Ohio | Department of Medicaid

Senate Medicaid Committee
Executive Budget Proposal

April 27, 2023

Maureen M. Corcoran Director

Maureen.Corcoran@medicaid.ohio.gov

ODM Budget Priorities for SFY 2024-2025

- Ensuring eligible Ohioans have continuous access to high-quality health care as the state resumes routine eligibility operations.
- Preserving and strengthening access for Ohioans to behavioral health and other community-based services, focusing on those who provide direct care and services to individuals while working to address workforce shortages.
- Continued implementation of Medicaid's Next Generation of Managed Care, including OhioRISE, the Single Pharmacy Benefit Manager (SPBM), Fiscal Intermediary (FI), and the Provider Network Management (PNM) module.
- Ensuring Ohio's mothers and children have access to the necessary programming for sustainable healthcare they need, connecting pregnant mothers to evidence-based resources that improve birth outcomes, seeking to eliminate disparities that negatively impact the health of Ohioans we serve.
- Continuing progress on priority policy initiatives approved in HB 110 of the 134th General Assembly.

Medicaid serves the entire life spectrum

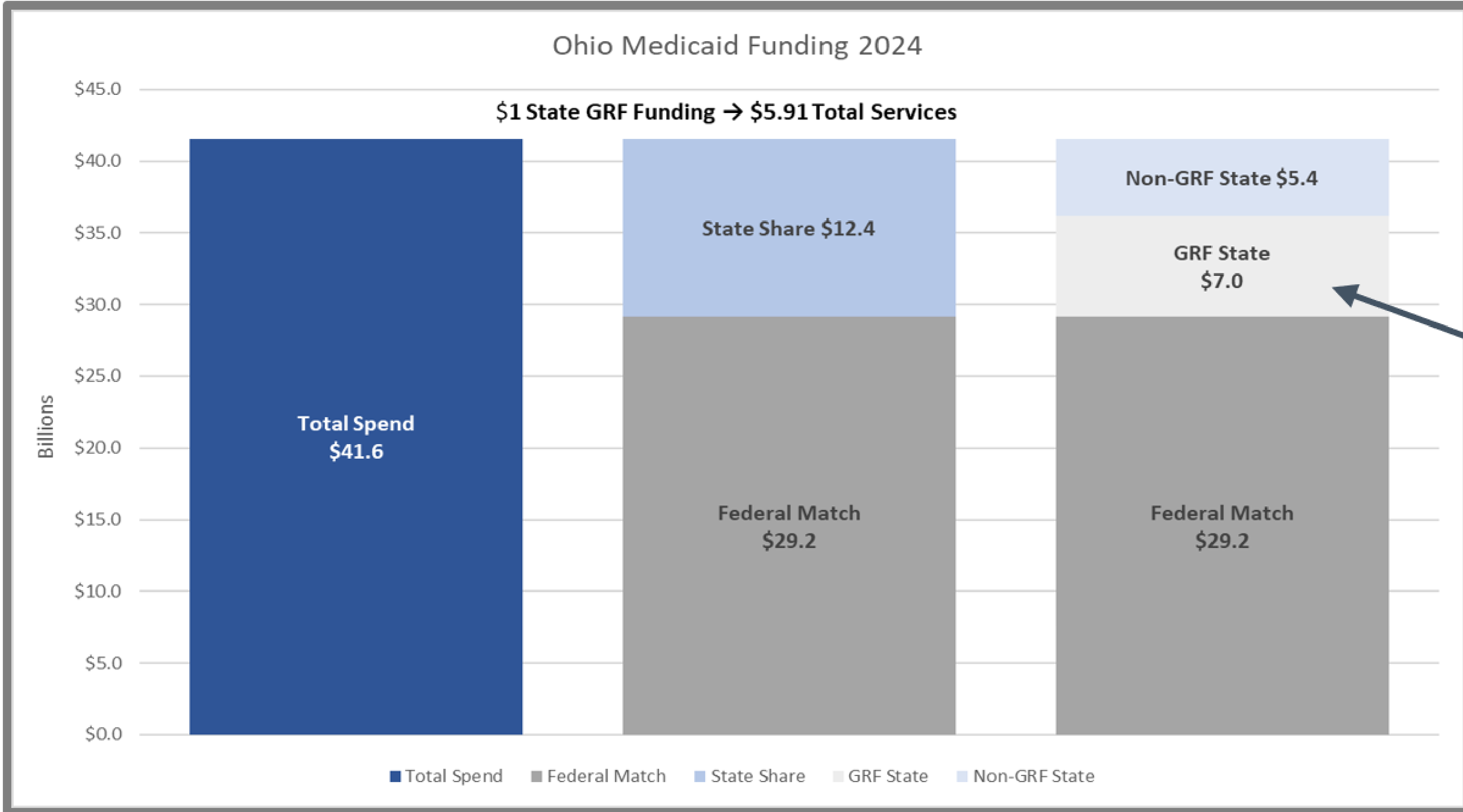
Medicaid Services & Administrative Support

- ODM
- DODD
- MHAS
- ODA
- ODH
- ODE
- ODJFS
- Bd of Pharmacy

- Over half of all births in Ohio are covered by Medicaid
- More than 1.3 million children in our state are served by Medicaid
- Approximately 20,000 children and youth are enrolled and receiving specialized services through OhioRISE
- Nearly a third of Ohio Medicaid's adult population suffers from mental illness and about 25% of children have a behavioral health diagnosis.
- More than 141,000 Ohioans are served on 7 HCBS waivers
    - ~51,500 IDD and
    - ~90,000 elderly, physically and developmentally disabled
- 46,140 Ohioans are served in Nursing Facilities; 64% of all NF days are paid for by Medicaid

Ohio Medicaid Funding 2024

$1 State GRF Funding → $5.91 Total Services



GRF STATE $7.0 B

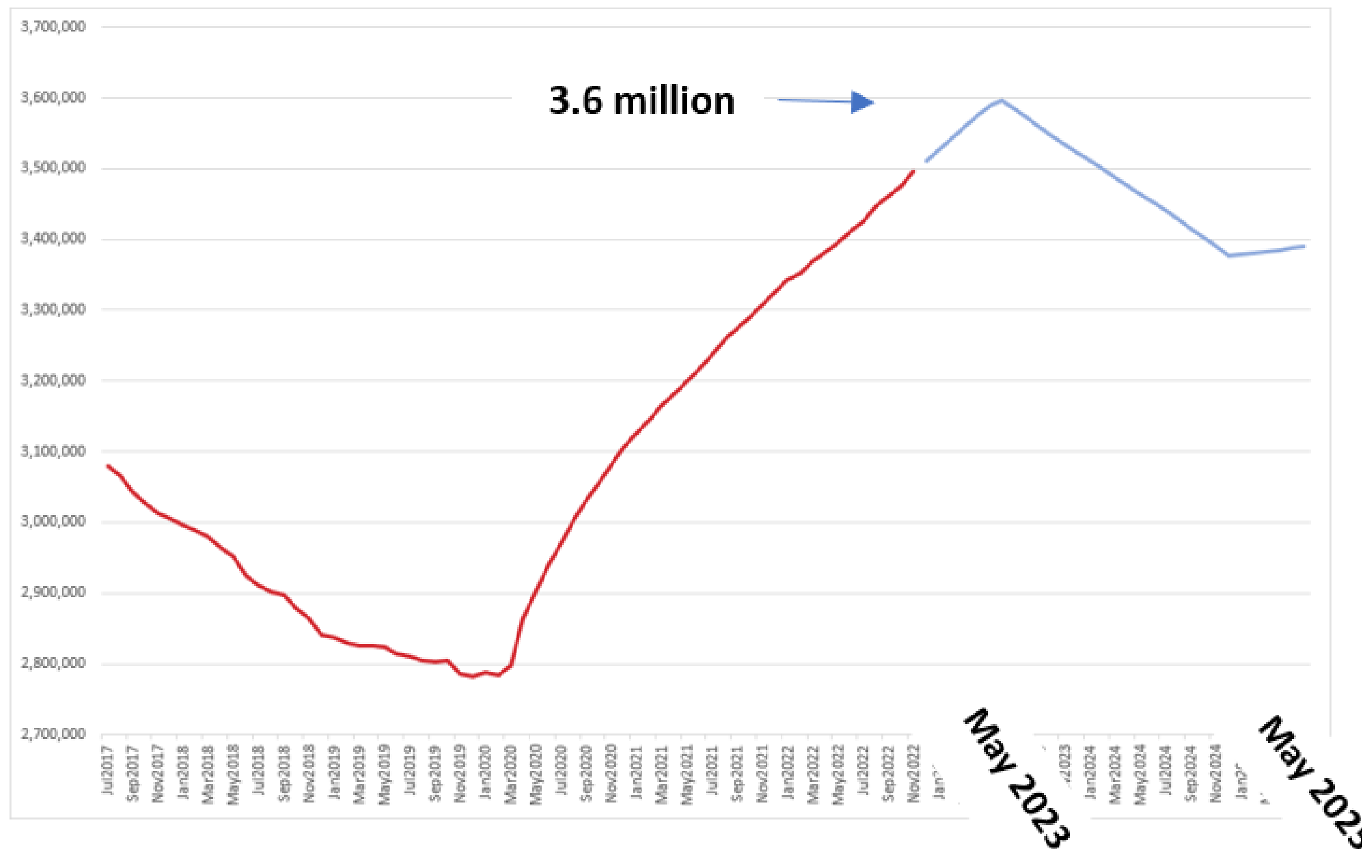
Figure 1*: In SFY 24, the Medicaid program is 70.2% federally funded*

