Ohio’s Medicare-Medicaid Integrated Care Delivery System

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Ohio Health Transformation Plan

<table>
<thead>
<tr>
<th>Modernize Medicaid</th>
<th>Streamline Health and Human Services</th>
<th>Pay for Value</th>
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<tbody>
<tr>
<td><strong>Initiate in 2011</strong></td>
<td><strong>Initiate in 2012</strong></td>
<td><strong>Initiate in 2013</strong></td>
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<tr>
<td>Medicaid Cabinet: OHT (sponsor); AGE, ODH, ADA, MH, DD, Medicaid; with connections to JFS</td>
<td>HHS Cabinet: DAS, DBM, OHT (sponsors); JS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX</td>
<td>Payment Innovation Task Force: OHT (sponsor); Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OPERS, ODI, TAX</td>
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<td>- Prioritize home and community services</td>
<td>- Create the Office of Health Transformation (2011)</td>
<td>- Participate in Catalyst for Payment Reform (CPR)</td>
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<td>- Reform nursing facility payment</td>
<td>- Implement a new Medicaid claims payment system (2011)</td>
<td>- Provide access to medical homes for most Ohioans</td>
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<td>- Integrate Medicare and Medicaid benefits</td>
<td>- Create a unified Medicaid budget, accounting system</td>
<td>- Use episode-based payments for acute medical events</td>
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<td>- Rebuild community behavioral health system capacity</td>
<td>- Create a cabinet-level Medicaid Department (July 2013)</td>
<td>- Pioneer accountable care organizations</td>
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<td>- Create health homes for people with mental illness</td>
<td>- Consolidate mental health and addiction services (July 2013)</td>
<td>- Accelerate electronic health information exchange</td>
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<td>- Restructure behavioral health system financing</td>
<td>- Simplify and replace Ohio’s 34-year-old eligibility system</td>
<td>- Promote insurance market competition and affordability</td>
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<td>- Enhance community DD services</td>
<td>- Coordinate workforce programs</td>
<td>- Support regional payment innovation</td>
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<td>- Improve Medicaid managed care plan performance</td>
<td>- Share services across local jurisdictions</td>
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<td>- Eliminate fraud and abuse</td>
<td>- Recommend a permanent HHS structure (coming soon)</td>
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<td>- Extend Medicaid coverage to more low-income Ohioans</td>
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Ohio Medicaid Enrollment and Spending

- Enrollment
- Spending
- Medicare-Medicaid “Dual Eligible” Enrollees
- All Other

The Vision for Better Care Coordination

- The vision is to create a person-centered care management approach – not a provider, program, or payer approach
- Services are integrated for all physical, behavioral, long-term care, and social needs
- Services are provided in the setting of choice
- Easy to navigate for consumers and providers
- Transition seamlessly among settings as needs change
- Link payment to person-centered performance outcomes
- Rely on community partnerships

Source: Ohio Medicaid, based on state fiscal year 2010 average monthly enrollment and total cost of coverage.
Enrollment

- In order to be eligible for the ICDS an individual must be eligible for all parts of Medicare (A, B, D), eligible for Medicaid, over the age of 18, and reside in one of 29 demonstration counties
- Ohio’s demonstration will include 114,000 dual eligible beneficiaries (62% of Ohio’s total dual eligible population)
- Enrollees will be able to opt out of the Medicare part of the program and stay with their current Medicare providers, but receive all Medicaid payments and services through the ICDS
- Voluntary enrollment begins September 1, 2013; phased-in passive enrollment begins on October 1, 2013

Enrollment Process

- Encourage and facilitate choice by the individual
- A comprehensive outreach effort will include:
  - Partnering with community resources, Medicaid’s enrollment broker, Ohio State Health Insurance Information Program, Area Agencies on Aging, and others to reach out to the different communities represented within the dual eligible population
  - Conducting regional forums for beneficiaries and providers
  - Providing appropriate educational materials that will supplement and facilitate the outreach process
Benefits

- Benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including long-term services and supports and behavioral health
- In addition, ICDS plans may elect to include supplemental “value-added” benefits in their benefit

