



INNOVATION IN A LOOP

MAY 2024



Benefits

State: State of Ohio

Agency: Ohio Department of Administrative Services, Ohio Department of Medicaid

Award Category: Business Process Innovations

Project Title: Innovation in a Loop

Project Dates: Phase 1 – Apr 2022| Phase 2 – Aug 2023| Phase 3 – Mar 2024

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EXECUTIVE SUMMARY

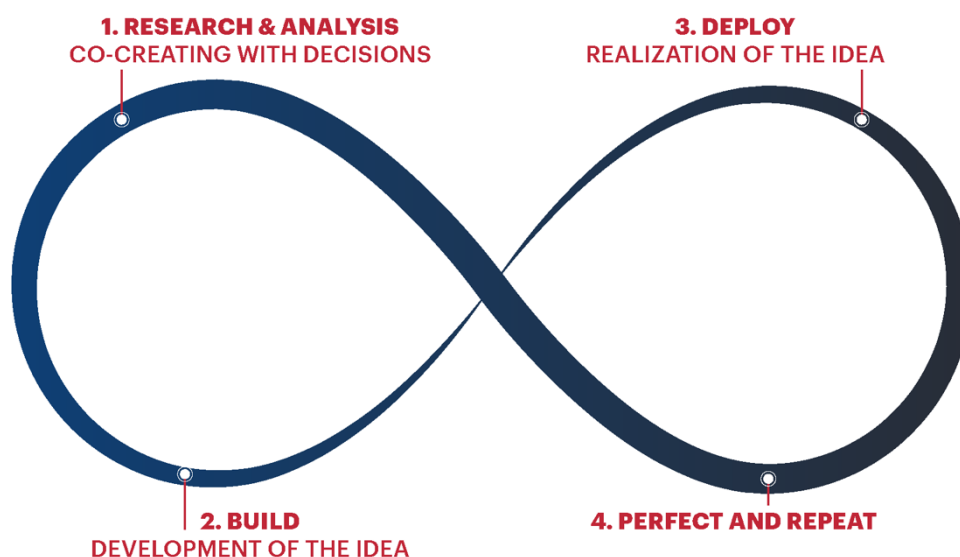
INNOVATION IN A LOOP

In today's rapidly evolving world, stagnation is simply not an option, regardless of the industry. Even government agencies are not immune to this reality. Continual exploration of innovative approaches that aim for simplicity, efficiency, and ease of implementation is essential.

That understanding was the impetus for the Innovation in a Loop project under the Ohio Benefits Program to better serve its millions of Medicaid-dependent residents. This initiative, backed by extensive research, moves applicants through seamless annual renewal processes without human intervention. These process innovations have enabled automatic renewal for Ohio residents covered by Medicaid. By enhancing the ex parte process, this endeavor ensures **uninterrupted access to vital Medicaid benefits for 85% of Medicaid households (up from 15-50% prior to 2022)**. This saved case workers from manually processing **over 2 million household renewals** since the project's inception.

Utilizing data-driven analysis over multiple iterations, the Ohio Benefits Program evaluated both caseworker and resident experiences alongside policy guidance from the Center for Medicaid and Medicare Services (CMS). The objective was to reduce program fallout for individuals still in need of benefits and to enhance the ex parte success rate amid the unfolding Pandemic Health Emergency (PHE) Unwinding, facilitating the streamlined renewal of critical benefits. One key output of this analysis was the identification of the opportunity to use existing data sources and policies where it mattered most based on fallout rates and reasons for fallout. Phase 1 was rolled out for this process innovation in early 2022 and the expansion continued expansion with the most recent change in March 2024.

Innovation in a Loop directly aligns with NASCIO's State CIO Top Ten Priorities for 2024, specifically Legacy Modernization (priority #4), which includes business process improvement. This visionary perspective is grounded in an approach that prioritizes people and is guided by data.





