

# Innovation in Medicaid

September 15, 2022

Presentation before the Joint Medicaid Oversight Committee (JMOC)

# What Do We Mean By Innovation?

## **Innovation is Any Aspect of the Medicaid Program that:**

- Business “disrupter” i.e.: revolutionary, not evolutionary.
- Doing something that no other Medicaid program is doing.
- Creating a new generation of managed care strategies.
  - » Social determinants of health, transparency and accountability, collective impact.
- Curating solutions for specific populations with unique needs.
- Working to solve big problems.

## Some Barriers to Innovation in Medicaid

- Impact on large number of individuals served by the program.
- Stakeholder buy-in.
- Federal statute, rules, and approvals – especially if a demonstration waiver is required.
  - Demonstration waivers are very complex and time consuming.
  - Often need special authority to do “pilots” which are difficult to scale.
- IT system reconfigurations.
- Resources (i.e. bandwidth and money).

# Comprehensive Primary Care for Kids

## Comprehensive Primary Care for Kids

Value-based primary care for children – a first of its kind model that incentivizes services and activities that yield better long-term outcomes for kids and families.

### How It's Innovative:

- Tailored to a targeted population: children.
- Pays differently for activities that we know lead to better overall health.
- Incentivizes primary care to work with partners in kids' lives – schools, child welfare, behavioral health providers.
- Measures and rewards performance on key clinical metrics.



# Opportunities for Moms and Babies

# Creating Opportunities for Medicaid's Moms and Babies

Built on learnings from women we serve and grant-funded activities in targeted Ohio communities with the largest disparities in infant mortality, Medicaid's Maternal and Infant Support Program invests in evidence-based services that lead to better outcomes.

## How It's Innovative

- Listened to women served by Medicaid to hear what they want and need.
- Leveraged local learnings from local grant programs to decide which services are effective and should be available statewide.
- Targeting innovative evidence-based care toward pregnant women with specific types of needs.



# Diabetes Quality Initiative



# Collective Impact: Diabetes Quality Improvement Initiative

All MCOs and ODM working as a single team to drive significant change by carefully examining complex health care problems, developing and testing novel solutions, making improvements from the ground up, and measuring effectiveness through each step of the process.

## How It's Innovative:

- Used quality improvement science and data analytics to understand problems and measure effectiveness of changes.
- Harnessed new technology to manage a chronic condition *prior* to widespread clinical usage (ahead of the curve).
- Facilitated clinical and business process evolution at the practice level.
- Competition on collective outcomes, not process.



# Next Generation of Medicaid Managed Care

## Next Generation of Medicaid Managed Care

A complete overhaul of managed care based on feedback centered around the needs of the individual using the services.

### How It's Innovative

- Designed based on feedback from individuals served by the program.
- Incorporated most cutting-edge advancements from across the country.
- Provides augmented state oversight without being overly prescriptive of the MCOs.
- Focuses on overall wellness and addressing social determinants of health.



# Managed Care Provider Agreement Changes: Innovations

## Next Generation of Ohio Medicaid's Managed Care Provider Agreement

The next generation provider agreement includes a variety of innovations to focus on the individual rather than the business of managed care



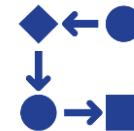
### Improvement in Member Access to Services

Increasing timeliness and access to information and services (e.g., telehealth)



### Care Management and Coordination

Strengthening requirements to emphasize disparity reduction and health efforts (e.g., implementation of high-performing care coordination program and health navigators)



### Greater Consistency and Processes for Providers

Revising processes to increase timely and accurate notifications and ease administrative burden (e.g., standardization of MCO notification for authorization submission)



### Enhanced Support for Member Transportation

Providing enhanced transportation service coordination and a dedicated call center selection with trained staff to support members (e.g., member services call center and MCE provided transportation over 30 miles from member's home)

# Managed Care Provider Agreement Changes: Innovations

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### Increased Program Transparency & Enhanced Accountability

Increasing transparency and access to data along with accountability of quality improvement projects (e.g., ODM provided to members)



### Operating Agreements for All MCEs

Establishing improved payment and communications timelines in all MCE operating agreements (e.g., coordination between MCEs, OhioRISE, and the SPBM to develop written agreements)



### Population Health

Employing population health management principles to address health inequities and disparities to achieve optimal population outcomes (e.g., MCEs identify disparities, partner with community-based organizations, and follow-up on needs)



### Community Based Engagement

Demonstrating a commitment to improving health outcomes in local communities through community reinvestment activities (e.g., MCE contribution of its annual after-tax profits to community reinvestment)

# OhioRISE

# OhioRISE

A Medicaid program for young people with behavioral health challenges who are served by many systems and who need intensive intervention and treatment.

