Ohio | Department of Medicaid

Joint Medicaid Oversight Committee

ODM Presentation: Medicaid Fundamentals and Key Initiatives

February 17, 2022

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Outline

- Milestones in Ohio Medicaid History
- Medicaid Financing & Economic Considerations
- Current Priorities and Initiatives
  - Next Generation of Managed Care
- Innovation & Demonstration Programs
- Maternal & Infant Support Programs
- Long Term Services & Supports
- Unwinding Federal Public Health Emergency
- A Few Trends Worth Noting
- Additional Resources

Ohio Medicaid Milestones from 2016 - 2019

August 2016: Ohio switched from 209b to SSI standards of eligibility (1634 State). At this time, the Specialized Recovery Services (SRS) program for individuals with SPMI was initiated, and later expanded to include certain chronic conditions.

January 2017: Processing, scanning and loading of Medicaid mail notices assumed by state, freeing up county resources

2017 Managed care expanded to include Adoption Assistance and Kids in Child Protection

January 2018: Behavioral health redesign is implemented

July 2018: Behavioral health services carved into managed care

January 2019: Spread pricing is prohibited in favor of pass-through pricing in Medicaid managed care

February 2019: CMS notifies Medicaid it needs to submit a corrective action plan to reduce the backlog of pending Medicaid applications

Ohio Medicaid Milestones from 2016 – 2019 (continued)

February 2019: Work begins on the Next Generation MCO program

May 2019: Work Requirement and Community Engagement Demonstration Waiver approved

June 2019: H.B. 166 Budget Adopted

July 2019: Reimbursable telehealth services expanded

August 2019: Behavioral health stabilization emergency rules adopted

September 2019: 1115 SUD Waiver approved

September 2019: *"Medicaid 101" presentation to JMOC*

Late 2019: Payment Error Rate Measurement (PERM) results identify significant problems, esp. with accuracy of eligibility determinations.

October 2019: Centralized credentialing/PNM contract award announced

January 2020: UPDL initiated

January 2020: CPC for Kids launched

Ohio Medicaid Milestones from 2016 – 2019 (continued)

Jan. 31, 2020 1st Federal PHE announced for COVID

March 2020: Emergency Medicaid measures adopted to combat COVID-19

April 2020: CARES Act passes impacting Medicaid E-FMAP & MOE

June 2020: CRF dollars awarded for provider relief

December 2020: Fiscal Intermediary contract award announced

January 2021: SPBM contract award announced

April 2021: PPAC contract award announced

April 2021: Next Generation Managed Care Plans announced

June 2021: H.B. 110 Budget Adopted

July 2021: NF Rebasing Completed

August 2021: Approval for Work Reqt. & Community Engagement Waiver rescinded by CMS. Development of temporary program continues.

August 2021: OB improvements; ex-parte improvements go-live

December 2021: H.B. 169 adopted, includes provider relief

January 2022: Infant mortality policies related to lactation consulting and group pregnancy counseling become effective

Medicaid Financing & Economic Considerations

Major Eligibility Categories

- Current total enrollment: 3.34 million individuals
  - Feb. 2020 2.78 million individuals
- Income eligibility varies by category
- Most recent eligibility changes:
  - Jan. 1, 2014 MAGI eligibility
  - Aug. 2016 with conversion to 1634 state, Specialized Recovery Services (SRS) program for individuals with SPMI was initiated, and later expanded to include individuals with certain chronic conditions and individuals on a solid organ or soft tissue transplant list
  - *SUD waiver added 12 mo. post partum*
  - 12 month postpartum coverage for pregnant women (inc. in HB 110)
- Medicare Premium Assistance Program (MPAP)

Eligibility Group	Federal Poverty Level	Monthly Income (Household Size 1)
Parent/Caretaker Relative	90%	$966
MAGI Adult	133%	$1,428
Pregnant Women	200%	$2,147
Children (CFC)	206%	$2,212
Aged Blind Disabled (ABD)	74%* (approx.)	$841

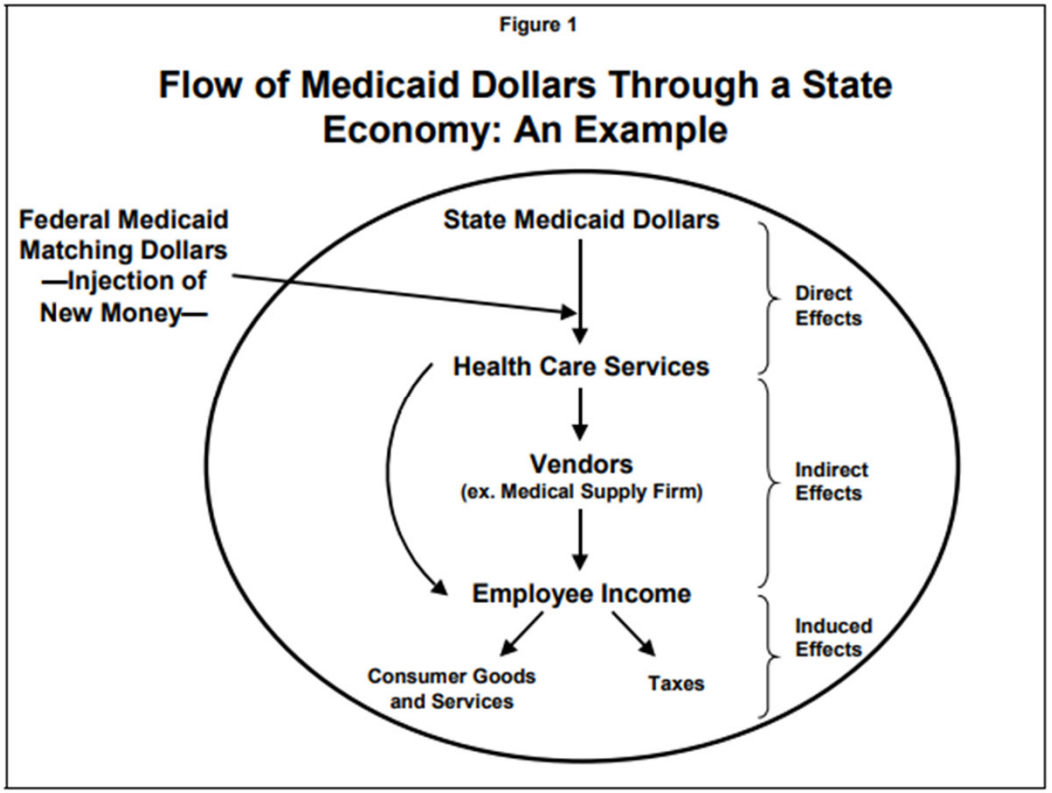
***When determining eligibility for ABD categories, actual dollar amount—not FPL percentage—is used.**

Varying Federal Funding Levels

- Federal Funding varies based on eligibility population
- PHE: enhanced FMAP
  - E-FMAP: Additional 6.2% for ea. quarter of the PHE
  - HCBS: Ap.1, 2021 – March 30, 2022 Additional 10%
- Major information system design and build costs are funded at 90% federal; M&O is 75% (examples: SPBM, fiscal intermediary)
- Movement of an individual from one group to another may see no change in benefits, but federal FMAP is different

