

Paying For Value In Healthcare

Presentation to the Joint Medicaid Oversight Committee

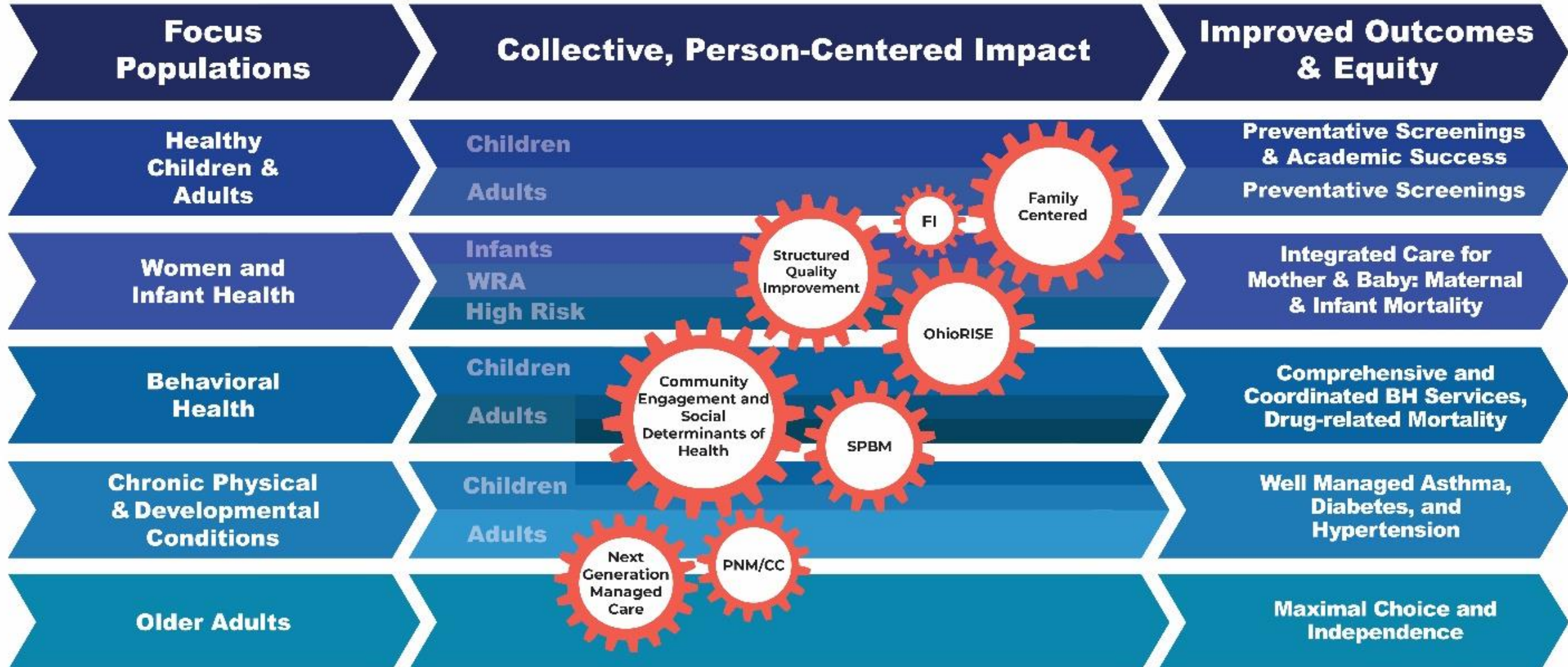
November 16, 2023

Mary Applegate, MD, FAAP, FACP
Medical Director

Maureen Corcoran
Director



Ohio Medicaid's Population Health and Quality Strategy