SFY 24-25 Financial Drivers: Inflation, Shifting Workforce Dynamics and Continuous Eligibility Coverage

- Public Health Emergency
  - » Additional enhanced federal funds to Medicaid
    - $5.1 billion 16 quarters - Jan. 2020 thru Dec. 2023
  - » Additional flexibilities, esp. with home and community-based (HCBS) waivers
  - » Requirement on States to maintain Medicaid eligibility; stop regular redeterminations with terminations
  - » As expected, the most significant increases have been in CFC AND Group VIII Expansion; income sensitive categories.
  - » CMS required a state plan for returning to normal operations. Ohio's has been approved.
  - » H.B.45 authorized additional funds for counties for Medicaid operations
  - » Restarted normal eligibility redeterminations on Feb. 1, 2023

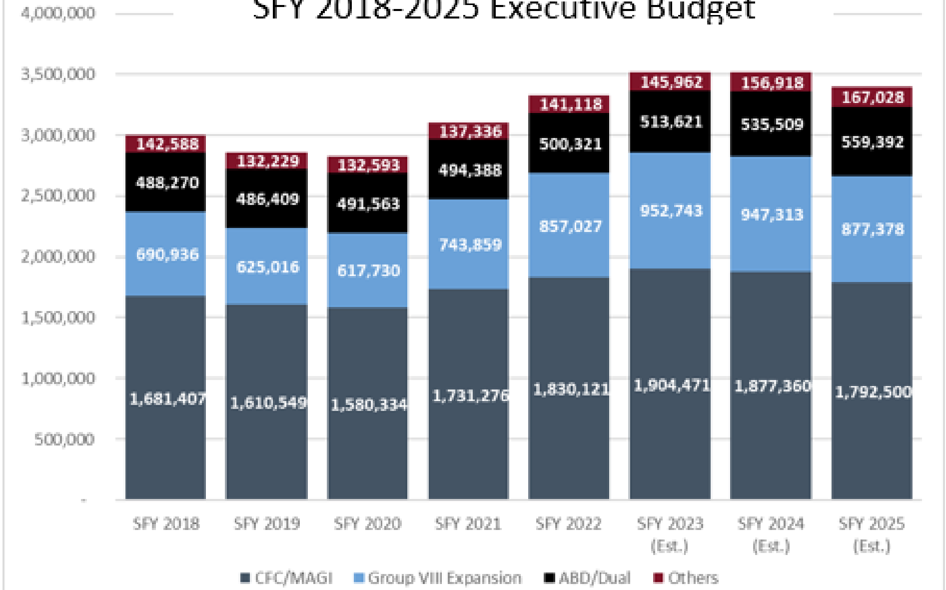
Figure 5
Medicaid Caseload SFY 2018-2025
Executive Budget Submission SFY 24-25

--3/31/23 case 3.58 Net 798,000 = 28.7% increase since Feb20. --Decline after 4/1 terms. --ODM: Peak 3.6m@May 12 mo. process; 18 mo. decline in caseload. Project decrease of 220,000 (or 27% of the addl. 800,000). LSC analysis: overall length and end of the decline same, but LSC peak is 41k below 12/22.



LSC LOWER BY 0.8% OR $512M. LSC SFY 24 (-1.3%) =$405M SFY 25 (-0.3%) =$106M

PUNCHLINE: ODM, LSC & JMOC ACTUARIAL PROJECTIONS ARE GENERALLY IN AGREEMENT W/ SOME NUANCED DIFFERENCES RE: THE PEAK.

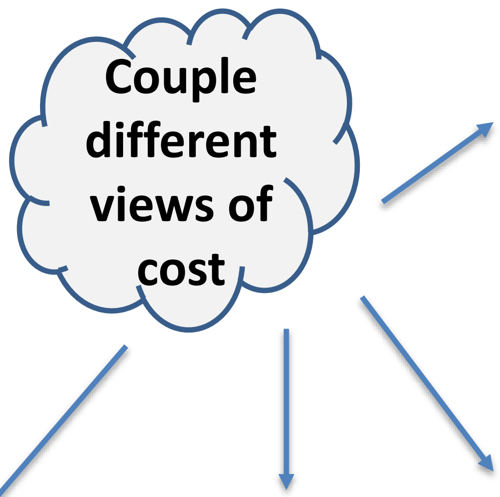


Other

ABD/Duals

Group 8 Expansion

CFC/MAGI



- ABD & Dual eligible M'aid + M'are
- Esp. NF, ICF-IID
- & HCBS waivers
- & Commty BH

	Individuals who are intellectually and developmentally disabled. (DODD waivers)		
Names of the waivers	Individual Options	Level One	Self
Capacity Number of People	28,300	19,766	3,600
Total	Total 51,666		
Average cost of waiver	$65,810	$11,400	$14,780

Only waiver cost, no medical cost

2023 Managed Care Monthly Cap Rate x 12 mos./yr.	
ABD Adult	$24,902
ABD Kids	$16,321
CFC Adult	$7,276
CFC Kids	$3,763
Dual	$17,625
Expansion	$9,468
Others	$1,164

2022 Annual Cost Per Person *Facility/waiver + other medical cost*	
Nursing Facility	$77,158
Home Care Waiver	43,886
Assisted Living Waiver	$23,705
Passport Waiver	$21,535
MyCare Waiver	$20,656

Caseload Considerations: Why Medicaid Caseload Will Not Return to 2020 Levels

- Pre-Pandemic Economy & OBM and National Economists are predicting a mild recession in CY 2023
  - » Right before the pandemic, the economy was coming off a decade of economic growth, with historical levels of employment, improving labor force participation, and low inflation. Medicaid caseloads had been in decline for 35 consecutive months.
  - » While the unemployment rate has rebounded, labor force participation has not recovered to February 2020 levels. Additionally, national and state economist are predicting a mild recession to occur at some point in 2023. Given that, and the fact that Medicaid is countercyclical, we would expect then to see an uptick in enrollment.
- CMS/Federal Requirements re: procedures, repeated notifications, and appeal requirements
  - » ODM must follow all federal requirements related to all eligibility processes and reporting.
- Pressures/Reductions in Commercial Insurance
  - » Continuing trends in the overall commercial and employer-sponsored insurance market added pressure to families.
  - » In 2020, nearly 60% of employees w/ employer-sponsored insurance had a high-deductible plan. From 2015-2021 the prevalence of employer sponsored insurance for working age adults in Appalachia dropped by 5.2%; impacting roughly 100,200 adults.
- "Woodwork Effect"
  - » There is always a portion of the population who is "eligible" for Medicaid but never enrolls. As a result of the pandemic and the continuous coverage provision, new enrollments to Medicaid continued throughout the pandemic.
- County JFS Challenges
  - » Administrative efficiencies and additional funding resources have been invested to assist counties, but workforce challenges and turnover have impacted counties, as with the rest of the economy.
- Aging of Ohio's Population
  - » Ohio's population is growing increasingly older, putting upward pressure on overall caseload.

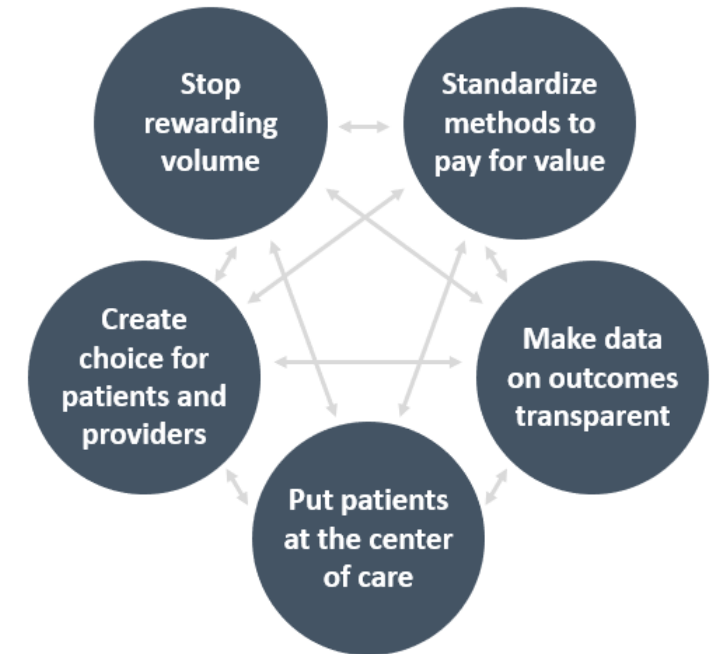
POLICY:

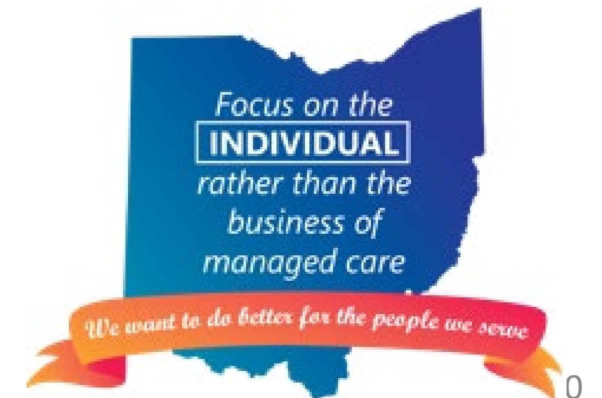
Next Generation of Managed Care
Improving Outcomes & Cost Containment
Bold Beginnings

Value Based Competition: Improving Health Outcomes and Cost Containment

Immediate Efforts and a Longer-Term Status Report

- Implementing more comprehensive social determinants of health requirements in the new Next Generation program, managed care contracts
- Collective work--all of the MCEs working together- -with community-based organizations to develop interventions that will target underlying challenges to improve the health of individuals.
- Implementation of a voluntary work program and a dedicated Ohio Means Jobs portal to connect Medicaid individuals to direct care jobs
- Connections to HB 45 programs designed to lower costs to obtaining behavioral health workforce credentials and training
- Continuing to grow programs such as OhioRISE to change the trajectory for several medically complex multi-system kids





Status Report to the General Assembly: JMOC Statute: ORC 5162.70

The Medicaid Director is required to do all the following. Please see Appendix 2 for a review of the following areas and the specific initiatives underway and proposed for SFY 24 and 25 to address these areas.

"Achieve the limit in the growth rate of the per recipient per month cost of the medicaid program by doing all of the following: (ORC 5162.70 (B)(2) & (3))

(a) Improving the physical & mental health of medicaid recipients.

(b) Providing for medicaid recipients to receive services in the most cost-effective & sustainable manner.

(c) Removing barrriers that impede medicaid recipients' ability to transfer to lower cost, and more appropriate services, inc. home & community-based services

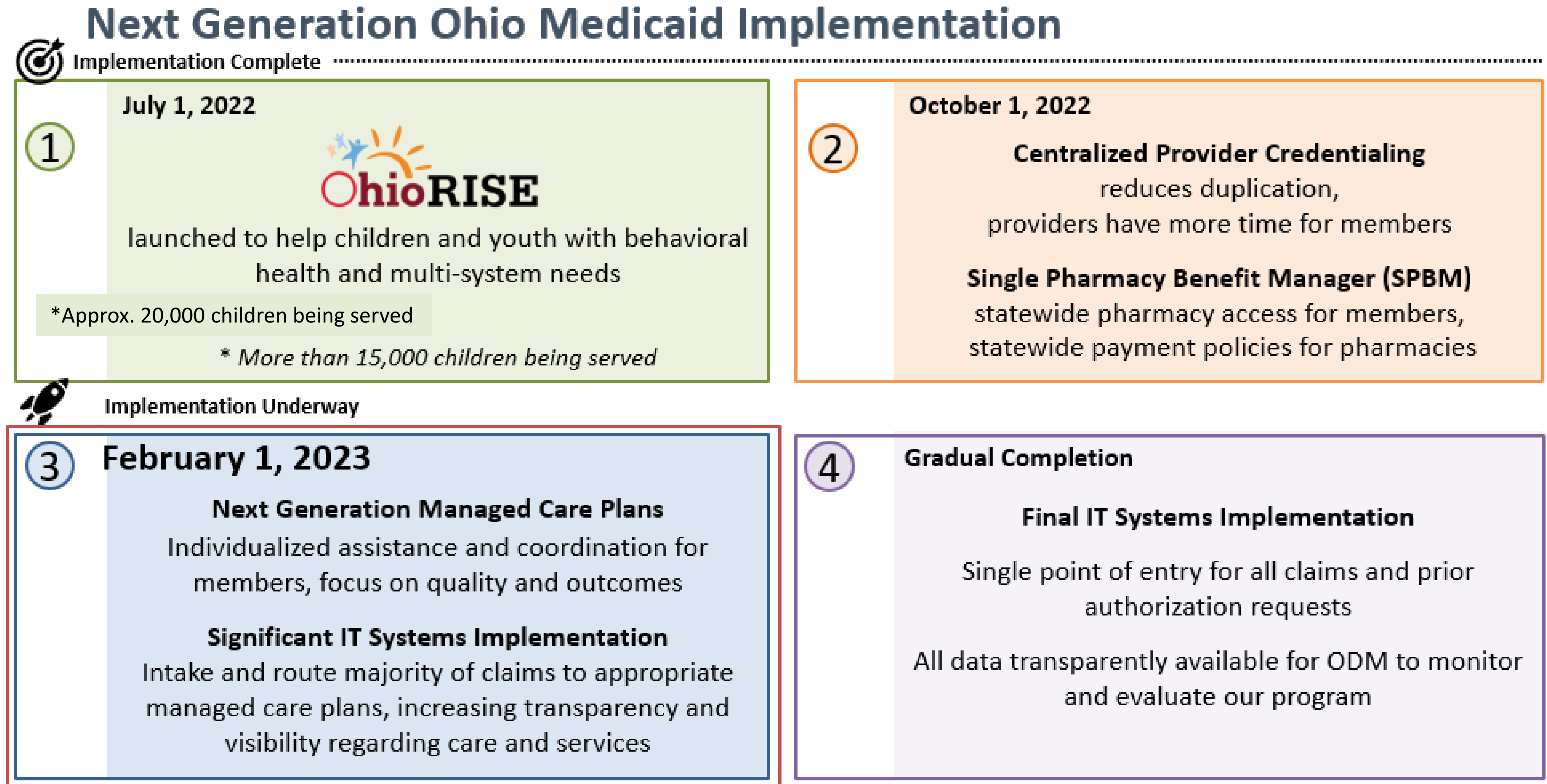
(d) Establishing medicaid payment rates that encourage value over volume & result in medicaid services being provided in the most efficient & effective manner possible.

(e) Implementing fraud/ abuse prevention & cost avoidance mechanisms to the fullest extent possible

(3) Reduce the prevalence of comorbid health conditions and mortality rates of medicaid recipients.

(4) Reduce infant mortality rates among medicaid recipients."

Figure 12: Stages of Implementation



Next Generation Program ~ February 1, 2023

Operating Agreements for All MCEs

AmeriHealth Caritas

Anthem

Next Gen Launch Teams

gainwell

Home- and Community-based Services

Future State of Care Coordination

OhioRISE

maximus
Training Rollout Plan
Ohio Department of Medicaid Provider Network Management / Centralized Credentialing

PNM

Population Health

State Plan Amendments

Focus on the INDIVIDUAL rather than the business of managed care

We want to do better for the people we serve

Humana

The John Praed Foundation

CSG Government Solutions

American Rescue Plan Act

#IN THIS TOGETHER Ohio

ODM Integrated Helpdesk

buckeye health plan

MOLINA HEALTHCARE

CareSource

Deloitte.

Don't miss this letter.
Be sure that Ohio Medicaid has your current mailing address.

Unwinding Preparations
Actions taken to date

Maternal Infant Support Program
12 months postpartum

Ohio Minds Matter
Ohio Youth Behavioral Health Resource

UnitedHealthcare Community Plan

Ohio Benefits
Long-Term Services and Supports

JMOC
Joint Medicaid Oversight Committee - Ohio General Assembly

aetna

Figure 14

Key Next Gen Program Improvements

Better Services for Pregnant Members and Newborns

- Support groups and nurse home visits for emotional and physical support during pregnancy
- Free breast pump 24/7 help with breastfeeding for newborns.

After-Hours Behavioral Health Crisis Services

- Access to an after-hours phone number connecting individuals experiencing mental health/addiction-related challenges to a statewide crisis line.

Individualized Coordination and Care Management

- Access to a health navigator to help individuals find services specific to their needs.

Community Investment

- Ohio Medicaid is investing in local communities by partnering with community organizations and supporting local programs to help tackle various issues.

24/7 Medical Advice Line

- Call your managed care plan's 24/7 medical advice line anytime you have a medical question or need help.

OhioRISE

- OhioRISE is a specialized managed care program for children and youth with complex behavioral health and multisystem needs.

Commitment to Individual's Health and Cultural Respect

- We are supporting healthcare staff by providing programs and trainings that include cultural understanding and respect for everyone's experiences.

Single Pharmacy Benefit Manager (SPBM)

- With Gainwell as the Next Generation's single administrator for pharmacy needs and services, you will be able to receive the medications you need regardless of managed care plan.

