

**Ohio Department of Medicaid
Managed Long Term Services and Supports
Initial Key Design Elements**

As the Ohio Department of Medicaid prepares for MLTSS go-live in July, 2018 many key design elements have been established. Recognizing the critical importance of long-term services and supports, the following items have been identified as priorities to include in the Request for Application, Medicaid's Provider Agreement with the Managed Care Plans or work to focus on throughout the development process.

Payment Innovation and Value Based Reimbursement

- We intend to reward higher performing providers and set standards around value based contracting
- ODM will require Plans to enter into a (specific percentage) of value based provider contracts - including nursing facilities- by 2020. At minimum, value based contracts will have a shared savings component.
- Quality measures will be developed to monitor and incentivize re-balancing through HCBS services
- ODM will develop state *report cards (including for nursing facilities)* that will leverage existing data. They will be used to identify high performing providers
- Plans will be *required* to reimburse top performing nursing facilities at a level greater than the base rate. Poor performing Nursing Facilities would not be eligible to receive the base rate.
- Where appropriate, base rates and/or floor rates will be established by ODM.
- After transition period, Plans will *not* be required to contract with the worst performing NF's; member protections will be established through a collaborative process

Provider Reimbursement & Contracting

- ODM will implement prompt payment standards and penalties by *provider type*
- Participating Plans will have a full time Provider Claims Ombudsman to help bridge the gap between providers and typical call center claims issues
- Provider access requirements will be tightened to ensure participation of small or independent LTSS providers
- There will be a 180 day *minimum* timeframe for claims submission
- Plans will establish a claims reconsideration process and an expedited authorization process for certain MLTSS services
- The state will commit to enhance the state complaint system for provider assistance
- There will be a 30 day advance notice for overpayment recovery efforts to be included in Provider Agreement
- There will be Transition of Care requirement of 365 days for Nursing and AL facilities. The Transition of Care requirements for all other providers will be 180 days.
- The Plans will honor service authorization and payment levels during transition period
- The Provider Agreement will stipulate that broker fees cannot be transferred to provider
- The Department of Medicaid Patient Liability Team will engage with stakeholders to improve process however possible

Care Coordination:

- The Department of Medicaid will require the Plans to contract with the AAA's for waiver service coordination with the option of full care coordination
- The Department will standardize a comprehensive waiver assessment to be applied across the full spectrum of venues of LTSS programming
- Plan care coordination requirements (for individuals in nursing facilities) will be adjusted based on the nursing facility rating
- Permissive language will allow creativity between the MCP's and providers of care coordination. It will include the option for incentivized PMPM arrangements

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Provider Relations

- The Department will commit to working on a simplified approach to provider credentialing to reduce wait time
- The Plans will be required to accept state certification as credentialing for HCBS providers
- There will be a single set of provider qualifications for the wide array of waiver services
- The Department will develop permissive language which will allow creativity between the Plans and AAA's It will include the option for PMPM arrangements in the area of provider relations and recruitment activities

Medicare and Medicaid coordination

- The Department will commit to reduce administrative complexities as experienced with My Care
- The MLTSS plans will be required to operate a companion Dual Special Needs Plan (D-SNP) in order to provide consistency and coordinate services between Medicaid and Medicare for dual eligible enrollees
- The plans will remain responsible for coordinating service, payments and crossover claims for those dual eligible enrollees who decide not enroll in the companion D-SNP

Streamline Waiver Services

- The Department will develop one waiver for all members and ages instead of three separate waivers which exist today
- The Department will work to create a package of services and supports to promote independence in the community that align waiver service definitions and provider qualifications
- The Department will work to create a single waiver code set to ease billing and payment complexities - MyCare does not have this

Member Transitions

- To ensure successful enrollment of an individual into MLTSS, ODM will implement the following:
 - A 90 day notification to members prior to member's enrollment
 - A phased in approach with transitions occurring every 60 days to permit care coordination/service authorization and other pre-enrollment activities between fee-for-service entity and managed care plan.
 - Allow an additional 90 day period after initial enrollment in MLTSS program for member to switch plans (in addition to open enrollment)
 - A State funded program administered by the Ohio Department of Aging which provides time sensitive services prior to Medicaid eligibility will remain in place

Managed Care Plan Readiness

- The State will be choosing 3 Plans instead of 5 to provide MLTSS coverage in order to lessen provider burden
- The Plans must have appropriate care management and provider contracts in place prior to a member's first date of enrollment
- The Plans must have services that the member is currently receiving appropriately loaded in the system to ensure service authorizations prior to member's enrollment
- The Department is committed to working through a collaborative and flexible approach to system challenges and solutions with stakeholder engagement
- The Plans will provide appropriate contractors with relevant data, performance reports and system user roles
- Thorough system testing will be completed in the Spring of 2018