CATEGORY	Pre-PHE Feb. 2020	Current FMAP (Feb. 2022)
Medicaid	**63.02%**	**70.3%**
CHIP	**74.11%** *(86.61% minus 13.5% ACA add-on)*	**79.21%**
Medicaid HCBS	**63.02%**	**70.31% w/ addl. 10%HCBS add-on**
Group VIII	**90%**	**90%**
Admin	**50%**	**50%**
Other	**Varies**	**Varies**

Medicaid as an Economic Tool



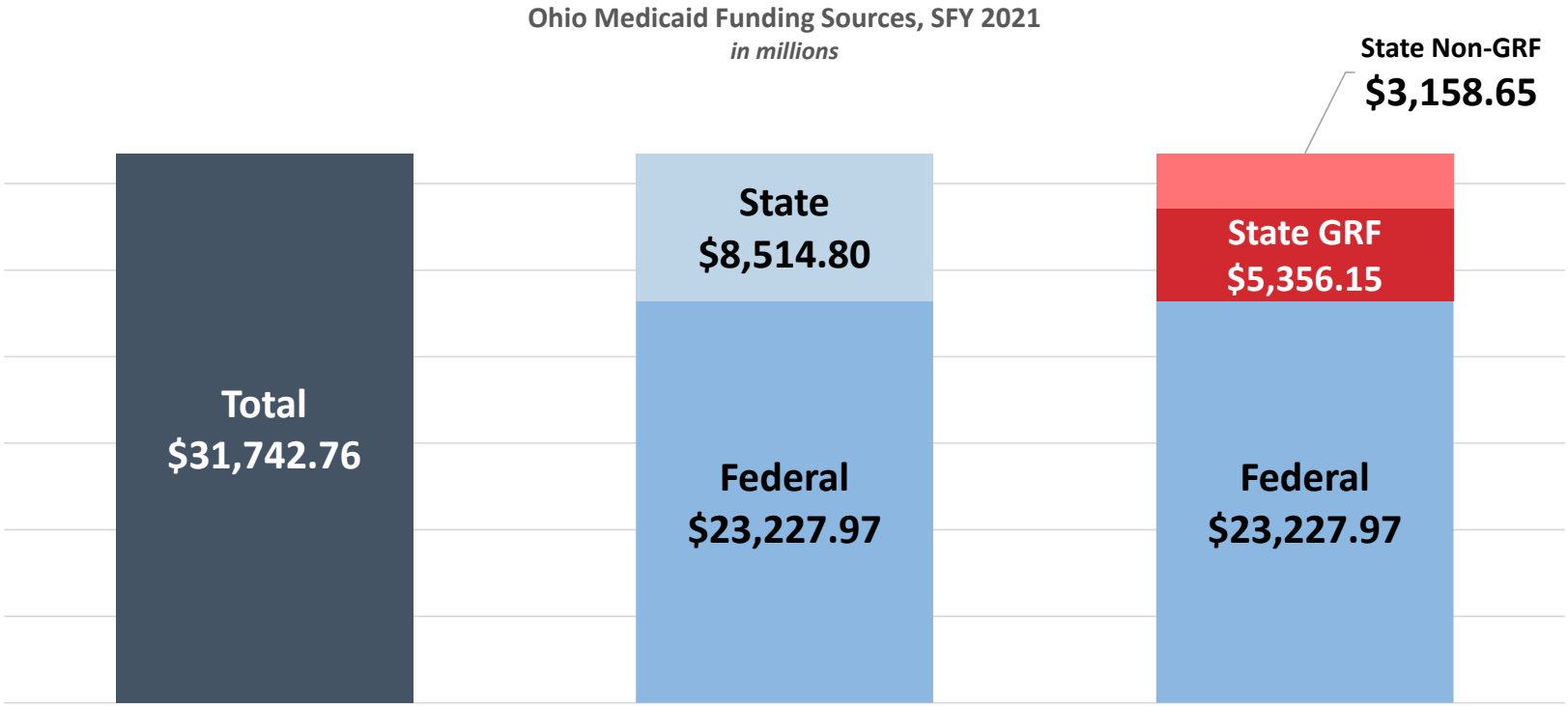
- Federal policy-used as economic stimulus for states
  - 2008-2010 recession: increase in FMAP of 6.2% for 2 ½ years
- Very large (?largest) federal grant funds to states
- Used as federal policy for incentive re: health care policy
  - HCBS additional 10%
  - EPSDT kids health
- Economic benefit for individuals receiving services; medical debt, ability to work/participate in school
- Economic benefit for providers; reduced uncompensated care, ability to provide needed care

Key Financing Levers

- Eligibility categories with various federal matching rates
- 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, and risk adjustment/risk corridor
- HCBS waiver strategies, alternative to institutional care
- Financial
  - Franchise fees or public funds used for state match

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 provider agreement**
Rates not required to be actuarially sound, but must assure "access"	**Rates are required to be actuarially sound**

Financing Ohio Medicaid



$1 State GRF → $5.93 Medicaid

Current Priorities & Initiatives

ODM Strategic Priorities

As outlined on September 19th, 2019:

- **Personalized Health Care Focused on the Individual Rather Than the Business of Managed Care**

  Next Generation of Medicaid Managed Care

- **Opportunity for Every Ohio Kid**

  CPC for Kids, OhioRISE, MSY Custody Relinquishment Fund, Lead Poisoning and Hazard Control, Switzerland Schools Telehealth Pilot, Infant Mortality Efforts

- **Recovery Ohio**

  Behavioral Health System Stabilization, Telehealth Expansion, 1115 SUD Waiver, MAT/OUD response.

- **Transparency & Accountability**

  Next Generation Medicaid Managed Care, S-PBM/UPDL, Strengthening MCO Contracts

- **Long Term Services and Supports**

  Evaluating MyCare, Implementing Rate Increases, EVV Stakeholder Working Group, COVID-19 Flexibilities to Maintain Access, Provider Relief Payments, Enhancing Self Direction, ARPA Funding

ODM Current Projects

- Implementing Budget HB 110 Provisions
  1. HCBS Rate Increases *(completed)*
  2. Securing Third-Party Vendor for Unwinding PHE *(procured)*
  3. Pharmacy Supplemental Dispensing Fee Pre-Print *(recently approved by CMS)*
  4. Value-Based Purchasing SPA *(submitted to CMS on time. Approval pending)*
  5. Voluntary Work Program *(website launched)*
  6. Medicaid Cost Assurance Pilot Program *(RFI in development)*
- Unwinding Preparation Continues
- Ongoing work on Governor's strategic priorities
- Next Generation of Medicaid Managed Care
  - Listening Session 2.0 being completed. OhioRISE Aetna listening sessions begin this week.
  - MCE Readiness Review underway
- Response to COVID & PHE, inc. vax effort of MCOs for NFs, home bound, etc. (Ongoing)
- ARPA HCBS Enhanced FMAP Plan (ongoing) & other HB 169 Provider Relief Payments

Next Generation of Managed Care

Ohio's Medicaid Managed Care Program

"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.