Enhanced Support for Member Transportation

- Improved trips to appointments and pharmacies will include ambulance, wheelchair van, and other emergency transportation and county non-emergency transportation

Increased Accessibility

- If English is not your primary language or you are hard of hearing, your plan has a toll-free number and telephone services available to make sure you can easily get the information and services you need.

Additional Support for Children

- Additional behavioral health services will include therapy and substance use disorder treatment services.

Freeing Up Providers to Better Serve You

- Ohio Medicaid has implemented changes to ease the administrative burden on providers

Focus on Preventive Care and Wellness

- Members will have an opportunity to receive rewards for wellness visits, vaccinations, and preventative care screenings for illnesses including diabetes.

Telehealth Services

- To ensure you can receive care even when you can't make it to the doctor's office, telehealth appointments are available for healthcare needs.

Bold Beginnings

remove barriers to healthcare, ease financial burdens, and support parents and families

- **Increase eligibility for pregnant women and children up to 300% of the federal poverty level.**
- **Expand healthcare coverage for privately adopted youth who have special healthcare needs**
- **Create a pathway to safe, secure housing for more struggling and new mothers.**
- **Complete implementation of Medicaid's Maternal and Infant Support Program (MISP)**
- **New Department of Children and Youth**
- **Other ODM initiatives**

Governor DeWine has committed to ensuring that Ohio is the "best state in the nation to start and raise a family".

Medicaid Provider Rate Initiatives

Figure 16

Rebalancing Ohio's Community & Institutional Service Capacity
Percentage of Individuals Receiving LTSS in FACILITIES & HCBS SETTINGS SFY 2006 -2022

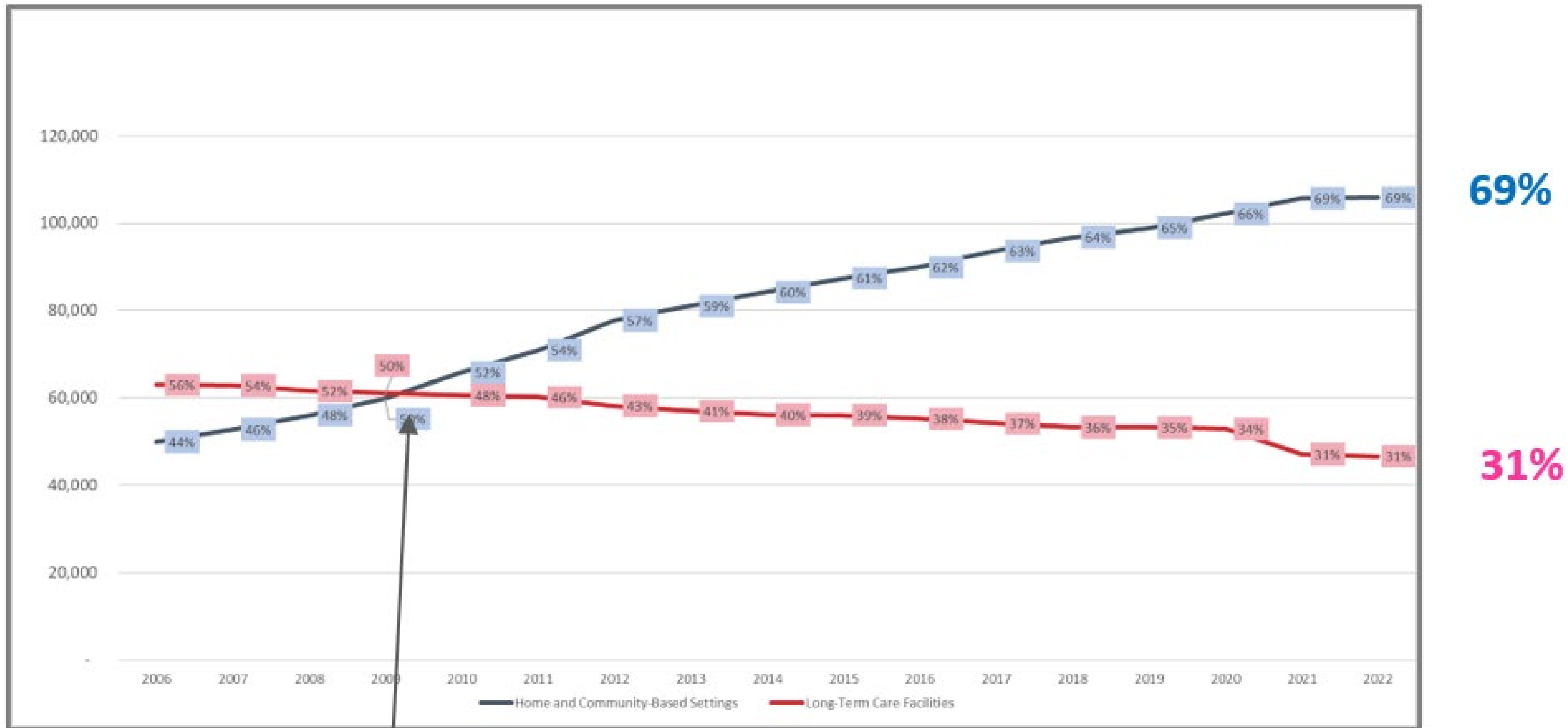


Figure 15

Home and Community Based Services

Who Medicaid serves

	Individuals who are intellectually and developmentally disabled. (DODD waivers)			Individuals served in an ICF-IID (DODD)	Individuals who are elderly, physically, and developmentally disabled. (ODM and ODA waivers)			
Names of the waivers	Individual Options	Level One	Self		MyCare	Ohio Home Care	Passport	Assisted Living
Capacity Number of People	28,300	19,766	3,600	4,286	38,262	10,212	37,863	5,583
Total	Total 51,666			4,286	Total 89,920			
Average cost of waiver	$65,810	$11,400	$14,780		Managed Care[2]	$17,220	$10,723	$11,587

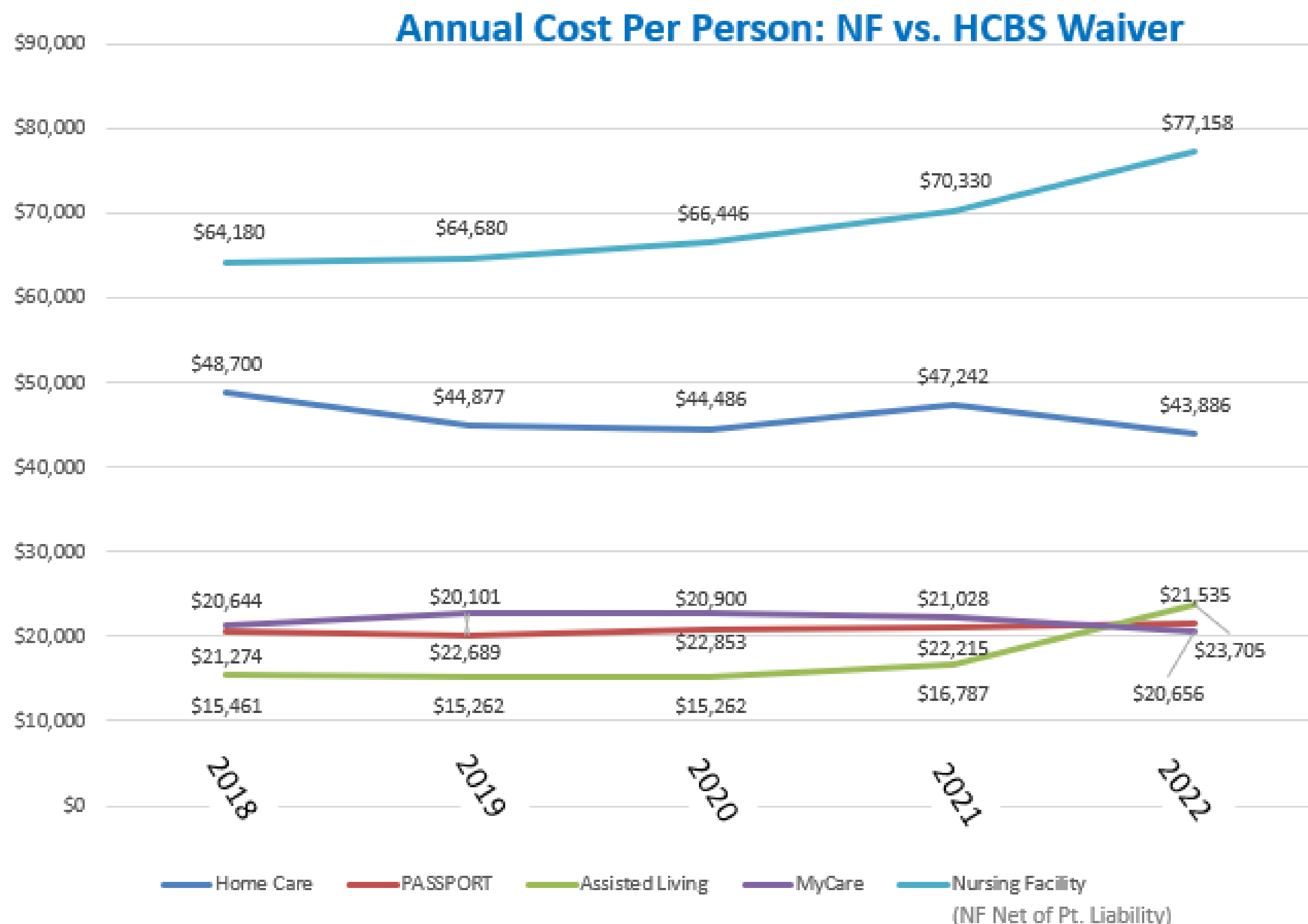
Medicaid Long Term Services & Supports Initiatives SFY24-25

remove barriers to healthcare, ease financial burdens, and support parents and families

