Ohio | Department of Medicaid

Ohio Medicaid

DeWine Administration Priorities and Status Report to the Joint Medicaid Oversight Committee

September 19, 2019

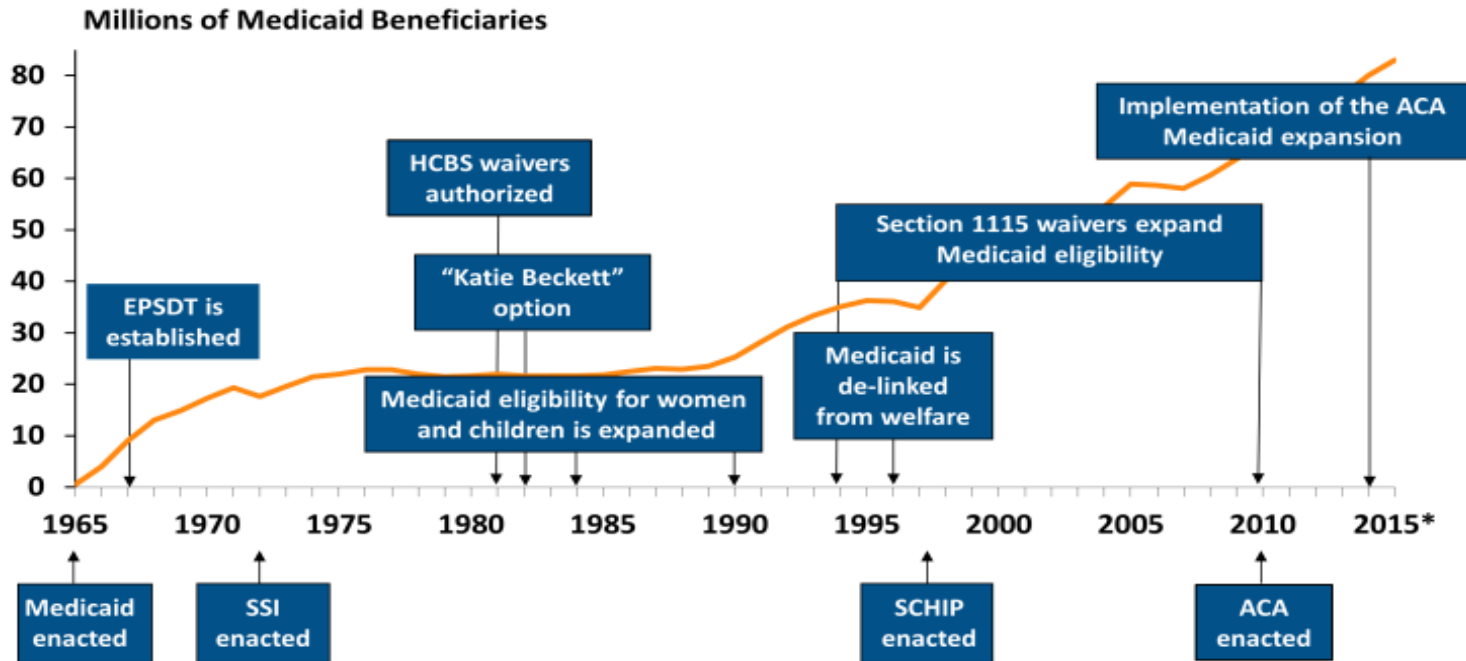# Foundation of the Medicaid Program

- **State Plan Amendment**
  - Equal access to care
  - Reasonable Promptness
  - Coverage of mandatory services
- **Waivers: 1915(b)**
  - Waiver Authority- Managed Care
  - SSI Kids Waiver
- **Waivers: 1915 (C)- 7 total**
  - Developmental Disabilities Waivers
    - Individual Options
    - SELF
    - Level One
- **Nursing Facility Level of Care Waivers**
  - PASSPORT
  - Assisted Living
  - Ohio Home Care
  - MyCare (29 Counties)
- **Waivers: 1115**
  - Community Engagement and Work
  - Demonstration Waiver for Substance Use Disorder Treatment
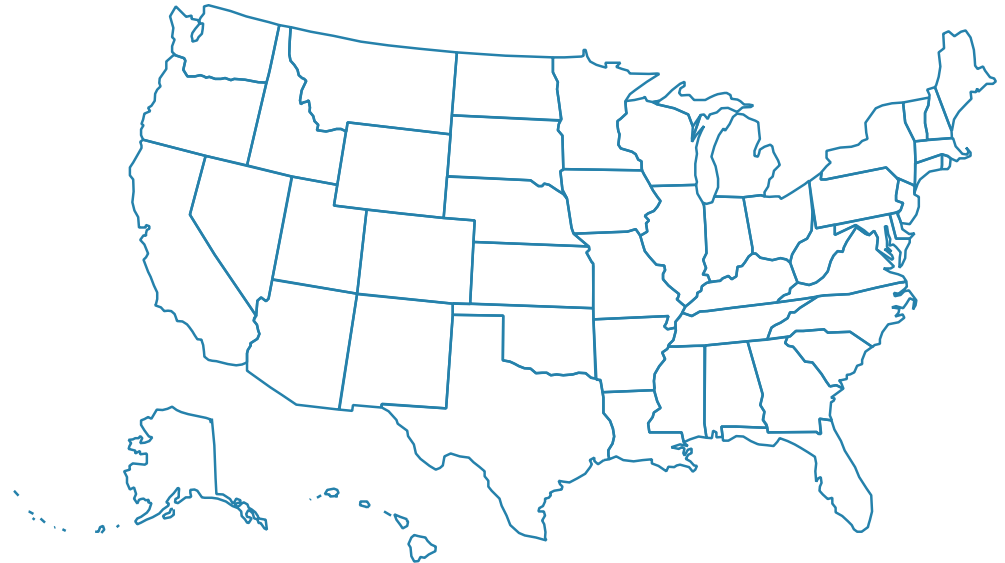
Federal Milestones for the Medicaid Program

Figure 2

Medicaid has evolved over time to meet changing needs.

Millions of Medicaid Beneficiaries

- EPSDT is established
- HCBS waivers authorized
- "Katie Beckett" option
- Medicaid eligibility for women and children is expanded
- Medicaid is de-linked from welfare
- Section 1115 waivers expand Medicaid eligibility
- Implementation of the ACA Medicaid expansion

- Medicaid enacted
- SSI enacted
- SCHIP enacted
- ACA enacted

NOTE: *Projection based on CBO March 2015 baseline.
SOURCE: KCMU analysis of data from the Health Care Financing Administration and Centers for Medicare and Medicaid Services, 2011, as well as March 2015 CBO baseline ever-enrolled counts.

THE HENRY J. KAISER FAMILY FOUNDATION

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Ohio Medicaid Historical Milestones

- **1972:** Ohio chooses Medicaid program option as a 209b state
- **1978:** Ohio awards first managed care type contracts in Belmont and Cuyahoga counties
- **1981:** Freedom of choice waivers and home and community-based care waivers were established in Medicaid
- **1989:** First mandatory managed care programs established in Montgomery county
- **1990:** PASSPORT waiver implemented
- **1991:** Individual Options Waiver implemented
- **1996:**
  - Ohio awarded an 1115 waiver to expand the mandatory managed care population to additional counties
  - Welfare Reform: AFDC replaced by TANF
  - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was passed
- **1997:** Children's Health Insurance Program (CHIP) created
- **1999**
  - Optional Medicaid eligibility groups and allowed states to offer a buy-in to Medicaid for working-age individuals with disabilities
  - Ohio Supreme Court decision: Olmstead v. L.C. ruling states must provide community-based services to persons with disabilities
  - Ohio Home Care waiver implemented
- **2001:** Ohio awarded a 1915b waiver and members assigned to MCP by their FFS utilization or MCP enrollment history

- **2002:** Level One DD waiver implemented
- **2005:** House Bill 66 mandated statewide expansion of managed care program for all Covered Families and Children (CFC) and part of the Aged, Blind and Disabled (ABD) populations
- **2006:** Assisted Living waiver implemented
- **2009:** Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- **2010:**
  - The Patient Protection and Affordable Care Act (ACA), commonly known as the "Affordable Care Act,"
  - Ohio expands coverage for children up to 200% FPL under CHIP
- **2011:** SELF waiver implemented
- **2014:**
  - Ohio expands Medicaid coverage for all non-disabled adults under 138% of the FPL
  - Ohio began enrolling dual-eligible members as part of MyCare Ohio demonstration program
  - Ohio began enrollment in Ohio Benefits
  - CMS regulations established heightened scrutiny standards for review of HCBS settings to reduce isolation of HCBS beneficiaries
  - Ohio begins work on Statewide Transition Plan.
- **2016**: Ohio switched from 209b to SSI standards of eligibility

Collaboration

Federal	State	Local
Centers for Medicare and Medicaid Services (CMS)	Governor's Office	88 County JFS Offices
Health and Human Services (HHS)	Legislators	Community Boards
Office of Inspector General (OIG)	Legislative Committees	Area Agencies on Aging
Government Accountability Office (GAO)-Auditor Of State	Sister Agencies	Community Leaders
	Advocacy Groups	Individuals
	Associations	Advocates
		Community Partners
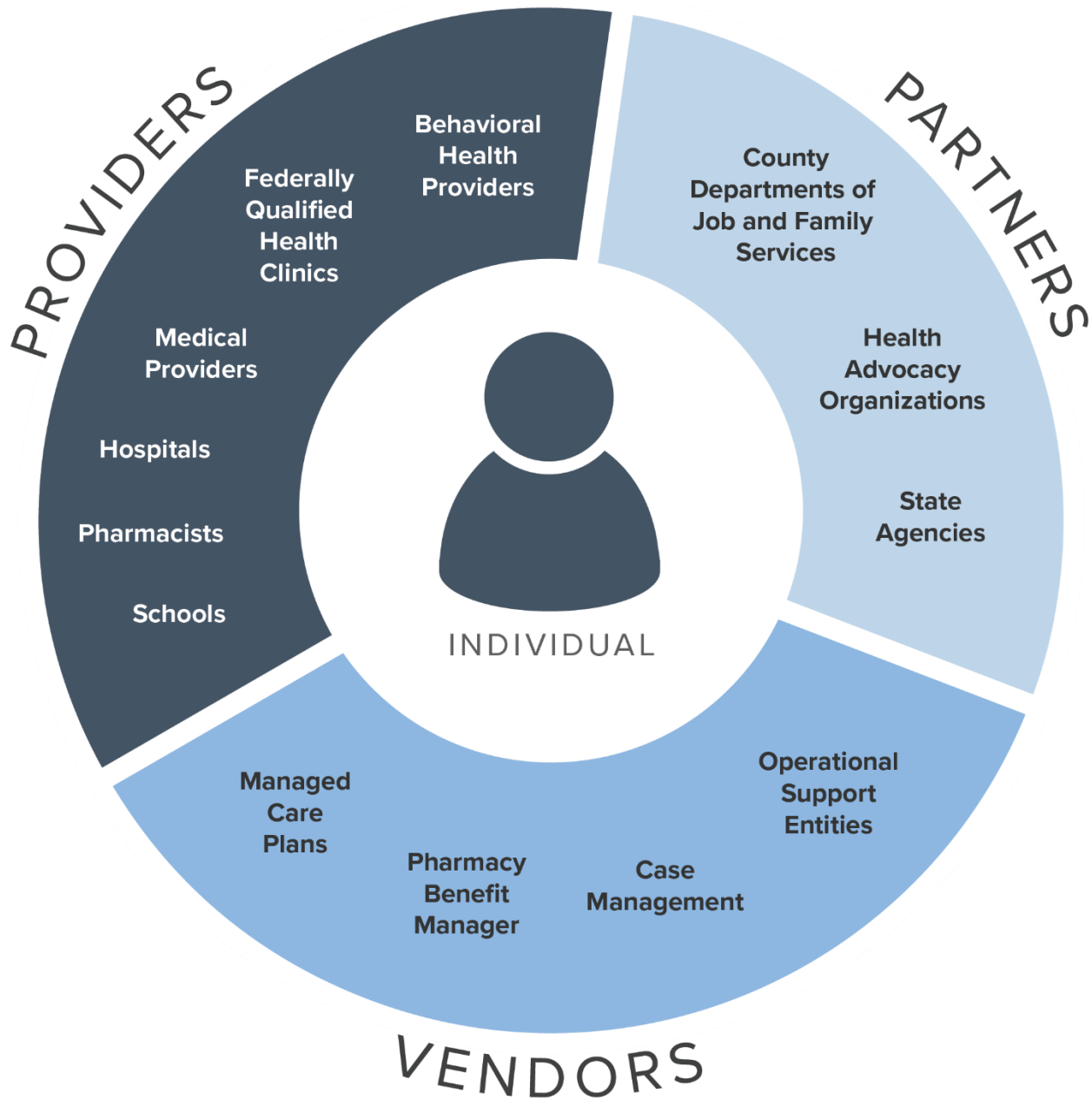
Medicaid Eligibility Levels