## How It's Innovative

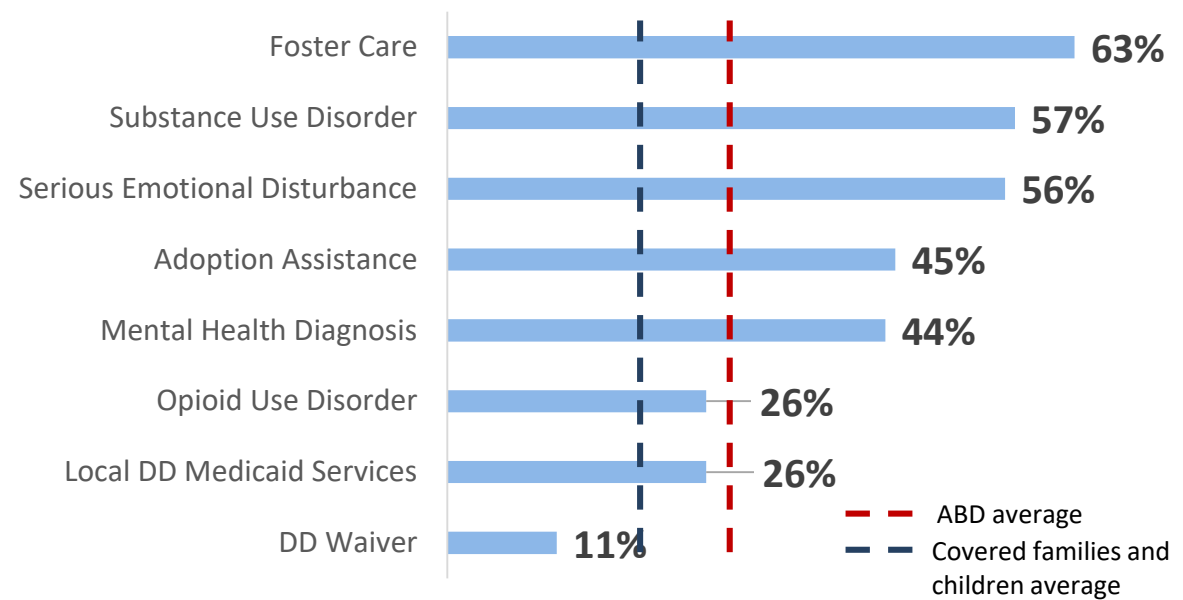
- Tailored to a very specific population with great needs.
- Offers specialized services for the subset of kids who need them most.
- Avoids future over-reliance on congregate and institutional care, bending the cost curve.



