

# **Medicaid Performance Report**

December 18, 2008



To the Governor, General Assembly, Participating Medicaid Agencies, and Interested Parties:

We welcome the update of the 2006 Ohio Medicaid Performance Audit by Auditor of State Mary Taylor, and we fully cooperated with her office. In several instances we disagree with the Auditor of State's assessment of progress that has been made. The Medicaid program is not a static program, and is constantly changing to meet new federal and state responsibilities as well as changing economic realities. In some instances we may not have implemented recommendations exactly as they were spelled out over two years ago, but instead have implemented them in way that we believe is consistent with the spirit of the recommendations but account for current program realities and needs.

We are pleased to report that the Ohio Department of Job and Family Services, (ODJFS), the Executive Medicaid Management Administration (EMMA), and other executive branch agencies of state government have implemented, are in the process of implementing, or have implemented in a modified way 68% or 74 of the 109 recommendations contained in the 2006 Ohio Medicaid Performance Audit conducted by the Auditor of State.

In addition, ODJFS, EMMA, as well as other executive branch agencies of state government have also implemented, are in the process of implementing, or have implemented in a modified way 80% or 67 of 83 recommendations of the Ohio Commission to Reform Medicaid, and the Medicaid Administrative Study Council. The result has been improved health care for Ohioans, a more efficient Medicaid program, and savings to the taxpayers of hundreds of millions of dollars.

Of the Ohio Medicaid Program Performance Audit recommendations not implemented, one recommendation accounts for nearly 50% of all the estimated savings the Auditor of State claims have not been realized. This recommendation appears to propose that the Ohio General Assembly consolidate local agencies dealing with Medicaid which might include aging, behavioral health, MRDD, and local Job and Family Service departments and boards.

Since 2006, the Ohio Medicaid Program has avoided paying \$1.4 billion in commercial and Medicare billed charges as a result of our enhanced cost avoidance activities. In addition during the same time period the state also received \$180 million in revenue from third party liability activities. Additionally, cost containment initiatives begun in SFY 2008 and continued to date in SFY 2009 have saved \$159 million.

The Strickland Administration has developed a broad, long-term health care vision for Ohio and how the Medicaid program fits into that vision. In addition, the administration proposed and developed the Executive Medicaid Management Administration (EMMA) to provide a central management, decision making, and coordinating function among all the entities involved in administering parts of the Ohio Medicaid program. The Ohio Medicaid Program Performance Audit update accurately notes "increased cooperation and improved communication with the state Medicaid agency."

The following report includes the Administration's health care vision; the Administration's Medicaid vision; and emerging Medicaid initiatives which demonstrate the organizations ongoing commitment to transformative change. The Appendix includes a detailed description of recommendations where ODJFS and the Auditor of State differ on their assessment of current status. In addition we have included status reports on recommendations from the Medicaid Administrative Study Council and the Ohio Commission to Reform Medicaid.

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# Administration's Health Care Vision

The administration's vision for health care in Ohio's future is: Ohioans are achieving and maintaining optimal health through personal wellness management and a health care delivery system that focuses on the promotion of health and the prevention of disease. At each stage of life, every Ohioan has access to timely, patient-centered, and efficient physical and behavioral health care choices. All Ohioans have access to primary and preventive services as well as education and opportunities for healthy lifestyles, and the incidence of preventable diseases are at the lowest levels in the nation across all population groups. Services and care are coordinated through widespread use of health information technology, thereby improving health outcomes and delivering effective, efficient and culturally competent health care.

# Administration's Medicaid Mission and Vision

## Mission

Improve health care outcomes in Ohio by assuring access to quality health care for eligible Ohioans.

## Vision

OHP will provide quality, cost effective health care to eligible Ohioans through excellence in health care operations and reform.

## A More Cost Effective Program

- During SFYs 2007, 2008 and year to date SFY 2009, Ohio Medicaid cost avoided \$1.4 billion in commercial and Medicare billed charges.
- During SFYs 2007, 2008 and year to date SFY 2009, Ohio Medicaid received \$180 million in revenue from third party liability activities.

