



**Testimony of Jonas Thom**  
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**Chair of Behavioral Health Subcommittee, Ohio Association of Health Plans**  
**Joint Medicaid Oversight Committee**  
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Chairperson Sears, Vice Chairman Burke and members of the committee, thank you for the opportunity to testify today. My name is Jonas Thom, and I am the Vice President of Behavioral Health at CareSource, a leading member-centric, regional nonprofit health plan headquartered in Dayton, Ohio, serving more than 1.2 million Ohioans enrolled in Medicaid. Almost a quarter of our members have behavioral health needs. I am also the chair of the Ohio Association of Health Plans Behavioral Health Subcommittee and am here today both on behalf of CareSource and the Ohio Association of Health Plans.

I would like to take this opportunity to briefly thank you for supporting the redesign of the services and system; and to the administration, all of the individuals and organizations who have, and will continue to, put extraordinary time and effort into improving the behavioral healthcare in Ohio. We believe we are creating a system that meets the needs of our population in a more effective and efficient manner – ultimately driving better health outcomes and quality of life.

In Ohio, we are on the verge of needed innovation in the delivery and array of services we provide to individuals confronted with behavioral health needs. CareSource, and all of Ohio's Medicaid managed care plans, are committed to being a part of the solution that improves care, member experience, accountability and treatment access. What I am pleased to talk about today are the plans' activities in contributing to the work and "readiness" for these needed changes. As we move forward with redesign, the plans are working together across systems and groups to develop and support various efforts including:

**New Service Array:** We are working with the administration and all stakeholders to develop needed new services that will improve quality, access, engagement and member experience.

- **Engaging in multi-stakeholder collaboration** by participating in all redesign work, convening multiple stakeholder groups; engaging families, providers, advocates and members in identifying the needed new services, care coordination frameworks and care continuums.
- **Creating uniform processes, tools and supports** by working across constituencies to identify the needed services for all populations. We are also collaborating with providers to identify the entire array of non-ODMHAS services that are available to community behavioral health providers and the members they serve.
- **Developing and strengthening relationships** by participating in, and initiating, collaborative service design dialogues with trade organizations, advocacy groups, including trainings, conferences and conversations. In fact, across plans we have collectively collaborated with more than two dozen organizations and groups on new services since the BH redesign was initiated.

We are still in the process of finalizing the services, care continuum and care coordination approaches through collaboration and dialogue, and are confident that as we move forward we will be able to clearly articulate the enhanced and redesigned service array- a key step in moving forward with implementation.

**New Administrative Processes:** We are engaging providers and the administration on the development and implementation of the needed new administrative processes that support the new services in a standard, compliant, innovative manner.

- **Engaging in multi-stakeholder collaboration** by contributing to the needed coding and billing practices to standardize all healthcare billing. We are also engaged in identifying mechanisms and pathways for innovation in payment that reward quality, access and engagement while decreasing administrative burden.
- **Creating uniform processes, tools and supports** through commitment to continuing our work on administrative process streamlining and implementation of uniform benefits and management tools; facilitating provider community forums, creating and deploying information guides as well as resources and training.
- **Developing and strengthening relationships** through one-on-one, all plan and plan-to-group collaboration and input into administrative process that is innovative and compliant. An example would be our commitments to aligning operational process and transition periods across MyCare implementation.

The plans are committed to decreasing administrative burden while developing uniform and standard practices across providers and plans, and have shown are willingness and ability to implement and support.

**Payment Integration:** As we contribute to, and initiate, the important dialogues around new services and practices, we are working to create the infrastructure needed to achieve payment integration.

- **Engaging in multi-stakeholder collaboration:** As mentioned, we are working with multiple stakeholder groups and individual providers through the redesign work and MyCare. In fact, almost two thirds of all community behavioral health providers are in MyCare, and over the last year and a half, we have successfully engaged community behavioral health providers and addressed all systemic operational gaps. -and now have consistently positive feedback from providers regarding operational processes and supports.
- **Creating uniform processes, tools and supports:** As mentioned, we have worked together to create uniform experiences, trainings, points of contact and supports for - and are committed to continue this work and supporting community behavioral health providers through all channels and means.
- **Developing and strengthening relationships:** In addition to all of the organization collaboration mentioned, we are, and will continue to, engage individual providers and advocates to provide support, technical assistance, and training. As with all the plans, CareSource has engaged more than 100 community behavioral providers and groups on implementing needed administrative and clinical processes for payment integration.

Treatment works and we need more behavioral health services and providers. We are committed to preserving and enhancing the capacity of the current community behavioral health providers and system. We are very actively engaged in multiple forums and relationships that facilitate this needed work, as we believe that payment integration is necessary to improve quality access and accountably in Ohio's behavioral health system.

Thank you again for the opportunity to testify today. I would be happy to answer any questions you may have.