

**Joint Medicaid Oversight Committee  
Minutes  
April 18, 2024  
135<sup>th</sup> General Assembly**

The Joint Medicaid Oversight Committee was called to order pursuant to the meeting notice at approximately 10:02 a.m. in the Senate Finance Hearing Room.

The clerk called the roll, and a quorum was present. The minutes of the March 21, 2024, meeting was approved without objection.

Chairman Romanchuk proceeded to the first order of business, receiving an update from the Ohio Department of Medicaid (ODM) concerning fixing the numerous identified systemic IT issues (claims and eligibility) with their new Ohio Medicaid Enterprise System (OMES). Since the new system's implementation, payments to Ohio's Medicaid providers are not being met and/or are extremely delinquent. The Chair held a meeting on Thursday, February 15, 2024, with providers, ODM and two (2) JMOC Members so that providers could identify to ODM specific issues that need to be resolved. Chair Romanchuk, called forward Maureen Corcoran, the Director of Medicaid, for an update of ODM's resolutions to these issues. Director Corcoran provided a brief introduction and turned it over to Steven Stearmer of their Data & Integrated Systems Department to walk through their PowerPoint presentation.

Following are the issues along with ODM's deadline to fix the issues given by Stearmer during the hearing:

**Issues expressed by Fairfield-Alcohol, Drug Addiction and Mental Health (ADAMH) Board**

- Issue 1: Missing Eligibility Responses - Issue to be resolved by end of second quarter (*June 30, 2024*). **Note:** Issues 1 and 2 are tied together.
- Issue 2: Changes to the Eligibility Query Process - Issue to be resolved by end of second quarter (*June 30, 2024*).

**Issues expressed by Ohio State Medical Association and Ohio Hospital Association**

- Issue 3: OMES Useability Challenges- Issue to be resolved and mass communication to go out next week (*week of April 22, 2024*)
- Issue 4: Crossover Claim Delays - Issue to resolved by end of second quarter, (*June 30, 2024*)

- Issue 5: Information Disparities and Variability Among Modules- Issue is considered closed. However, Streamer noted that it takes a couple of information to propagate through all the programs, therefore, timing could still present a problem.

Senator Huffman requested that the ODM letter dated March 13, 2024, which details stakeholders concerns and ODM status update be uploaded to the JMOC website.

Representative Lipps commented on ODM's update to missing eligibility responses question and thinks that better technology should identify what data was wrong to send back to providers. He further challenges ODM's "privacy" reason as the rational to make a provider provide four (4) pieces of identifying information versus (2) two; when, Dr. Streamer confirms that two (2) accurate pieces of information will yield a value based on the known information.

Representative Lipps shared that he is receiving increased feedback from his local providers that they can no longer cash flow providing for Medicaid and are making tough decisions regarding their sustainability. Lipps requested that ODM make timely payments the number one priority in ODM's list of "Pain Points". Stearmer clarified that all listed "Pain Points" within their presentation are their focus of priority. The number in which they are listed is not an indicator of importance.

Representative Lipps further asked for a timeline on the 3B Implementation to which. Stearmer explained there are additional internal meetings needing to take place to ensure proper execution. Chair Romanchuk cautioned ODM to act "in order to see these things fixed once and for all".

Chair Romanchuk again called upon Corcoran to testify who began her testimony by reflecting upon the system challenges ODM has overcome and that are still at hand. She further explained that the major constraint in system changes and implementation is the IT component and not funding.

Chair Romanchuk emphasized that the medical providers and customers are the priority of the JMOC Committee. He further reminded the Director of the time and appropriations that have been granted for this program and once again, wants these issues resolved as soon as possible, to which Director Corcoran agreed.