The Opportunity

With the onset of the pandemic and eventually the task of unwinding brought a unique set of challenges to Medicaid agencies across the country. Most notably, beneficiaries became at risk of unknowingly losing their benefits. Surges in caseloads, capacity to communicate, and unnecessary returned mail all posed hurdles during the PHE Unwinding process. Ohio initiated an **Innovation in a Loop** program to and improve service and alleviate stress on residents and caseworkers.

Why Does it Matter?

Ohio Benefits Program leadership is passionate about implementing solutions to ensure Ohioans are aware, educated, and enabled to continue receiving assistance benefits, working collaboratively with county Department of Job and Family Services offices, while also reducing pressure on state systems and workers. With additional stresses to the system from PHE Unwinding on the way, there is increased importance placed on process innovations to reduce unnecessary churn, improve timeliness, and maximize continuity of service.

Automated ex parte both improves service and reduces operational expenditures. This is achieved through improvements in churn, digital adoption, timeliness, latency, engagement, compliance, and resident satisfaction. The team took an innovation loop strategy ideating with research and analysis and co-creating with decisions, followed by development of the idea, deployment to reach realization of the idea, and finally **perfect and repeat!**



State of Ohio administers Medicaid to over **3 MILLION OHIOANS** and with the pandemic we did not have the most current information.



County Department of Job and Family Services workers are **INUNDATED WITH CALLS** on top of the heavy caseloads they are already working through.



THOUSANDS OF HOUSEHOLDS are looking for benefit information, seeking to not lose coverage, all being **FUNNELED THROUGH ONLY 88** County Department of Job and Family Services offices.

What Makes it Different?

The ex parte solution represents a significant step forward in utilizing existing data sources. Without adding any additional layers of data sources or ongoing costs, the verification and processing of ex parte improved from 15-50% monthly to 85% of households through Innovation in a Loop projects. Unlike many other projects that stop after a single round of improvements, research analysis was performed repeatedly to identify additional aspects that incrementally deliver value to both Ohioans and the caseworkers.

This capability automates ex parte in a way that is convenient and accessible, with front end audit capabilities and policy driven changes, delivered by vetted system and policy experts, through data backed outcomes.

What Makes it Universal?

Improving resident experiences and outcomes and keeping the workforce from having to perform tasks that could be automated are common objectives in public service. The Ohio Benefits Program is proud of the results already achieved in the state. The team has shared the solution in multiple cross-state forums and directly with other states exploring or implementing this capability. Additionally, the Ohio Benefits Program shared the solution with CMS.

IMPLEMENTATION




What Was the Roadmap?

There were three phases in the solution roadmap:

- **Phase 1** enabled new verification process steps to reduce automated ex parte fall out.
- **Phase 2** addressed individuals who may not have returned their packet but were eligible.
- **Phase 3** provided additional improvements in individual ex parte based on income checks.



Who Was Involved?

The ex parte implementation was a collaborative effort, uniting state agencies such as the Ohio Department of Administrative Services (DAS) and the Ohio Department of Medicaid (ODM), along with system experts from three states. The Ohio Benefits Program leadership team provided executive vision and sponsorship, while business analysts, project managers, policy experts, and technologists from all agencies supported the implementation. Comprehensive project management and implementation plans guaranteed stakeholder buy-in at all levels and preparedness among county workers and other stakeholders.

How Did Ohio Do It?

The solution was built on three key components – identifying key fallouts, conducting data driven analysis, and integrating targeted strategies with existing program components through monthly processing volumes. Bursts of innovation where outcomes are analyzed lead to collaboration on policy implementation of change, measuring of results, and then repeat of the process!



DATA-DRIVEN ANALYSIS
provided enough information on
HOW MUCH WORK
the project would add.



BRAINSTORMING allow for
solutions to the problem at hand.
The main focus was
**“HOW CAN WE MAKE THIS
BETTER?”**



TARGETED ANALYSIS
was done on how the innovation
would help and produce a
RETURN ON INVESTMENT.

IMPACT




What Did the Project Make Better?