Legend: ■ Medicaid ■ Marketplace

Chart categories (x-axis): Children, Pregnant Women, Parents, Childless Adults, Disabled Workers, Disabled

FPL reference lines: 400% FPL, 250% FPL, 200% FPL, 138% FPL
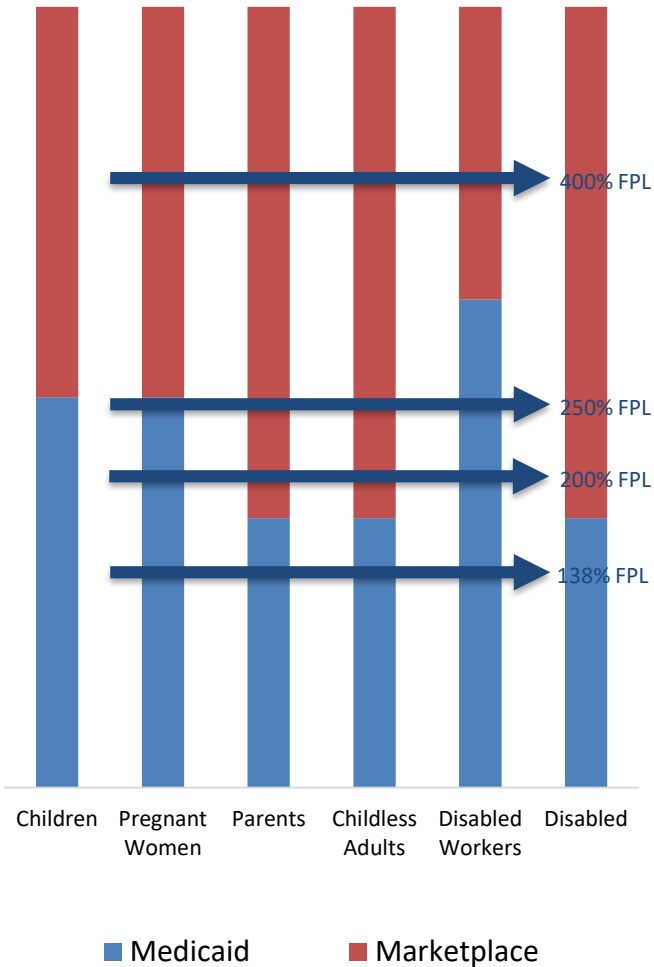
In Ohio, Medicaid/CHIP covers

1 in 6 adults <65

1 in 2 low-income individuals

2 in 5 children

3 in 5 nursing home residents

1 in 2 people with disabilities

Source: Center for Community Solutions

Enrollment and Spending by Population

Projected SFY20
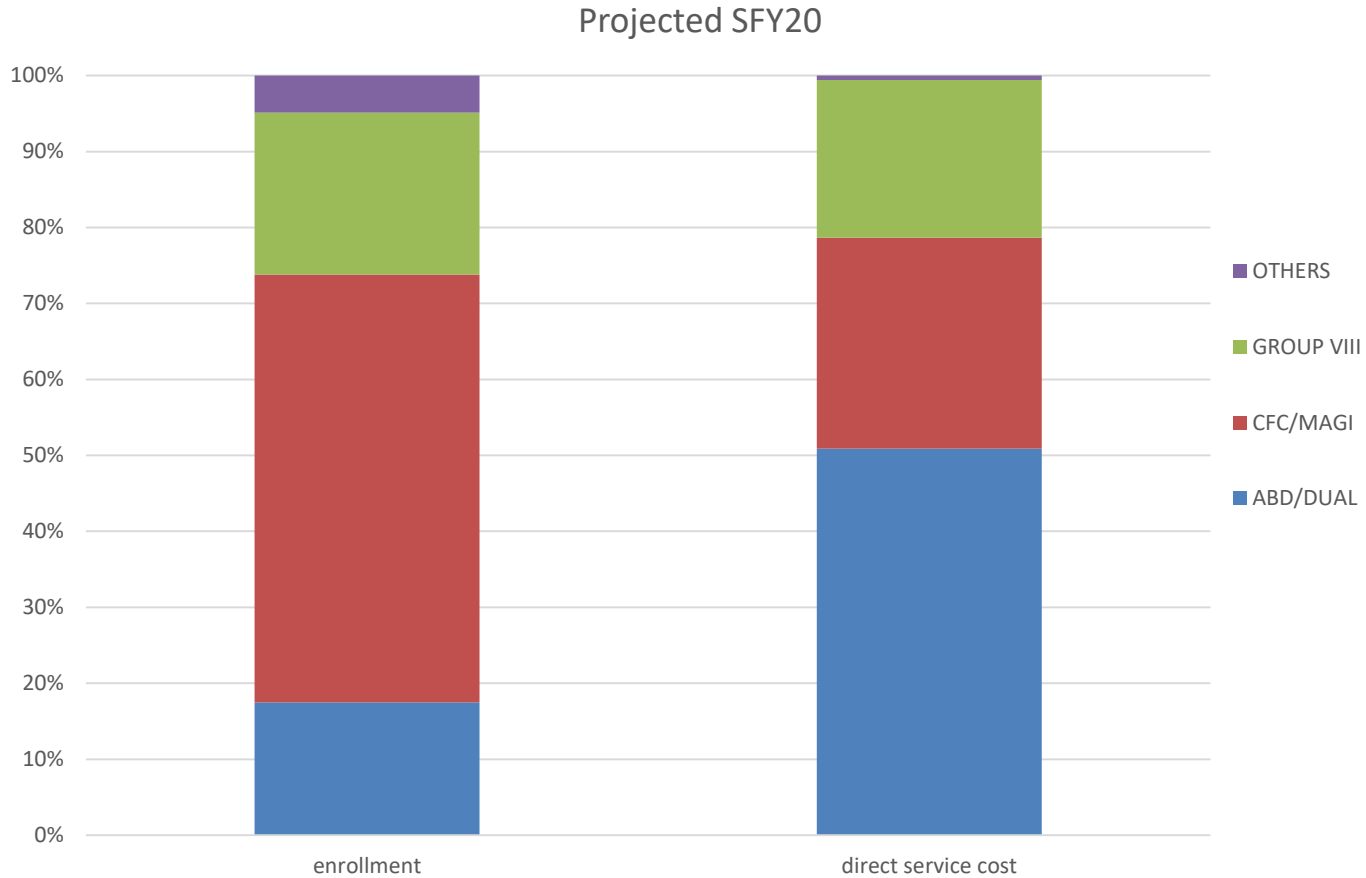
Note: Expenditures reflect direct service costs and do not include Medicare Buy-In, Part D, HCAP, or UPL

Key Financing Levers

- Financial
  - Franchise fees used for state match
- Eligibility categories with various federal matching rates
  - EPSDT: required for children
- Value based payment strategies
  - Pay for Performance
  - Episode Based Payments
  - Comprehensive Primary Care
- Managed care
  - Benefit design & utilization control
    - *Required benefits must be paid for*
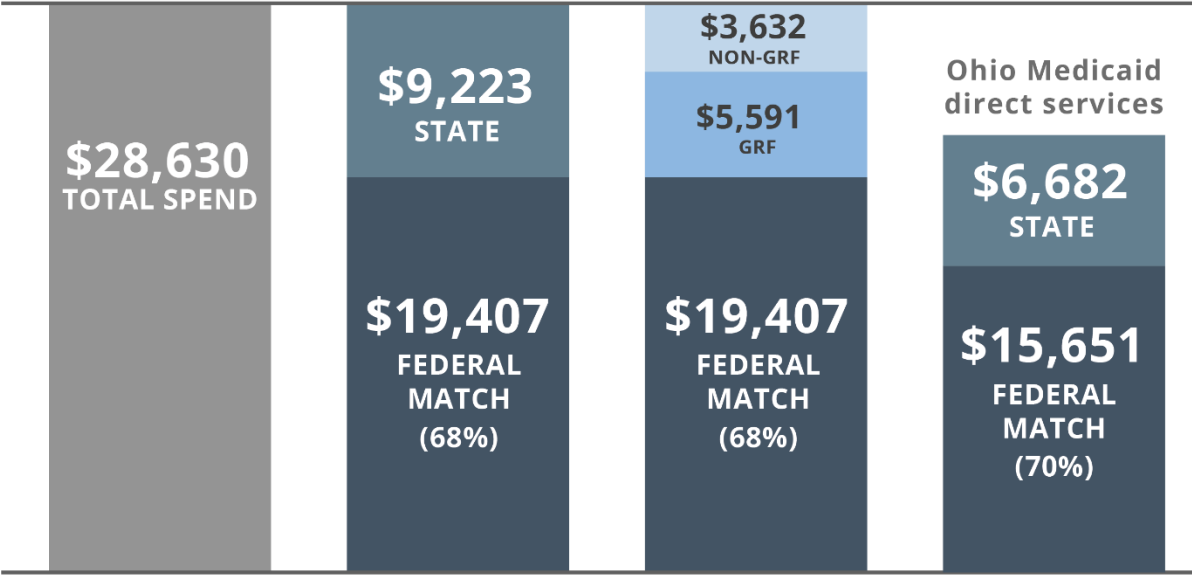 - Actuarial rate setting
- Waiver strategies

FEE FOR SERVICE	MANAGED CARE
Rates developed by agency	Rates developed by an actuary
Providers reimbursed on fee schedule	Providers contract with MCO & are reimbursed according to provider-MCO contract
Rates not required to be actuarially sound	Rates are required to be actuarially sound

