

Modernize Eligibility Determination Systems

- Current eligibility processes for health and human services programs in Ohio are fragmented, overly complex, and rely on outdated technology. There are 150+ categories of eligibility just for Medicaid, and two separate processes to determine Medicaid eligibility based on disabling condition, which results in duplication and excessive cost.
- The lack of standardization has led to work around solutions developed county-by-county or by the state, and presents great challenges for automation. Ohio's Enhanced Client Registry Information (CRIS-E) System, which supports eligibility determination for Medicaid and the other primary public assistance programs, is more than 30 years old.
- The current system does not have the capacity to process the estimated 940,000 Ohioans who will be newly eligible for Medicaid in 2014 as a result of federal health care reform.
- The Governor's Office of Health Transformation initiated an eligibility modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize eligibility systems technology. The goal is to improve the consumer experience and significantly reduce the costs associated with these processes.
- OHT will seek enhanced (90/10) federal funding to upgrade eligibility and enrollment functions for Medicaid and other federal entitlement programs, including Supplemental Nutrition Assistance and Temporary Assistance for Needy Families.
- On March 9, 2012, as a starting point for discussion, the Office of Health Transformation (OHT) released a concept paper that proposes Ohio adopt the following new Medicaid income eligibility policies and protections beginning on January 1, 2014:
 - Cover children in families with modified adjusted gross income (MAGI) up to 200% of the federal poverty level (FPL), and adults up to 138% FPL;
 - Maintain the current qualifying criteria for residents of institutions and home and community based waiver recipients;
 - Otherwise eliminate spend-down, disregards, category-specific income treatment, and the need for a state or federal disability determination to qualify for Medicaid;
 - Create a hold-harmless, grandfathered category for individuals already on the program who might be disadvantaged by the proposed changes; and
 - Comply with federal maintenance of effort (MOE) requirements for children.
- As proposed, these changes will require the federal government to "waive" existing federal barriers to eligibility simplification. Based on stakeholder input, OHT will convert the concept paper into a formal waiver request and post it for public comment on May 1, 2012. Stakeholder comments will be considered for incorporation into a final waiver request, which OHT will submit to the federal government as an 1115 Waiver request on June 11, 2012.
- Ohio's project will culminate in a Request for Proposal (RFP) to competitively procure and implement a new eligibility system prior to the federally-mandated Medicaid eligibility expansion in January 2014.