

Developing the ODM Procurement

May 20, 2021

Presentation before the Joint Medicaid Oversight Committee (JMOC)

Agenda

What we're going to cover today

- Procurement launch
- Statewide listening sessions
- Feedback and themes
- Expectations for the next generation managed care program
- Questions



Ohio's "Status Quo" for Health Outcomes

A need to do better for the people we serve

Ohioans are less healthy and spend more on health care than people in most other states

For the general population, Ohio is ranked:

- 46th in the nation for Health Value
- 43rd for Population Health
- 28th for Healthcare Spending

For children and young adults, Ohio is ranked:

- 46th for percent of children ages 0-17 who currently have asthma
- 41st for infant mortality rate
- 40th for young adult drug overdose deaths ages 18-25
- 40th for percent of youth ages 12-17 with major depressive episodes

Managed Care Mission Statement



Focus on the
INDIVIDUAL
*rather than the
business of
managed care*



We want to do better for the people we serve

ODM Managed Care Procurement Listening Sessions

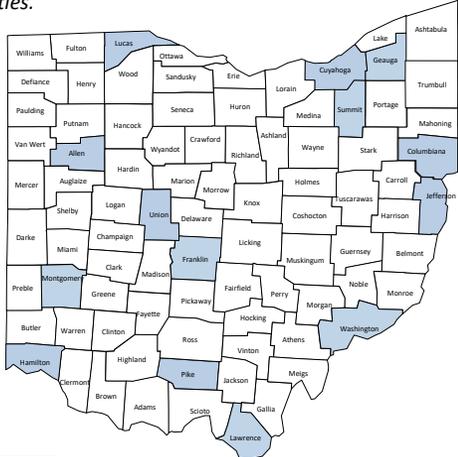
ODM conducted listening sessions throughout the state with individuals who receive services through Medicaid managed care as a first step in assessing how to better address the needs of the individuals we serve.

149 Individuals – 42 Partner Organizations – 19 Sessions

Where we went

ODM hosted listening sessions in 15 cities representing urban, rural and Appalachian communities.

- Cities**
- Akron
 - Barberton
 - Cincinnati (2)
 - Cleveland (3)
 - Columbus (2)
 - Dayton
 - Ironton
 - Lima
 - Lisbon
 - Marietta
 - Marysville
 - Middlefield
 - Steubenville
 - Toledo
 - Waverly



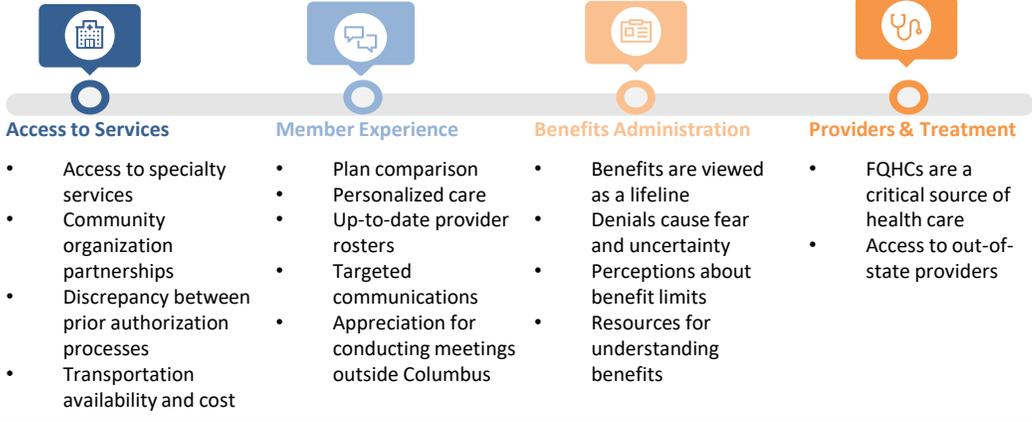
How we got the word

ODM partnered with local organizations to host and promote the listening sessions through a multi-media approach.



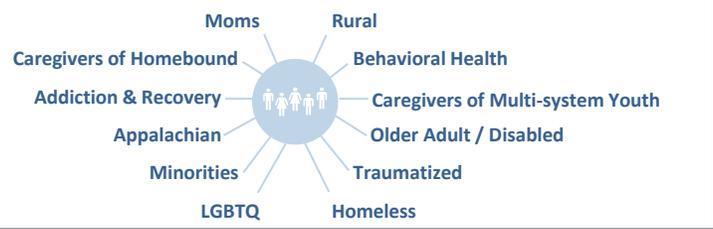
What we found

Feedback and suggestions provided by listening session attendees fell into four main categories.