Other cost containment initiatives implemented in 2008:

<b>Table 1.</b> Implemented House Bill 119	Other Cost Savings Highlights	SFY 2008	SFY 2009 (1 <sup>st</sup> Quarter)
	Limited ICF/MR reimbursement rates	\$43.1 M	\$14.3 M
	Disciplined growth in managed care rates	\$87.9 M	\$11.6 M
	Expedited managed care enrollment	\$1.5 M	\$590 K

# A More Responsive Program

## Strickland Administration's Current Initiatives

The Strickland Administration has made expanding access to health care coverage a priority of the Medicaid program.

- Pregnant women between 150-200% FPL
- Youth ages 18-21 formerly in Foster Care
- Medicaid buy-in for workers with disabilities
- Buy-In for uninsured children in families >300% FPL
- Children in families between 200-300% FPL<sup>1</sup>

## Emerging Initiatives

### HOME Choice

HOME (Helping Ohioans Move Expanding) Choice (Money Follows the Person) will relocate 2,200 institutionalized seniors and persons with disabilities and into home and community based settings.

### Neonatal Transformation Grant

Premature birth and conditions linked to prematurity are the leading causes of death among infants in the United States, and are very expensive conditions to treat for the Ohio Medicaid program. To address this issue ODJFS has partnered with the Ohio Department of Health, the University of Cincinnati, the National Initiative for Children's Healthcare Quality, and the Ohio Perinatal Quality Collaborative (OPQC) comprised of clinical specialists, newborn intensive care hospitals, representatives of the state's regional perinatal clinics, and volunteer families at risk of having preterm infants. This partnership is working together to reduce the number of preterm births, and improve neonatal outcomes for enrollees in the Ohio Medicaid program by creating common accepted protocols and using clinical best practices.

### MITTS

ODJFS is developing a new Medicaid Information Technology System (MITTS) that will offer tremendous improvements in our ability to make data driven decisions and automate many manual processes. MITTS will also bring unprecedented access and speed to our business dealings with providers and other stakeholders. The primary vehicle for this is our new Medicaid Web portal which is actually already up and operational for limited functions including submission of professional claims, verification of Medicaid consumer eligibility, and obtaining remittance advice. Additional functions will become available when the system becomes fully operational.

**Electronic claims submission and eligibility verification.** The interactive applications on the Medicaid Web portal became operational on July 1, 2008. The portal's functionality currently includes electronic claim submission, eligibility

<sup>1</sup> Decisions about implementation will be made within context of SFY's 10-11 budget

verification and remittance advice viewing. The portal's claims application was designed to permit providers, primarily small providers submitting paper claims, to directly submit their claims to the Department electronically at no cost to them. Additionally, the portal is available to all providers to verify Medicaid eligibility, including third party liability, on a near real time basis. As of December 2008, the portal is processing approximately 1,300 claims and 12,300 eligibility inquiries per day.

### **Consolidated Process for Disability Determination**

ODJFS is working in partnership with the Rehabilitation Services Commission and County Departments of Job and Family Services to develop a single disability determination process for Ohioans applying for Medicaid and/or Social Security Disability or Supplemental Security Income. The objective of this process is to create a new process that is: more efficient process for the consumer by eliminating duplication and using electronic document management; in federal compliance for both Medicaid and Social Security; cost effective for the state and counties; and ready for implementation in SFY 2011.

## **Ohio Medicaid Progress**

Ohio Medicaid has made significant progress in implementing recommendations from the Auditor of State, the Ohio Medicaid Administrative Study Council and the Ohio Commission to Reform Medicaid. Below is a specific breakdown of that progress.

### **AOS Implementation Status**

74 of 109 AOS recommendations have been implemented, are in the process of implementation, or have been implemented in a modified way.

### **OCRM Implementation Status**

43 of the 47 OCRM recommendations have been implemented, are in the process of implementation, or have been implemented in a modified way.

### **MASC Implementation Status**

24 of the 36 MASC recommendations have been implemented, are in the process of implementation, or have been implemented in a modified way.



