



Governor's Office of Health Transformation

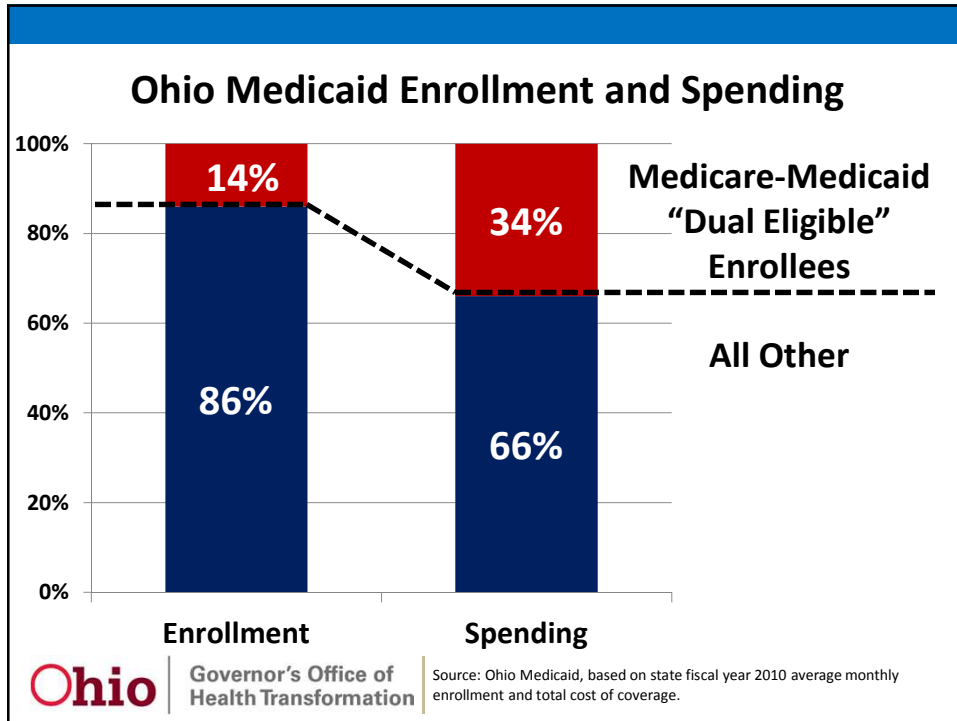
Ohio's Medicare-Medicaid Integrated Care Delivery System

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Ohio Health Transformation Plan

Modernize Medicaid	Streamline Health and Human Services	Pay for Value
<i>Initiate in 2011</i>	<i>Initiate in 2012</i>	<i>Initiate in 2013</i>
<p>Medicaid Cabinet: OHT (sponsor); AGE, ODH, ADA, MH, DD, Medicaid; with connections to JFS</p> <ul style="list-style-type: none"> Prioritize home and community services Reform nursing facility payment Integrate Medicare and Medicaid benefits Rebuild community behavioral health system capacity Create health homes for people with mental illness Restructure behavioral health system financing Enhance community DD services Improve Medicaid managed care plan performance Eliminate fraud and abuse Extend Medicaid coverage to more low-income Ohioans 	<p>HHS Cabinet: DAS, OBM, OHT (sponsors); JFS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX</p> <ul style="list-style-type: none"> Create the Office of Health Transformation (2011) Implement a new Medicaid claims payment system (2011) Create a unified Medicaid budget, accounting system Create a cabinet-level Medicaid Department (July 2013) Consolidate mental health and addiction services (July 2013) Simplify and replace Ohio's 34-year-old eligibility system Coordinate workforce programs Share services across local jurisdictions Recommend a permanent HHS structure (coming soon) 	<p>Payment Innovation Task Force: OHT (sponsor); Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OPERS, ODI, TAX</p> <ul style="list-style-type: none"> Participate in Catalyst for Payment Reform (CPR) Provide access to medical homes for most Ohioans Use episode-based payments for acute medical events Pioneer accountable care organizations Accelerate electronic health information exchange Promote insurance market competition and affordability Support regional payment innovation



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

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



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Note: Individuals residing in nursing facilities, enrolled in a NF-level of care 1915(c) waiver and/or receiving behavioral health services are included in the demonstration.

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



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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 Imaging
- 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