Who we talked to

Listening session attendees represented a broad range of individuals.

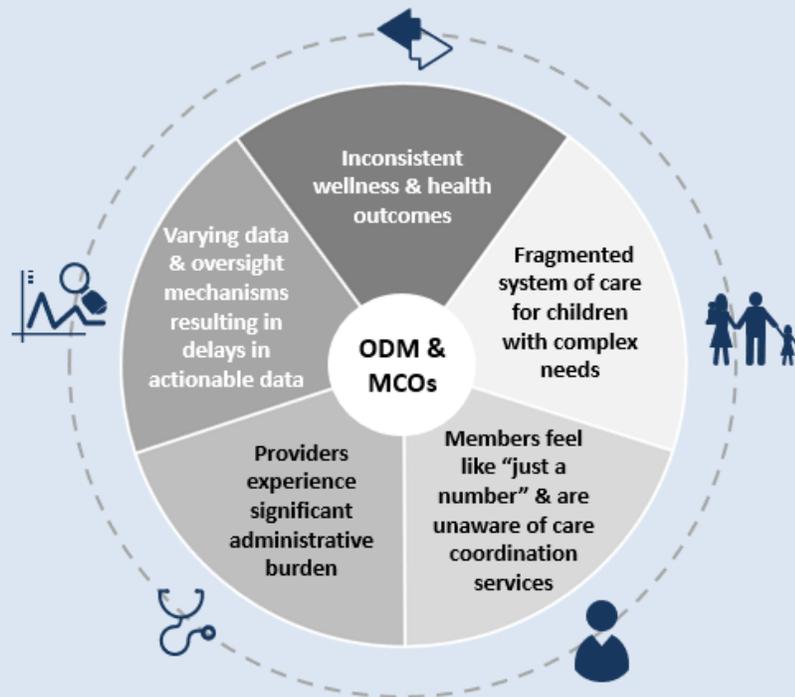


Ohio's Medicaid Managed Care Program



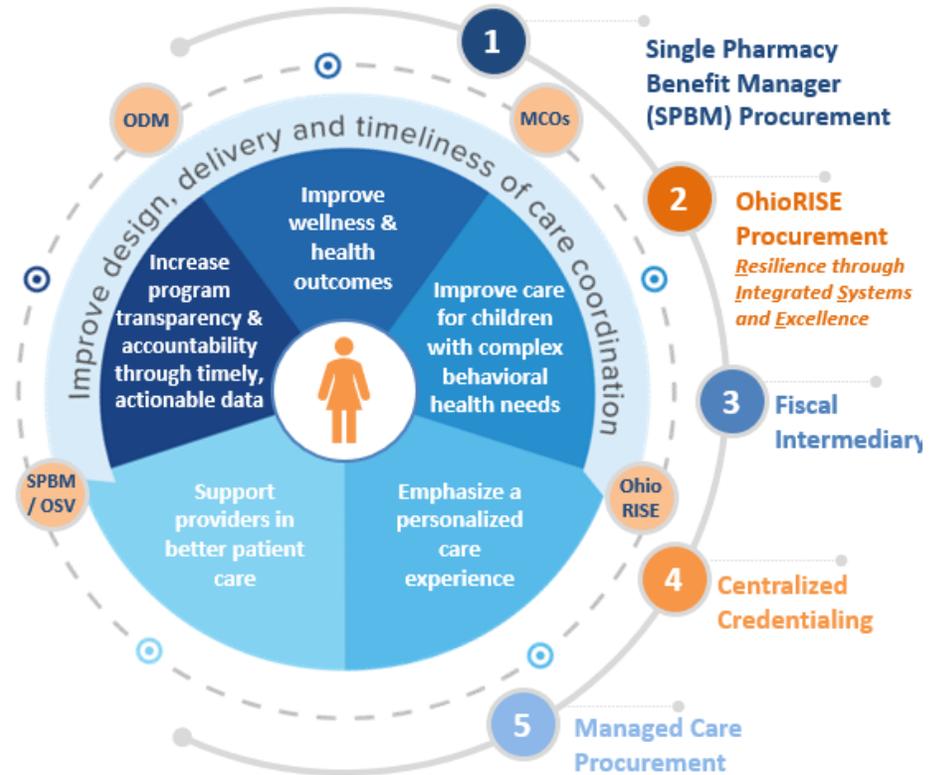
Today's Ohio Medicaid Managed Care Program

Members are impacted by business decisions that don't always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.