- Increasing Self Direction in the ODM Ohio Home Care Waiver
- MyCare Conversion
- Adding Structured Family Care waiver service
- Adding Remote Monitoring to ODM/ODA waivers
- Additional waiver reforms to increase efficiency and effectiveness of waiver services, inc. case management alignment
- Also, collaborative recommendation from ODM, DODD, ODMHAS & ODA: Provider Rate Increases and Alignment

Cost Neutrality Requirement for HCBS Waiver Programs

- States are required to show HCBS services are equal to or cost less than services in institutions (NF or ICD-IID)
- The chart shows ODM NF HCBS programs cost neutrality from 2018 to 2022
- The average cost per person in the community falls below the average cost per person who is in a nursing facility
- On average, annually, per person:
  - The Assisted Living program is $51,263 less than NF care
  - The PASSPORT program is $47,717 less than NF care
  - The MyCare program is $46,621 less that NF care
  - The Ohio Home Care program is $22,721 less than NF care



Medicaid Rate Initiatives SFY24-25

- Home & Community Based Providers: collaborative recommendation from ODM, DODD, ODMHAS & ODA
  - HCBS services
  - Community Behavioral Health
  - The importance of waiver alignment
- Pharmacy & other Medicaid non-institutional services
- Intermediate Care Facilities for Individuals with Intellectual or other Developmental Disorders (ICF-IID) & Nursing Facility (NF)

Executive Budget Proposal re: Provider Rates

Provider Type / Service Type	FY24-Total	FY24-State	FY25-Total	FY25-State	FY24/25-Total	FY24/25-State	% Increase
Hospital Rates	$ 136,257,394	$ 39,809,781	$ 272,514,791	$ 79,983,091	$ 408,772,185	$ 119,792,872	4.1%
Non-Institutional Providers	$ 156,936,091	$ 48,393,718	$ 313,872,182	$ 96,787,436	$ 470,808,273	$ 145,181,154	8.2%
Behavioral Health	$ 83,333,333	$ 25,000,000	$ 166,666,667	$ 50,000,000	$ 250,000,000	$ 75,000,000	10.0%
Long-Term Care and Social Supports	$ 145,524,480	$ 52,372,611	$ 291,048,961	$ 104,745,222	$ 436,573,441	$ 157,117,833	27.2%
Dept. of Aging	$ 52,362,531	$ 15,708,759	$ 104,725,062	$ 31,417,519	$ 157,087,593	$ 47,126,278	31.5%
Dept. of Developmental Disabilities	$ 226,563,678	$ 79,025,411	$ 396,947,326	$ 141,710,195	$ 623,511,004	$ 220,735,606	14.0%
Total	$ 800,977,507	$ 260,310,280	$ 1,545,774,989	$ 504,643,464	$ 2,346,752,496	$ 764,953,744	9.4%

LTCSS Type	FY24-Total	FY24-State	FY25-Total	FY25-State	FY24/25-Total	FY24/25-State	% Increase
Nursing	$ 27,319,618	$ 9,833,814	$ 54,639,236	$ 19,667,628	$ 81,958,855	$ 29,501,442	19.9%
Personal Care/Aide	$ 289,461,278	$ 100,375,643	$ 571,686,077	$ 200,751,285	$ 861,147,356	$ 301,126,928	20.9%
Adult Day	$ 21,123,144	$ 7,370,221	$ 41,298,019	$ 14,740,441	$ 62,421,164	$ 22,110,662	10.0%
Meals	$ 8,195,557	$ 2,789,193	$ 16,391,114	$ 5,578,386	$ 24,586,671	$ 8,367,578	22.2%
Assisted Living	$ 28,569,925	$ 9,441,853	$ 57,139,851	$ 18,883,705	$ 85,709,776	$ 28,325,558	48.0%
Other	$ 1,385,493	$ 415,648	$ 2,770,986	$ 831,296	$ 4,156,478	$ 1,246,944	7.6%
ICF IDD	$ 48,395,673	$ 16,880,411	$ 48,796,066	$ 17,420,195	$ 97,191,739	$ 34,300,606	8.2%
Total	$ 424,450,689	$ 147,106,781	$ 792,721,349	$ 277,872,936	$ 1,217,172,038	$ 424,979,718	18.7%

Funding	ALI	FY24-Total	FY24-State	FY25-Total	FY25-State	FY24/25-Total	FY24/25-State
651525	651525	$ 266,526,629	$ 80,984,441	$ 533,053,261	$ 162,200,416	$ 799,579,891	$ 243,184,857
656/623	656/623	$ 110,000,189	$ 32,219,058	$ 220,000,378	$ 64,570,111	$ 330,000,567	$ 96,789,169
ARPA/651525	651525	$ -	$ -	$ 197,887,012	$ 68,081,370	$ 197,887,012	$ 68,081,370
ARPA/651525	651698/651699	$ 197,887,012	$ 68,081,370	$ 197,887,012	$ 68,081,370	$ 395,774,023	$ 136,162,741
ARPA/DODD	653698/653699	$ 172,625,000	$ 60,211,600	$ 172,625,000	$ 61,627,125	$ 345,250,000	$ 121,838,725
ARPA/DODD	653407/653654	$ 5,543,005	$ 1,933,400	$ 175,526,261	$ 62,662,875	$ 181,069,266	$ 64,596,275
GRF DODD ICF	653407/653654	$ 48,395,673	$ 16,880,411	$ 48,796,066	$ 17,420,195	$ 97,191,739	$ 34,300,606
Total		$ 800,977,508	$ 260,310,280	$ 1,545,774,989	$ 504,643,464	$ 2,346,752,497	$ 764,953,744

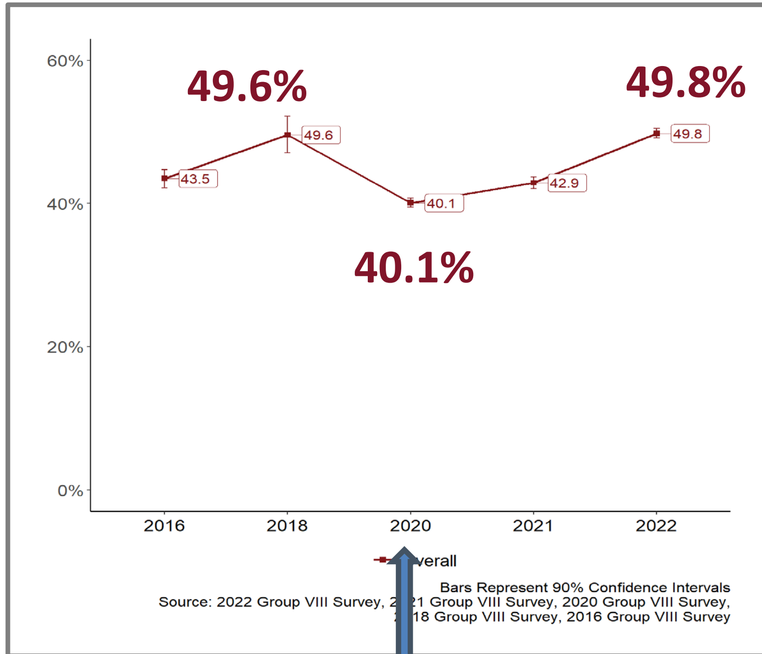
APPENDIX 3

Attachments

Enhancing Economic Opportunity & Employment

Figure 9

Group 8 Percentage of Individuals Working



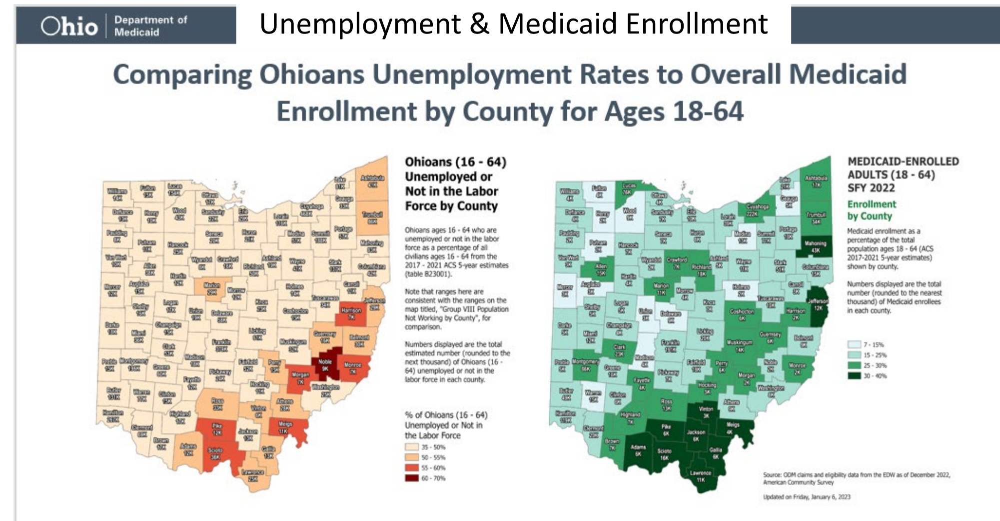
PHE

2021 All working age (19-64 y.o.) individuals on Medicaid who were working: 41.6 %

MEDICAID ANALYSIS OF BARRIERS TO EMPLOYMENT (Gr8)

