

Ohio Association of Community Health Centers Annual Conference: Ohio Medicaid Update

Barbara R. Sears, Director
Ohio Department of Medicaid
February 28, 2017



Making Ohio Better



Medicaid Enrollment Overview

- Current Enrollment: 3,041,506
- 86% covered by a managed care plan
- Today there are 713,111 covered in the expansion category newly eligible Ohioans in 2014
 - » All enrolled or enrolling in private managed care plans
- Long-term care: approximately 88,000 served by HCBS waivers; 56,000 living in long-term care facilities



Ohio Medicaid Spending

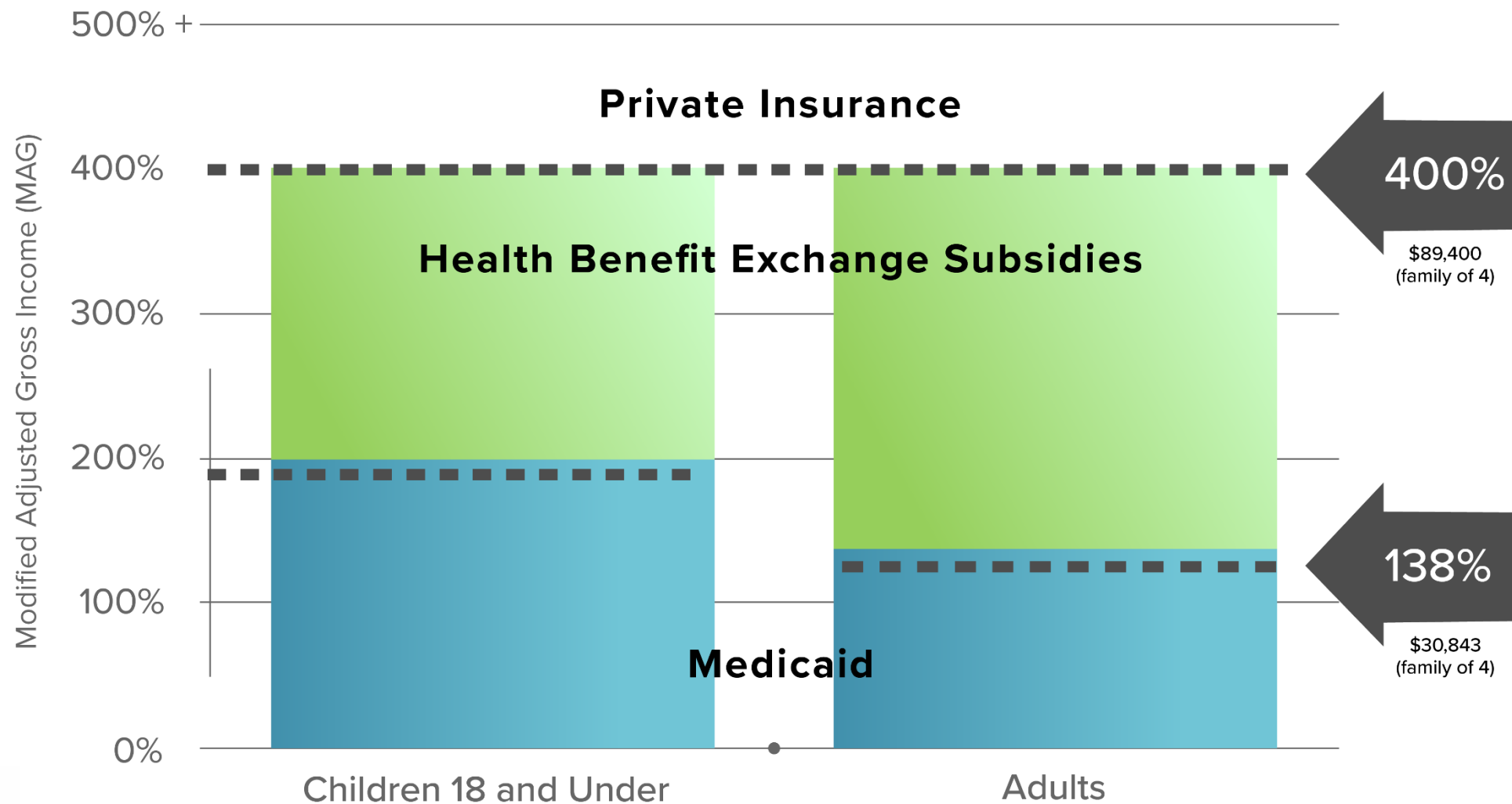
Table 1. Ohio Medicaid Executive Budget Impact				
Executive Budget	SFY 2018		SFY 2019	
	All Funds	State GRF	All Funds	State GRF
ORIGINAL MEDICAID BASELINE	\$28,562,648,375	\$ 6,343,489,075	\$29,661,214,530	\$ 6,701,698,756
<i>Executive Budget</i>				
Improve Care Coordination	\$ (315,866,270)	\$ (865,396,597)	\$ (464,297,238)	\$ (971,438,063)
Prioritize Home and Community Based Services*	\$ 8,711,448	\$ 4,394,746	\$ 75,017,942	\$ 29,536,064
Provide Choices in Ohio's Developmental Disabilities System*	\$ 25,153,022	\$ 9,558,148	\$ 93,042,941	\$ 35,356,317
Reform Provider Payments	\$ (209,525,000)	\$ (86,224,802)	\$ (469,868,032)	\$ (185,421,141)
Improve Program Performance	\$ (115,594,873)	\$ (97,865,121)	\$ (187,686,624)	\$ (70,929,160)
Subtotal	\$ (607,121,673)	\$ (1,035,533,626)	\$ (953,791,011)	\$ (1,162,895,983)
TOTAL MEDICAID BUDGET	\$27,955,526,702	\$ 5,307,955,449	\$28,707,423,519	\$ 5,538,802,773
* Ohio Department of Disabilities HCBS programs are included in the total for "Provide Choices" not "Prioritize HCBS"				