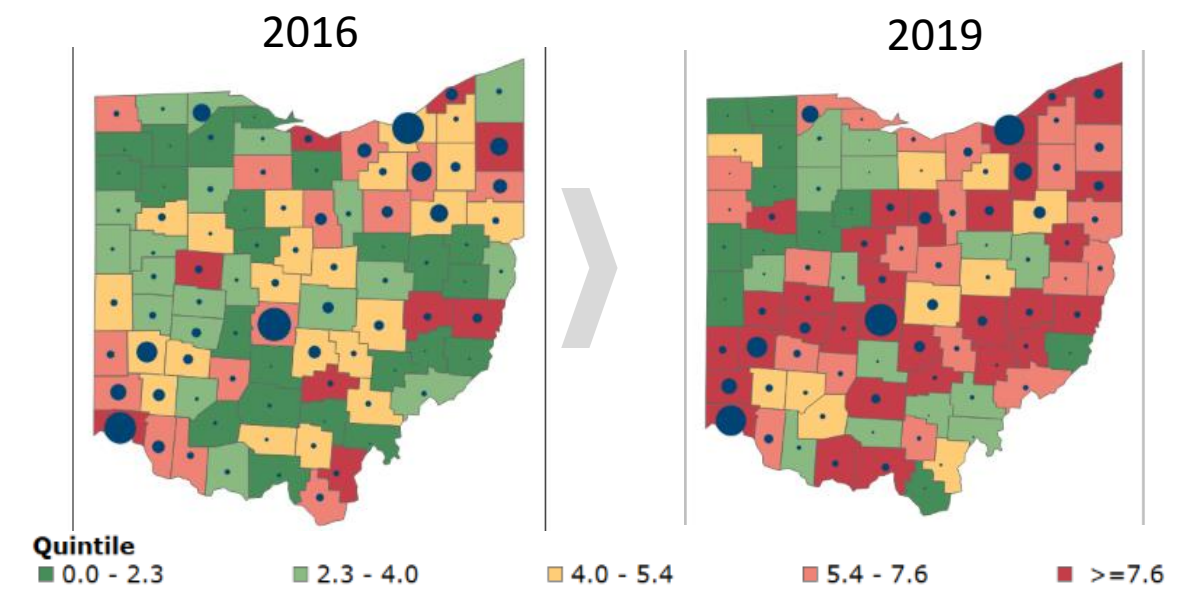


# The Current MSY System in Ohio

% BH Spend as % of Total Spend for Children’s Sub-Populations  
SFY 2019



Foster Care/Adoption Assistance Behavioral Health ED Visit Rate  
by County, 2016-2019