State and Federal Investment

CATEGORY	FMAP 2020
CHIP	85.61%
Medicaid	63%
Group 8 Expansion	90%
Admin	50%
Other	Varies

Ohio Medicaid Funding Sources 2020
in millions

$28,630 TOTAL SPEND

$9,223 STATE

$19,407 FEDERAL MATCH (68%)

$3,632 NON-GRF

$5,591 GRF

$19,407 FEDERAL MATCH (68%)

Ohio Medicaid direct services
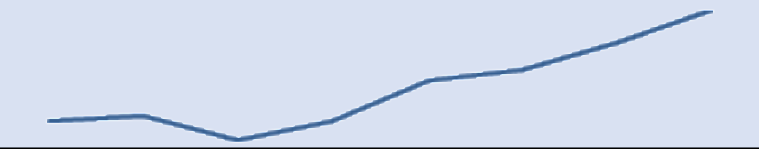
$6,682 STATE

$15,651 FEDERAL MATCH (70%)
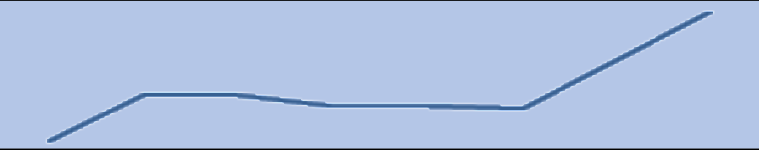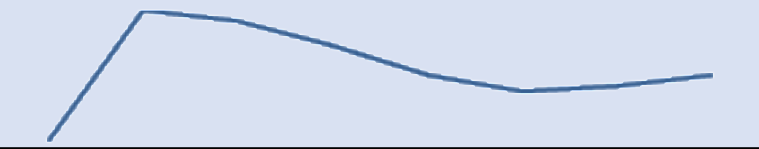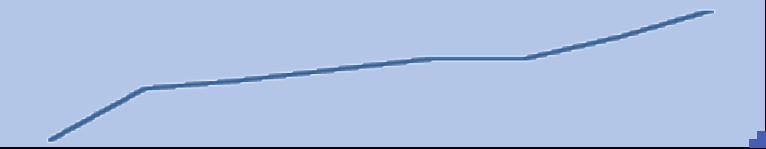
$1 state tax GRF ➡ $5.12 services

LTSS Population Spending CY2018

All Eligibility Categories		
Population	CY18 Total Medicaid Direct Services Cost	CY18 Per User Per Month
ODM NF waivers	$328,954,024	$4,798
Aging NF waivers	$621,472,567	$2,147
NF	$1,776,161,918	$5,307
ABD Only		
Population	CY18 Total Medicaid Direct Services Cost	CY18 Per User Per Month
ODM NF waivers	$241,664,351	$6,371
Aging NF waivers	$300,670,458	$4,007
NF	$494,681,139	$7,894
Dually Eligible Only		
Population	CY18 Total Medicaid Direct Services Cost	CY18 Per User Per Month
ODM NF waivers	$56,926,528	$2,462
Aging NF waivers	$311,481,610	$1,499
NF	$1,216,207,817	$4,604

Compound Annual Growth 2014-2021

Population	7 Year CAGR	Trend
CFC/MAGI	2.7%	
ABD/DUAL	3.3%	
Group VIII	34.7%	
Other	4.8%	
Overall	6.1%	

Note CY 2019 Rates: Composite Increase 2.6%, including Group 8 Expansion 8.1% Total $362.1 M GRF $33M

LTSS Rate Changes 2015-2019 (Draft)

	NF Ave Per Diem	AL Tier 1	AL Tier 2	AL Tier 3	Passport	Ohio Home Care Agency RN Base rate (35-60 minutes)	Ohio Home Care Agency Personal Care Base rate (35-60 minutes)
7/1/2015	$177.38	$49.98	$60.00	$69.98	$4.34	$45.40	$22.45
1/1/2016	$177.32	$49.98	$60.00	$69.98	$4.34	$45.40	$22.45
7/1/2016	$192.40	$49.98	$60.00	$69.98	$4.34	$45.40	$22.45
1/1/2017	$193.22	$49.98	$60.00	$69.98	$4.39	$45.40	$22.45
7/1/2017	$194.43	$49.98	$60.00	$69.98	$4.39	$47.40	$23.12
1/1/2018	$195.21	$49.98	$60.00	$69.98	$4.39	$47.40	$23.12
7/1/2018	$195.95	$49.98	$60.00	$69.98	$4.39	$47.40	$23.12
1/1/2019	$196.32	$49.98	$60.00	$69.98	$4.39	$47.40	$23.12
7/16/2019	$202.16	$49.98	$60.00	$69.98	$4.39	$47.40	$23.12
Percentage Increase	14.0%	0.0%	0.0%	0.0%	1.2%	4.4%	3.0%

Summary of ODM Strategic Priorities

- **Personalized Health Care Focused on the Individual Rather Than the Business of Managed Care**
  - » Via the managed care procurement, change the way ODM does business internally and externally
  - » Increased attention and collaboration to address non-medical factors that can affect health outcomes (SDOH)
  - » Continue to expand value and outcome-oriented initiatives
- **Opportunity for Every Ohio Kid**
  - » Improved care coordination and outcomes for children served by multiple systems
  - » Increased access to behavioral health in schools
  - » Increased capacity for in-state treatment and support for children with complex needs
- **Recovery Ohio**
  - » Improved opportunity for treatment and recovery options
  - » Increased focus on prevention and health promotion
- **Transparency & Accountability**
  - » Maintaining discipline over our managed care vendors as we transition to the new system
  - » Using data to centralize accountability and provide transparency to our program
- **Long Term Services and Supports**
  - » Streamline waiver services to reduce burdens on individuals, families, and providers
  - » Address the needs of aging Ohioans across agencies and programs with longer-term initiatives

Pharmacy Innovation & Accountability

Increase Pharmacy Transparency

- Pass-Through Model—January 2019
- Enhanced Data Analytics—January 2019
- Eliminating Conflicts of Interest—July 2019
- Compliance Auditing of PBMs—July 2019
- Additional Disclosure Required in PBM contracts—July 2019
- Promoting Safe and Effective Use of Medications—July 2019
- Unified Preferred Drug List—January 2020

Pharmacy: Innovation, Transparency & Accountability

- ODM requirements of MCO provider agreement
  - » Transparency, accountability, protections from conflicts of interest
- Unified Preferred Drug List
- Single Pharmacy Benefit manager
  - » Establish ODM pharmacist appeals process
- Additional $100 million for high Medicaid volume pharmacies
- Establish annual drug spending growth benchmark
  - » Direct manufacturer negotiations to maximize supplemental rebates
- Prohibit specialty pharmacy steering by PBM
- Pilot program for pre-audit processing of pharmacy claims
- DAS Drug Transparency and Affordability Council
- National Governor's Association Working Group

Cost of Drugs in the Pipeline

- In May 2019, the FDA approved Zolgensma to treat Spinal Muscular Atrophy at a list price of **$2.1 million**
- Other expensive gene therapies and other pharmaceuticals are currently in the pipeline awaiting FDA approval
- All are too new to be considered "cures", but many are expected to approach the definition of "cure"

Name	Disease Frequency	Indication	Anticipated Approval	Cost / Payment Plan	Administration
Toca-511	8,000 in USA	Recurrent High-Grade Glioma	Mid/Late 2019	TBD	One-time followed by ER 5-fluorocytosine
Lisocabtagene	1-3 per 10,000	Large B-Cell Lymphoma	Mid/Late 2019	TBD	IV Infusion (one-time)
LentiGlobin (BB305)	1000 in USA	Transfusion-Dependent Beta-Thalassemia	Late 2019	TBD	IV Infusion (one-time)
Valoctocogene Roxaparvovec	1 per 12,000	Hemophilia A	Late 2019	TBD	IV Infusion (one-time)

Medicaid Managed Care Procurement Project Phases

Current Phase

**RFI #1
Feedback from
Individuals &
Providers**

**RFI #2
Feedback from
Potential
Bidders**

**RFA and
Award**

**Implementation,
Readiness & Post
Implementation**

We will work with individuals & providers in each stage.

**Gather input and
feedback from
individuals and
providers first**

**Gather input on
capacity to
address potential
changes, based on
feedback from
individuals and
providers**

**Communicate
major milestones**

**Collaborate to
ensure a smooth
implementation
and understand
experience post
implementation**

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Managed Care Procurement Update | Week of September 9, 2019

Weekly Feedback Snapshot: 488 Responses Received
As of September 15, 2019

Respondent Categories	Key Respondents
Individual: 151	• Family members and caregivers • Behavioral health service recipients • Long term care service recipients
Advocacy Group: 38	• Disability Rights Ohio • NAMI • PCSAO
Partner Agency: 7	• County services • Ohio Department of Health - Asthma Program
Provider: 174	• Behavioral health providers • Hospitals • Pharmacists • Community health centers • DME providers
Provider Association: 43	• O4A • Ohio Association of County Behavioral Health Authorities • The Ohio Council on Behavioral Health & Family Services Providers • Ohio Hospital Association • Ohio Association of Community Health Centers
Faith and Community Based Organization: 56	• Food banks • Housing provider • Faith-Based Organizations
Vendor: 14	• Healthcare IT vendors
Internal ODM & Other: 5	• ODM staff • Think tanks

Quarterly Project Activity

We Are Here

Project Activity Phase	September	October	November
RFI #1	Feedback Gathering		
	Feedback Synthesis		
RFI #2		Requirements Gathering & Development	

Overarching Feedback Themes

Treat providers as partners in Managed Care

Improve the member experience in Managed Care

Standardize key Managed Care functions

Expand and improve access to services

Support service and payment innovation

Weekly Feedback Themes & Representative Comments

Key Respondents: Ohio Association of Area Agencies on Aging (O4A), Kincaid's Kindred Spirits Adult Sickle Cell Support Group, Enduring Minds, Health Policy Institute Ohio (HPIO)

Expand and improve access to services
" As for me and some others […] who are on SSD, we can't even get Ohio Medicaid because Ohio sets the income limit so low […] which leaves us with hundreds and even thousands in copays and medical debt."

Support service and payment innovation
"The State of Ohio and Medicaid managed care plans could support behavioral health workforce development by […] developing behavioral health workforce pipeline programs, including student loan repayment programs and outreach to increase the diversity and cultural competence of the addiction treatment workforce."

Meetings with Organizations & Associations

Advocates for Ohio's Future | O4A | Ohio Alliance of Recovery Providers (OARP)
Ohio Hospital Association (OHA)
Ohio Job and Family Services Directors' Association (OJFSDA)
Ohio Children's Hospital Association (OCHA)

How Can You Help?

