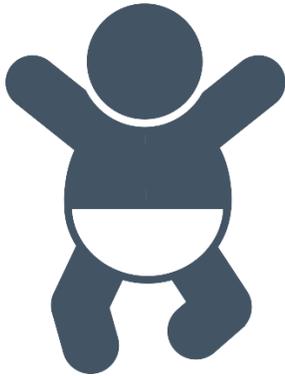


Metro County Baby Bot

Adding newborns to mother's Medicaid case
October 15, 2018 - March 4, 2019



12,457

Total Newborns Received

5,825

Medicaid ID Generated

In four months, technology saved 75 weeks' worth of county hours through three automated bots. The baby bot is a specific example of how technology can ensure seamless coverage by automatically adding newborns to a mother's Medicaid case.

The Ohio Department of Medicaid embraces technological advances and fosters innovative approaches to improve consumer and provider experiences while improving health outcomes and reducing health disparities. One of our innovative approaches is a new automated Baby Bot for infant Medicaid enrollment, which saves staff time and resources while improving consumer and provider experiences with the program.

Budget Impact

Ohio Medicaid's budget includes administrative funding to enhance our technology systems and data sharing capabilities. The Department also plans to invest \$15 million (\$4.5 million state GRF) in new telehealth services in schools over the biennium.

Background

Consumer-Related Systems

The Department of Medicaid collaborates with the Department of Job and Family Services (JFS), the Department of Administrative Services (DAS), and county JFS agencies to actively provide Medicaid, food assistance, and cash benefits to approximately 3 million Ohioans every day. In August 2018, two of Ohio's largest income-tested benefit programs—cash and food assistance—were transitioned to Ohio Benefits. In total, this process allowed more than 3.25 million individuals to use the new system. Despite significant improvements in processing time for consumers' applications, long backlogs of eligibility determinations exist. The Department of Medicaid has

been utilizing a team comprised of state and contracted workers to assist in this effort, which has resulted in processing almost 90,000 aged Medicaid applications. More can still be done to quickly meet consumers' needs.

Provider-Related Systems

The Department of Medicaid works with over 135,000 health care providers to ensure access to services for individuals. The Department is federally required to screen and enroll all providers before they can be reimbursed for services to the Medicaid population. Today, through a two-step process, each provider must enroll with Ohio Medicaid before completing separate credentialing and contracting processes with each of Ohio Medicaid's six managed care plans.

Healthcare Delivery Systems

Studies overwhelmingly suggest telehealth utilization results in significant access to care improvements. Access is especially improved for rural populations or Health Professional Shortage Areas (HPSA). Many health care provider organizations are adopting aggressive strategies to shift their 'bricks and mortar' care delivery models to take advantage of the emerging trends towards telehealth-delivered services. Ohio Medicaid's current telehealth policy creates substantial barriers to using technology to deliver and be reimbursed for health care services.

Data Use & Sharing

The Department of has made great strides in data governance to facilitate collaboration with entities outside of our agency while also protecting individual's privacy. Ohio Medicaid is pursuing new opportunities to partner with other state agencies in sharing and combining datasets, creating an opportunity to better utilize Medicaid-data and other state data to improve quality of care and lower costs.

Policy Proposal

The Department of Medicaid proposes leveraging technology through the following initiatives:

Innovations that Improve Customer Experience & County Case Work

- » In SFY 20-21, Ohio Medicaid will expand its Central Processing Unit within the Department to assist county JFS Agencies in reducing aging Medicaid applications. The state will also work toward automating county processes where possible, including in areas related to the new Medicaid expansion work and community engagement requirements.
- » The Department is also planning enhancements to the Ohio Benefits system to improve consumer experiences by allowing Ohioans to more easily interact with the system to check their benefits, get answers to their questions and overall receive a high level of responsiveness.

Innovations that Make it Easier to Do Business

- » To alleviate staff and other business costs associated with provider credentialing, Ohio Medicaid will begin the process of creating a single centralized process for credentialing all providers within the coming biennium. This significant change will allow providers to complete a single credentialing process with the Department, rather than with each individual managed care plan, making it easier and significantly

quicker for them to do business with Ohio Medicaid and the plans while reducing their costs and administrative overhead. Medicaid managed care plans will also benefit from this streamlined approach—they estimate the change will save at least \$3M annually.

Innovations that Improve Access to Care

- » Ohio Medicaid is proposing budget investments to expand access to telehealth services in new locations, including schools. The Department's changes will also allow a wide range of independent health care practitioners to deliver services using telehealth methods. These new flexibilities will reduce existing barriers to treatment, including needs for transportation and childcare, and allow patients to receive a broader range treatments and services through telehealth means.

Innovations that Improve Collaboration & Outcomes

- » Ohio Medicaid is creating an integrated data environment that encompasses a data lake and a Medicaid Enterprise Data Warehouse. These approaches will enhance data analytics and collaboration among state agencies and stakeholders. Medicaid will leverage these data capabilities to measure and improve the program's performance and outcomes. Future use of these platforms, for example, may include work with the Governor's Office of Children's Initiatives and the Department of Health to allow electronic submission and receipt of the Pregnancy Risk Assessment Form (PRAF) by all obstetricians and health insurers to expedite referrals to home visiting services based on clinical and geographic risk.
- » Medicaid will also pursue enhanced predictive analysis that can help measure and track the quality of health care services delivered to recipients with near real-time clinical data. This data environment holds incredible potential to help Ohio address a wide range of health challenges—including addiction, infant mortality, access to care, and growing costs.