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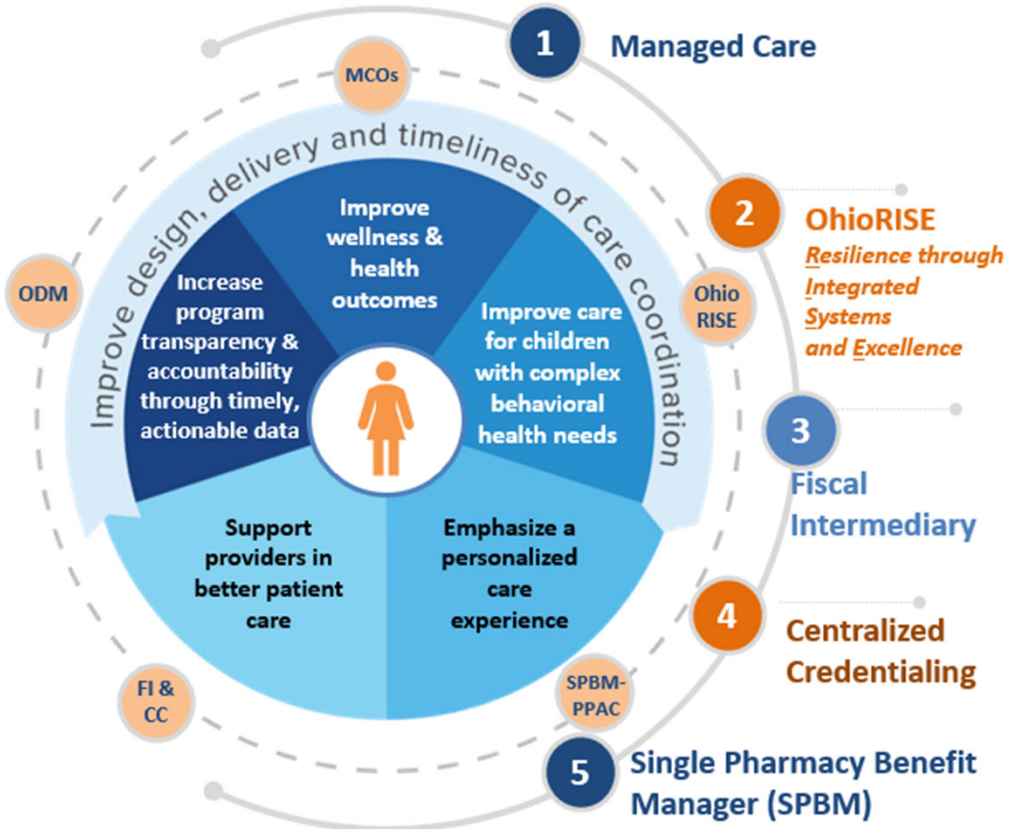


DNA of the Next Generation Ohio Medicaid Managed Care Program

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

Managed Care Procurement

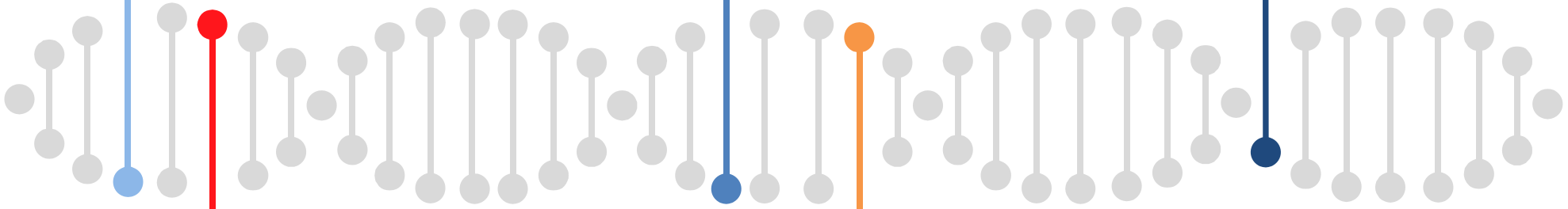
The MCO Procurement is the foundational element off which all other strategic initiatives are based. Requirements within the MCO Provider Agreement assume the existence of OhioRISE, SPBM, PNM, Centralized Credentialing and Fiscal Intermediary – and vice versa.

Fiscal Intermediary

Requirements for the Medicaid and OhioRISE MCOs to coordinate with and process all claims through the FI are weaved into the MCO Provider Agreement to enable ODM in having increased oversight over MCOs.

SPBM

Requirements of the SPBM MCO are intertwined with the Ohio Medicaid and OhioRISE MCOs providing greater ability to monitor quality, transparency and accountability in the pharmacy program.



OhioRISE

Requirements in the OhioRISE MCO Provider Agreement are intertwined with the Ohio Medicaid MCOs to ensure seamless care coordination and delivery.

PNM / Centralized Credentialing

Requirements for the Medicaid and OhioRISE MCOs to accept credentialing via ODM are weaved into the MCO Provider Agreement to ensure reduced administrative burden.

OhioRISE

Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multi-system needs

Specialized Managed Care Plan

Aetna Better Health of Ohio will serve as the single statewide specialized managed care plan.

Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.

Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled youth.

Prevent Custody Relinquishment

OhioRISE will utilize a new 1915c waived to target the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Enrollment

- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health service
- ✓ Require significant functional intervention, as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (BH emergency dept.)
- ✓ Intensive and Moderate Care Coordination *NEW*
- ✓ Intensive Home-Based Treatment (IHBT) *ENHANCED*
- ✓ Psychiatric Residential Treatment Facility (PRTF) *NEW*
- ✓ Behavioral health respite *ENHANCED*
- ✓ Flex funds to support implementing a care plan *NEW*
- ✓ 1915(c) waiver that runs through OhioRISE *NEW*
  - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) *NEW*
  - Also covered outside of OhioRISE (MCO and FFS)

Communication Channels Utilized for Members

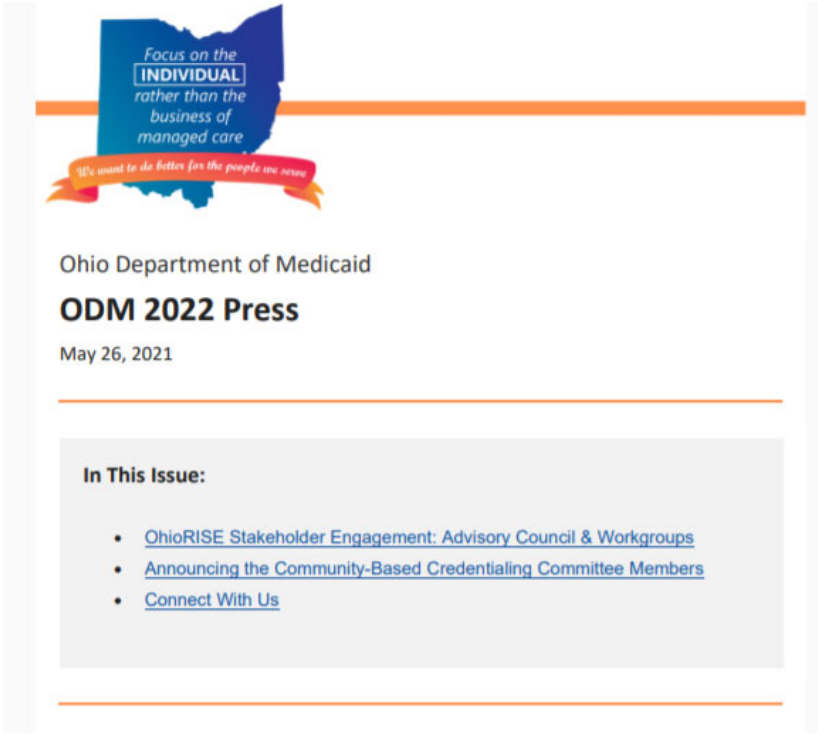
ODM 2022 Member Transition & Enrollment

[Mailbox](mailto:MCProcurement@medicaid.ohio.gov)
MCProcurement@medicaid.ohio.gov

