



JMOC Committee Hearing November 16, 2023

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AGENDA

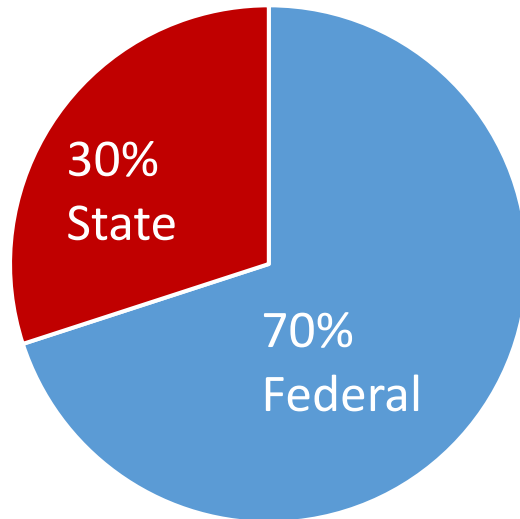


- Optumas
 - Medicaid 101
 - VBP – Introduction
 - VBP – Ohio examples and broader application
 - Q&A

Ohio Medicaid basics

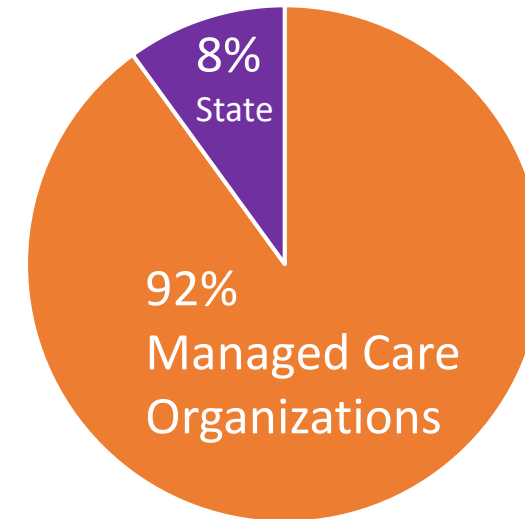
\$37B

SFY 2023



3.2M members

September 2023



Structure of Managed Medicaid



Federal

- Regulation
- Oversight
- Funds



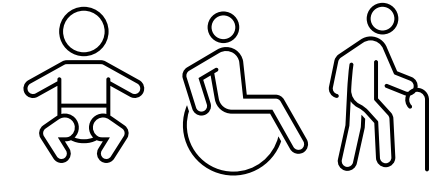
State

- Benefits & eligibility design
- Administration
- Funds

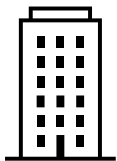


Providers

- Acute care
- Deliveries
- Prescriptions
- Long-term care



Members



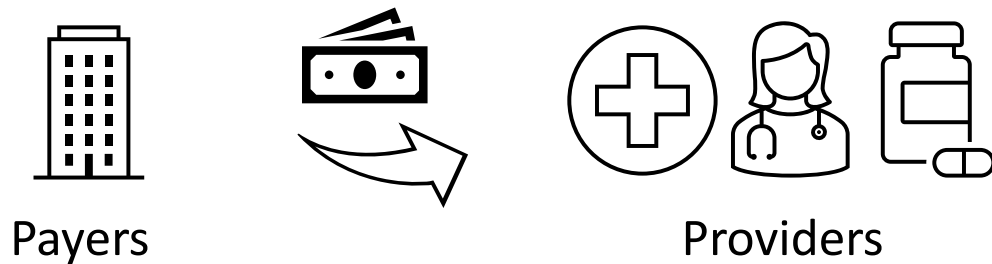
Managed
Care Orgs

- Provider contracting
- Care coordination
- Quality assurance
- FWA detection

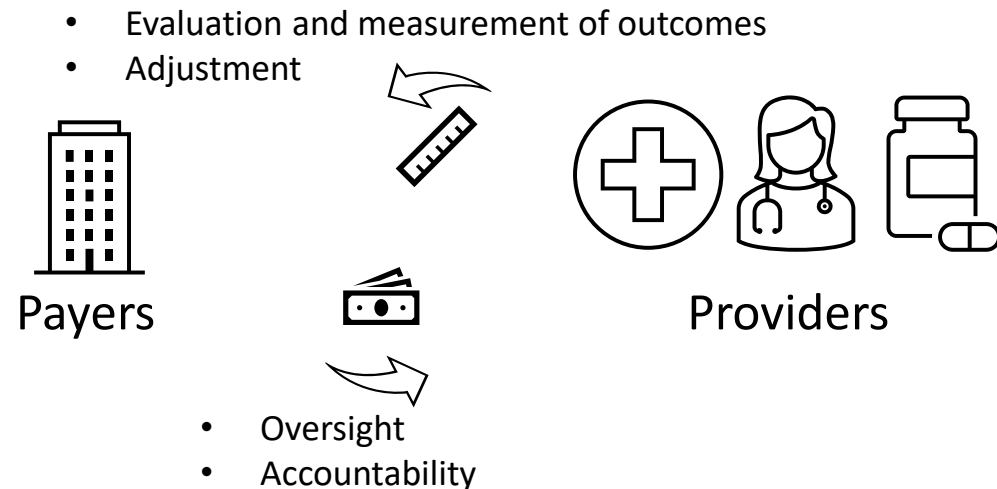


Contrasting payment arrangements

Fee-for-Service



Value Based Purchasing



Value Based Purchasing

- Links payment to performance and outcomes to achieve better value
- Increases monitoring and accountability of providers
- Encourages innovation and problem-solving
- Broad topic that takes many forms, a few examples:
 - Medicare doesn't pay for hospital stays that result from medical errors, hospital-acquired infections, and readmissions
 - The state withholds 3% of payments to MCOs and releases it if quality metrics are met
 - Incentive payments for use of primary and preventive care