## **Appendix 1**

### **Summary of Recommendations Where ODJFS Progress Update Differs From AOS**



### Rec 3.1 | **Develop a long-term perspective**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. The Legislative and Executive branches work together in the legislative process by utilizing vehicles such as the Budget Bill or any other bill where consensus is developed. This process also provides for stakeholder input. Significant accomplishments which will directly improve the lives of Medicaid eligible consumers are the Strickland Administration's initiatives implemented over the past year. These include coverage expansions for children, such as, children leaving Ohio's foster care program; children with significant medical challenges whose commercial insurance coverage has been exhausted; and, other children in Ohio. The provision of this vital coverage means critical health care will no longer have to be delayed for these children.

**Proposed Status:** P

### Rec 3.5 | **Establish an intermediary oversight**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. The Ohio General Assembly created the Joint Committee on Medicaid Information Technology and Reform which has continued to hold regular hearings on various aspects of the Medicaid program. In addition, the Medical Care Advisory Committee, comprised of 24 members with alternating 2 and 3 year terms and serves as an advisory role for the Ohio Medicaid program.

**Proposed Status:** P

### Rec 3.6 | **Prioritize Program Goals**

**Current Status:** N

**Comment:**

This recommendation is partially implemented with the creation of EMMA in H.B. 119. Principles and priorities for Medicaid have been developed by EMMA partner agencies. These principles are used to prioritize goals and provide a framework for budget and policy decisions. In addition, the Administration, with participation from a broad array of stakeholders including the General Assembly, has developed recommendations for reducing the number of uninsured Ohioans including the role of Ohio Medicaid in accomplishing that goal.

**Proposed Status:** P

**Rec 3.9 | Improve relationships with sub-recipients****Current Status:** P**Comment:**

This recommendation is implemented. Collaboration across Medicaid agencies has improved through EMMA.

**Proposed Status:** I**Rec 3.12 | Reorganize based on a clear purpose for the program****Current Status:** N**Comment:**

This recommendation is implemented. The recommendation to create a stand alone agency was considered and modified to meet the objective. H.B. 119 created EMMA to manage issues across all agencies which administer portions of the Ohio Medicaid program. Additionally, the EMMA partner agencies have developed priorities for Medicaid.

**Proposed Status:** I**Rec 3.14 | Centralize contract management within the state Medicaid Agency****Current Status:** N**Comment:**

This recommendation is partially implemented. H.B. 119 created EMMA. The Legal and Program Integrity subcommittee of EMMA has implemented a process and centralized provider agreements for ODMH and ODADAS.

**Proposed Status:** P**Rec 3.15 | Decentralize authority within the state Medicaid Agency****Current Status:** N**Comment:**

This recommendation is implemented. Ohio Health Plans was reorganized on October 1, 2008. The new structure is based on a functional model providing flexibility and a firm foundation for the structure to evolve with the implementation of MITS and integration of business process re-engineering approaches as a basic tenet of how we do business.

*N= Not implemented; I= Implemented; P= Partially implemented*

**Proposed Status: I****Rec 3.19 | Implement Appropriate Information Technology to Measure Program Outcomes****Current Status: N****Comment:**

This recommendation is partially implemented. Oversight of Medicaid managed care plans by ODJFS includes a heavy emphasis on outcome measurement and improvement over time. This includes both financial penalties and incentives based on MCP performance. (This information is referenced in another section) In addition, ODJFS applied for and was awarded a Medicaid transformation grant aimed at improving the outcomes among newborn infants and their mothers who are enrolled in Medicaid. This Neonatal Medicaid transformation grant is specifically focused on improving outcomes. Furthermore, ODJFS is developing the Medicaid Information Technology System and making improvements to the existing Decision Support System and Data Warehouse, all tools to better inform ODJFS about the achievement of desired programmatic outcomes.

**Proposed Status: P****Rec 3.20 | Manage Employees Skills Within Participating Agencies****Current Status: P****Comment:**

Ohio Health Plans has identified the knowledge, skills and abilities of its existing employees and captured the essential knowledge of departing employees.

**Proposed Status: I****Rec 4.1 | Align eligibility with program goals****Current Status: N****Comment:**

This recommendation is implemented. The current Administration introduced initiatives that were developed based on the most cost effective options. The prioritization of the eligibility work was based on the Administration's goals for the program. The implementation of these initiatives resulted in the review and revision of eligibility rules, program costs and requirements. Additionally, changes in eligibility were made to allow asset disregards for LTC Insurance Partnership.