Engagement & Communications with Providers

Next Generation Medicaid Managed Care

- Ongoing engagement and communications with providers, provider associations and advocates has remained an important component of ODM's next generation strategic initiative work
  - Extensive Advisory/Workgroup process with OhioRISE
- Virtual presentations to provider associations and organizations
- Micro Videos
- Next Generation Managed Care Website – dedicated "Resources for Providers" section
- ODM 2022 Press Newsletter
- Provider FAQs
- MCProcurement@medicaid.ohio.gov mailbox



Innovation & Demonstration Programs

Demonstration Programs

- Ohio Group VIII Work Requirement and Community Engagement Section 1115 Demonstration
- MyCare Dual Medicare & Medicaid Eligible Demonstration
- SUD Treatment Demonstration waiver

Demonstration Programs

Ohio Group VIII Work Requirement and Community Engagement Section 1115 Demonstration

- August 2021—Approval for waiver is rescinded by CMS. Ohio appeals decision of the Biden Administration
- While the appeal is ongoing, ODM is implementing the Voluntary Work Program from HB 110
- To assist this effort further, ODM has launched a dedicated portal to OhioMeansJobs for direct care, home health openings for ODM, JFS, and the plans to use to connect individuals to meaningful employment.
- This program dovetails with social determinants of health provisions required to be included in the Next Generation of Medicaid Managed Care by HB 166
- The new managed care contract will require the plans to participate in an ODM-led social determinants of health initiative where they risk stratify their covered individuals based on the various health indicators (including employment) and intervene appropriately as part of the overall population health strategy. *(Requirement for inclusion in ODM procurement contained in H.B. 166)*

Demonstration Programs

SUD Treatment Demonstration Waiver

- **Mission of demonstration waiver:** implement models of care focused on increasing support for individuals in the community and home — outside of institutions — and improve access to a continuum of high-quality, evidence-based SUD services
- Regular meetings with stakeholder advisory group throughout 2021
- Agenda items and topics included:
  1. Assessed the SUD provider capacity.
  2. Expanded SUD provider access to health information exchange information.
  3. Updated rule package for residential treatment provider standards to assure ASAM compliance and medication access .

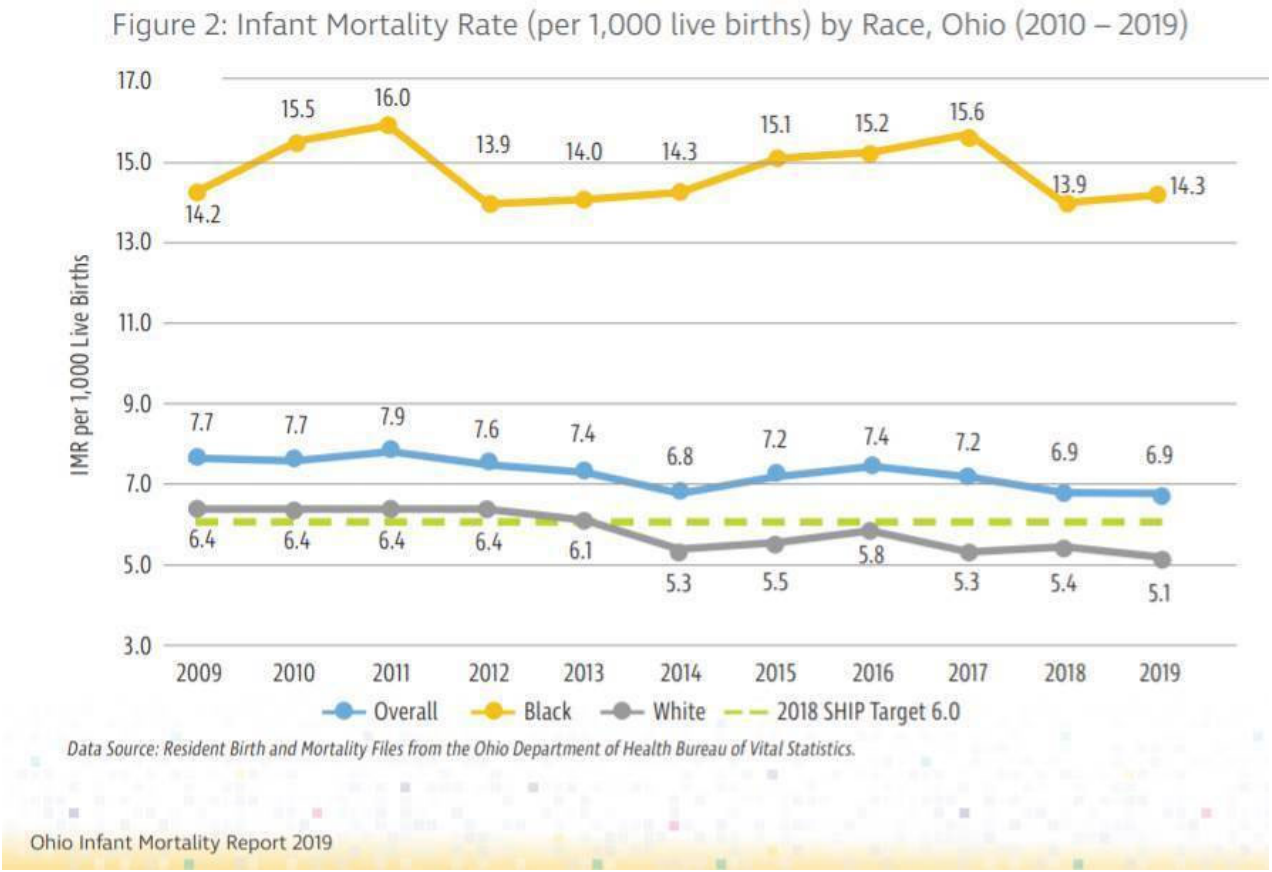
Additionally, the RFP for a vendor to perform site visits to every Medicaid provider in Ohio who renders Medicaid SUD residential treatment services was created and procurement just closed; evaluation/selection pending.