There are various ways you can provide input – and encourage individuals to share their experiences with us

EMAIL

Emails may be sent to the Procurement Mailbox at MCProcurement@medicaid.ohio.gov

LISTENING SESSIONS

We are conducting small group discussions across the state with individuals who receive services from Medicaid managed care

MAIL

Responses and feedback can be sent via physical mail to the address on our website

MEETINGS

We are meeting with representatives from advocacy organizations, provider associations and other interested groups

ONLINE

A fillable PDF form is available at medicaid.ohio.gov/procurement

Opportunity for Every Ohio Kid

Behavioral Health/Support Schools
**Multi-System Youth and Custody Relinquishment**
Reforming Ohio's Child Protection System

Children Under 5 Enrollment by County February 2019

© OpenStreetMap contributors

Investing in Kids

- Healthy Moms and Babies

- Behavioral Health in Schools via Telehealth

- Support for Child Protection Transformation

- Multi-System Youth Custody Relinquishment Fund through Ohio Family and Children First Council (FCFC) and in partnership with JFS other child-serving agencies

- Wellness for Kids through Comprehensive Primary Care Lead Testing and Hazard Control
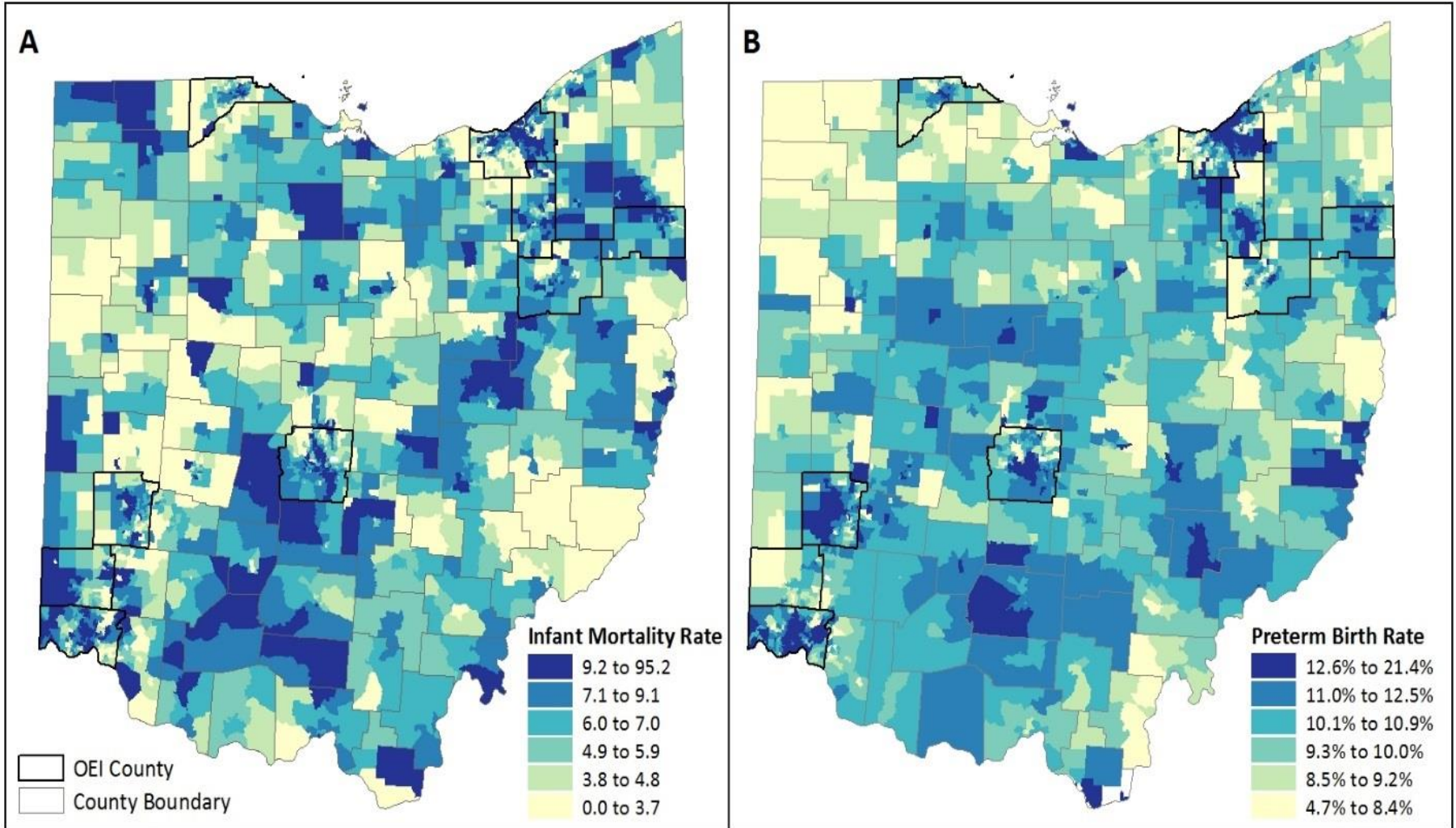
Medicaid Preterm Births Per County in Ohio

Statewide - Preterm Birth (%)
Overall Quintiles by County | CY 2012 - 2017
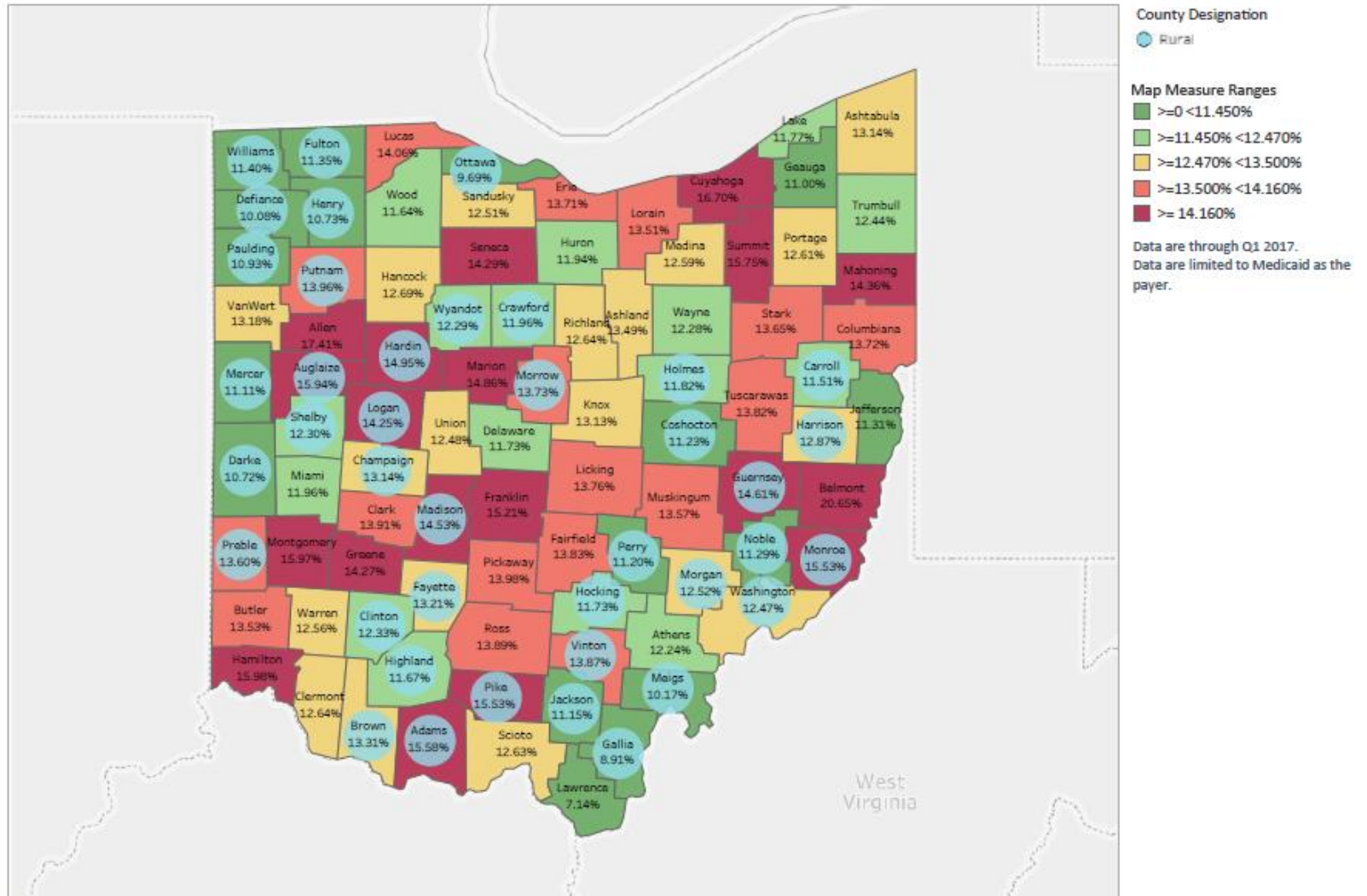
Infant Mortality Research Partnership (IMRP) Descriptive Maps

Smoothed Infant Mortality Rate

Smoothed Preterm Birth Rate

A Infant Mortality Rate
- 9.2 to 95.2
- 7.1 to 9.1
- 6.0 to 7.0
- 4.9 to 5.9
- 3.8 to 4.8
- 0.0 to 3.7

OEI County
County Boundary

B Preterm Birth Rate
- 12.6% to 21.4%
- 11.0% to 12.5%
- 10.1% to 10.9%
- 9.3% to 10.0%
- 8.5% to 9.2%
- 4.7% to 8.4%

Healthy Moms and Babies

- Creation of a new maternal and infant support program, including home visiting services

- Development of a mom and baby dyad model of care that supports mother and infant co-location when infants have neonatal abstinence syndrome and moms have opioid use disorder

- Pursuit of CMS approval for continuous 12-month Medicaid eligibility for postpartum women with substance use disorders

- Continued Medicaid and Managed Care Plan investments in community infant mortality reduction efforts focused on reducing the disparity in African American poor infant outcomes

Healthy Moms and Babies Continued

In 2018-2019, Medicaid and the Managed Care Plans funded Infant Mortality efforts through Community Based Organizations (CBOs) in the 9 Counties with the highest racial disparity in infant mortality rate

- Each county included at least one of three evidence-based models of intervention
  - Home Visiting
  - CenteringPregnancy
  - Community Health Workers