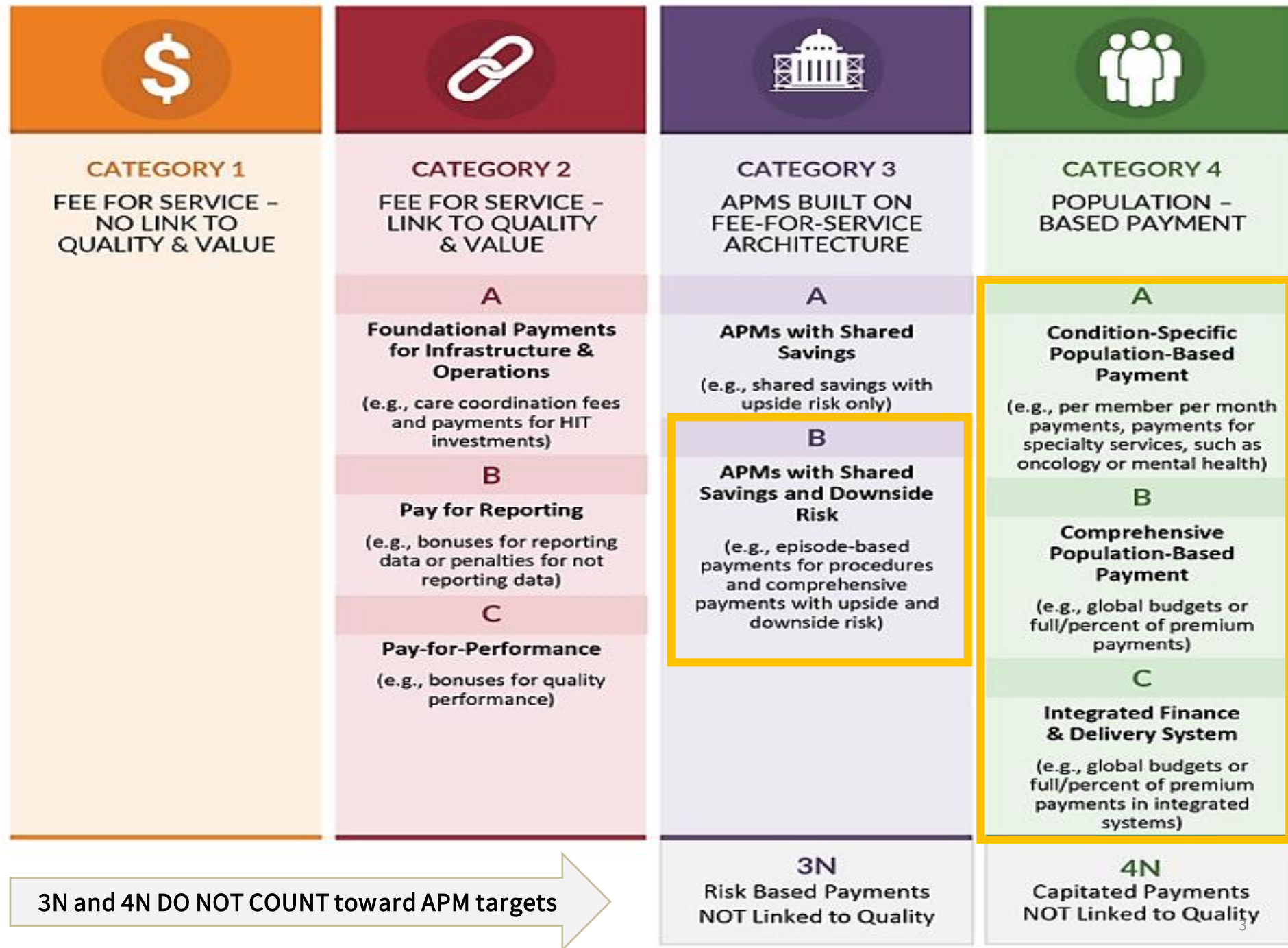


ALTERNATIVE PAYMENT MODEL

Learning Action
Network Framework

MCO APM Measure

For large providers,
**50% of all member
spend will be in
Category 3B or
better arrangements
or better by 2030.**

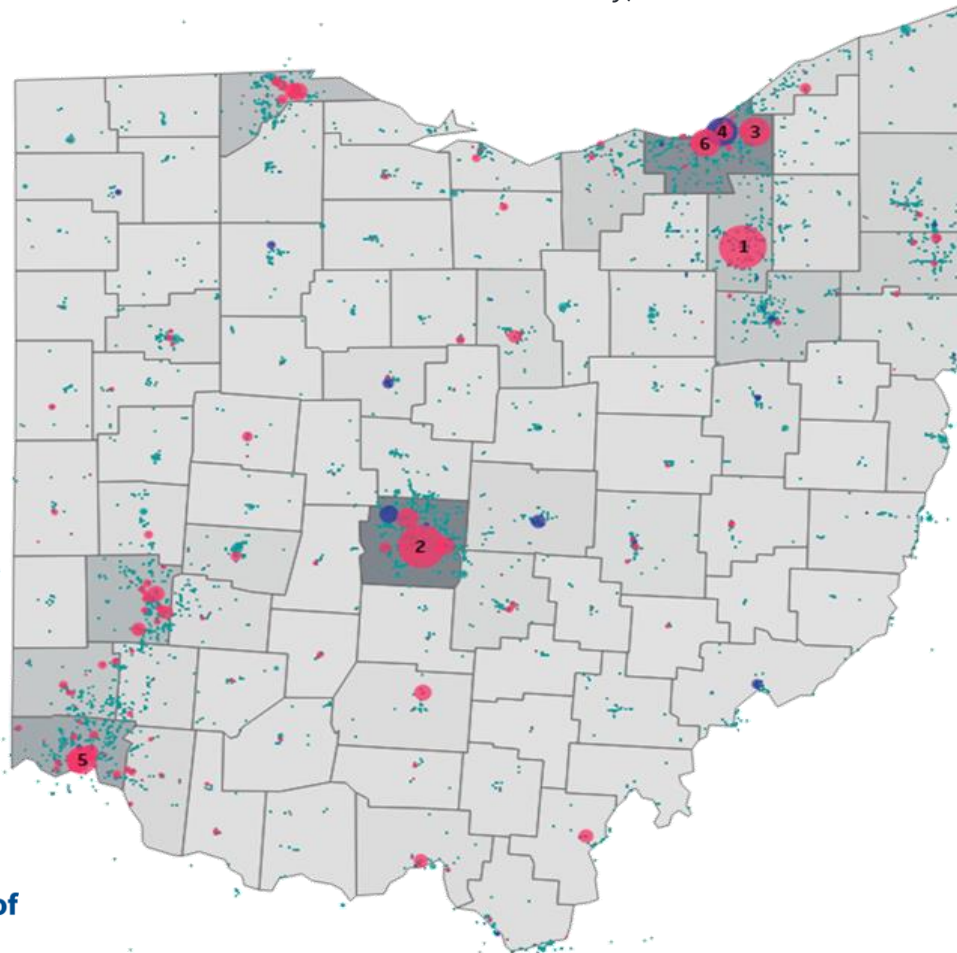


COMPREHENSIVE PRIMARY CARE for KIDS:

Behavioral Health Opportunities

Distribution of Children by Practice Type and County
FY2022

-With Underlying Map of Distribution of Medicaid Youth (Counts of Children Per County)



Approximate Population Health Numbers

- 1.5M youth in Medicaid
- 791K youth in CPC kids
- 360K youth have a Behavioral Health diagnosis (27%)
- 460K youth received outpatient psychosocial services
- 181K youth on any BH medication (12%)
- 24K youth have had at least 1 antipsychotic Rx (22K >2)
- 23K youth in ED for BH reasons (2%)
- 10K youth with BH inpatient stays (1%)

Largest Providers

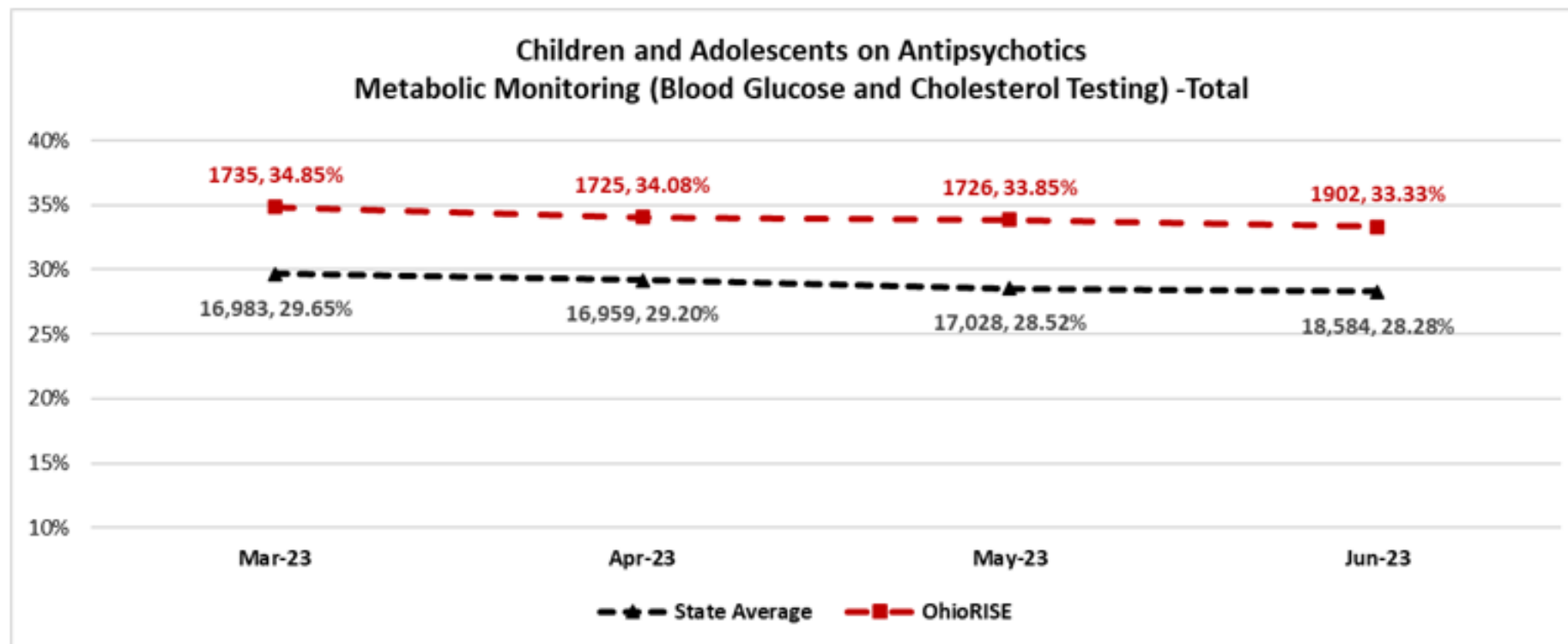
1	CHMCA PHYSICIAN BILLING	0693996	109,432
2	NATIONWIDE CHILDRENS HOSPITAL	1473276	107,547
3	UNIVERSITY PRIMARY CARE PRACTICES INC	2198769	52,236
4	THE CLEVELAND CLINIC FOUNDATION	1563562	48,604
5	CHILDRENS HOSP MED CTR PHY BILL	0307822	45,190
6	THE METROHEALTH SYSTEM	2187708	44,311