Medicaid Expansion + Ohio Medicaid Group VIII Assessment

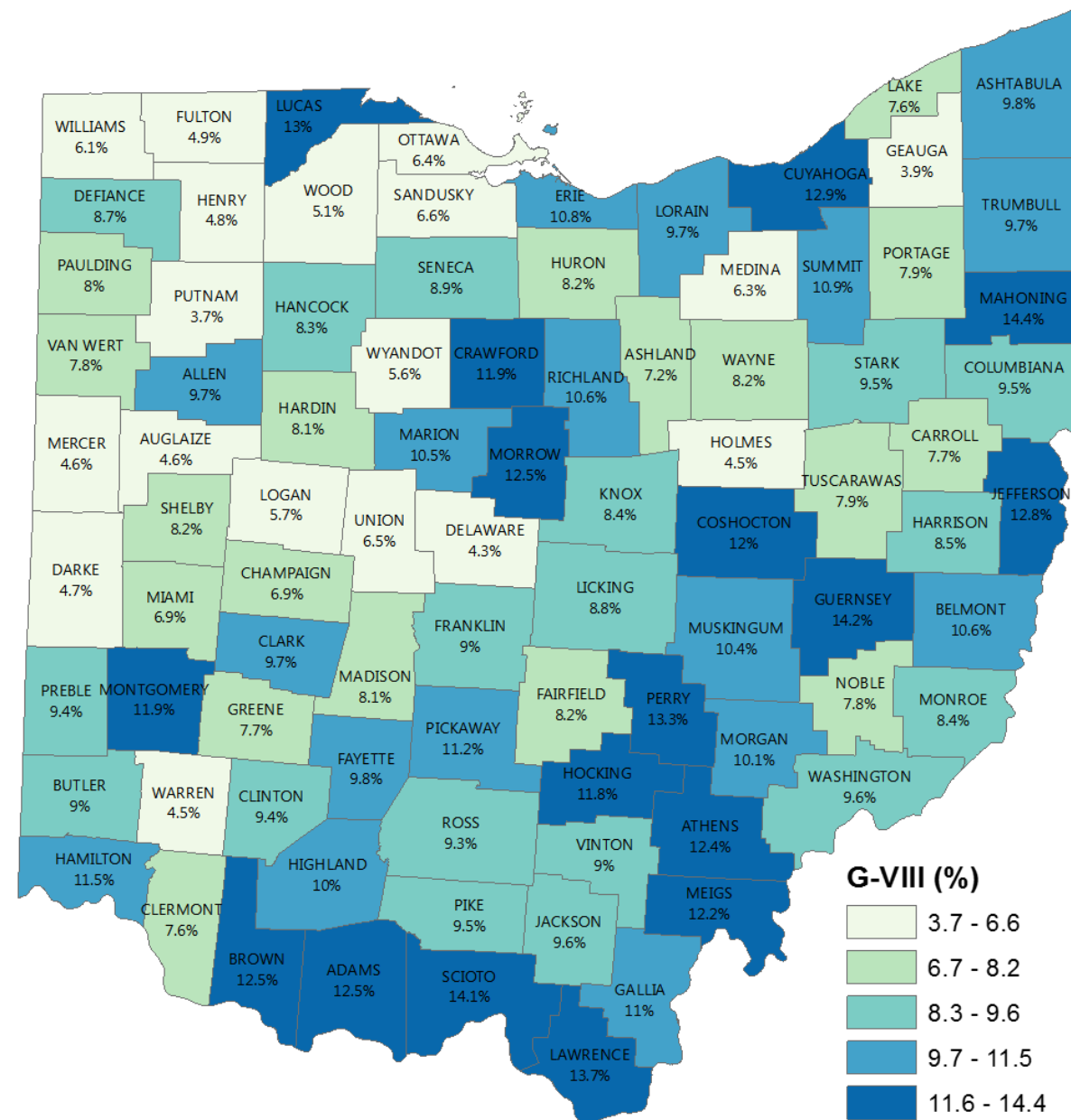


Simplified Income Levels



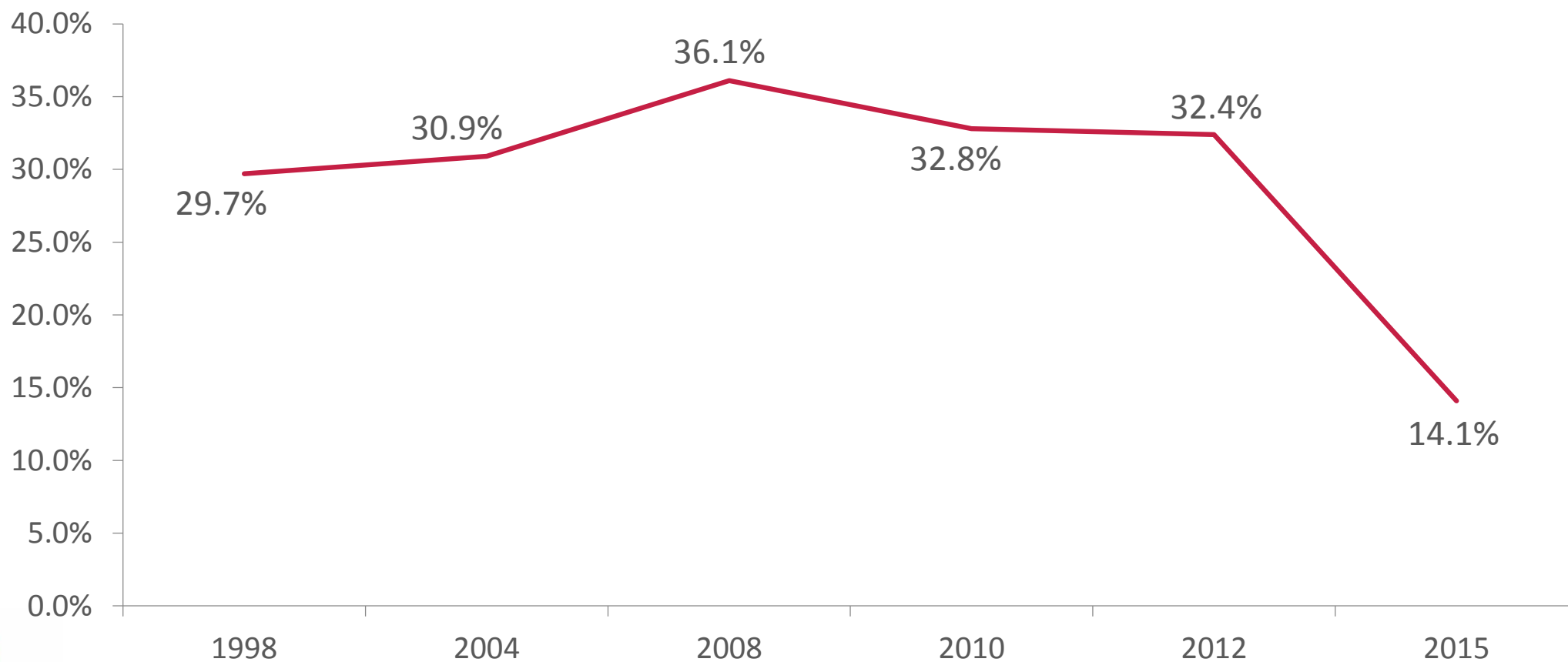


Percentage of All Adults 19-64 Years of Age Enrolled in the Group VIII Expansion, October 2016





Percentage of adult Ohioans with family income at or below 138% of the federal poverty level without insurance from 1998-2015





Key Findings: Access and Utilization



56%

Reduction in
uninsured rate
among low-income
Ohio adults



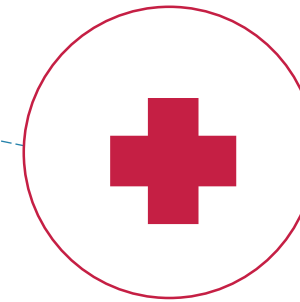
94%

Report
improved or the
same access to
care



59%

Without a
usual source of
care obtained
one since
enrollment



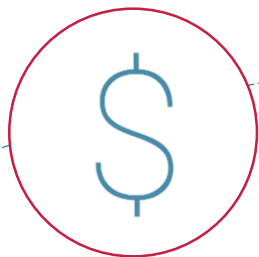
34%

Report visiting
the emergency
department
less since
enrollment

89% had no health insurance
at the time of enrollment

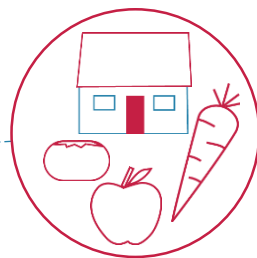


Key Findings: Financial Security and Employment (Group VIII Enrollees)



2X

More likely to
report that their
financial situation
improved

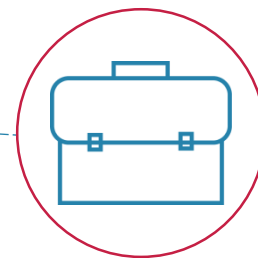


59%

Found it easier to
afford food

48%

Found it easier
to afford housing



52%

Found it easier to
continue working

75%

Found it easier
to look for a job



1/2

Of medical debt
holding reduced

44%

Found it easier to
pay off debt



Executive Budget Initiatives



Improve Care Coordination

- Maintain current Medicaid eligibility levels
- Require premiums for adults above 100 percent of poverty
- Require all Medicaid populations to be enrolled in a private sector health plan beginning January 1, 2018 (optional for individuals with developmental disabilities)
- Create a new Managed Medicaid Long-Term Services and Supports (MLTSS) program (new procurement)
- Require parity in physical and behavioral health services