The solution enhances resident satisfaction by automating the **continuation of Medicaid coverage**, significantly **reducing procedural terminations**. This advancement elevated Ohio's ex parte rates from 15-50% to an impressive 85% of households over the past 2 years, positioning the state among the nation's top performers.

CHALLENGES



Over 50-85% of needy Ohioans fell out of the ex parte process



High volume of manual renewal applications created an **unmanageable backlog**



Lack of transparency around system decisions throughout the ex parte process



Inability to triage from the front end in case of Audit and Compliance review

OUTCOMES



Automatic ex parte renewal rates **improved from 15-50% pre 2022 to 85%**



Saved case workers from manually processing over **2 million household renewals**



Expanded capability to No Touch Reasonable Compatibility Determination Verifications improving HUB ping rates



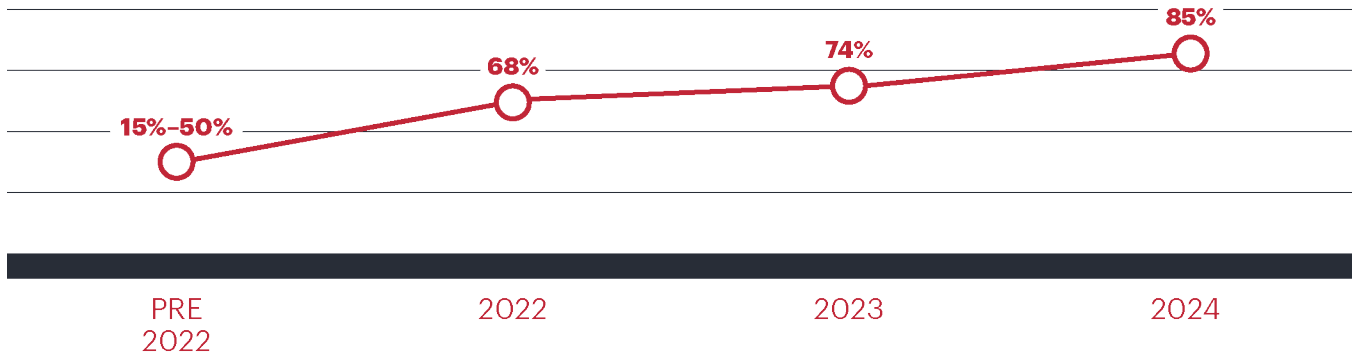
Automatically renewed Medicaid backlog during PHE Unwinding using ex parte bulk runs

Overall, agencies can confidently ensure continuous coverage for eligible Ohioans while allowing caseworkers to allocate more time to higher-value tasks. This results in increased customer satisfaction, reduced turnover, and improved service delivery timeliness.

How Do We Know?

The Ohio Benefits Program was able to measure the success of the project using the data reported to CMS. The adoption results and stakeholder feedback are extremely positive to date. In addition to **uninterrupted access to Medicaid benefits for Ohioans, Innovation in a Loop project saved caseworkers from manually processing over 2 million household renewals** since its onset.

OHIO MEDICAID EX PARTE SUCCESS RATE



Our stakeholders are impressed too, and they are letting us know:



It's really exciting to see how we can **POSITIVELY IMPACT THE LIVES** of so many of our Medicaid members with these process innovations. This is truly a collaboration with state agencies and systems experts. **THIS IS JUST THE BEGINNING.**"

- Patrick Beatty, Deputy Director - Ohio Department of Medicaid



When you can make **INFORMED DECISIONS BASED ON DATA BACKED OUTCOMES**, you don't pass on it! We took the opportunity and acted on it. Our numbers speak for themselves, with millions of Medicaid recipients who continue to keep their coverage and **CASE WORKERS ARE NOT INUNDATED WITH A LARGE BACKLOG.**"

- Roberta Schwamberger, Section Chief - Ohio Department of Medicaid, Ohio Benefits Systems

What Now?

Through the implementation of Medicaid ex parte, the team is addressing the ever-evolving needs of its workers and Ohioans. The team continues to monitor the fallout data and look for ongoing opportunities to continue iterative improvements – **Innovation in a Loop!**