Benefits: ICDS Medical Services

- Inpatient Hospital
- Inpatient Mental Health (including Freestanding and State Operated Hospitals)
- Skilled Nursing Facility
- Home Health
- Hospice
- Physician Services
- Out-Patient Hospital Services
  - emergency room
  - outpatient clinic/surgery
  - mental health care, incl. partial hospitalization
- Laboratory, X-Ray and Imagining
- Chiropractic
- Podiatry
- Outpatient Mental Health Care, including Independent Psychologist
- Outpatient Substance Abuse Services
- Outpatient Surgery-Hospital Outpatient Facility or Ambulatory Surgical Center
- Ambulance and Ambulette Services
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT, ST)
- Cardiac and Pulmonary Rehab Services
- DME and Supplies
- Prosthetics
- Diabetes Self Management/Training and Diabetes Services and Supplies
- Outpatient Diagnostic Tests
- Vision Care
- Preventive Services
- Medical Nutritional Therapy
- Renal Dialysis Services
- Part B Prescription Drugs
- Family and Pediatric Nurse Practitioner
- Family Planning Services and Supplies
- Dental
- FQHC and RHC Services
- Prescription Drugs
- Private Duty Nursing
- Pharmacological Management
### Benefits: ICDS Behavioral Health Services

- Behavioral Health Assessment (physician and non-physician for mental health only)
- Behavioral Health Counseling and Therapy (individual, group)
- Crisis Intervention (24-hour availability)
- Partial Hospitalization
- Community Psychiatric Support Treatment (individual, group)
- Ambulatory Detox
- Targeted Case Management for AOD
- Intensive Outpatient
- Laboratory Urinalysis
- Med-Somatic
- Methadone Administration

### Benefits: ICDS Community Based Services

- Out of Home Respite Services
- Adult Day Health Services
- Home Medical Equipment & Supplemental Adaptive & Assistive Devices
- Waiver Transportation
- Chore Services
- Social Work Counseling
- Emergency Response Services
- Home Modification Maintenance and Repair
- Personal Care Services
- Homemaker Services
- Waiver Nursing Services
- Home Delivered Meals
- Alternative Meals Service
- Pest Control
- Assisted Living Services
- Home Care Attendant
- Choices Home Care Attendant
- Enhanced Community Living Services
- Nutritional Consultation
- Independent Living Assistance
- Community Transition
Care Management

- Comprehensively manage benefits across the continuum of care, including linkages to social and community services
- All individuals enrolled in an ICDS plan will receive care management and have an assigned, personal care manager
- Model promotes a person-centered, culturally sensitive approach to care management
- Use a team-based approach led by the care manager to coordinate services and respond to assessed needs
- Team includes the individual, primary care provider, care manager, waiver service coordinator and, as appropriate, the individual’s family/caregiver/supports and other providers based on the individual’s needs

Quality Measures

- Measures required by CMS will be used by all demonstration projects
- Evaluate access, wellness and prevention, quality of life, care coordination/transitions, behavioral health, patient experience
- National measurement sets will be used
- Ohio-specific measures focus on transition, diversion and balance
- Plans will evaluate the effectiveness of care management (health outcomes, functional status, consumer satisfaction) and integrate the results into continuous quality improvement
**Provider Contracting**

- In order to serve individuals enrolled in the ICDS plans must contract with providers during required transition periods
- During transition periods, if there is no contract, the plan must make authorization and payment arrangements with the provider

**Current Status of Ohio’s ICDS**

- Project approved by CMS in December 2012
- The nature of these financial alignment projects, integrating Medicare and Medicaid, make them exceptionally challenging and complicated – many moving parts to align
  - Development of a 3-way contract
  - Development of an integrated enrollment process
  - Meshing two complicated data systems
  - Development of actuarially sound capitation rates
  - Development of marketing guidelines
  - Development of a 1915 b/c waiver
  - Unified grievance and appeal process
- Actively engaged with advocates – developing outreach processes, educational materials, enrollment guidelines
Ohio ICDS Model

- Enrollee,*
- Family and Friends
- Primary Care Practitioner*
- Nutritionist
- Person-Centered Medical Specialists
- Pharmacist
- Long Term Services & Supports Specialist
- Behavioral Specialist
- OT, PT, etc.
- Team-Based Comprehensive Assessment
- Home Visits
- 24/7 Live Response Service Coordination and Monitoring
- Primary Care in Facilities
- Transitions Management
- Centralized Record

*Core Team Members (others as needed)