Number of Youth by County (Gray county gradient)



CHILDREN ON ANTIPSYCHOTICS: Monitoring Blood Glucose and Cholesterol



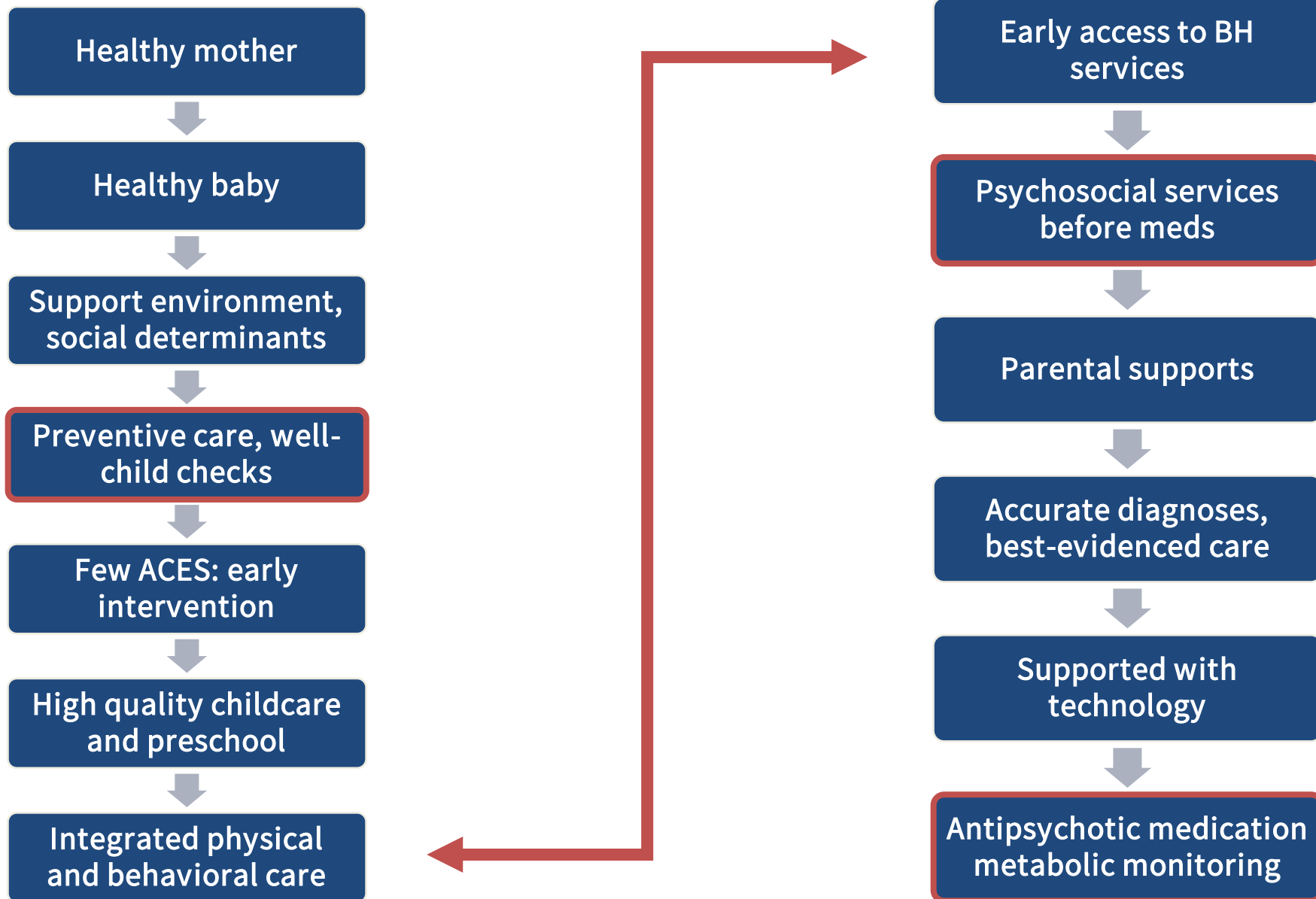
OhioRISE:

- Members enrolled in OhioRISE in October 2023

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose and cholesterol testing) in the measurement year.

CONTEXT OF APMM MEASURE:

“Life Course” Population Health Perspective



MCO ACADEMIC PERFORMANCE MEASURES

School Year 2021-2022 (except for graduation rates)	Percentage - Measure		Students in Numerator	
	Medicaid	Not Medicaid	Medicaid	Not Medicaid
Kindergarten Readiness Assessment - Demonstrating Readiness -	23%	50%	11,796	32,356
Grade 3 ELA (Reading+) - Proficient or higher -	46%	71%	25,001	49,638
On-Time Graduation (2021 grad cohort)	81%	90%	34,443	82,834
Chronic Absenteeism	44%	21%	279,020	194,189

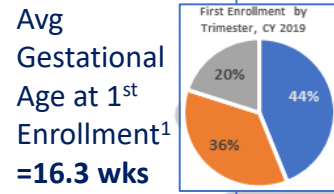


MATERNAL & INFANT ROADMAP: CY 2021 (CMC=Q1 2023)

