Ohio Medicaid

- Medicaid is Ohio’s largest health payer.
- Over 83,000 hospitals, nursing homes and other providers deliver services for nearly 3 million individuals insured by Medicaid.
- Over 2.4 million Medicaid enrollees are served by the five statewide managed care plans (MCPs)
  » Buckeye
  » CareSource
  » Molina Healthcare of Ohio
  » Paramount Advantage
  » United Healthcare Community Plan of Ohio
Ohio’s Inmate Population

- 27 institutions located across the state
- There are currently over 50,000 inmates
  » 91.6% male, 8.4% female
  » Average age: 37 years
  » Average stay in prison: 2.26 years
  » 16% of inmates are over 50 years of age
- Recidivism rate is 27.5%, below the national average of 49.7%
- High prevalence of chronic care, mental health issues, and history of drug/alcohol addiction

http://www.drc.ohio.gov/web/Reports/annual/Annual%20Report%202015.pdf

Medicaid Pre-Release Enrollment Program

Strong cross-agency partnerships have been key to the success of this initiative since its inception.

- 2013
  » Ohio Department of Rehabilitation and Correction (ODRC) and the Ohio Department of Medicaid (ODM) partnered to ensure coverage of inpatient hospitalizations by Medicaid.

- Early 2014
  » Pre-release initiative borne from increased focus on community re-entry and desire to create a continuum of health care services from institution to community.
  » Began meeting weekly to plan, design, and implement processes.

- September 2014
  » Program launch with one facility
  » Added Ohio Department of Mental Health and Addiction Services, Ohio Department of Health and Medicaid Managed Care Plans as key partners.

- December 2016
  » Phase in of all 27 facilities will be completed.
Pre-Release Program Goals

Access to Health Services

Improve Health Outcomes

Reduce Recidivism

Pre-Release Program: Process Overview

Pre-enrollment class
Peer to Peer Medicaid Guides

Enrollment class
• Sign Medicaid Authorization
• Provide forwarding address
• Complete Release of Information
• Connect with Medicaid Consumer Hotline to select MCP

Medicaid eligibility determined
• If eligible, individual is enrolled in a managed care plan

Pre-Release Care Management
• Available to individuals with high acuity of needs
• MCP care manager assigned who develops transition plan
• Reviews transition plan in video conference with individual

Insurance card provided and individual successfully transitions to health care plan upon release

If an individual chooses to opt-out, information is again provided about federal mandate and tax penalty

If Medicaid is denied, individual can appeal decision
Medicaid Pre-Release Enrollment Program

Keys to success:
• Strong stakeholder partnerships
• Consistent expectation of partners and participants
• Consistent messaging with partners and participants
• Removing barriers to information sharing to facilitate coordination and continuity of care

Questions?

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