CMS Innovation Programs

- **Comprehensive Primary Care**—Developed in consultation with CMS Innovation office; now part of the regular Medicaid program
- **Comprehensive Primary Care for Kids**—Not developed as an innovation program, but very similar to CPC
- **Episode-Based Care**—Developed in consultation with CMS Innovation office; now part of regular Medicaid program *(but currently paused due to COVID)*

Maternal & Infant Support Program

Infant Mortality



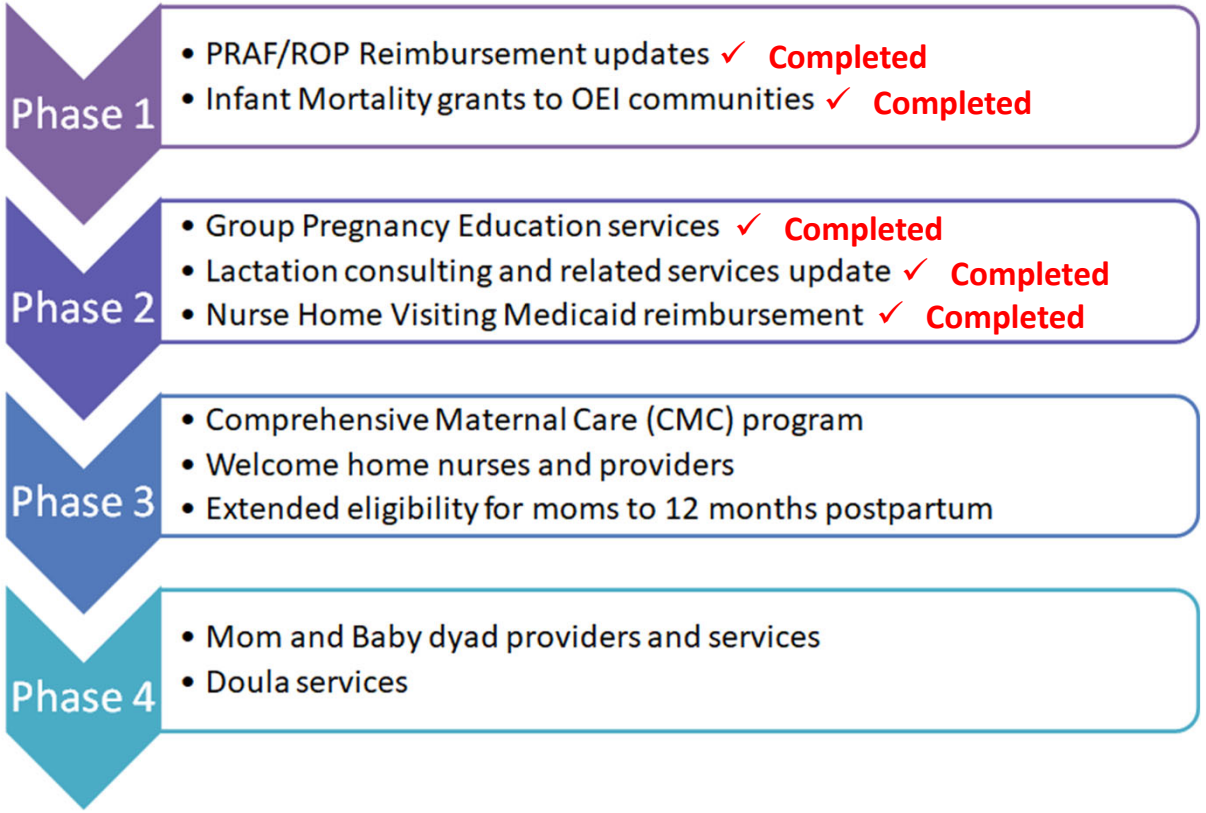
- Medicaid covers **more than half** of the births in Ohio each year
- Ohio had its second lowest infant mortality rate in a decade in 2018-2019.
- The gap between Black and white infant mortality rates remains unacceptably large.
- In 2019, one in every 70 Black babies did not live to see their first birthday.

Infant Mortality

Maternal Infant Support Program (MISP): Ohio Medicaid's priority work to improve infant and maternal outcomes, with a strong focus on reducing racial disparities

- Based on listening to women served by Medicaid, learnings from recent community-based work
- Partnership across state agencies to promote and align use of best practices and funding
- Creation of new reimbursement options for evidence-based and evidence-informed interventions
- Continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes
- **MISP will respond to and align with Governor DeWine's Task Force (and their forthcoming recommendations) that will create a statewide shared vision and strategy for reducing infant mortality rates and eliminating racial disparities by 2030.**

Infant Mortality: MISP



Infant Mortality: MISP

ODM is enhancing support for pregnant women and babies to improve maternal health and wellness outcomes and reduce the state's infant mortality rate.

Through the agency's Maternal and Infant Support Program (MISP), eligible women can begin taking advantage of the following services (effective Jan. 1, 2022):

- **New Medicaid coverage for community-based nursing services provided through the Nurse Family Partnership home visiting model.**
- **New supports for breastfeeding – lactation consulting and breast pumps/supplies**.
- **Expanded coverage of group pregnancy education and group prenatal care**.

Infant Mortality: MISP

Next Steps:

- Renewal of ODM's OEI Infant Mortality Grants will occur for CY22-23, work is currently ongoing with eligible partners
- Continue Comprehensive Maternal Care Clinical Advisory Groups which began in January
- 12 months postpartum eligibility for moms included in SFY 22-23 budget, tentative go-live 4/1/22
- Follow up stakeholder meetings for doula services, and Mom and Baby Dyad providers and services

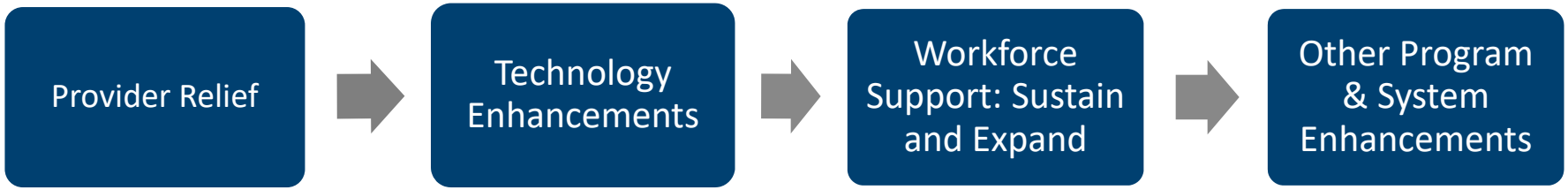
Long Term Services & Supports

LTSS Population Spending CY2020

All Eligibility Categories *(Does not include MyCare)*			
Population	CY20 Total Medicaid Direct Services Cost	CY20 Per User Per Month	CY20 Avg Monthly Caseload
ODM NF waivers	$371,082,113	$5,003	6,181
Aging NF waivers	$649,717,159	$2,265	23,908
NF (FFS)	$1,565,782,933	$5,510	23,681
ABD Only *(Does not include MyCare)*			
Population	CY20 Total Medicaid Direct Services Cost	CY20 Per User Per Month	CY20 Avg Monthly Caseload
ODM NF waivers	$285,361,516	$6,270	3,793
Aging NF waivers	$349,429,487	$4,221	6,899
NF (FFS)	$473,822,637	$8,556	4,615
Dually Eligible Only *(Does not include MyCare)*			
Population	CY20 Total Medicaid Direct Services Cost	CY20 Per User Per Month	CY20 Avg Monthly Caseload
ODM NF waivers	$54,728,601	$2,284	1,997
Aging NF waivers	$296,198,169	$1,461	16,889
NF (FFS)	$1,065,543,664	$4,739	18,737

Provider Relief & Ohio ARPA HCBS Plan

- Provider Relief (and earlier CRF funding)
- Workforce Support: sustain and expand
- Technology Enhancements
- Other Program & System Enhancements



Waiver Flexibilities from the PHE: Transition. Maintain.