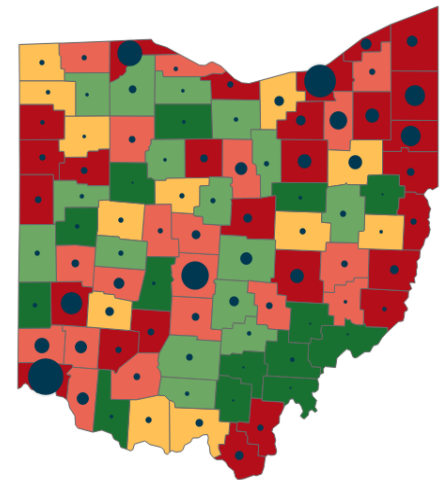A request for applications (RFA) for 2020-2021 funding was issued earlier this year
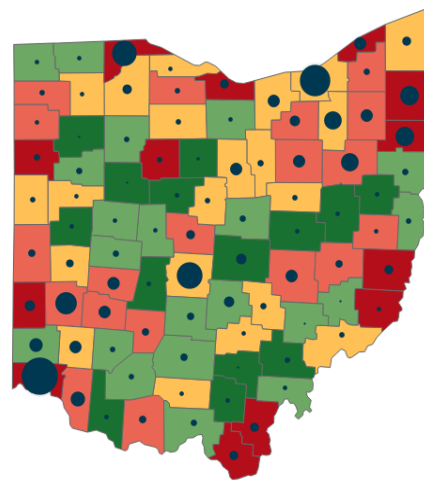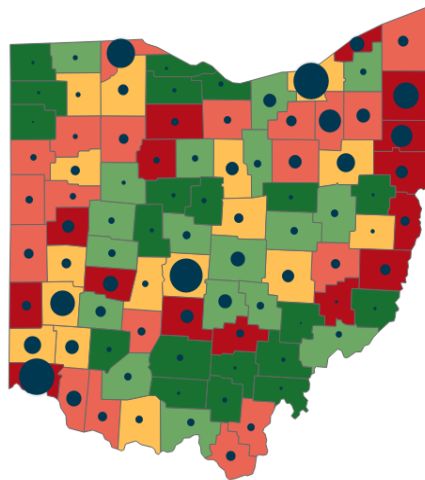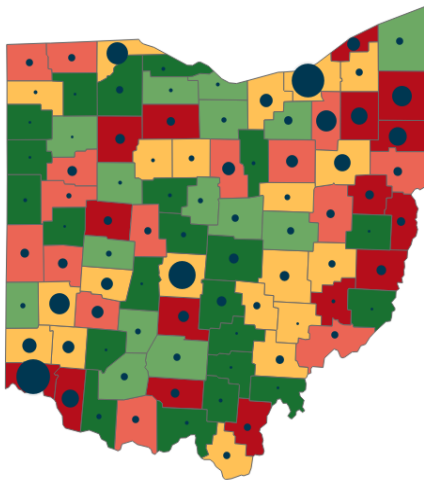
Focus on Kids in Foster Care

Foster Care/Adoption Assistance Youth Inpatient Admissions Rate by County SFYs 2015 – 2018

Quintile
■ 0 - 2.5 ■ 2.5 - 3.6 ■ 3.6 - 4.7 ■ 4.7 - 6.58 ■ >= 6.58

Focus on Multi-System Youth, Kids in Foster Care Reforming Ohio's Child Protection System

- Medicaid coverage:
  - » Many children with multi-system needs,
  - » all kids in children's services custody, and
  - » children receiving adoption assistance.
- Medicaid covers a wide variety of treatment services for kids…services that help
  - » Enable adoption
  - » prevent placement in out-of-home placements, prevent relinquishment, and
  - » ODM also covers treatment in residential settings, including in many out-of-state placements.
  - » Access to behavioral health services Medicaid is a key.
  - » Partner with ODJFS and other sister agencies as we work to implement the **Family First Prevention Services Act (FFPSA).**

Recovery Ohio

Percentage of Medicaid Recipients who received Behavioral Health Services in SFY 2018
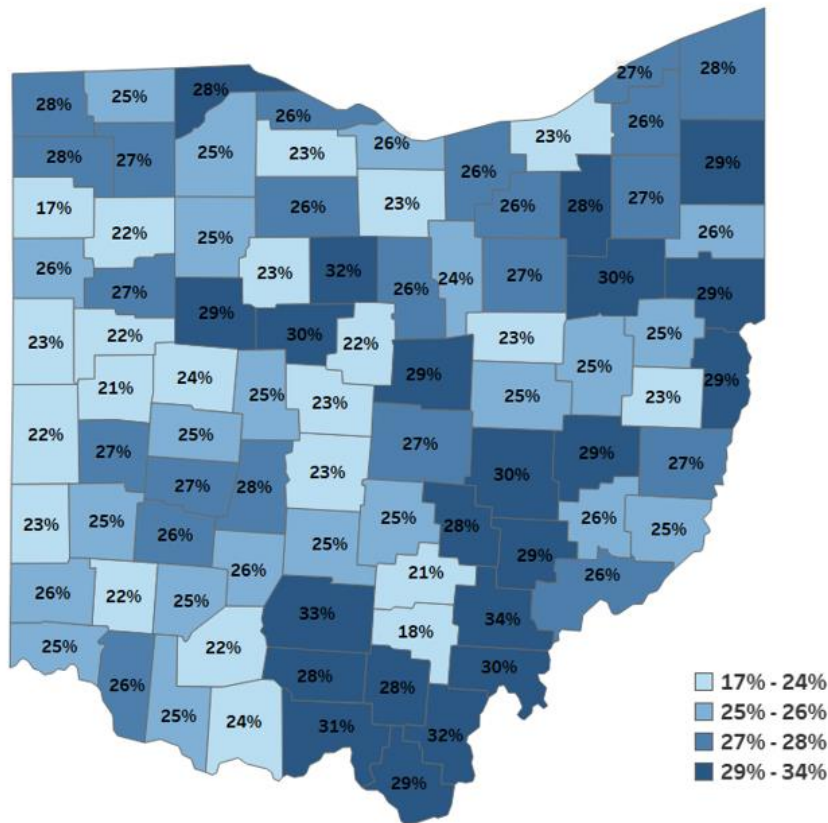
- Only 36.64% of Ohio's mental health needs are met by current treatment capacity

- Approximately 26% of Ohio Medicaid recipients receive behavioral health services

  » 23% of Medicaid children

  » 29% of Medicaid adults

Source: Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health & Human Services. Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of December 31, 2018. 2019.

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Behavioral Health Redesign Update

Immediately after taking office, the DeWine Administration identified several key priorities for individuals with behavioral health (BH) needs and their families that require collaborative policy development and planning across key state agencies. The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OMHAS), in partnership with Recovery Ohio, share a common goal to maintain and support a robust continuum of BH services and supports for individuals and families.

Stabilizing the BH System

- Systems and data work to inform areas of needed intervention
- Focus has been on addressing claims payment delays and billing/coding issues
- Achieving stability in claims payment processes with the MCPs
- Support and technical assistance to individual providers with billing changes
- Transition requirements for MCOs
- Addressing stakeholder feedback concerns regarding BH Redesign
- Other managed care policy updates
- Recoupment/Repayment of provider advance payments

Behavioral Health Managed Care Advanced Payments

- Medicaid managed care plans made advanced payments to BH service providers in July 2018.

- Total payments from all five Medicaid plans: $179 million

- Amounts recovered or repayment is in process: Estimated $110 million

- Advanced payments not yet recovered: Estimated $69 million
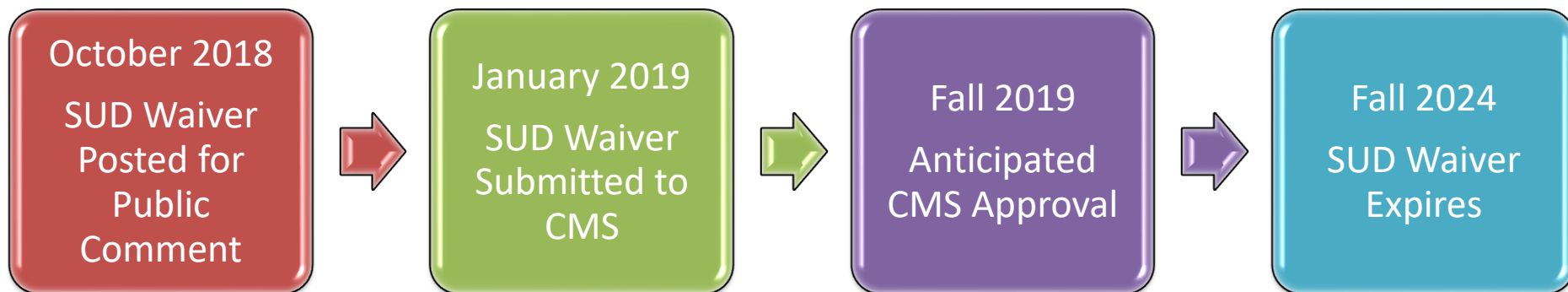
Behavioral Health Emergency Rule Filing

- **Effective August 1st, 2019**
- **Rate increases to stabilize system**
  » Crisis Services for mental health and substance use disorders
  » Group psychotherapy and group therapeutic behavioral services (TBS) for MH, and group counseling for SUD
  » Evaluation and management services and psychiatric diagnostic evaluations rendered by certain providers increased to 100 percent of the Medicaid maximum rate
- **New billing codes to enhance integration of physical and behavioral health care**
  » Smoking cessation counseling
  » Pregnancy testing
- **Increased flexibility for providers**
  » Allow nurses to render nursing regimens without requiring a physician order, consistent with nursing scope of practice
  » Allow licensed mental health practitioners to render Therapeutic Behavioral Services (TBS)

Turn the Page

1115 Substance Use Disorder Services Waiver

- Continued federal financial participation for SUD services

- Significant enhancements to Medicaid's care coordination services for individuals with SUDs

- Improve clinical consistency while measuring service outcomes and performance

- Work to improve care for pregnant women with opioid use disorder and their infants

October 2018 SUD Waiver Posted for Public Comment	→	January 2019 SUD Waiver Submitted to CMS	→	Fall 2019 Anticipated CMS Approval	→	Fall 2024 SUD Waiver Expires

Additional Behavioral Health Initiatives

- Revised background check rule that aligns with OhioMHAS and professional licensing boards
- Behavioral Health Care Coordination
  - » Ohio Medicaid and OhioMHAS are committed to a behavioral health provider model of care coordination for adults and kids
  - » Goal: individualize care for the people who need it - there is not a "one size fits all" approach across and within populations
  - » Looking at critical needs for:
    - Adults with serious and persistent mental illness
    - Adults and adolescents with substance use disorders
    - Multi-system youth and children with serious emotional disturbances
- Applied Behavioral Analysis (ABA) Service for Autism Spectrum Disorders

Transparency and Program Performance

Enrollment and Caseloads
Managed Care Program Performance
**Community Engagement and Work Requirements**

Enrollment and Caseloads

Enrollment Snapshot

State Fiscal Year 2020 Monthly Average

Population	Number of Ohioans
Total Individuals	2.8m
Kids *(including over half of Ohio births)*	1.2m
Kids In Custody and Adoption	~38,000
Veterans *(10% Ohio Vet population)*	70-80,000
Expansion Group 8	600,460
Seniors	
Home/Community Services	24,070
Nursing Facilities	36,023
Individuals with intellectual or developmental disabilities	
Home/Community Services	41,066
ICF/IDD Facilities	5,083
County Board Case Management	13,147