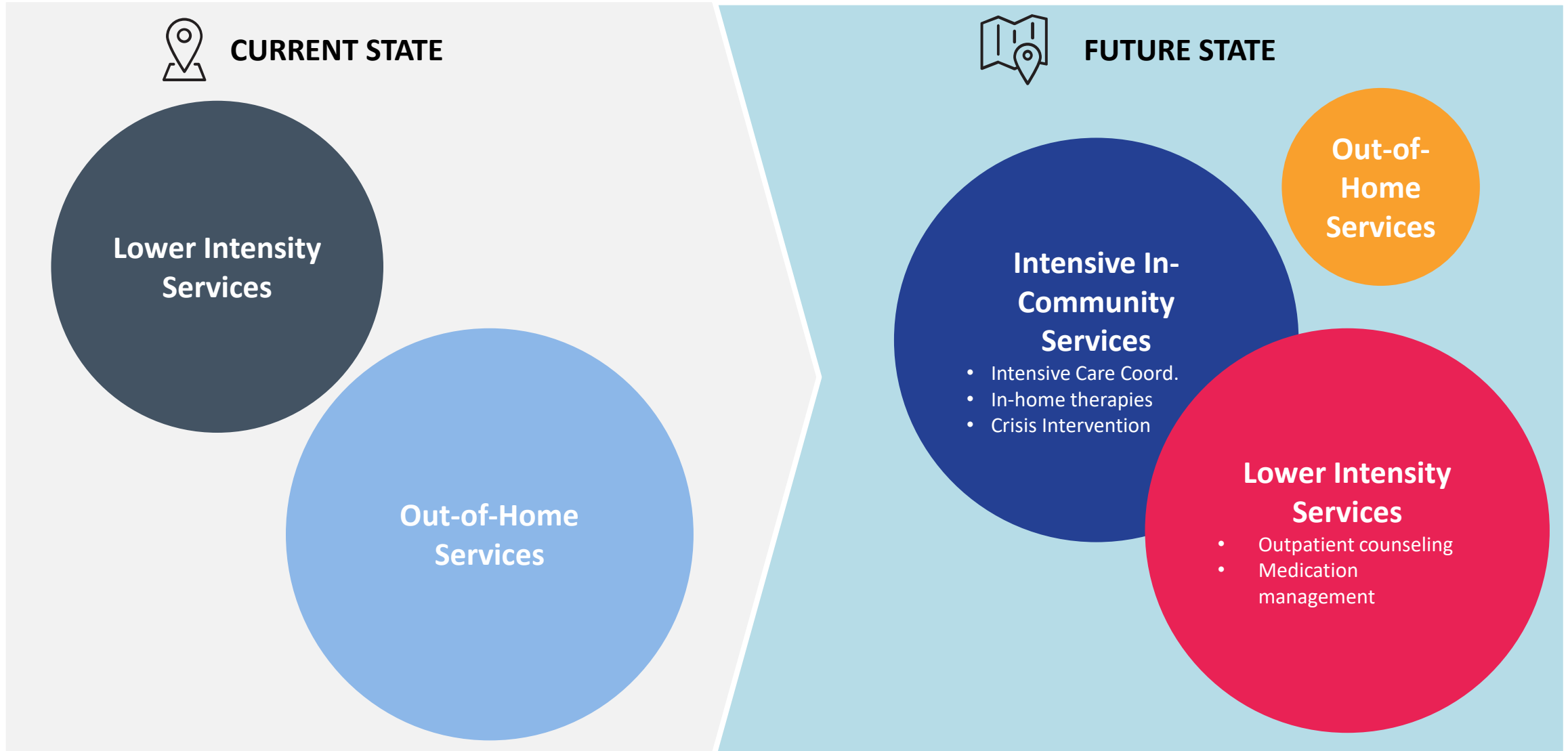


The proportion of behavioral health spend makes up a large percentage of the total spend for children in multi-system populations.

Children with multi-system needs (i.e. in foster care, having a DD, SUD, or SED diagnosis) use services differently and often seek emergency and inpatient care.



# We Need to Build Significant Capacity to Shift the System



# OhioRISE Testimonials

## Emphasis added

“It’s been a lot of footwork for me to get all of the people together...it’s just a lot emotionally to handle and to have to tell the story over and over...so with OhioRISE it’s been really helpful, [our care coordinator]...is the person who coordinates all the people and tells that story so that I don’t have to do it so many times. It’s been super helpful for her to be able to gather everybody together and ensure that all of the services that [my son] needs are being met as well as the family’s...**It’s just been a blessing to be able to have them help us.**”

- Shirley Grey-Nine, OhioRISE parent. [Ep 20: OhioRISE is Working](#), 9/13/22 Well-Being Podcast

“**OhioRISE is both a culmination and a beginning.** OhioRISE brings us the process to wrap our arms around our kids and families and give them the care and access they deserve, with a consistency of experience across the state that is unprecedented.”

-Philip D. Atkins, PhD, LICDC-CS, OCPC, Chief Care Coordination Officer/VP, Harbor - CME Region B

“**From the very beginning, the creation of OhioRISE has been informed by the lived experience of families like mine.** ODM and Aetna have listened to my story and the stories of other families and have taken those stories to heart and have used them as a guide for their work.”

- Mark Butler, father of Andrew and advocate for children with multi-system needs

“Prior to OhioRISE, kids would get care coordination only when they were at the point that they were going to be sent into placement or into residential care,’ said Hattie Tracy, CEO of [Coleman Health Services](#), the entity for Summit and Portage counties. ‘**Now, we have the ability to intervene much earlier on.**’”

- [New OhioRISE program enrolls more than 8,000 kids with behavioral health needs](#), 8/30/2022 Columbus Dispatch

“Cincinnati Children’s HealthVine is excited and proud to partner with the Ohio Department of Medicaid and Aetna Better Health of Ohio in the OhioRISE program. **OhioRISE represents a tremendous investment in mental health services for the children in Ohio that need it the most.** We appreciate the commitment of Governor DeWine and Director Corcoran to ensuring children are a priority in our state.”

- Steve Davis, MD, President & CEO, Cincinnati Children’s Hospital – CME Region G

# Single Pharmacy Benefit Manager

# Single Pharmacy Benefit Manager

A single vendor to process Medicaid managed care pharmacy claims free from conflicts of interest and pay providers a predictable and fair reimbursement

## How It's Innovative

- De-links reimbursement from index prices
- Unified and consistent terms, data, reimbursement, and clinical criteria
- Objective reimbursement not based on secret contract negotiations
- Ohio is the first state to use a PPAC-model to guarantee prices aren't set by the payer of claims (Ciaccia 2021)