Demonstration Programs: MyCare

- Started in 2014 to integrate Medicare and Medicaid benefits into harmonious benefit using three-way contract (CMS, ODM, and MCOs)
- Only available in 29 counties
- In addition to state plan services and Medicare services, waiver services such as adult day, home-delivered meals, and assisted living are also available in MyCare
- Currently set to expire at the end of 2023; stakeholder and legislative conversations will be needed to determine next steps
- ODM is currently contracting with the Scripps College of Gerontology to conduct an assessment of the MyCare program that will be used to help inform policy going forward
- Report is expected soon
- Additionally, CMS is also conducting an assessment of the MyCare program.

CMS Innovation Programs

HOME Choice—Developed with CMS Innovation Office using Money Follows the Person grant; now part of the regular Medicaid program.

Milestone:
15,000 individuals transitioned back to the community

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HOMEChoice

Helping Ohioans Move, Expanding Choice

HOME Choice

Unwinding from the Federal Public Health Emergency

Remember the Pig and the Python?

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#IN THIS TOGETHER Ohio

Public Health Emergency (PHE)
(90 days each)

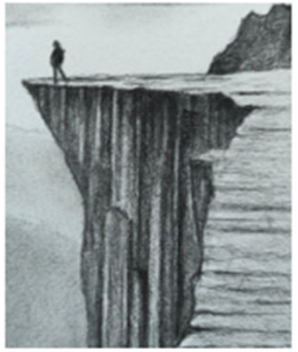
Additional Federal Match 6.2%
+
Flexibility: Appendix K, 1135 etc.
+
Must continue Medicaid eligibility

Caseload
- Significant increase
  - Redetermining and Change of Circumstances
  - New unknown people

Unwinding & Undoing
- All flexibilities & rules

"LIKELY THRU 2021"

The caseload "pig in the python"
&
The money CLIFF



Public Health Emergency Ending: Update on Unwinding Plan

Restart eligibility and enrollment activities

- System improvements in Ohio Benefits (OB) to automate county case worker tasks
- ODM will leverage the ex-parte renewal process for past due cases prior to the end of the PHE
- Public Consulting Group procured to identify individuals "likely ineligible". Those individuals will be prioritized when disenrolling resumes
- Working with ODJFS & CDJFS leadership to prepare
- ODM is discussing approaches to resuming eligibility/enrollment activities w/ CMS

Encourage members to update their contact information and work with plans to coordinate outreach methods for increasing renewal packet response rates

Plan and processes being finalized now for ODM and stakeholders to work together

- Temporary authorities adopted by states to respond to the PHE are scheduled to automatically sunset upon termination of the PHE or another specified date
  - Examine all 1135 & App K provisions to determine which to keep after the PHE ends

We know that any confusion or questions causes people to ask their providers for guidance or call the counties. We need your help.

→ ODM is committed to working with stakeholder associations to keep them appraised and get their input

Federal Public Health Emergency: Federal and State Guidance

Federal guidance

- HHS will provide states with 60 days' notice prior to the end of the PHE
- States must develop and document strategies to meet CMS timelines via the Post-COVID Eligibility and Enrollment Operational Plan including risk-based analysis ("risk-based analysis" is to identify individuals who are likely ineligible and prioritize processing of these cases)
- States may take up to twelve months following the end of the PHE to complete all eligibility and enrollment actions, redeterminations, renewals, pending applications

Federal reconciliation bill requirements (Build Back Better Act)

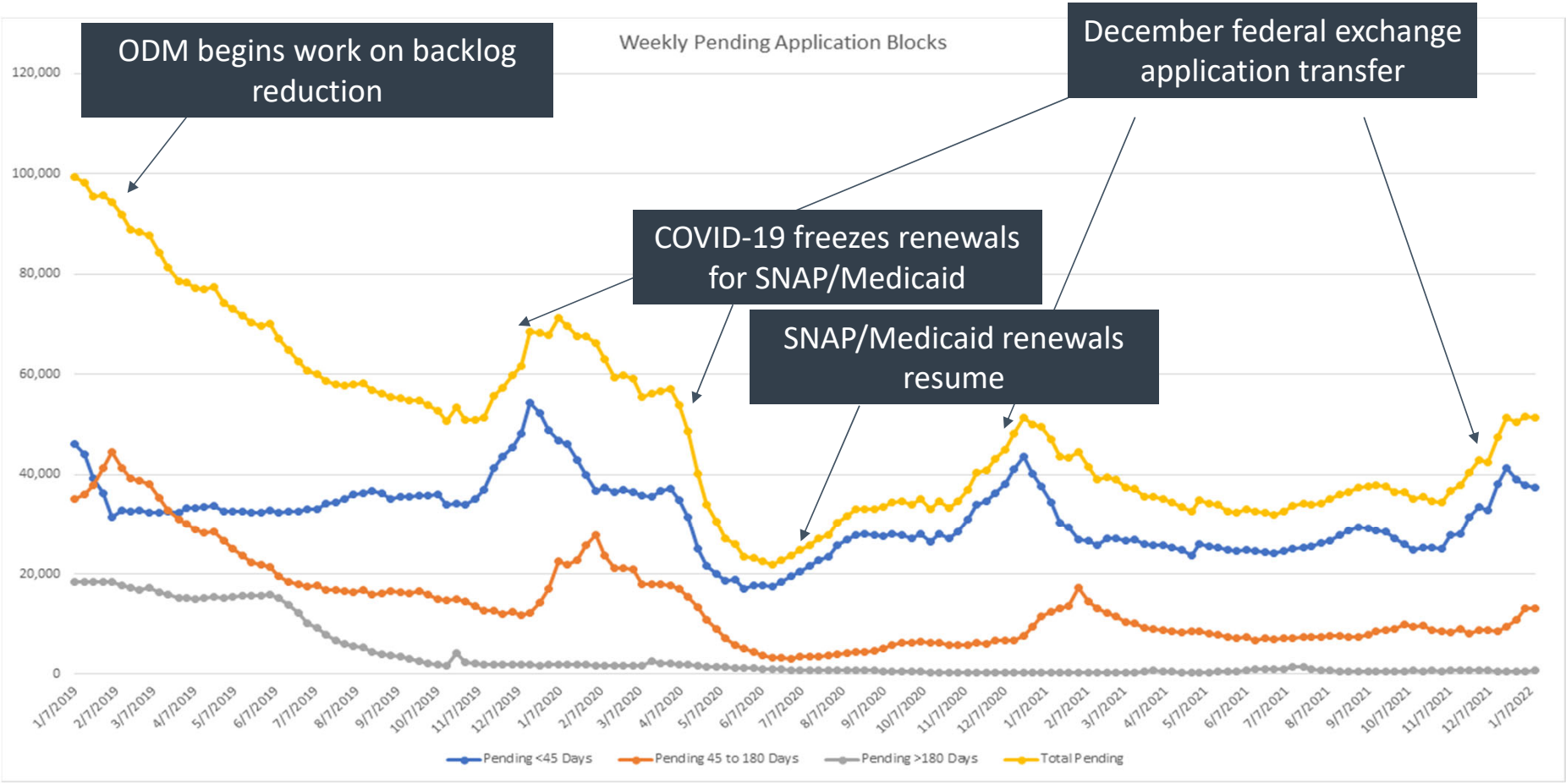
- If passed*, key provisions include:
  - Phase out of the 6.2 percentage point FMAP enhancement over two quarters and sunset of continuous enrollment requirement on October 1, 2022
  - States may begin disenrolling ineligible individuals beginning April 1, 2022, if those individuals had 12 months of continuous enrollment and the State meets certain requirements