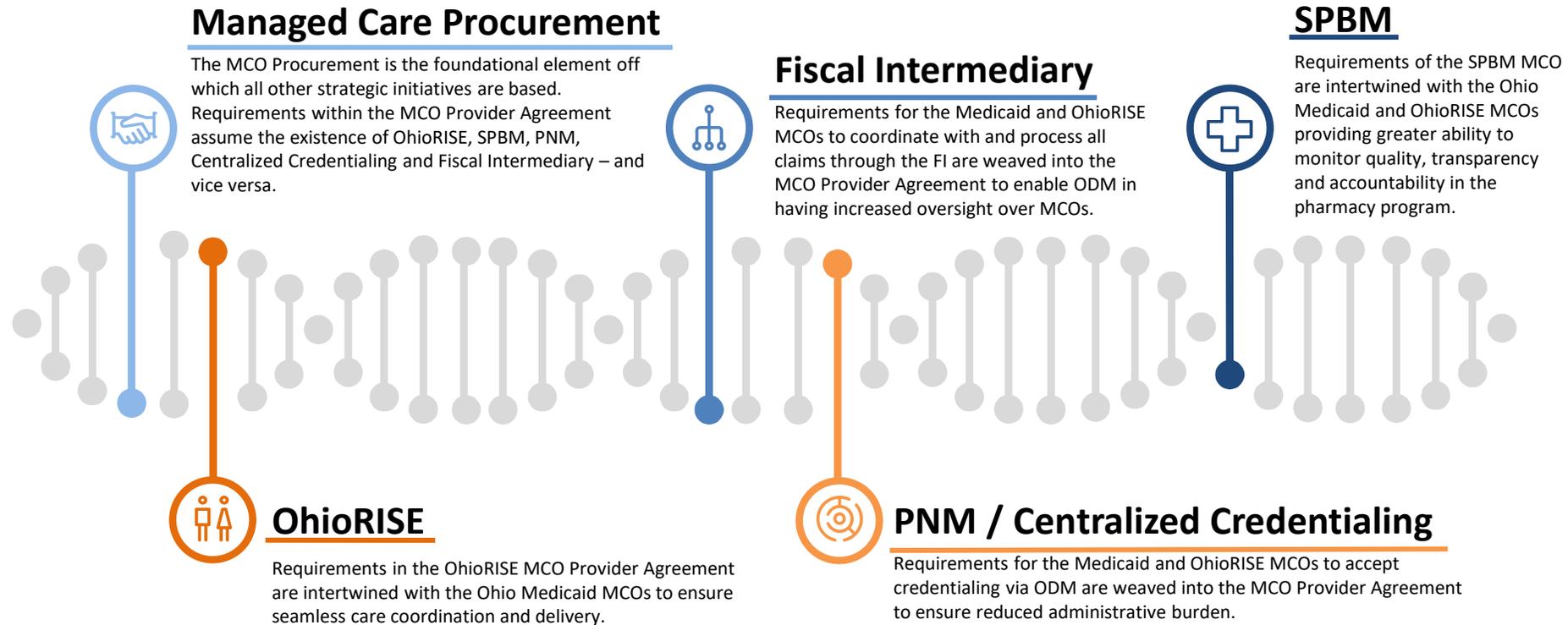
"Next Generation" of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.



DNA of the Next Generation Ohio Medicaid Managed Care Program

Each strategic initiative is needed to realize the full “genetic makeup” of the future program





Medicaid Managed Care

Improve design, delivery and timeliness of care coordination



Goals of Ohio's Future Managed Care Program



Improve
Wellness and
Health
Outcomes



Emphasize a
Personalized
Care
Experience



Support
Providers in
Better Patient
Care



Improve Care
for Children
and Adults with
Complex Needs



Increase
Program
Transparency
and
Accountability

Emphasize a Personalized Care Experience



ODM envisions a Medicaid managed care program where ODM, the MCOs, OhioRISE, and the single pharmacy benefits manager (SPBM) **coordinate and collaborate to achieve health care excellence** through a seamless service delivery system for members, providers, and system partners.