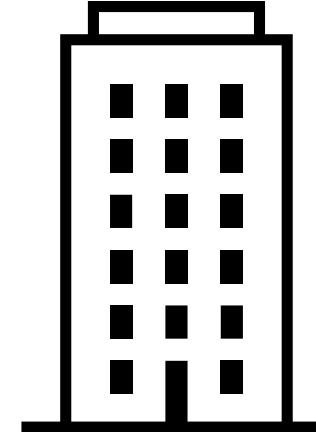
The importance of the MCO partners



Fee-for-Service
0.25M members

Ohio's MCOs

- AmeriHealth
- Anthem
- Buckeye
- CareSource
- Humana
- Molina
- United



Managed Care
2.95M members

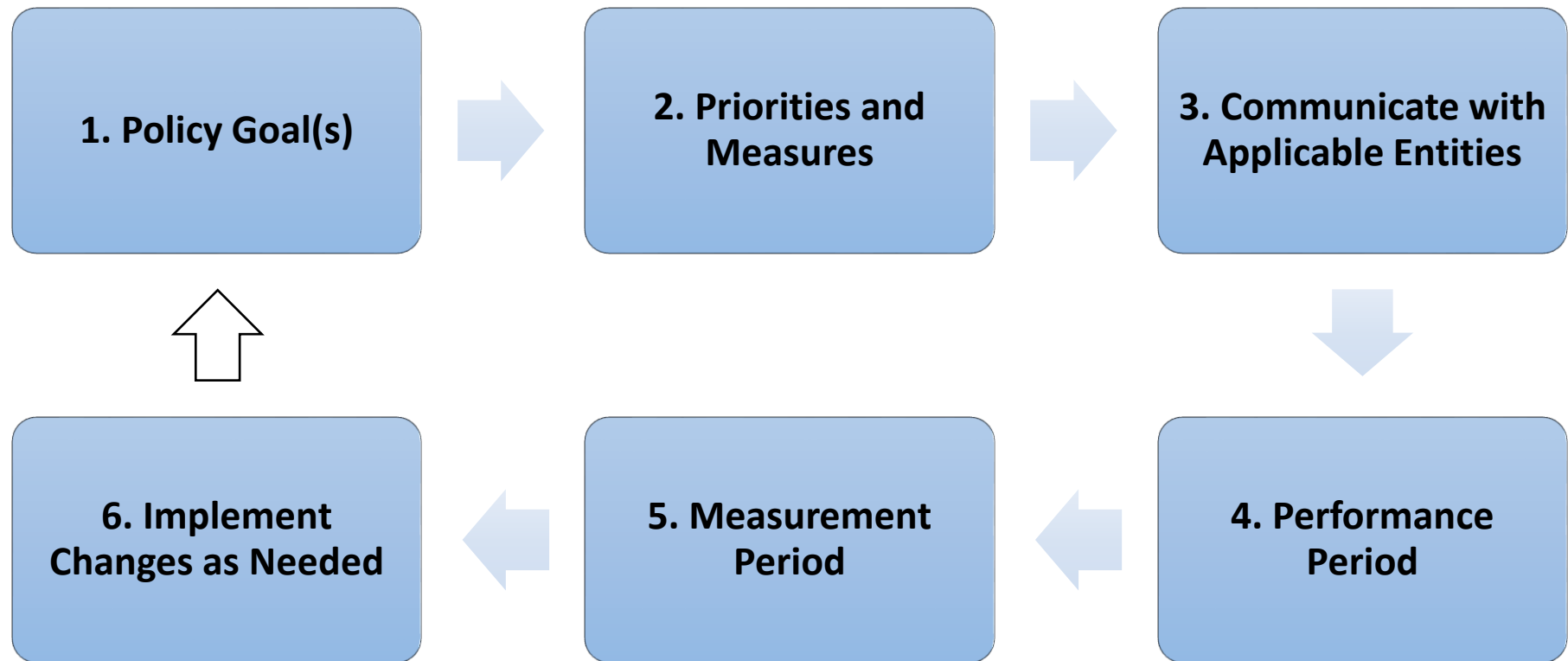
VBP examples: Fee-for-Service

- 3% Withhold that is released to MCOs contingent on meeting quality targets
- Require that at least 25% of MCOs' payments to providers be linked to quality measures
- Bundled payments for episodes of care for FFS members

VBP examples: Managed Care

- Incentive payments to PCPs that meet quality targets
- Shared savings arrangements with provider groups
- Bundled payments for episodes of care for managed care members

VBP Life Cycle



Ohio Examples

- Current OH Examples:
 - Comprehensive Primary Care
 - Comprehensive Maternal Care
- From a Broader Perspective:
 - Managed Care w/ MCO Withholds
 - MyCare w/ MCO Withholds
- Natural Life Cycle/Evolution:
 - Example – Episodes of Care program sunset this year. ODM has noted that priorities have shifted to other identified target areas such as Ohio RISE, Single PBM.

Other State Examples

- State to MCO: Incentive/Withhold Payments:
 - Commonly 1-3% of Capitation Premium
 - Consistent Framework, Adaptable to New Priorities
- MCO to Provider: MCO-Driven Arrangements:
 - Shared Savings/Risk: Specific Provider Groups
 - Pay for Performance: PMPM for Quality Measure Achievement
- Global/Provider Grouping Arrangements:
 - Accountable Care Organizations (ACO): Groups of Providers
 - Episodes of Care: Global Payment, All Services Around Particular Health Care Need

Effective VBP Monitoring

ODM Responsibilities	JMOC Responsibilities
<u>Communicate</u> Current Initiatives and Priorities/Goals	<u>Understand</u> Current ODM Initiatives
Regularly <u>Measure</u> Performance and <u>Communicate</u> Results with JMOC	<u>Review and Understand</u> ODM's Reporting on Initiatives and Success/Progress
Be <u>Responsive</u> to JMOC Inquiries Regarding VBPs and Associated Monitoring	<u>Engage and Ask Questions</u> of ODM Regarding Performance/Success of VBPs
<u>Collaborate</u> to Address Necessary Changes or New Initiatives as <u>Priorities Evolve</u>	

QUESTIONS