Medicaid births
per year ~ 69,500¹

Early Identification → Maintain coverage, WIC, Home Visiting, MCO rapid response notice
PRAF=32,390/yr (SFY 2023)

Infant Mortality
(Deaths per 1,000
live births) by Race
White: 6.74
Black: 15.28



High Risk Women

Opioid Use Disorder

OUD dx³ = 2,904
Some medications for OUD
during pregnancy⁴ = 1,689

Chronic Conditions

HTN = 19,231
Diabetes = 12,143
Smoking = 10,613
Prior Poor Birth = 13,574

Usual Care Path



Minority Moms

Black ~ 21,555 (31%)
White ~ 43,805 (63%)
Other ~ 4,172 (6%)

HEDIS Utilization Quality Measures

Timeliness of Prenatal Care CY 2022 = 82.7%
Postpartum Care CY 2022 = 72.6%

Comprehensive Maternal Care Site Enhanced Services

- Same week access.
- Community & social need supports: Mom-specific rides, food, supplies, housing, parent supports, navigation.
- Subspecialty care.
- Co-location of Behavioral Health services, peer supports.

August, September, October 2023 CMC attribution = 19,547
CMC Attribution to date = 35,823
Expected CMC Attribution of ~49,000

COMPREHENSIVE MATERNAL CARE

MEASURES LINKED TO PAYMENT

- Post-partum Care
- Hepatitis Screening
- HIV Screening
- Tdap Vaccination
- Tobacco Cessation
- Primary Care Visit for Mother

INFORMATIONAL MEASURES

- Prenatal Visit by 9 Weeks
- Breastfeeding Rates
- Preterm Birth Rates
- Percentage Low Birth Weight
- Cesarean Birth Rates
- Dental Care
- Infant Well Care

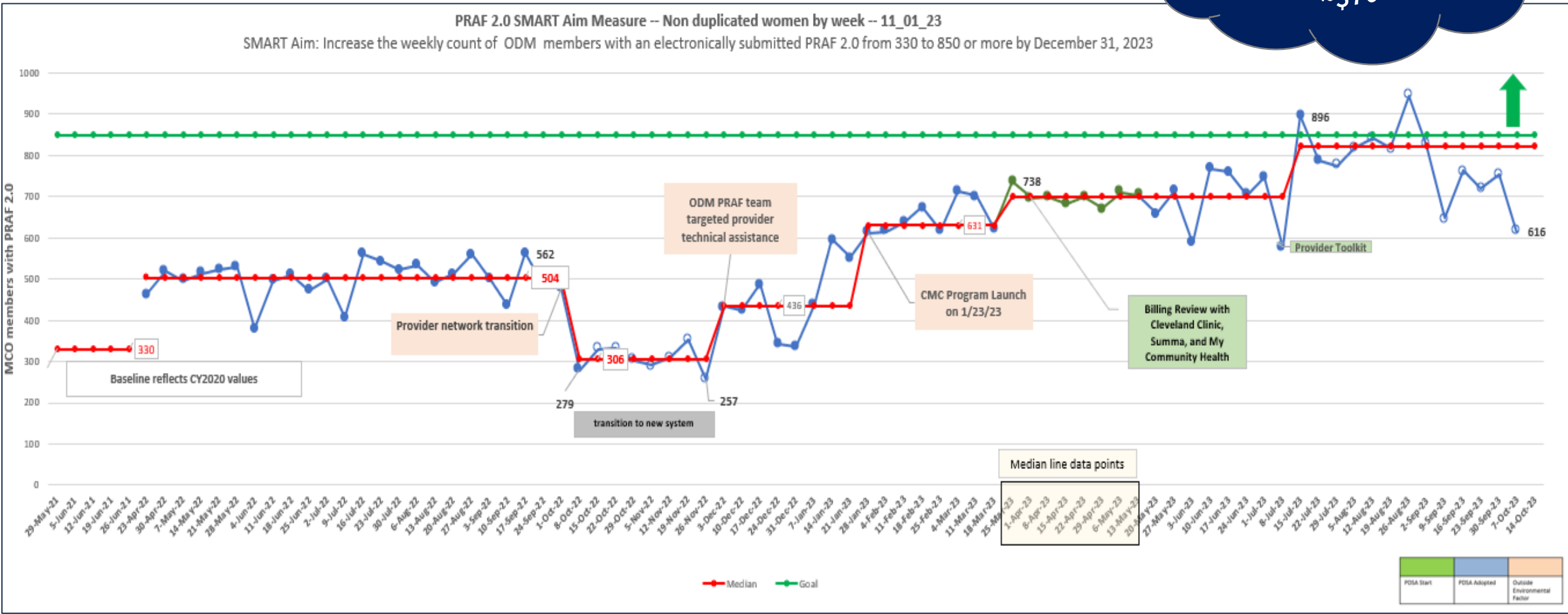
INFORMATIONAL MEASURES

- Flu Vaccination
- Depression Screening
- WIC Enrollment
- High Risk Composite
 - Behavioral Health Services
 - Opioid Prescriptions
 - Substance Use Disorder treatment