Move to Managed Care

- Extends the benefits of care coordination to all remaining populations
- New populations enrolled in Medicaid managed care beginning July 1, 2018:
 - » individuals receiving community and facility based long term services and supports
 - » participants in the Medicaid Buy-in Program for workers with disabilities
 - » individuals dually eligible for Medicaid and Medicare who are not participating in the My Care Ohio program
 - » eligible individuals receiving refugee medical assistance



Move to Managed Care: Medicaid Long-Term Services and Supports (MLTSS) program

- Medicaid enrollees with the most complex needs – those who could benefit most from care coordination – are currently excluded from managed care
- Implement MLTSS program through a competitive procurement
- Goal is to select at least three plans to participate
- Work with health plans on the timing of managed care payments to minimize any one-time costs related to converting FFS payments into MLTSS



Prioritize Home and Community Based Services

- Serve almost 100,000 Ohioans in home and community based settings
- Increase rates for home and community based services \$61 million
- Provide support for individuals who want to self-direct their care



Improve Program Performance

- Implement a competitive transportation brokerage system
 - » Streamlines process to secure reliable transportation and access to care
 - » Saves \$6.8 million annually
- Coordinate efforts to fight fraud, waste and abuse
 - » Fully integrate FFS claims data and Medicaid managed care encounter data to enhance fraud, waste and abuse detection
 - » Save \$5.0 million in 2018 and \$10.0 million in 2019



Improve Program Performance

- Protect and reform services for children with medical handicaps
 - » Currently, Ohio Department of Health (ODH) Bureau for Medically Handicapped Children (BCMh) pays for health care services for children with special health care needs who are uninsured, underinsured, or whose insurance does not cover the services they need
 - » Executive Budget will preserve medically necessary services for every child currently enrolled in the BCMh program, but reform the program and clarify income and benefit limits for any child applying to or entering the program after July 1, 2017



Improve Program Performance

- Create a new, mostly federally-funded lead abatement program
 - » Require ODH to partner with Ohio Medicaid to leverage up to \$5 million each year in SCHIP funding for lead abatement activities
 - » Ohio Medicaid will file a State Plan Amendment to cover the lead abatement activities provided through the ODH program
 - » Approximately \$4.8 million each year will be used for remediation and associated testing services for homes under lead hazard orders, and the remaining \$200,000 each year will be used to establish a Registry of Lead Safe Housing for non-owner occupied rental housing



Pay for Value

- Increase access to comprehensive primary care
 - » Invest \$124 million over two years in comprehensive primary care
 - » Financially reward primary care practices that do more to keep patients well
 - » Set clear priorities to improve population health
- Report performance on high-cost episodes of care
 - » Share savings with health care providers that achieve high quality at low costs
 - » Create greater accountability between episode providers and primary care
- Make health care cost and quality transparent
 - » Create a framework to help consumers choose high-value health plans and providers
- Set clear priorities to improve population health



Rebuild Community Behavioral Health System Capacity

The Governor's Budget Modernizes the Medicaid Benefit:

- Recodes services (provider manuals are posted online)
- Expands Medicaid rehabilitation options and supports a new Specialized Recovery Services program (replaces spenddown)
- Moves all Medicaid behavioral health services into managed care January 1, 2018, as required by the last budget
- Requires parity in physical and behavioral health services
- Provides Medicaid reimbursement for freestanding psychiatric hospitals beginning July 1, 2017



Reduce Infant Mortality

- Continue to invest \$26.8 million over the biennium to support the work of Medicaid managed care plans to help new moms and moms-to-be have successful pregnancies and healthy children beyond their first year of life
 - » Increasing home visiting nurse capacity in at-risk neighborhoods
 - » Enhancing Centering Pregnancy care
 - » Hiring additional community health workers
 - » Introducing fatherhood projects including boot camps for dads
 - » Providing clinics with training for assessment and referral in at-risk neighborhoods
 - » Providing transportation services for pregnant mothers to Centering Pregnancy and Help Me Grow programs

MAKING
OHIO
BETTER