# Medicaid Caseload Trends and Ohio Unemployment Rate
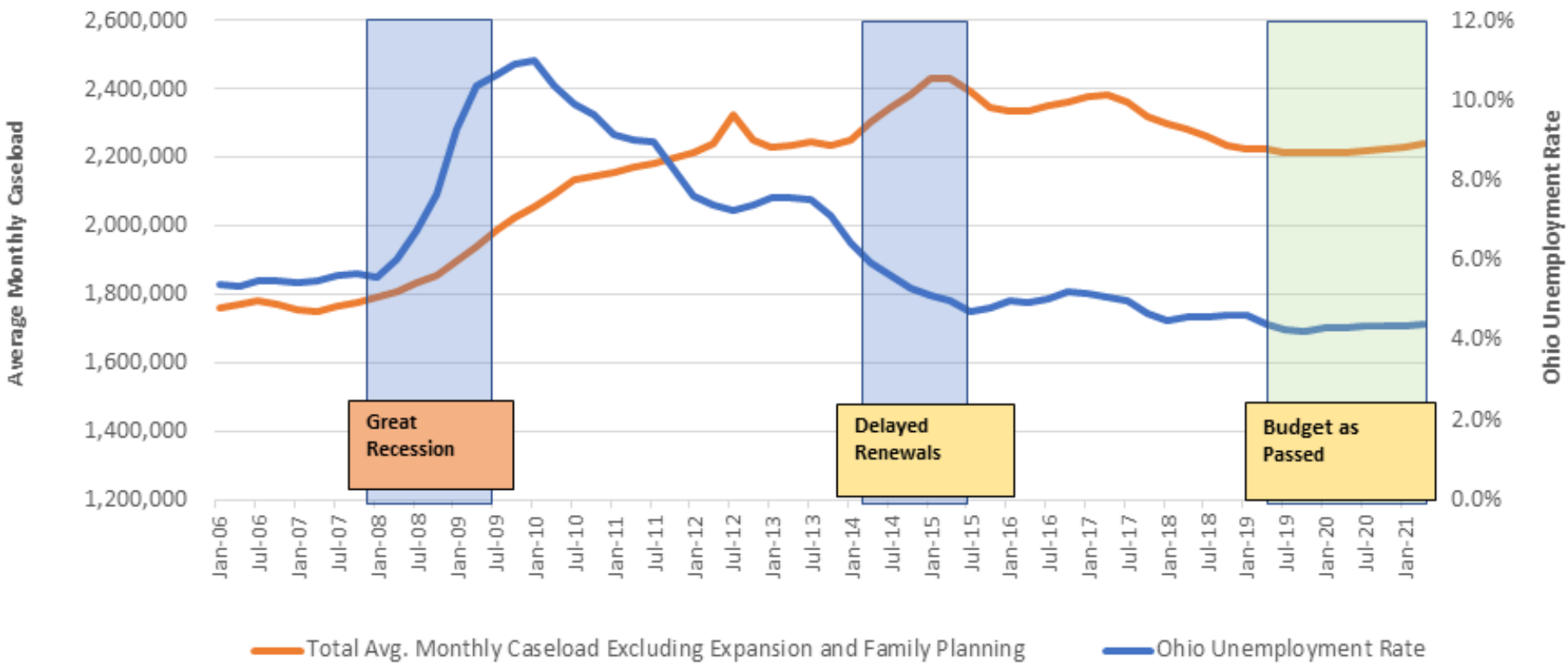
August Variance Report

- Overall Caseload tracking very closely with projections **(0.15% over estimate)**

- CFC Enrollment above projections by just 10 enrollees *(0.00%)*

- Expansion enrollment over projection by 5,820 enrollees (*less than 1%*)

- ABD/MBIWD/Dual enrollment over projection by 983 enrollees *(0.2%)*

Caseload Trends by Population July 2016-July 2019

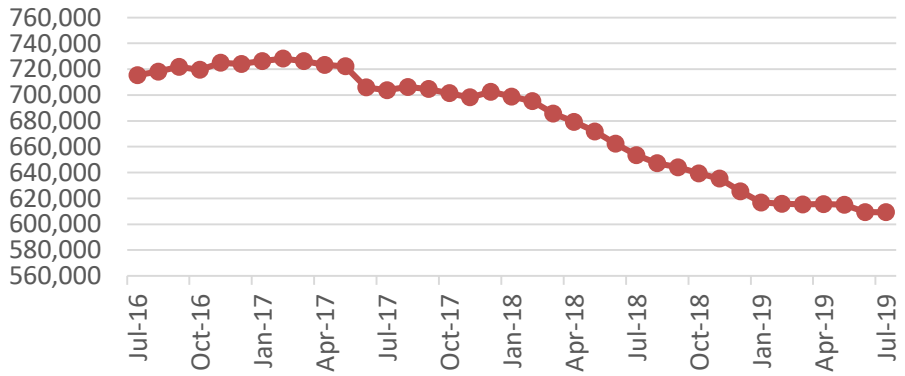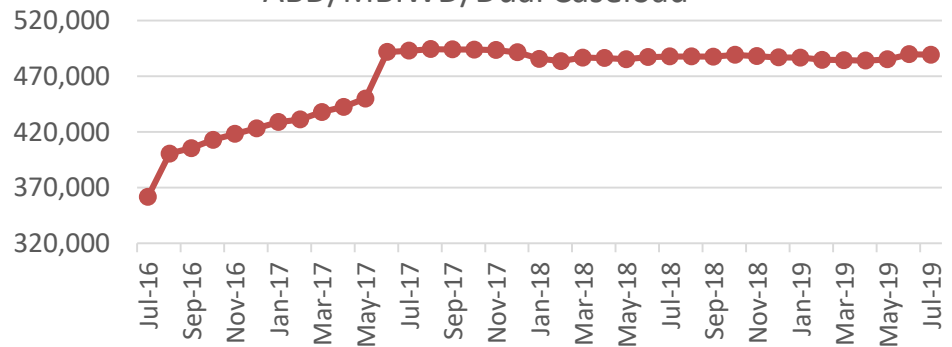Total Medicaid Caseload
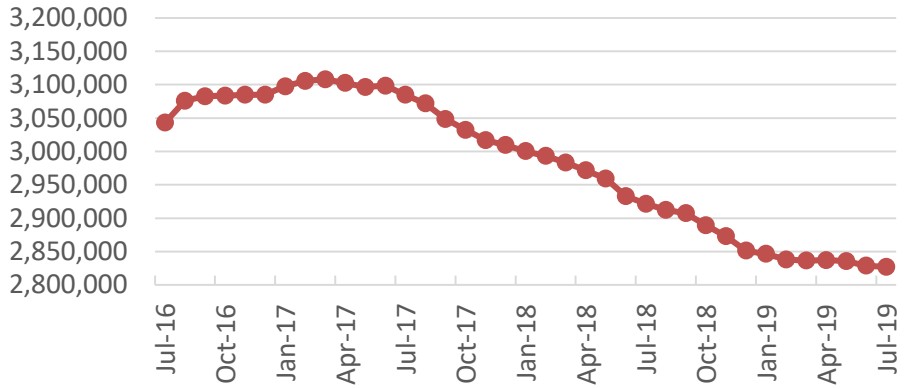
Covered Families and Children (CFC) Caseload
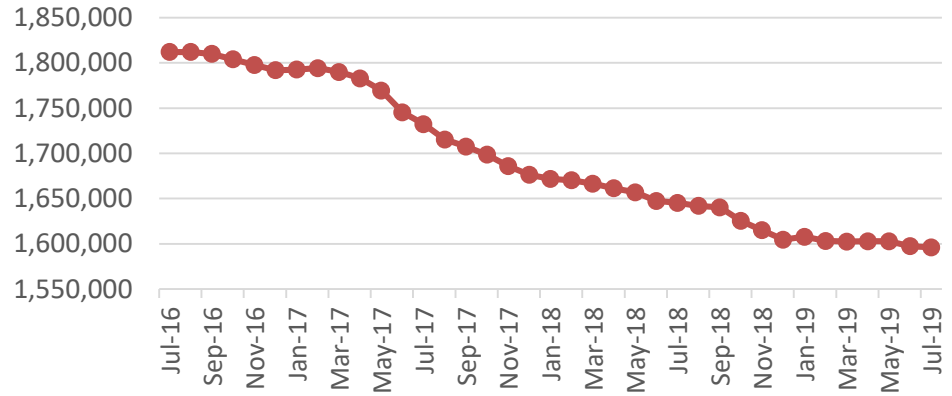
Group VIII Caseload

ABD/MBIWD/Dual Caseload

Caseload Trends

Economic Factors

- High income sensitivity for MAGI/Group VIII populations
  - Group 8 characteristics *(2014, 2016)*
- Mirrors other state programs (ie: TANF, SNAP)

System Factors

- Correlation of parent and child insurance coverage
- Loss of federal funding for navigators
- Delayed renewals during Ohio Benefits development
- System limitations for annual renewal process
- ODM is developing a corrective action plan to submit to CMS to address the backlog.

County Collaboration and Engagement

ODM has realigned internal teams to be more focused on addressing the needs of the counties and the people they serve:

- Centralized Ohio Benefits system management and providing integrated leadership with the claims payment system.

- Created a unit focused on county engagement and ways to address the unique policy and operational needs of the counties.

- Prioritizing reports needed by the counties for daily workflow management.

- Bringing in county experts to serve as key advisors to leadership on county issues.

- ODM is doubling the number of full-time staff in the Central Processing Unit to provide support and relief to counties who need the greatest assistance.

Backlog Progress to Date

Reductions since January:

- 50% fewer delayed overall

- 65% fewer delayed between 45-180 days

- 80% fewer delayed by more than 180 days

Legend: Pending <45 Days · Pending 45 to 180 Days · Pending >180 Days · Total Pending
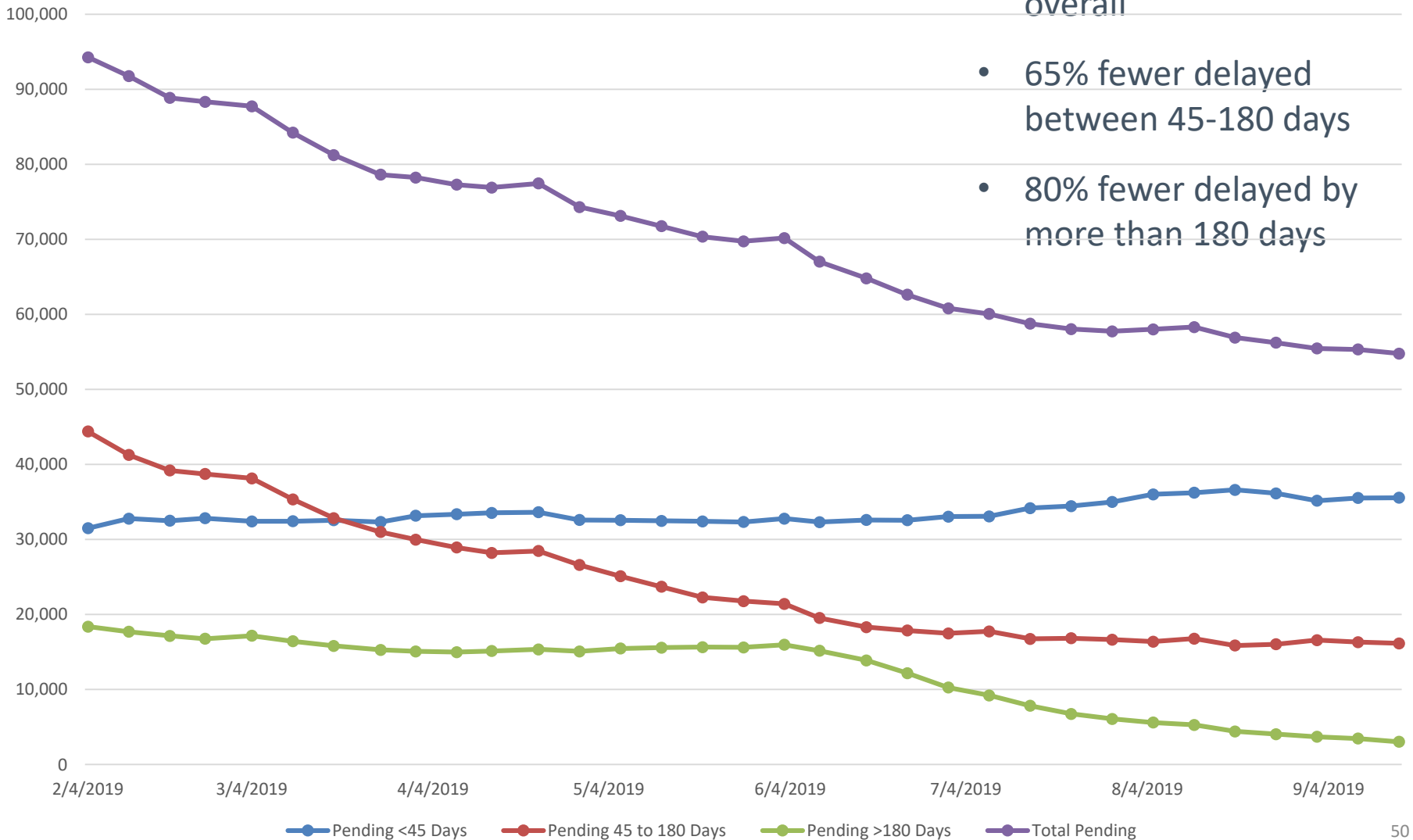
Program Integrity: Enrollment/Eligibility