HB110 requirements

- ODM must complete eligibility renewals and redeterminations within 90 days after the end of the PHE
- Within 60 days of the end of the PHE, ODM must complete and act on eligibility redeterminations for all beneficiaries who haven't had a redetermination in the previous 12 months
- ODM must seek approval from CMS to conduct redeterminations for all beneficiaries who were enrolled for 3+ months during the PHE
- ODM must employ a vendor to use 3rd party data sources to "identify individuals who are likely ineligible"
  - ODM will use this to satisfy in part the CMS expectation for a "risk-based approach"

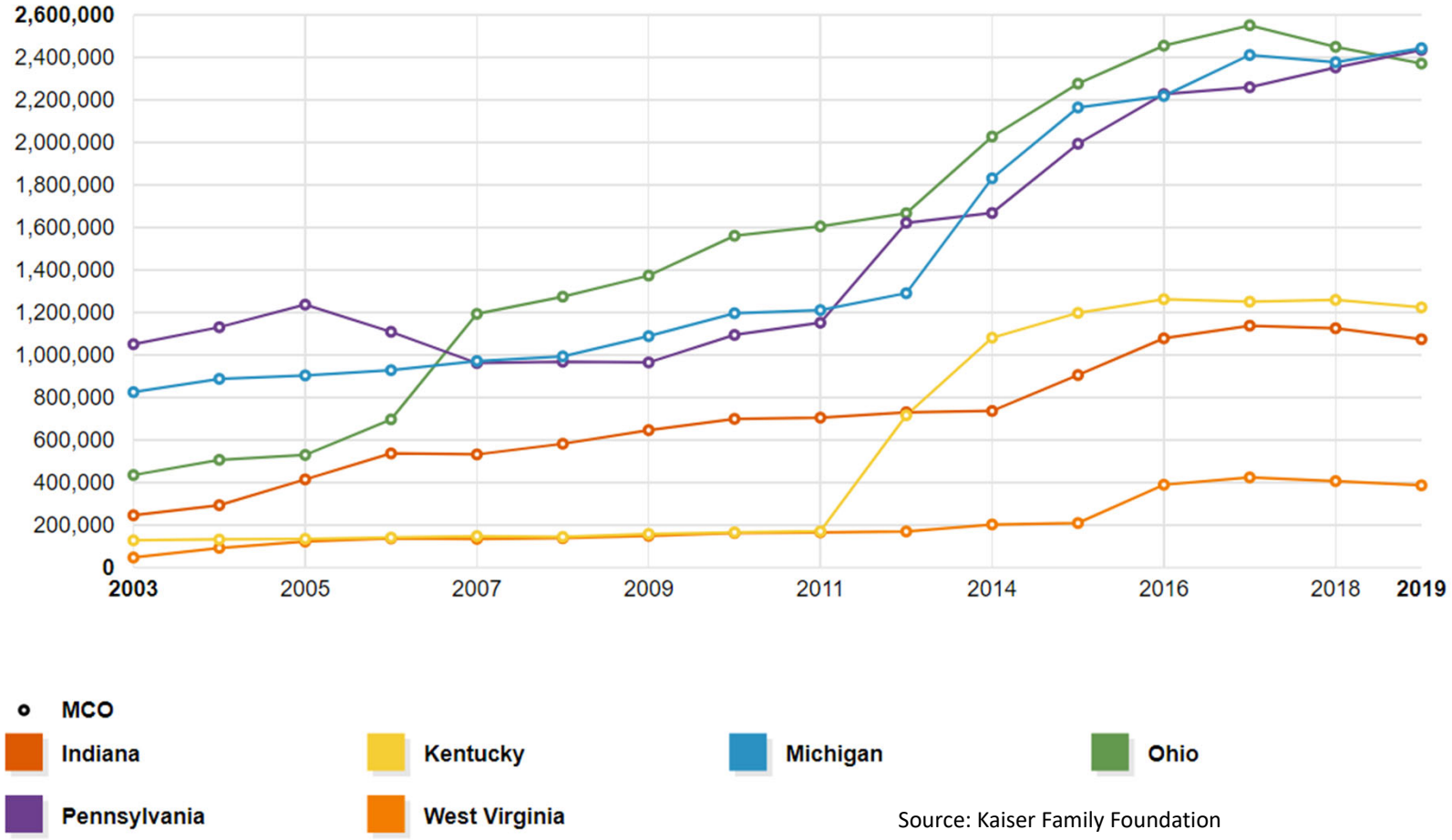
**The future of BBB is uncertain at this time*

Progress Report: OB Backlog Reduction & Complication for PHE



A Few Trends Worth Noting

Trends in Health Care: Total Medicaid Managed Care Enrollment Over Time



Source: Kaiser Family Foundation

Trends in Health Care: Medicaid Managed Care Penetration Rates

Ohio Ranking of Managed Care Enrollment As Percentage of Total Population		
Population	**Percent in Managed Care**	**Rank**
Children	**98%**	**12**
Expansion Adults	**94.3%**	**17**
Aged & Disabled	**83.1%**	**18**
Other Adults	**98.1%**	**6**

Source: Kaiser Family Foundation

Current Trends in Health Care

Annual Benchmark for Prescription Drug Spending

- Created in HB 166
- Requires ODM to set a benchmark for prescription drug spending growth and take certain actions if spending exceeds benchmark
- In the years since enacted, the benchmark has been set at 8.8%, 8.2%, and 7.6% respectively
- Ohio Medicaid drug spending has never exceeded the benchmark

Current Trends in Health Care: Costs 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	Estimated Initial List Price	Administration
Valoctocogene roxaparvovec	1 in 5,000 males	Hemophilia A	Late 2022	$2-3 million	IV infusion (one time)
LentiGlobin	1,000 in US	Transfusion-Dependent Beta-Thalassemia	Early 2022	$2 million	IV infusion (one time)
Teplizumab	1.6 million in US	Type 1 Diabetes	Early/mid 2022	$500,000	IV infusion (two courses six months apart)
PTC-AADC	100 in US	AADC deficiency	Mid 2022	$4 million	Infused directly into the brain

Current Trends in Health Care: Vertical Integration

Vertical Business Relationships Among Insurers, PBMs, Specialty Pharmacies, and Providers, 2021

Current Trends in Health Care: Vertical Integration

AdaptHealth Buys Two Medical Equipment Distributors
Private Equity Professional Feb. 15, 2022

July 09, 2019 11:53 AM

Beaumont makes deal to acquire Ohio's Summa Health

In latest mega-merger, Cleveland Clinic joins with Akron General

Updated: Jan. 11, 2019, 10:34 p.m. | Published: Aug. 28, 2015, 3:29 p.m.

OhioGuidestone Merges with Toledo-Based A Renewed Mind

Springfield physician-owned hospital strikes business deal with Premier, OhioHealth

GlobeNewswire by notified

CareSource Acquires Leading Provider of Services for Complex Populations

November 19, 2021

Circleville, OH, April 01, 2019

Berger Health System Officially Joins OhioHealth as 12th Member Hospital

Nationwide Children's Hospital to Acquire Mercy Health-Children's Hospital Dec. 3, 2020

ProMedica Health System to Acquire HCR ManorCare
Redefining Care for Seniors.