PREGNANCY RISK ASSESSMENT FORM 11/08

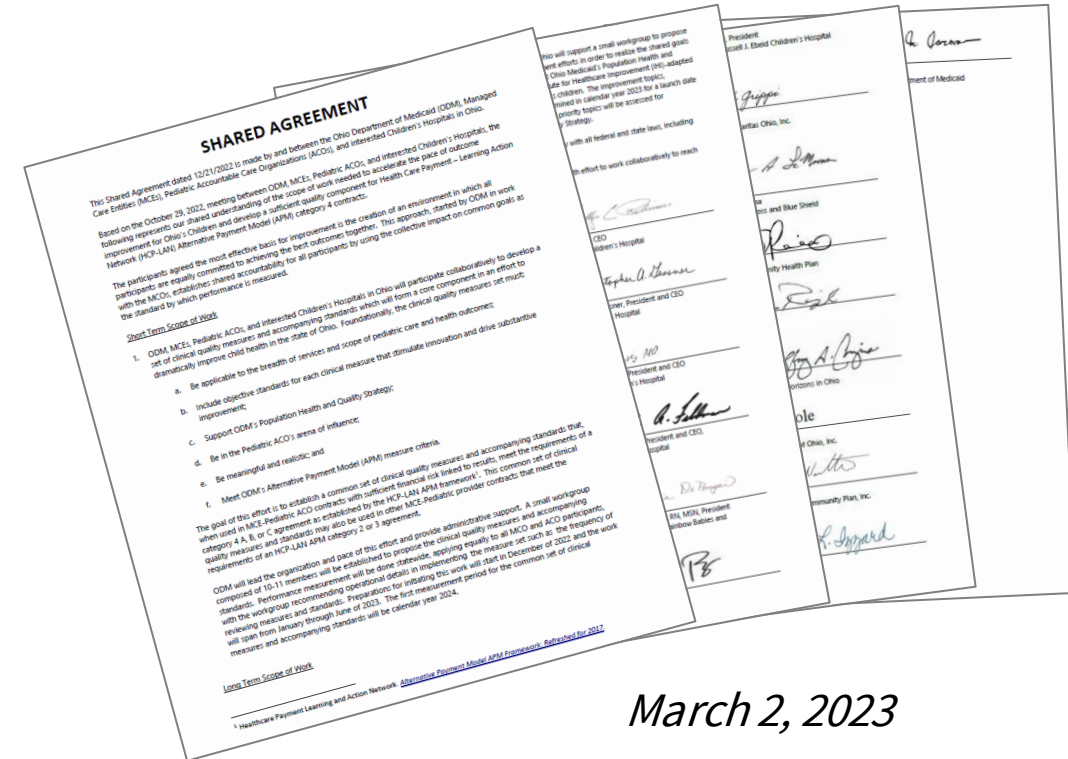
Quality Withhold: \$750M, July – Dec 2023

July 2022 – Dec 2023
MCO Quality Withhold
~\$700M



SHARED AGREEMENT: Pediatric ACOs/Children's Hospitals/MCEs

- Shared understanding of the scope of work needed to:
 - Accelerate the pace of outcome improvement for Ohio's Children.
 - Develop a sufficient quality component for HCP-LAN APM Category 4.
- Environment in which *all participants are equally committed* to achieving the best outcomes together is most effective basis for improvement.
- *Shared accountability* for all participants by using the *collective impact* on common goals as the standard by which performance is measured.



PEDIATRIC ACOS / MCE COLLABORATIVE:

Clinical Measures and Geographic Regions for Reporting

CLINICAL MEASURES

Well-Care Visits: Children 0 - 15 months

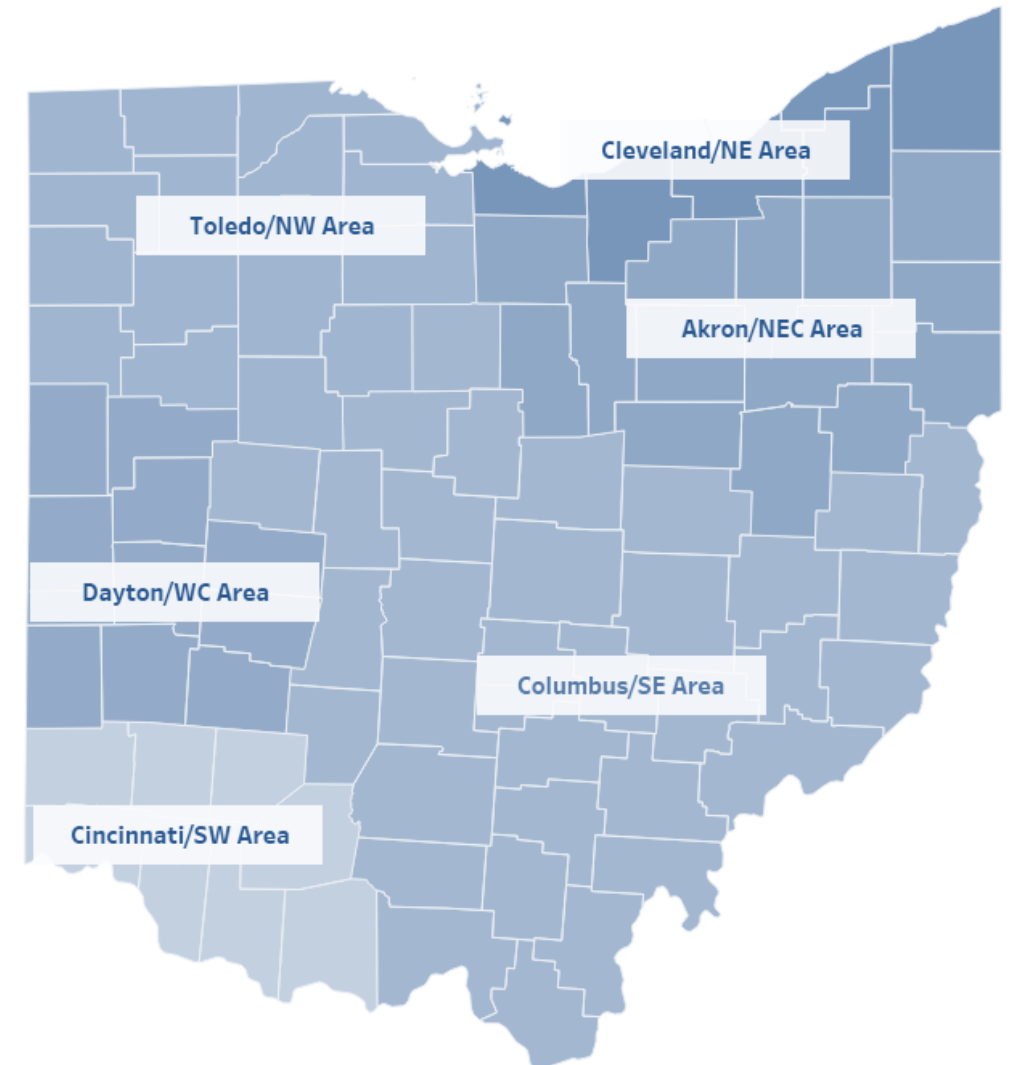
Well-Child Visits: Ages 12 - 17

Follow-up After ED Visit for Substance Use: 7 day, Ages 13-17

Follow-up After ED Visit for Mental Health: 7 day, Ages 6-17

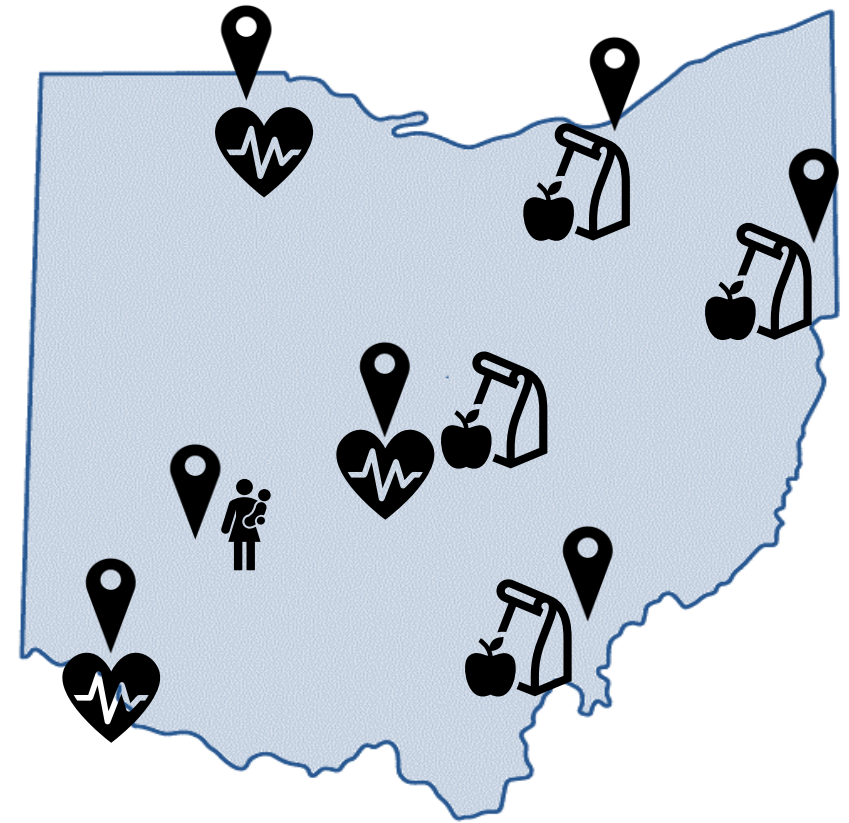
Asthma Med Ratio: Ages 5-11 & 12-18

Sickle Cell: Transcranial Ultrasound



REGIONAL QI HUBS

CoM	Diabetes	Hyper-tension	Maternal / Child Health
Case Western Reserve University	X		
NEOMED	X		
The Ohio State University	X	X	
Ohio University	X		
University of Cincinnati		X	
University of Toledo		X	
Wright State University			X



NON-DUAL MEDICAID POPULATION Diabetes

Members who had a diabetes diagnosis or prescription.