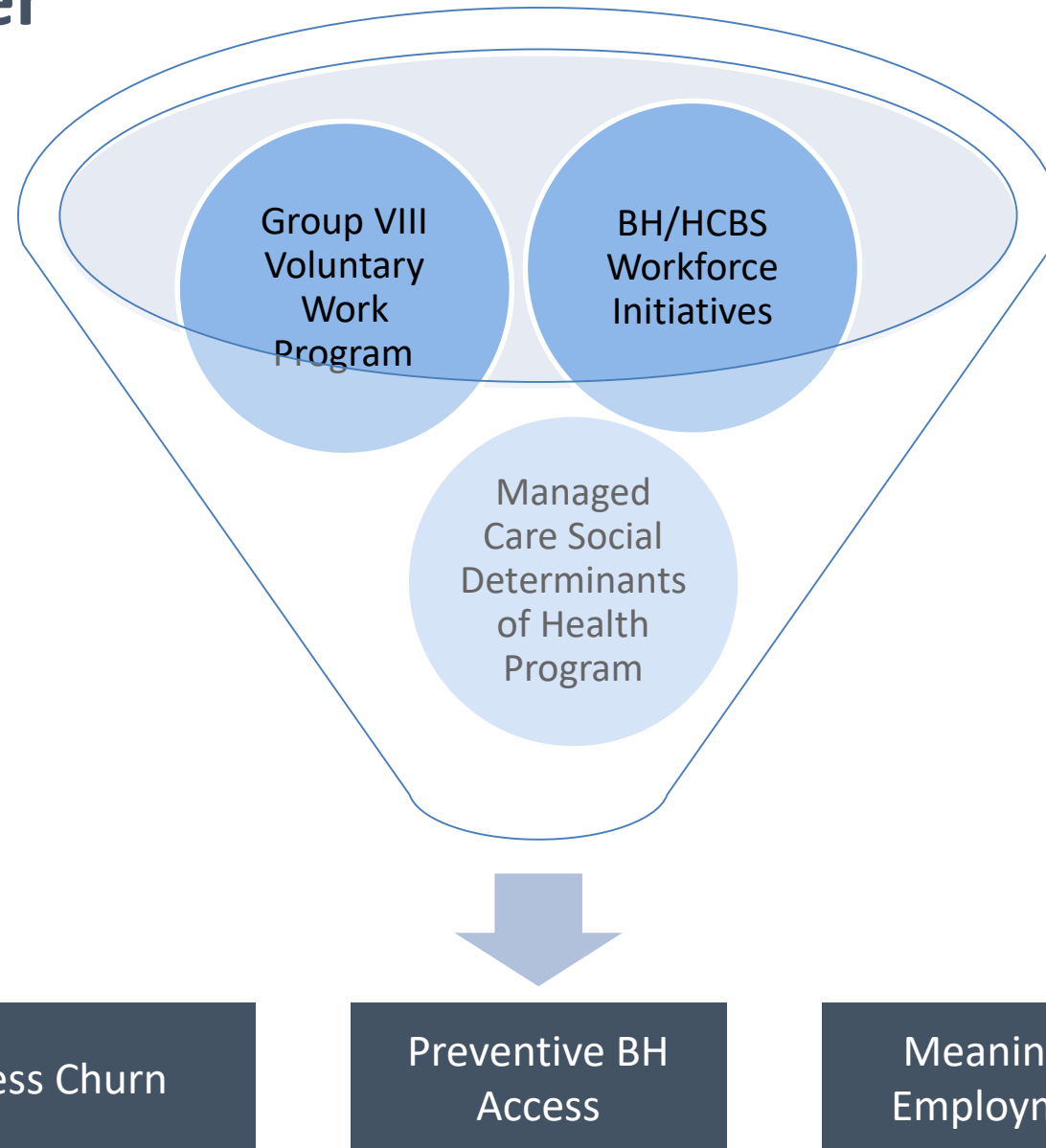
# Single Pharmacy Benefit Manager continued

## How It's Innovative

- Member centric
  - Focus on population health and improving outcomes
  - Large, inclusive pharmacy network; no steering means more choice for members
  - Care coordination and collaboration between managed care plans and SPBM
- Provider centric
  - Unified approach to accessing pharmacy benefit and submitting prior authorizations, no matter the medical plan
  - Portal with real time updates
- Additional clinical & PAHP focus
  - Drug utilization review program
  - Performance & quality improvement projects
  - Ability to accelerate change and pivot quickly (ex. PHE)

# Empowering Health and Economic Self-Sufficiency

# Tying It All Together



## Future Opportunities

- Continued Implementation of the Maternal and Infant Support Program
  - » Comprehensive Maternal Care program
  - » Mom and baby dyad care
  - » Doula services
- Value-based supplemental dispensing fees
- Value-based purchasing arrangements
- Leveraging technology as provider extenders
- Finish OhioMeansJobs Portal



**Questions?**