Mindpath Health Acquires Ohio-based Vertava Health

NEWS PROVIDED BY
Mindpath Health →
Dec 08, 2021, 08:05 ET

BON SECOURS MERCY HEALTH

Additional Resources

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Joint Medicaid Oversight Committee

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Member Transition & Enrollment

2022 Member Transition & Enrollment

As a part of ODM's transition to and implementation of the next generation program, Medicaid managed care members will have the opportunity to select a plan from one of the seven next generation MCOs and will have the option to change through November 30th.

Current MCOs remaining in the Next Generation program

Continuing MCOs

- Buckeye Community Health Plan
- CareSource Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- UnitedHealthcare Community Plan of Ohio, Inc.

MCOs joining the Next Generation Program on July 1, 2022

New MCOs

- AmeriHealth Caritas Ohio, Inc.
- Humana Health Plan of Ohio, Inc.

Hybrid MCO

- Anthem Blue Cross and Blue Shield
  - *New SE/E. Paramount regions: W & NE*

Member Transition & Enrollment | Components

1. **Choice.** From March 1 thru Nov. 30th.
   Household Continuity. Continuity of Care Providers.
2. **MCO Weighting: New, Hybrid & Incumbent plans**
3. **Fee for Service (FFS) Pool Prior to Go-Live**
4. **December Assessment & Possible Adjustments**

Member Transition & Enrollment | Key Considerations

1. **Consumer Choice & Continuity of Care**
   - Prioritizing member choice and family continuity
   - Encouraging members to select a Next Generation MCO and honoring those selections
   - Supporting continuity of care – prioritizing maintaining hospital, doctors, other provider support networks
2. Medicaid system and business considerations
   - Medicaid system stability to minimize volatility
   - Maintaining and achieving regional balance
   - Managing risk profiles for new and continuing plans

Weighting Assignments to MCOs—New, Hybrid & Incumbent plans

3. Uncertainty associated with the Public Health Emergency and restarting eligibility/churn
4. Return to a new Quality Based Assignment process as quickly as possible

Ohio | Department of Medicaid

Member Transition & Enrollment | High-Level Overview

Timeline March 2022 thru December 2022

March	April	May	June	July	August	September thru November 30th	December

7/1/22 GO-LIVE

Choose or Stay Put: 3/1/2022 – 11/30/2022

Current members can select a next generation plan or will stay with their current plan. Previous members returning within 90 days will be returned to their prior plan.

Decide/Start Services: [3/1 – 6/11 ➡ 7/1] [6/12-7/31 ➡ 8/1] [8/1-11/30 ➡ Following month]

FFS Pool: 3/1/2022 – 6/30/2022

Until go-live: members newly eligible or returning to Medicaid w/gap of 90+ days or newly eligible for managed care will receive services thru FFS.*

- Assignment: Family continuity. Continuity of Care Providers.

Voluntary Choice Thru Open Enrollment: 7/1 – 11/30

ALL members can change from July thru 11/30/22

Open Enrollment: November.

12/1/22 ASSESS w/ Possible Transfer

MCO Weighted Assignments: 18-month transition

Assignment allocations are adjusted by region and by new/continuing plan status.

- Mar. 1, 2022 – June 30, 2022: 100% to new/hybrid MCOs (FFS Pool)
- July 1 – Dec. 31, 2022: New/Hybrid plans receive the majority. Continuing plans may receive a combined 16% of assigns.
- Jan.1, 2023 – June 30, 2023: New/Hybrid plans receive the majority. Continuing plans may receive a combined 24% of assigns.
- July 1, 2023 – Dec. 31, 2023: New/Hybrid plans receive the majority. Continuing plans may receive a combined 40% of assigns.

December Assessment:

- Excluded: Any member who has made a choice.
- Excluded: Members w/ heightened needs.
- Notice of transfer to members 12/2/22
- Once notified, member can decline transfer 60 days before effective date of Feb.1 w/ addl. 90 days to choose to go back.
- Transfer based on continuity of care providers.

December Assessment Period | Review & Make Adjustments, if needed

What we will know in November:

- End of open enrollment
- All member choices have been noted (9 months)
- Anticipate the MOE/PHE will have been removed ~6 months
- 5 months of churn experience with both the rate and the risk profile
- 12 months of ex-parte renewal numbers, can assess:
  - Who is renewed ex-parte
  - Who is terminated
  - What does the cost profile look like for those that remain vs terminated
- More information about patient risk will be available in the FI system

Additional Necessary Actions:

- Current trends anticipate approx. 50k members assigned ea. 6-month period to new plans
- In Dec., degree of intervention begins;
  - >10% deviation from current estimates
- Membership transfers will not be used to reach "ideals“, only to meet minimum floors of:
  - 60k at 6 months
  - 120k at 12 months
  - 150 at 18 months
- We are not trying to reach a target for incumbent plans
- Weighted Assignments will be further scaled back between 150-200k
- New QBA will be implemented after the ramp up/transition period has concluded

For More Information

Contact Us

Managed Care Procurement – ODMNextGen@medicaid.ohio.gov

OhioRISE – OhioRISE@medicaid.ohio.gov

SPBM / PPAC – MedicaidSPBM@medicaid.ohio.gov

Fiscal Intermediary – ODMFiscalIntermediary@medicaid.ohio.gov

PNM – PNMCommunications@medicaid.ohio.gov

Centralized Credentialing – Credentialing@medicaid.ohio.gov

Learn more about the Next Generation Program

Managed Care Procurement Website

For Providers, Advocates, Community Orgs:
ODM 2022 Press

For Members:
ODM 2022 Periodical

Frequently Asked Questions (FAQs):
Ohio Medicaid Managed Care Member Care FAQs
OhioRISE FAQs
OhioRISE Member Care FAQs
Centralized Credentialing FAQs
Fiscal Intermediary FAQs

Next Generation: Provider Contracting Contact Information

Next Generation MCO Provider Relations Contact Information			
MCO	**Phone Number**	**Web Address**	**Email**
AmeriHealth Caritas Ohio, Inc.	1-833-296-2259	https://www.amerihealthcaritas.com/become-a-provider/join-now-ohio.aspx	ProviderRecruitmentOH@amerihealthcaritas.com
Anthem Blue Cross and Blue Shield	1-833-623-1513	https://www.anthem.com/provider/getting-started/	OHMedicaidProviderQuestions@Anthem.com
CareSource Ohio, Inc.	1-800-488-0134	https://www.caresource.com/oh/providers/education/become-caresource-provider/	Ohio_Provider_Contracting@caresource.com
Humana Health Plan of Ohio, Inc.	1-877-856-5707	Humana.com/HealthyOH	OHMedicaidProviderRelations@humana.com
Molina Healthcare of Ohio, Inc.	1-855- 322-4079	www.molinahealthcare.com	OHContractRequests@MolinaHealthCare.com
UnitedHealthcare Community Plan of Ohio, Inc.	800-600-9007	https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home.html	N/A
Buckeye Community Health Plan	1-866-246-4356 Ext - 24291	https://www.buckeyehealthplan.com/providers/become-a-provider.html	OHNegotiators@CENTENE.COM
Aetna Better Health of Ohio (Ohio RISE)	1-855-364-0974	https://www.aetnabetterhealth.com/ohio/providers/joing	OhioRISE-Network@AETNA.com