- The percentage of the newly enrolled Medicaid individuals since the pandemic are just as likely to be working as those who were enrolled prior to the pandemic
- More than 40% of Group VIII and CFC (the populations most likely to be able to work) have a behavioral health diagnosis
- **Non-Working vs. Working Medicaid Individuals**
  - Higher rates of chronic conditions. MH impairment 3x.
  - 76.4% of Group VIII individuals with access to employer-sponsored insurance found it unaffordable
  - Reasons for not working: physical or mental health, difficulty finding a job, caretaking
- Medicaid-enrolled individuals who were previously incarcerated face additional barriers to employment such as background checks

Figure 8



See appendix 1 of full testimony for full size chart.

JMOC Growth Rate
& Status Report of ODM Responsibilities for Cost Containment

JMOC Growth Rate

Growth Rate established by JMOC (SFY24-25)	3.35%
ODM JMOC growth rate (SFY24-25)	3.35%

Section 333.220. PANDEMIC AND FEDERALLY MANDATED REQUIREMENTS 125225
FOR RESTORATION OF NORMAL MEDICAID ELIGIBILITY DETERMINATIONS 125226

Due to unprecedented and extraordinary inflationary pressures 125227
within the economy that are adversely impacting Medicaid providers 125228

H. B. No. 33
As Introduced
Page 4093

caused by the declaration of the federal Public Health Emergency 125229
on January 31, 2020, by the U.S. Department of Health and Human 125230
Services, and due to the projected increases in Medicaid per 125231
member costs associated with the federal requirements for 125232
restoring normal operations associated with the Medicaid 125233
continuous coverage provision and a reduction in federal financial 125234
participation outlined in the federal "Consolidated Appropriations 125235
Act, 2023," Pub. L. No. 117-328, and due to historical Joint 125236
Medicaid Oversight Committee (JMOC) exclusions, provider rate 125237
increases and the per member unwinding impact identified by the 125238
JMOC actuary shall not be considered for purposes of the Medicaid 125239
reforms required by section 5162.70 of the Revised Code. 125240

+ Program Cuts

1

JMOC Actuary Increase Due to Unwinding

Figure 1. Projected Rates of Growth, Scenario A – Constant CY 2021 population mix:

page 13 of slide presentation

	Annualized Growth	
SFY	Lower Bound	Upper Bound
2024	2.8%	3.9%
2025	2.6%	3.6%
Avg. Annual	**2.7%**	**3.7%**

Figure 2. Projected Rates of Growth, Scenario B – Modeled PHE unwound population mix:

page 14 of slide presentation

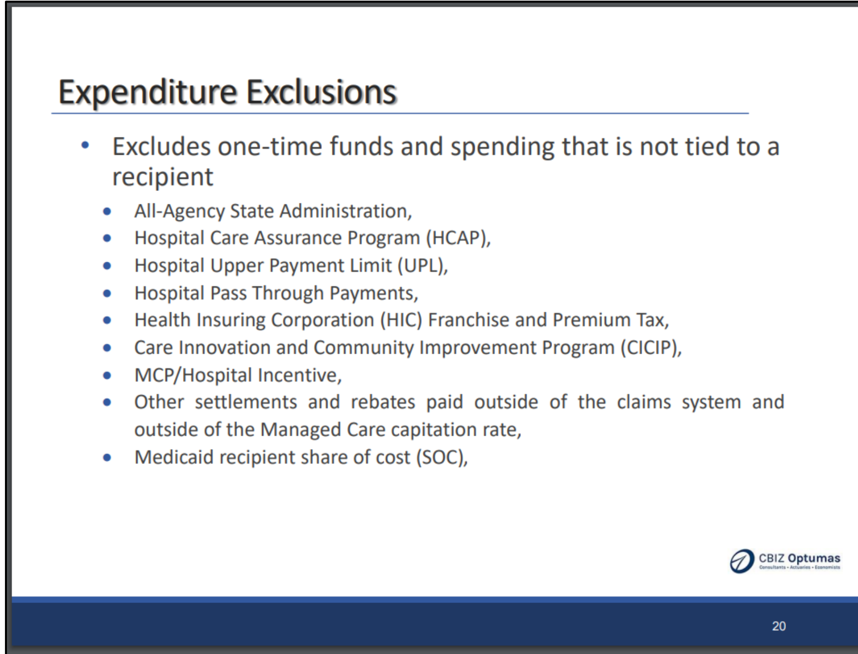
	Annualized Growth	
SFY	Lower Bound	Upper Bound
2024	3.7%	4.8%
2025	3.1%	4.1%
Avg. Annual	**3.4%**	**4.4%**

Projected annualized growth from **Optumas'** Scenario A Rating Period 2023 (July 1, 2022 – December 31, 2023) projection to SFY 2024 (July 1, 2023 – June 30, 2024) is estimated to be between 2.8% and 3.9% and the rate of growth from SFY 2024 to SFY 2025 is projected to be between 2.6% and 3.6%. Weighted together equally, the projected growth is projected to be between 2.7% and 3.7% annually, over the course of the biennium.

- JMOC Actuary pointed out increased PMPM cost associated with unwinding
- JMOC committee did not account for unwinding in their vote of 3.3% and 3.4%

Slide from Optumas 10/20/22 JMOC presentation

2



4

+ Program Cuts = $232m

3

Section 333.230. COMPETITIVE WAGES FOR DIRECT CARE WORKFORCE OF MEDICAID SERVICES

Growth Rate NHE Personal Health Care Expenditures Per Capita (2023-25)	4.79%
CPI Medical Midwest (Dec 2021 to Dec 2022)	3.59%
CPI (Dec 2021 to Dec 2022)	6.50%

Section 333.230. COMPETITIVE WAGES FOR DIRECT CARE WORKFORCE 125241
OF MEDICAID SERVICES 125242

Direct care providers under Ohio's Medicaid program have been 125243
adversely impacted by the COVID-19 pandemic and extraordinary 125244
inflationary pressures within the economy. The Department of 125245
Medicaid in collaboration with the Department of Aging and the 125246
Department of Developmental Disabilities has included funding in 125247
the budget to be used for provider rate increases. These provider 125248
rate increases shall be used to ensure workforce stability and 125249
greater access to care for Medicaid recipients through increased 125250
wages and needed workforce supports. 125251

Ohio | Department of Medicaid

5162.70 Joint Medicaid Oversight Committee Cost Containment Provisions

In 2014, the Ohio General Assembly enacted ORC 5162.70, requiring the Ohio Department of Medicaid (ODM) to limit the per-person growth of the Medicaid program by enacting reforms that accomplish various goals identified in the statute. ODM compiled the following list of such reforms to provide an update on current and proposed program and fiscal policy that address the requirements in ORC 5162.70 (B)(2)(a-g), which charges the Director of ODM with:

a) "Improving the physical & mental health of Medicaid recipients.
b) Providing for Medicaid recipients to receive services in the most cost-effective & sustainable manner.
c) Removing barriers that impede Medicaid recipients' ability to transfer to lower cost, and more appropriate services, including home & community-based services (HCBS).
d) Establishing Medicaid payment rates that encourage value over volume & result in Medicaid services being provided in the most efficient & effective manner possible.
e) Implementing fraud/ abuse prevention & cost avoidance mechanisms to the fullest extent possible.
f) Reducing the prevalence of comorbid health conditions and mortality rates of Medicaid recipients.
g) Reducing infant mortality rates among Medicaid recipients."