- E & E system -Ohio Benefits (2014)
- System review to assess impacts:
  - » Application backlog
  - » Redetermination backlog
  - » Eligibility error rate
    - Eligibility verification documentation missing
    - Late redeterminations due to incorrect redetermination date
    - Incorrect eligibility category/program e.g. CHIP vs. Medicaid
- Immediate steps: Keep E & E operational while system enhancements are developed and implemented- 3-4 yrs.
  - » Environmental scan of present state
  - » Identify high value system changes
  - » Determine long term plan

Managed Care Program Performance

Managed Care Dashboards on ODM's Website
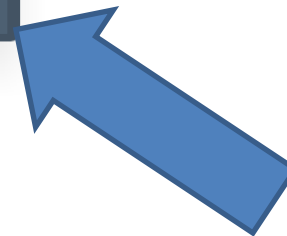
Managed Care Dashboards

From 2019 Q1 Medicaid Managed Care Provider

Prompt Pay:
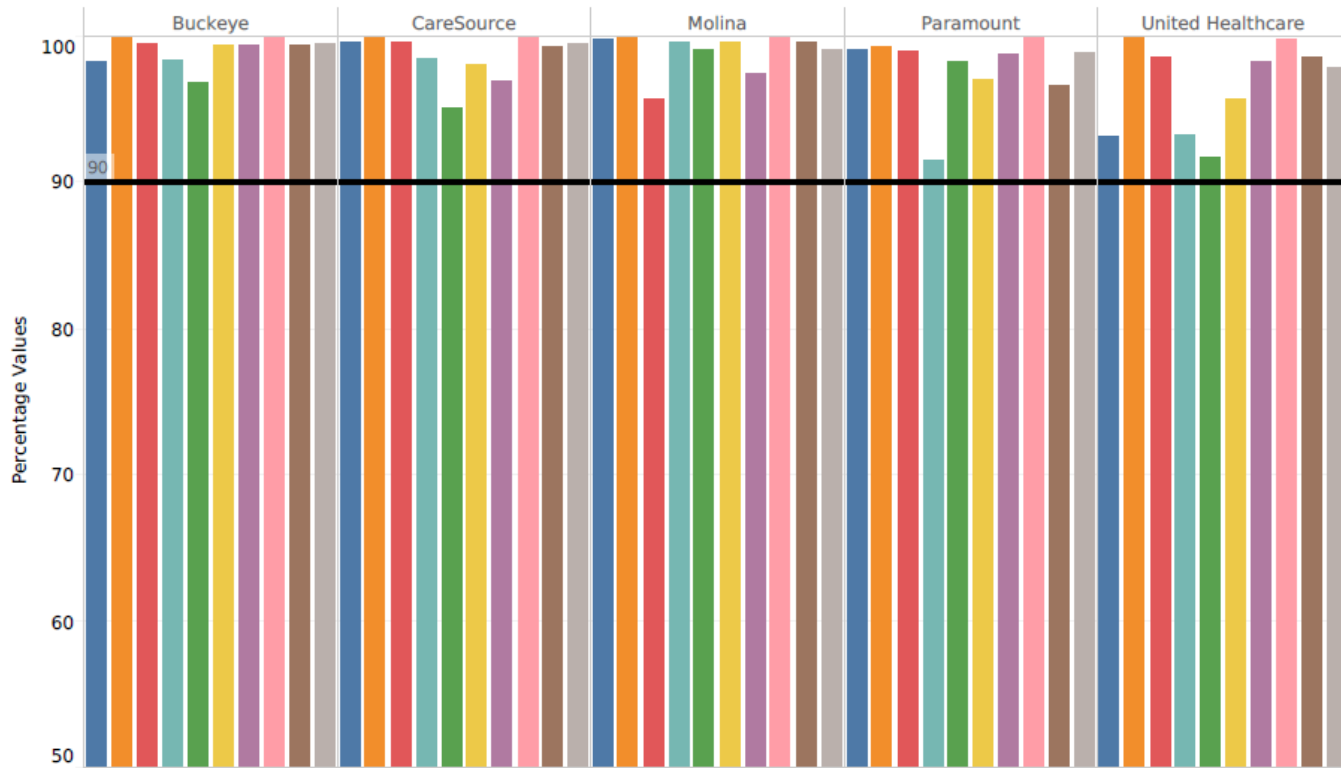**% Clean Claims Paid or Denied Within 30 Days**

For the categories of service listed, plans must pay 90% of all submitted clean claims within 30 days of date of receipt: Nursing Facility, Pharmacy—Retail, Behavioral Health, and All Services Excluding Nursing Facility and Pharmacy

Category of Service

- Behavioral Health
- Dental
- Emergency Services
- Inpatient Hospital
- Nursing Facility
- Other Medical Services
- Outpatient Facility Services
- Pharmacy — Retail
- Physician/Professional Services
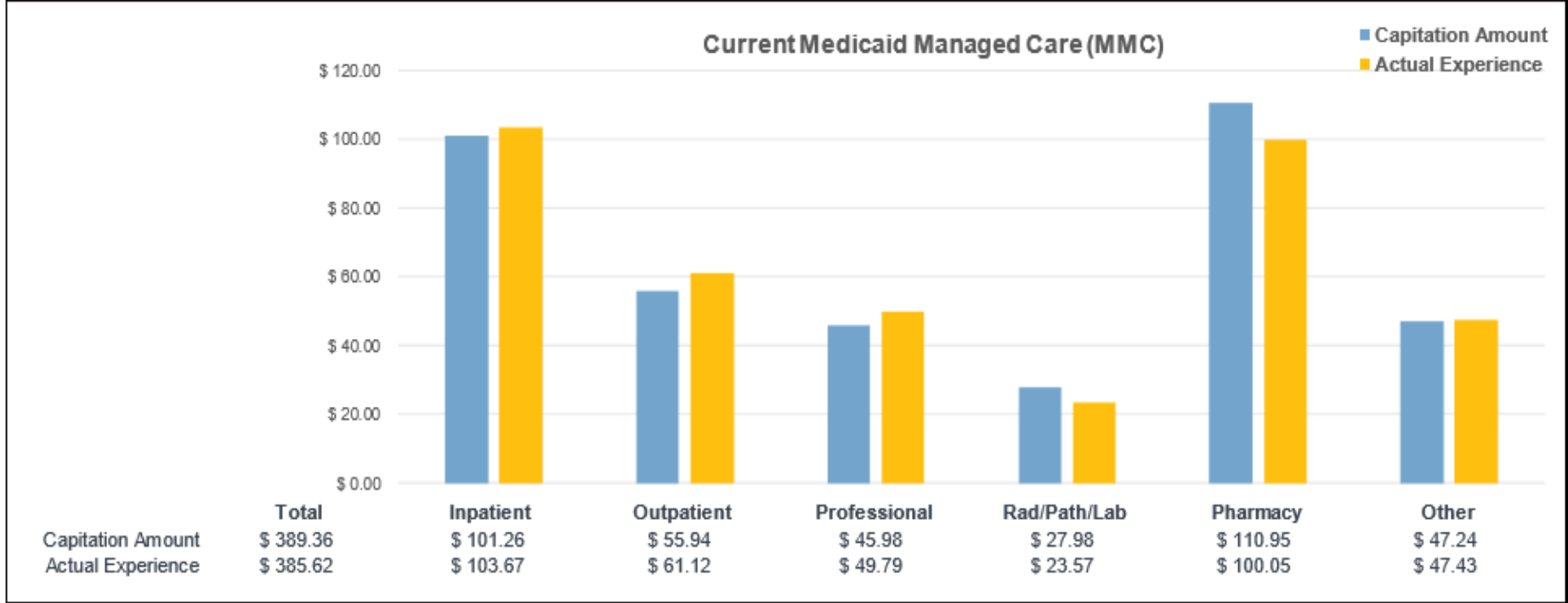- Rad/Path/Lab Services

Managed Care Financial Dashboard

Ohio Department of Medicaid
Managed Care Financial Dashboard — Cost Reports through March 31, 2019

Composite PMPM by Category of Service (COS): Claims Incurred During CY 2018, Paid Through March 2019

Current Medicaid Managed Care (MMC)

	Total	Inpatient	Outpatient	Professional	Rad/Path/Lab	Pharmacy	Other
Capitation Amount	$ 389.36	$ 101.26	$ 55.94	$ 45.98	$ 27.98	$ 110.95	$ 47.24
Actual Experience	$ 385.62	$ 103.67	$ 61.12	$ 49.79	$ 23.57	$ 100.05	$ 47.43