Key Changes Included in the Future Managed Care Provider Agreement

 Member-Centric Experience	 Access to Care Coordination	 Care Coordination Assignment	 Transitions of Care	 Member Communications & Materials
<ul style="list-style-type: none"> Ensures more equitable access to care by requiring MCOs to provide oral interpretation, translation, or other auxiliary services Expands member services call center hours, requiring warm transfers of calls that should be directed to the SPBM or OhioRISE Requires MCOs have an after-hours system to route emergent and crisis behavioral health calls 	<ul style="list-style-type: none"> MCOs required to provide an Care Coordination Portal that collects, stores, and shares pertinent member information with/to the entities involved in coordinating the member's care MCOs required to adhere to care coordination protocols and requirements developed by ODM for specific populations who have unique care coordination needs 	<ul style="list-style-type: none"> Promotes care coordination at local levels and within established relationships while preserving member choice and ultimate accountability of the MCOs Provides some flexibility within MCOs to propose a care coordination program that is effective and cost efficient while establishing minimum expectations by ODM of core care coordination requirements 	<ul style="list-style-type: none"> Ensures the seamless continuity of member care between critical kinds of system transitions by requiring that MCOs provide specific member information, engage in pre-enrollment / transition planning, continue services, and honor previous service authorization decisions 	<ul style="list-style-type: none"> Provides pertinent information to new members from a single source including information on SPBM Simplifies member ID card to avoid multiple ID cards depending upon enrollment with OhioRISE



Improve Wellness and Health Outcomes

ODM seeks to advance ODM's population health approach through the Ohio Medicaid managed care program. ODM's population health approach requires the MCO to use defined population health management principles to address health inequities and disparities to achieve optimal outcomes for the holistic well-being of the populations it serves.

Key Changes Included in the Future Managed Care Provider Agreement

 Population Health Approach	 Care Coordination with Risk Stratification	 Social Determinants of Health (SDOH)	 Value-Based Contracting	 Transportation & Access
<ul style="list-style-type: none"> Allows ODM to set the population health "compass" for the Medicaid managed care system, including the use of mandatory population streams ODM leads coordination efforts across MCOs, OhioRISE, and the SPBM for a unified approach 	<ul style="list-style-type: none"> Enhances care coordination by requiring MCOs to develop programs that include staffing, training, and a risk stratification framework with a standardized health risk assessment as one of the factors for assigning risk tiers Requires MCOs to communicate risk stratification tier levels to all care coordination entities (CCEs, OhioRISE, and CMEs) involved in the member's care 	<ul style="list-style-type: none"> Increases MCOs responsibility to identify and respond to SDOH needs Requires MCOs to work within the region with other MCOs and community partners to develop approaches to have a collective impact on SDOH Requires MCOs to contribute 3% of annual profits for community reinvestment 	<ul style="list-style-type: none"> Rewards service quality and outcomes over volume by requiring that MCOs partner with providers to support their development and growth across value-based contracting continuums Requires MCOs to comply with ODM established value-based initiatives 	<ul style="list-style-type: none"> Contributes to improving member experience and access to transportation services by requiring MCOs to collaborate with ODM, other MCOs, and the counties to standardize the way members access transportation services Supports timely access to needed services by enforcing appointment standards and expanding the use of telehealth



Improve Care for Children and Adults with Complex Needs

OhioRISE – a single, statewide behavioral health prepaid inpatient health plan – is responsible for providing, managing, and coordinating behavioral health care for children eligible and enrolled in the program. OhioRISE is designed to **provide comprehensive and highly coordinated behavioral health services for children with serious/complex behavioral health needs involved in, or at risk for involvement in, multiple child-serving systems.**