Additionally, on February 1, 2023, the new managed care provider agreement went into effect, ushering in the Next Generation program with seven managed care entities (MCEs) and OhioRISE. Highlights of the **Next Generation** program include:

1) Enhanced services for newborns & pregnant women
2) Focus on wellness & preventative care
3) Collective impact & other quality efforts
4) Community investment
5) Individualized care coordination
6) Commit to health & cultural respect
7) Telehealth
8) 24/7 medical advice line
9) After-Hours BH crisis access
10) OhioRISE for multi-system youth
11) Additional services/support for youth
12) Single Pharmacy Benefit Manager (SPBM)
13) Enhanced member transportation
14) Increased accessibility re: information
15) Administrative cost reductions
16) Centralized credentialling
17) Provider enrollment-PMF source of truth
18) Uniform claims submission
19) Easing provider burden

APPENDIX 2

Updated April 13, 2023

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
Prioritizing behavioral health (BH) services. Since 2019, Medicaid has been a key partner in implementing **Governor DeWine's RecoveryOhio Initiative,**	• The Governor's SFY 24-25 budget increases rates for key community treatment services equal to 10% of SFY 23 spend, focusing on intervening early and supporting long-term recovery so individuals can get well and participate fully in the community and economy. • The SFY 24-25 budget invests in a new mental health peer recovery support service – a key crisis response component – that adds new people with lived experience to enhance the workforce, as well as reducing the use of more costly emergency room services.	• (c) Remove barriers • (a) Improve physical & BH • (d) Rates = value • (f) Reduce comorbidity

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
which aims to improve mental health and substance use prevention, treatment, and recovery support services. Medicaid's SFY 24-25 budget proposals aim to further improve access to appropriate services so people with behavioral health needs can get and stay well.	• Medicaid is currently enhancing coverage of Applied Behavioral Analysis (ABA) for children and youth with Autism Spectrum Disorder (ASD). This early intervention service helps kids with ASD reach their maximum potential. Benefit enhancements will help to clarify coverage for a seamless approach across the Medicaid delivery system.	• (2) wellness and preventative care • (6) health and cultural respect • (10) OhioRISE • (11) Additional services for youth
Expanding access to care via telehealth	• ODM responded immediately to the pandemic by introducing telehealth flexibilities. • ODM is maintaining access to remote care to help patients conveniently and quickly access the high quality physical and behavioral health care they need. It also expands access to services or types of specialty providers who would otherwise be more difficult to schedule appointments with or require a longer distance commute. Appropriate use is monitored to ensure that face to face meetings occur.	• (b) Cost effective, sustainable services • (d) Rates = value • (2) wellness and preventative care • (7) telehealth • (8) 24/7 nurse line • (9) after hours BH crisis • (19) easing provider burden
The Governor's SFY 24-25 budget proposes rate increases to combat widespread workforce shortages and inflation that are leading to shrinking access to care for Medicaid members. Priority is given to HCBS services, that are in	Rate increases are proposed for: • HCBS services providers. Rate increases target improving access to improve access to personal care, nursing, adult day, assisted living/dementia, home delivered meals. The budget also proposes to remove licensure for 'home making' service to foster workforce expansion. • Community behavioral health providers. Rate increases to improve access will assist with intervening early and supporting long-term recovery.	• (c) Remove barriers • (a) Improve physical & BH • (b) Cost effective, sustainable services • (f) Reduce comorbidity • Next Gen all rate increases carry over into managed care –

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
greater demand and enable individuals to receive services in the most cost effective and sustainable manner. Higher proposed rate increases are targeted at areas of most concern.	• Pharmacy and non-institutional providers (dentists, transportation providers, dialysis centers, physicians and APRNs, etc.). Key rate increases are needed to alleviate challenges in accessing care. • General and psychiatric hospitals: Enhanced reimbursement for inpatient psychiatric services, greater cost coverage of outpatient services, specific attention the changing role of and essential services of critical access and rural hospitals.	MCOs, OhioRISE, and SPBM, and (19) easing provider burden
To address the needs of individuals with comorbid conditions and reduce mortality rates of Medicaid members, Medicaid's SFY 24-25 budget proposes: • Policy changes and rate increases for HCBS to encourage greater independence in community living and to avoid unnecessary and expensive institutionalization. • MyCare conversion for members with Medicaid, Medicare coverage. • Continuation of **Next Generation** of Managed Care quality improvement, population health, community reinvestment activities.	HCBS policy changes in Medicaid's proposed SFY 24-25 budget include: • Promoting self-direction for the Ohio Home Care Waiver. Self-direction helps address workforce challenges and is welcomed by consumers and advocacy organizations. • Adding a new structured family caregiver waiver service to increase access to caregiver support that can help avoid unnecessary and costly institutionalization. • Adding remote monitoring to ODM and ODA waiver programs. This helps extend the workforce and reduces the need to access unnecessary and costly emergency services. • Reduce barriers of entry for self-directed caregivers and other providers. • Additional waiver reforms to increase efficiency and effectiveness of waiver services, including case management alignment across waivers. • Continuing the Home CHOICE program. In CY2022, this transitioned 655 individuals into community settings. HCBS Service Reimbursement Rates: • Rate increases to maintain or improve access to care, allowing individuals to receive care in their homes and communities rather than higher costs of care settings. • Increases are proposed for all seven HCBS waiver programs and similar nursing and aide services, as well as ICF-IIDs. Diabetes CGM & DSME: 2023 MCO Collective Quality Improvement Priority MyCare Conversion • Will improve care coordination and attention to behavioral health needs for members with Medicare/Medicaid coverage.	• (c) Remove barriers • (a) Improve physical & BH • (b) Cost effective, sustainable services • (d) Rates = value • (e) cost avoid & prevent fraud • (f) Reduce comorbidity • (1) enhanced services for newborns and pregnant women • (2) wellness and preventative care • (3) collective impacts and quality • (4) community reinvestment • (5) individualized care coordination • (10) OhioRISE • (13) member transportation

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) ***and*** Next Generation (1) to (19)
	Example of **Next Generation of Managed Care** activities for individuals with comorbid activities: diabetes control quality improvement efforts • ODM and the managed care plans are working together on efforts to engage and motivate Medicaid recipients with diabetes in self-management and reducing administration burden for providers. In tandem, these interventions can decrease the high costs associated with preventable hospitalizations.	• (14) increased accessibility re: information • (19) easing provider burden
Medicaid's Value-Based payment programs and early intervention services encourage value over volume and result in Medicaid services being provided in the most efficient and effective manner possible.	Comprehensive Primary Care (CPC) and CPC for Kids: • Alternative payment model programs that invest in helping primary care practices conduct population health activities that are proven to improve outcomes and improve costs. • Practices that reduce costs year-over-year are rewarded by sharing in the savings. Comprehensive Maternal Care (CMC) program: • Similar to CPC, the CMC program uses an alternative payment model to invest in up-front activities to improve mom and infant outcomes, aiming to lower the use of costly acute services (hospitalizations, etc.) for moms and babies. CMC started in January 2023, and the first program year enrollment includes 77 OB/GYN practices covering ~19,500 pregnant and postpartum women. • Medicaid enhanced its support for breastfeeding services and supplies and now covers nurse family partnership home visiting, an evidence-based early childhood intervention. Breastfeeding and home visiting help set our youngest Ohioans on a course for health and wellness. Mental Health (MH) Peer Recovery Support • The SFY 24-25 budget invests in a new MH peer recovery support service that helps bring new people with lived experience to participate in the workforce. MH peer support, particularly in crisis situations, can efficiently reduce the use of more costly emergency room services. **OhioRISE** • Launched in July 2022, OhioRISE leverages a full-risk managed care contract that incentivizes using community-based services, rather than costlier hospital and psychiatric residential treatment facility services and out of state services.	• (d) Rates = value • (a) Improve physical & BH • (b) Cost effective, sustainable services • (f) Reduce comorbidity • (c) Remove barriers • (1) enhanced services for newborns and pregnant women • (2) wellness and preventative care • (3) collective impacts and quality • (5) individualized care coordination • (6) health and cultural respect • (10) OhioRISE • (11) additional services for youth • (14) increased accessibility re: information

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
	• Introduces new community-based services intended to intervene earlier and prevent emergency room use, costly hospitalizations, and long-term negative life consequences.	• (19) easing provider burden
Medicaid is implementing fraud/ abuse prevention & cost avoidance mechanisms to the fullest extent possible.	Unified Preferred Drug List (UPDL), implementation began January 1, 2020. • Eased administrative burden for providers. • Maximized collection of federal and supplemental rebates, ensuring all supplemental rebates are sent directly to ODM. This resulted in net savings to the state of $61M. **Single Pharmacy Benefit Manager (SPBM) and Pharmacy Pricing & Audit Consultant (PPAC)**, implemented October 1, 2022. • Eased administrative burden for providers. • Provides fair and transparent reimbursement for pharmacy services. • Eliminates duplicative administrative cost of PBMs across multiple MCOs. • Significantly reduced overall administrative cost to the state. • Maximizes collection of federal and supplemental rebates, ensuring all supplemental rebates are sent directly to ODM. • Reimbursement and benefit design is based on actual costs/ surveys. • Independent program oversight and auditing (PPAC). Eligibility Electronic Database Interfaces • Use interfaces for eligibility purposes to access quarterly wage reports from the State Wage Information Collection Agency (SWICA); Social Security Administration (SSA); Unemployment compensation; Public Assistance Reporting Information System (PARIS); Bureau of Vital Statistics. Ohio Benefits System Updates • Since 2019, ODM has prioritized and corrected 1,000 defects with Ohio's eligibility enrollment system, including use of BOTs (internet robots: 8 w/ 4 in development) to streamline and increase accuracy. • One critical example of this work: ODM worked with ODJFS and DAS to reduce the volume of alerts generated to improve the usability of information for CDJFS caseworkers. Alert reduction efforts reduced overall ~29 million backlog alerts and drove a ~22 million annual reduction in new arrival of alerts. Enhanced County Engagement and Training • During calendar year 2022, ODM provided training updates on over 40 topics.	• (e) cost avoid & prevent fraud • (d) Rates = value • (b) Cost effective, sustainable services • (2) wellness and preventive care • (12) SPBM • (14) increased accessibility re: information • (15) administrative cost reductions • (16) centralized credentialing • (17) provider enrollment – PMF • (18) uniform claims submission • (19) easing provider burden