Additional questions were asked by Committee Members

The Chair moved to the second order of business, the Auditor's March 2024 Report - The Cost of Concurrent Enrollment and called upon Director Corcoran. Federal law, paragraph (d) of 42 CFR § 435.945, General requirements, mandates that "All State's eligibility determination systems must conduct data matching through the Public Assistance Reporting Information System (PARIS)." The system is an information data system of select federal and state agencies to match recipients of public assistance to prevent the duplication of benefits in two (2) or more states. PARIS matches help identify improper payments and minimize fraud and abuse. PARIS Alerts appear in the Ohio Benefits

System.

Members asked questions.

Representative Gross asked Corcoran if ODM would be changing the language in the Managed Care Providers (MCP's) contracts to require that they cross check monthly for dual eligibility in another state. Director Corcoran replied "no", she does not support the idea because "it's already being done by checking the Death Master File". Representative Gross then followed up by asking what Director Corcoran's solution to the problem would be. Director Corcoran stated that ODM is looking at different ways they can augment the use of the Death Master File.

Representative Gross went on the record as pointing out that it is the responsibility of the Director of Medicaid to develop a system that helps to guard taxpayer money. She strongly encouraged Director Corcoran to return with a solution and provide it publicly as well as to the JMOC Committee. The Death Master File (DMF) is from the Social Security Administration (SSA) and is a data source that contains more than 94 million records of deceased persons possessing social security numbers and whose deaths were reported to the SSA.

Chair Romanchuk noted that the timing of the Auditor's report is unfortunate, but that ODM needs to work on getting concurrent payments to zero. He then asked if PCG, the States's third party, data provider, could have played a role in identifying the concurrent eligibility members.

Deputy Director, Patrick Beatty, provided testimony. He confirmed that PCG would provide data on residency and other significant data points. However, the information is only considered a "lead" and the caseworker would have to contact the individual to verify that the individual was living in another state.

Corcoran answered Senator Huffman's question that "yes", if ODM was able to reach an individual and confirm they were residing in another state, they were removed from Ohio Medicaid.

Senator Huffman further asked what the timeframe is to close an Ohio Medicaid case once ODM becomes aware that an individual is living in another state. Corcoran explained two scenarios: one, when a resident contacts Ohio to report that they have moved and are applying for benefits in another state, action will happen quickly. Two, during the redetermination process, there are eight (8) attempts that Ohio is required to make before terminating benefits. If, at the end of those eight (8) unsuccessful attempts, the individual has been unresponsive, the benefit is closed.

Representative Gross asked if the Federal Government. was issuing PARIS alerts during the PHE, and Director Corcoran confirmed that this was the case.

Chair Romanchuk made a statement that Ohio Benefits System has been around for approximately (9) nine years and has cost upwards of a billion dollars. There have been many issues with the

system and that he wants to ensure these new efforts with working within new systems does not cost as much and take as long to resolve as it has in the past.

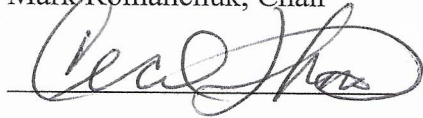
The Committee moved onto the Medicaid Buy-In for Workers with Disabilities (MBIWD) versus Ohio WorkAbility, its last order of business and called upon Corcoran. The topic was requested by Representative Lipps. MBIWD is a Medicaid category that enables individuals deemed disabled, sixty-four and younger, to continue to work and still qualify for Medicaid Coverage. Effective October 3rd, 2024, a new category of eligibly, Ohio WorkAbility, will be created to allow disabled individuals sixty-five and older to work and still qualify for Medicaid coverage. Language was put into House Bill 33, Ohio's Operating Budget for FY 2024 and 2025. The financial eligibility criteria was explained for the new category.

Representative Lipps went on record providing an example of how this new category of eligibility will help Ohio's elderly and disabled remain independent, longer. He provided the Committee a hand-out demonstrating what other states are doing to address the MBIWD issue.

With no further business, Chair Romanchuk adjourned the Committee at approximately 11:30 a.m.



Mark Romanchuk, Chair



Representative Cecil Thomas