Select options

Measure
Diabetes

Count or Rate
Rate

Reliability
Reliable Only

Filter

Year
2019 to 2022

Life Stage Working Age Adults (19...

Age Group All

Race All

Ethnicity All

Sex All

Number of Conditions
All

Eligibility Category
All

Payer
All

College of Medicine Region
All

County Type
All

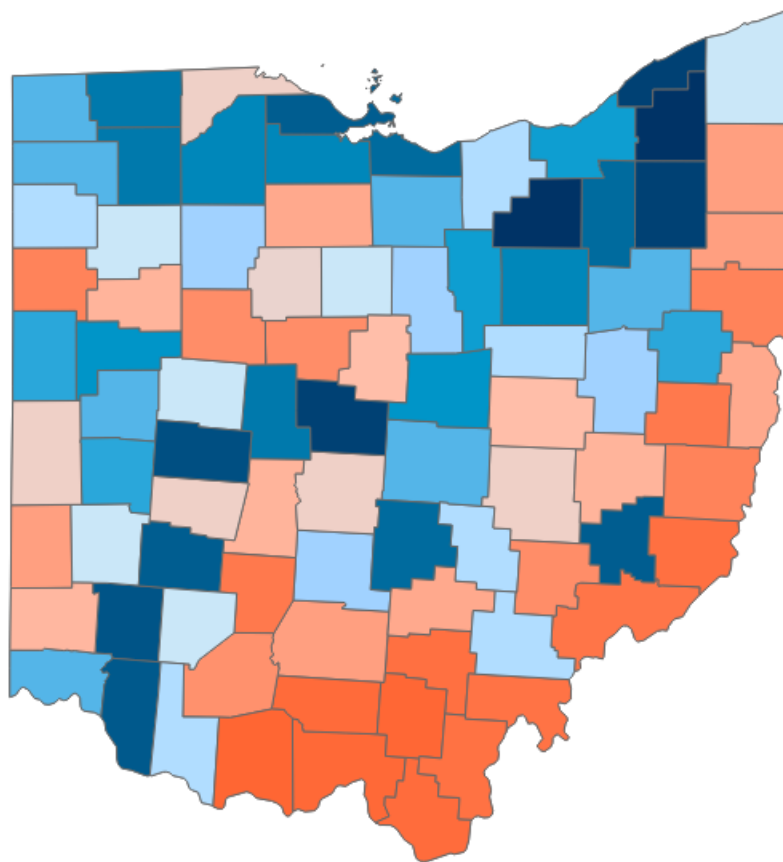
Opportunity Index Quintile
All

Numerator
~179,347

Denominator
~1,623,900

Rate
11%

FY 2019 to FY 2022



 Better (Low Rate)

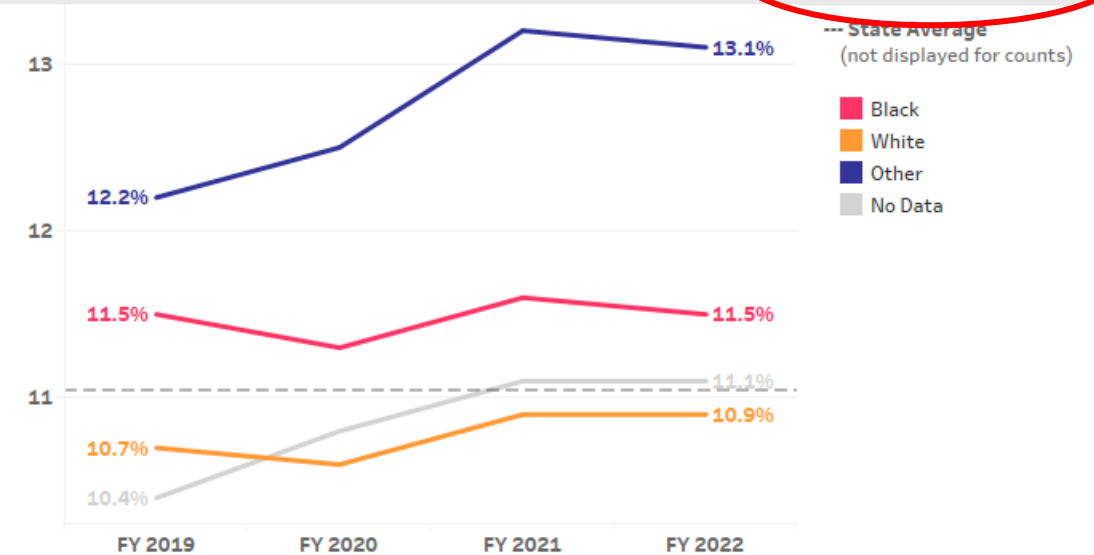
Top 10 Counties



Diabetes:
195,000 members, \$3.9B

Hypertension:
414,000 members, \$6.8B
(FY22)

Trend by Race



QUESTIONS?

medicaid.ohio.gov