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
	• ODM continues to host monthly webinars with all 88 counties and ODM and JFS host quarterly webinars to discuss training topics affecting multiple programs. • ODM and JFS have partnered to create a new worker training curriculum which is hosted at least 3 times a year and covers TANF, SNAP, Medicaid, Childcare, and Case Maintenance. Securing Third-Party Vendor for Unwinding from Public Health Emergency (PHE) • At the direction of the General Assembly, ODM procured Public Consulting Group (PCG). During the unwinding of the PHE, PCG will create lists of likely ineligible cases, and ODM will give county caseworkers these lists so they can prioritize their casework. Risk Corridor • The risk corridor ended in July 2022 for Medicaid managed care and December 2022 for MyCare. • ODM has recovered of $605M from the rates issued in CY2020 and CY2021. Program Integrity • Revised the FDR process to increase transparency with managed care plan delegation of administrative functions to vendors. These process improvements include the development of an online tool for the MCOs to submit FDR agreements and facilitate their review. • Medicaid's program integrity unit partners with the Attorney General's Medicaid Fraud Control Unit (MFCU) to refer potential providers of fraud, waste, and abuse. **Ohio MFCU ranked first in indictments and convictions among all units nationwide in FFY 2022**. • Medicaid program integrity staff conduct provider audits on-site and remotely to detect fraud, waste, and abuse and to provide education to providers. In CY22 ODM completed: • 1,252 post-payment reviews, 440 final fiscal audits, 349 debt summary reports, 62 MDS exception reviews, and 216 provider reviews; recouping approximately $10.5m in overpayments or reducing future payments. • Third Party Liability (TPL) and recoveries ensures other commercial or public health insurance carriers pay for a service before Medicaid and recovers Medicaid	

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
	payments made when a legally obligated third-party source is later identified. This activity saved approx. $1.3 billion of billed charges in SFY2022. • ODM also contracts with Permedion and the Auditor of State (AOS) to review providers. The Medicaid Eligibility Quality Control (MEQC) unit reviews county eligibility determinations and provides outcomes to county JFS offices and the state county TA team to engage in education.	
In collaboration with the **Governor's Children's Initiative**, Medicaid is making great strides in improving access to cost-effective and sustainable care for children. Investing in children and addressing their multi-system needs can help to produce healthy productive adults while preventing high acute care and longer-term chronic health care costs. Medicaid is also supporting cross-agency work to create the new Ohio Department of Children and Youth.	Medicaid administers the Multi-System Youth (MSY) Custody Relinquishment Program. Metrics for the program as of February 2023: • Allocated funding to prevent custody relinquishment for 1,085 youth across 85 counties. Technical assistance was provided to an additional 144 children and families (no funding requested). • When last checked, custody relinquishment was prevented in more than 98% of funded cases. **OhioRISE,** a specialized managed care program for children and youth with complex behavioral health needs. • Since launching in July 2022, OhioRISE has enrolled over 18,000 children and youth to provide them with access to more intensive behavioral health care that can improve their health and life outcomes. • OhioRISE targets the most vulnerable families and children in Medicaid to prevent custody relinquishment and to reduce Ohio's reliance on costly out-of-state residential treatment. • OhioRISE is working on developing access to and capacity for a number of key services that improve outcomes, decrease use of acute services with more cost-effective options, including: ○ Psychiatric Residential Treatment Facility (PRTF): developing in-state capacity for high-quality inpatient-level behavioral health treatment services in residential setting within Ohio so we can send fewer children out of state (often at a very great cost). ○ Mobile Response and Stabilization Services (MRSS), a mobile crisis response that will decrease inpatient and emergency room use for behavioral health	• (c) Remove barriers • (a) Improve physical & BH • (b) Cost effective, sustainable services • (d) Rates = value • (f) Reduce comorbidity • (1) enhanced services for newborns and pregnant women • (2) wellness and preventative care • (5) individualized care coordination • (6) health and cultural respect • (8) 24/7 advice line • (9) after hours BH crisis • (10) OhioRISE • (13) enhanced member transportation

ODM Initiatives	Examples and Details	Criteria Met from ORC 5162.70 (B)(2)(a)-(g) *and* Next Generation (1) to (19)
	care and decrease reliance on law enforcement and child protection system use in crisis situations. Comprehensive Primary Care for Kids: as described in the value-based payment section above, CPC for kids invests in primary care practices and rewards improving outcomes while reducing costs. In 2022, CPC for Kids: • Served nearly 900,000 kids in 254 enrolled primary care practices. • Demonstrated that CPC for Kids practices perform better on specific metrics (ex: percentage of children receiving appropriate lead screenings) than non-CPC practices	• (14) increase accessibility re: information • (15) administrative cost reductions • (19) easing provider burden
Medicaid's Maternal and Infant Support Program (MISP) aims to reduce infant and maternal mortality and morbidity while improving our youngest Ohioans' ability to thrive. MISP started in 2020 and includes data-driven assistance for pregnant women, grant programs, pregnancy-related Medicaid eligibility updates, and new evidence-based services for women and kids with Medicaid. Medicaid is also a key partner in implementing **Governor DeWine's Bold Beginnings** proposals that aim to make Ohio the best place in the nation to have a baby and raise a family. A number of Bold Beginnings proposals are	In partnership with the Medicaid Managed Care Organizations, Medicaid's Infant Mortality Grants for 2023-2024 aim to reduce disparities in infant mortality rates by: • Helping pregnant women access flexible evidence-based and evidence-informed community-based services. • Leveraging over 100 unique community outreach organizations. With support of the General Assembly, ODM implemented continuous postpartum eligibility for one year after giving birth on April 1, 2022. • While we can't know exactly how many women have maintained coverage because of maintenance of eligibility requirements during the public health emergency, the extension in coverage was estimated to help about 14,000 women maintain coverage per year based on 2019 data (pre-pandemic). Pregnancy Risk Assessment Form: In 2021, ODM incentivized use of the electronic PRAF to improve timely notification of a woman's pregnancy. • Use of the e-PRAF helps ensure women are connected to early and preventive care and supports during pregnancy, as well as longer term evidence-based care (ex: home visiting services) proven to improve mom and baby outcomes. • Between 2021 and 2022, the number of e-PRAF forms submitted rose 17%, and the number of unique OB/GYN practices submitting e-PRAFS increased 55%. • 2023 MCO Collective Quality Improvement Priority Additional MISP Initiatives: • In 2021 and 2022, ODM began and enhanced services to promote breastfeeding, created access to group prenatal care and education, and introduced Medicaid	• (g) Infant mortality • (a) Improve physical & BH • (b) Cost effective, sustainable services • (d) Rates = value • (f) Reduce comorbidity • (1) enhanced services for newborns and pregnant women • (2) wellness and preventative care • (3) collective impact and quality • (4) community investment • (5) individualized care coordination • (6) health and cultural respect • (8) 24/7 advice line • (9) after hours BH crisis

<table>
<tr><th>ODM Initiatives</th><th>Examples and Details</th><th>Criteria Met from ORC 5162.70 (B)(2)(a)-(g) <u>and</u> Next Generation (1) to (19)</th></tr>
<tr><td>included in Medicaid’s SFY 24-25 budget.</td><td>reimbursement for evidence-based home visiting. These services help intervene early, prevent infant mortality, and prevent future health conditions and costs.
In 2023-2024, Medicaid will further increase access to pregnancy and postpartum care and services to cover additional lactation consulting, new short-term postpartum evidence-based home visiting services, doula services, and enhanced care for moms and babies with substance use disorders.
Bold Beginnings proposals in Medicaid’s SFY 24-25 budget include:
Updating Medicaid eligibility for pregnant women and children to 300% of the federal poverty level, helping more pregnant women and children access prevention and early intervention services that improve outcomes and reduce cost.
Creating Medicaid eligibility for privately adopted kids who have special health care needs. This type of coverage is currently only available for children who are adopted through the public (county-based) system and could help more children with special health care needs be supported in adoptive homes.
Expanding the Healthy Beginnings at Home program to help more housing-insecure and homeless pregnant women secure housing while pregnant. As a pilot, this program demonstrated that paying for housing for pregnant women can significantly reduce health care costs.</td><td>(13) enhanced member transportation
(14) increase accessibility re: information
(15) administrative cost reductions
(19) easing provider burden</td></tr>
</table>

ODM Updated 4-13-23