Key Changes Included in the Future Managed Care Provider Agreement

 OhioRISE (Resilience through Integrated Systems and Excellence)	 Behavioral Health Crisis Response	 Access to Behavioral Health Assessments & Providers	 Prohibited Service Authorizations for CANS	 Coverage for Children Outside of OhioRISE
<ul style="list-style-type: none"> Implementing the OhioRISE service delivery model for eligible children through the age of 21 Comprehensive and highly coordinated behavioral health services provided by a specialized MCO experienced in and dedicated to serving the unique needs of this population 	<ul style="list-style-type: none"> Simplifies member access to crisis services by centralizing telephonic behavioral health crisis response resources across the state by referring to OMHAS' Statewide crisis line Ensures MCOs are using evidence-based criteria to determine member access to SUD services 	<ul style="list-style-type: none"> Expands access to behavioral health assessments and providers by requiring MCOs to contract with CANS and MRSS providers, BHCCes, and specialty treatment centers Ensures ready access to CANS assessments, which are a key element for OhioRISE eligibility and enrollment 	<ul style="list-style-type: none"> Prohibits MCOs from applying prior authorization for CANS assessments 	<ul style="list-style-type: none"> Requires MCOs to cover behavioral health services for members not enrolled in OhioRISE MCOs are capitated for BH services to kids outside of OhioRISE, but are assigned a risk pool.



Support Providers in Better Patient Care

To **reduce provider burden and promote consistency** across the Ohio Medicaid managed care program, ODM has retained the administrative responsibilities for centralized claims submissions and for credentialing and re-credentialing.

Key Changes Included in the Future Managed Care Provider Agreement

 Standardizing Service Authorization	 Fiscal Intermediary	 Centralized Credentialing	 Standardizing Overpayment Recovery & Claims Timeframe	 Clear Provider Expectations & Channels of Communication
<ul style="list-style-type: none"> Standardizes and streamlines MCO service authorization processes for providers Ensures competencies of MCO reviewers and that peer-to-peer consultation is made available to providers 	<ul style="list-style-type: none"> Reduces the administrative burden on providers by requiring MCOs to develop necessary electronic exchanges or EHRs, along with coordinating service authorization requests through ODM's fiscal intermediary Requires MCOs to give ODM real-time, read only access to MCOs' service authorization systems 	<ul style="list-style-type: none"> Streamlines administrative process and increases ODM's access to high quality, aggregated data by implementing a single credentialing process Bars MCOs from requiring any additional credentialing information from an ODM-enrolled provider 	<ul style="list-style-type: none"> Supports standardization of the recovery process of overpayments across MCOs and claims timeframes Requires MCOs to extend the timeframe for accepting claims, and reduces the time MCOs have to pay claims 	<ul style="list-style-type: none"> Standardizes communication of core provider expectations across all MCOs Increases MCOs' responsiveness to provider complaints by requiring MCOs to maintain a provider manual and to hold provider advisory council meetings composed of a wide array of provider types to gather input and address concerns



Increase Program Transparency and Accountability

The MCO's population health approach must include[...] optimizing coordination and collaboration across the system through a **systematic and systemic use of information** to ensure consistency in coverage and tailored approaches to meeting member needs. [In addition] a **statewide SPBM** is responsible for providing and managing pharmacy benefits for all individuals.

Key Changes Included in the Future Managed Care Provider Agreement

 Model Agreements	 Staffing Requirements	 Delegated Administrated Services	 ODM Access to MCO's Systems & Data	 Compliance Actions
<ul style="list-style-type: none"> Creates greater consistency of expectations by requiring MCOs to work with ODM, OhioRISE, SPBM, and other MCOs to develop model agreements that define respective responsibilities, data and information exchange requirements, confidentiality / privacy standards, and communication mechanisms 	<ul style="list-style-type: none"> Ensures that MCOs' key staff have the capabilities, availability, and Ohio-specific focus necessary to fulfill the requirements under the provider agreement by requiring greater number of staff, with specificity of minimum qualifications, dedication level, and local presence 	<ul style="list-style-type: none"> Ensures MCOs perform due diligence to ensure First Tier, Downstream, and Related Entity (FDRs) are capable of performing delegated functions Explicitly requires MCOs to monitor and oversee FDR performance and to keep ODM apprised of FDR performance concerns 	<ul style="list-style-type: none"> Expands the state's access to MCO data by requiring submission to ODM of MCO's own data and integrated data from various sources within the MCO and outside entities including subcontractors, ODM, SPBM, and OhioRISE Strengthened requirements for timely submission of encounter data 	<ul style="list-style-type: none"> Eliminates "point system" and refundable sanctions and creates a full range of compliance actions including financial sanctions Provides authorities for ODM to take compliance actions under the provider agreement for failure to comply with requirements and/or state and federal requirements

Questions?