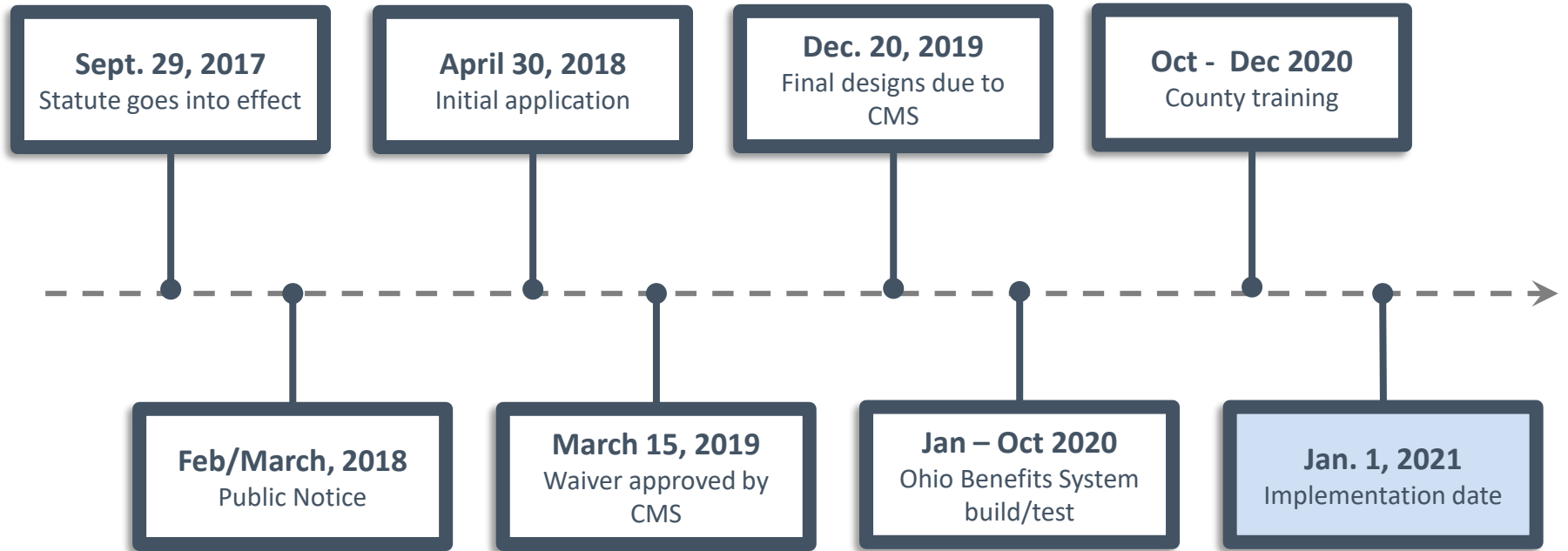# Community Engagement and Work Requirements

Work Requirement for Medicaid

- Approved by CMS in March 2019

- Connect individuals with appropriate job training programs to prepare them for one of many in-demand careers in Ohio

  » **INNOVATE OHIO**

- Create safeguards to prevent loss of coverage for those who are complying with the requirements

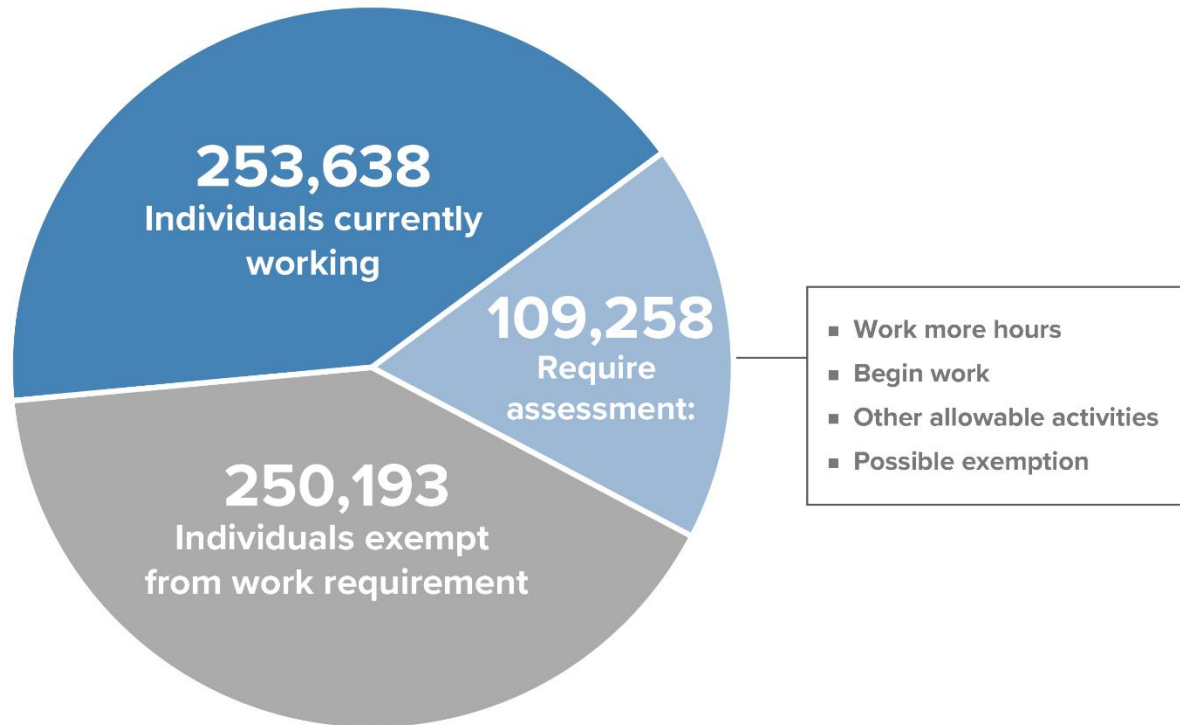- Establishing a warm handoff to enable job coaching and engagement to secure a job

Exemptions

➢ 50 years of age or older
➢ Physically or mentally unfit for employment
➢ Parent/Caretaker Relative
➢ Pregnant woman
➢ Applied for or receiving unemployment compensation
➢ In school $\geq$ half-time
➢ Participating in SUD treatment
➢ Applicant/ recipient SSI or SSDI

Waiver Implementation Timeline

Sept. 29, 2017
Statute goes into effect

April 30, 2018
Initial application

Dec. 20, 2019
Final designs due to CMS

Oct - Dec 2020
County training

Feb/March, 2018
Public Notice

March 15, 2019
Waiver approved by CMS

Jan – Oct 2020
Ohio Benefits System build/test

Jan. 1, 2021
Implementation date

Ohio Medicaid Expansion Work Requirements
Estimated impact based on February 2019 data

253,638
Individuals currently working

109,258
Require assessment:
- Work more hours
- Begin work
- Other allowable activities
- Possible exemption

250,193
Individuals exempt from work requirement
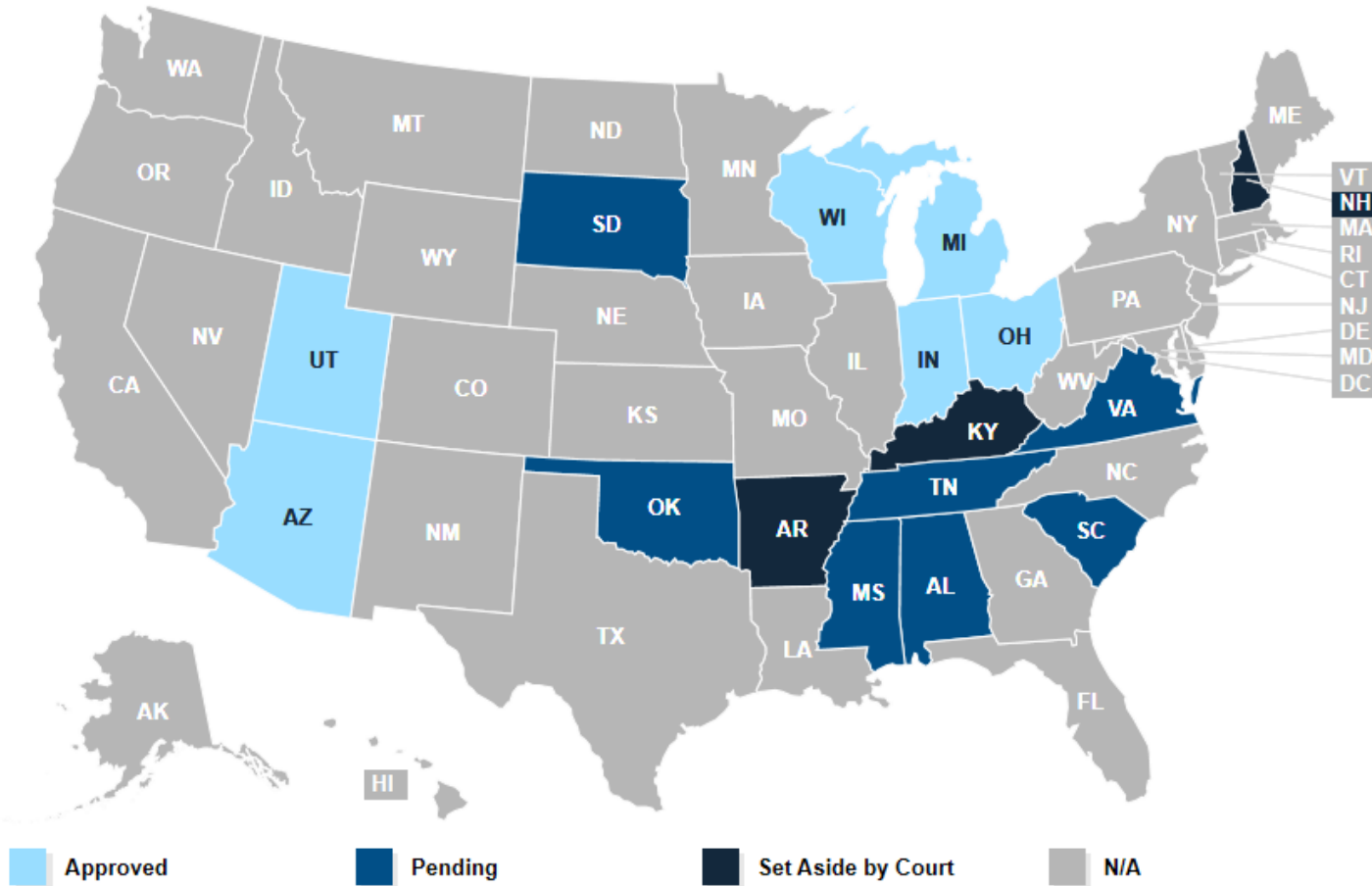
Source: Ohio Benefits for eligibility, income and demographics (February 2019 extract), Medicaid Information Technology System claims data for chronic conditions, and Ohio Department of Job and Family Services for SNAP/ABAWD exclusions.

Section 1115 Medicaid Waivers
Approved and Pending as of August 21, 2019

Legend: Approved · Pending · Set Aside by Court · N/A

Source: Kaiser Family Foundation, State Health Facts, *Approved Section 1115 Medicaid Waivers* and *Pending Section 1115 Medicaid Waivers*, August 21, 2019.

Summary of ODM Strategic Priorities

- **Personalized Health Care Focused on the Individual Rather Than the Business of Managed Care**
  » Via the managed care procurement, change the way ODM does business internally and externally
  » Increased attention and collaboration to address non-medical factors that can affect health outcomes (SDOH)
  » Continue to expand value and outcome-oriented initiatives

- **Opportunity for Every Ohio Kid**
  » Improved care coordination and outcomes for children served by multiple systems
  » Increased access to behavioral health in schools
  » Increased capacity for in-state treatment and support for children with complex needs

- **Recovery Ohio**
  » Improved opportunity for treatment and recovery options
  » Increased focus on prevention and health promotion

- **Transparency & Accountability**
  » Maintaining discipline over our managed care vendors as we transition to the new system
  » Using data to centralize accountability and provide transparency to our program

- **Long Term Services and Supports**
  » Streamline waiver services to reduce burdens on individuals, families, and providers
  » Address the needs of aging Ohioans across agencies and programs with longer-term initiatives

Ohio Medicaid Information and Resources

- White Papers
  - » Unified Preferred Drug List
  - » Caseloads Update

- Behavioral Health Rates Emergency Rule Filing

- CMS State Waivers List

- Medicaid Managed Care Dashboards