Ohio Benefits Team**

  - Tasked with identifying, designing, and deploying changes to reduce the number of alerts

  - System alert volume reduced by 8.5 and 12 million per year (since 2020).

- CMS completes a **Payment Error Rate Measurement (PERM) audit** every three years

  - PERM audit: federal Medicaid audit that requires States to submit information for estimating the percentage of payments of the Medicaid and CHIP programs made for potentially ineligible members based on lack of documentation or other reasons.

  - Results: Ohio Medicaid's payment error rate estimates:

    - RY 2019 – 43.49%

    - **RY 2022 – 8.23%**

- HHS OIG performed a comprehensive audit of Ohio's unwinding from the PHE. The report commented on the accuracy of Ohio's eligibility processes:

  - "We have chosen not to report the estimated number of Incorrect Eligibility Terminations in the sampling frame because of the low number of enrollees in our sample who were incorrectly determined to be ineligible or incorrectly terminated for procedural reasons. "

Questions Concerning the Methodology and Conclusions of the Auditor of State 2024 Report

- The auditor's report used a sample of Medicaid members who were concurrently enrolled in Ohio and another state(s) for three months.

  - **Despite requests from ODM, until only recently (well after the audit was complete), the auditor's office did not provide the sample. Also, the auditor's office has not provided information regarding methodology. Without this information, ODM was unable to test or validate the audit.**

- The auditor's report states that Ohio "spent more than $1B in (managed care) payments for the 124,000 individuals" in the sample yet indicates that "Ohio's potential impact is $209M."

  - **Neither figure can be considered accurate or reliable as the report does not take into consideration the assessment required of ODM to determine how managed care rates are calculated**.

- The auditor's report covered 48 months, 34 of which occurred during the COVID-19 public health emergency.

  - **Federal requirements during this time prohibited States from disenrolling many ineligible people from Medicaid, the AOS report does not take this into account. Ohio maintained compliance, securing more than $5B in additional federal funds.**

MBIWD & Ohio WorkAbility

Medicaid Buy-In for Workers with Disabilities (MBIWD) vs. Ohio WorkAbility

- **MBIWD**

  - MBIWD is a Medicaid category that enables employed individuals who are disabled to increase their income and resources without the risk of losing Medicaid coverage.

  - Individuals applying for Medicaid will be evaluated for all Medicaid programs, including MBIWD, based on non-financial and financial eligibility criteria.

  - A separate application or form is not required for MBIWD.

- **Ohio WorkAbility**

  - Ohio WorkAbility is the new Medicaid category that provides Medicaid coverage to employed individuals aged 65 and older who are disabled.

  - Very similar eligibility criteria and coverage as MBIWD.

Department of Medicaid

MBIWD vs. Ohio WorkAbility: Nonfinancial Eligibility Criteria

MBIWD	Ohio WorkAbility

MBIWD

- **Be aged 16-64.**
- Be a U.S. citizen or qualified non-citizen.
- Be an Ohio resident.
- Have a disability as defined by the Social Security Administration.
- Working full-time, part-time, or self-employed from which state or federal income and payroll taxes are paid or withheld.
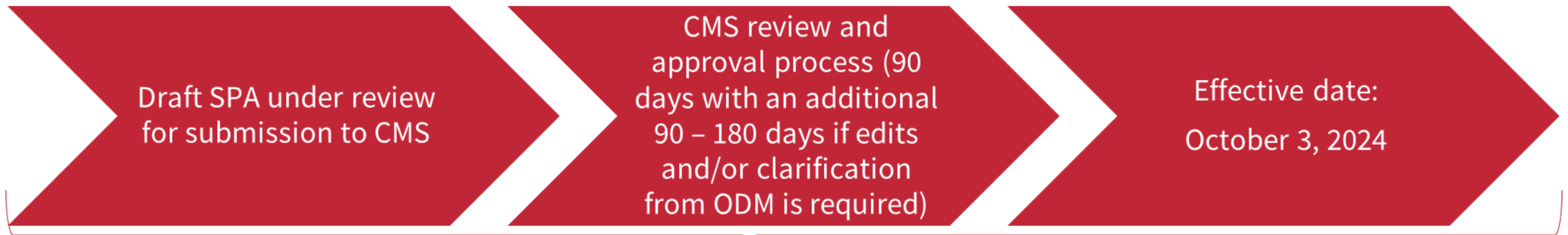- An individual can meet the eligibility criteria for MBIWD and another category of Medicaid.

Ohio WorkAbility

- **Be aged 65 or older.**
- Be a U.S. citizen or qualified non-citizen.
- Be an Ohio resident.
- Have a disability as defined by the Social Security Administration.
- Be working with no specific employment requirements.
- Does not meet the eligibility criteria for another category of Medicaid.
  - Long-term care services such as home and community-based services will be companion coverage with Ohio WorkAbility

Ohio Department of Medicaid

MBIWD and Ohio WorkAbility: Financial Eligibility Criteria

- Individual net income compared to 250% FPL for family size of one.

- Resource limit $14,848 as of January 1, 2024, and increases annually.

- Only the individual's resources are considered.

- Premiums will be calculated when the individual is determined eligible for MBIWD or Ohio WorkAbility and has countable income greater than 150% FPL for a family size of one.

Approximate Timelines and Sequences for Rules, SPA, and Systems

Draft rule under review for Clearance → Clearance → Original file deadline: July 19, 2024 → JCARR hearing → Final file → Effective date of rule: October 3, 2024

Draft SPA under review for submission to CMS → CMS review and approval process (90 days with an additional 90 – 180 days if edits and/or clarification from ODM is required) → Effective date: October 3, 2024

System Application Modification request approved for Ohio Benefits, MITS, FI, and SPBM → Ohio Benefits system design sessions in progress → MITS, FI, and SPBM ??? → Systems work completion date: October 2, 2024

Department of Medicaid

THANK YOU

medicaid.ohio.gov

Department of
Medicaid