**Proposed Status: I****Rec 4.7 | Expand community-based long-term care services to enhance long-term care rebalancing efforts****Current Status: P****Comment:**

This recommendation is implemented. In collaboration with other state agencies, ODJFS successfully launched the HOME Choice initiative in October, 2008. Under this initiative, persons who have received institutional long-term care for at least six months are eligible for additional services and supports to help them move to community settings. Most participants will also become enrolled on an existing Medicaid waiver. Approximately 2,200 people are expected to participate in this program over the multi-year term of the special "Money Follows the Person" federal grant providing supplementary funds for this initiative. Beyond the benefit to the participants themselves, HOME Choice will serve as a crucial laboratory for Ohio to further its knowledge and capacity to meet public expectations for more community long-term care options. Additionally, ODJFS is developing a State ProfileTool to measure the success of balancing efforts, including MFP, over time.

**Proposed Status: I****Rec 4.9 | Take steps to ensure quality standards are met and readily available for comparison by consumers****Current Status: N****Comment:**

This recommendation is implemented. The Long Term Care Consumer Guide includes survey results and family/resident satisfaction survey results for all facilities in an easily comparable way. In addition, the existing reimbursement system for nursing facilities includes a quality incentive payment.

**Proposed Status: I****Rec 4.13 | Monitor nursing home facility quality and condition****Current Status: N****Comment:**

This recommendation has been partially implemented. ODH survey results are reviewed as part of the recertification process each year. In addition, survey results are a factor in the performance based component of the nursing facility rate-setting

methodology. ODJFS also coordinates resident relocation efforts in those instances when survey results lead to the termination of the Medicaid provider agreement.

**Proposed Status:** P

**Rec 4.14 | Remove nursing home reimbursement formula from ORC and place in OAC**

**Current Status:** N

**Comment:**

This recommendation is implemented. While the formula remains in statute, the statute no longer provides for rate increases for providers. Instead those decisions are made by the General Assembly as part of the biennial budget. In addition, rebasing is at the discretion of the department so long as rates are rebased at least once every 10 years. Thus, the policy objective for removing the system from statute has been addressed.

**Proposed Status:** I

**Rec 4.17 | Contract out the retrospective drug utilization review program**

**Current Status:** P

**Comment:**

This recommendation is implemented. ODJFS contracted with Cincinnati's College of Pharmacy to conduct an evaluation of prescription drug use. The project related to behavioral health medications was a two-year grant that expired and was not renewed.

**Proposed Status:** I

**Rec 4.18 | Monitor the effect of Medicare Part D on supplemental prescription rebates and increase generic substitution**

**Current Status:** P

**Comment:**

This recommendation is implemented. A copy of the report that was submitted to the General Assembly regarding the impact of Part D and managed care on both rebates and generic dispensing is attached for review. The report shows that both the generic dispensing rate and the rebate percentage have increased.

**Proposed Status:** I

## Rec 4.22 | **Improve the transparency of the rate-setting process**

**Current Status:** P

**Comment:**

This recommendation is implemented. ODJFS met with affected providers and other stakeholder work groups. Their input was used to determine the methodology to set rates. Additionally, the rule promulgation process requires numerous opportunities for public review and input and ultimately must pass legislative review via JCARR.

**Proposed Status:** I

## Rec 5.1 | **Develop and use a meaningful system to monitor managed care and fee for service delivery systems**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. ODJFS completed the mandatory managed care statewide expansion for CFC and ABD populations. ODJFS' Quality Strategy, used to set performance expectations and monitor managed care plans, was updated in 2008. A full evaluation of the managed care program is currently in process and will be completed in 2009. Revisions to the Quality Strategy will be completed in 2009 based on the evaluation. There is no change in the process used to evaluate the FFS delivery system.

**Proposed Status:** P

## Rec 5.3 | **Implement pay-for-performance**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. ODJFS implemented a managed care plan-level pay-for-performance system. This system focuses on Quality of Care, Access to Care, Consumer Satisfaction, and Administrative Capacity and financially rewards plans with superior performance. ODJFS has not implemented any type of provider-level pay-for-performance programs. Furthermore, the nursing facility rate-setting methodology includes a performance based component.

**Proposed Status:** P

## Rec 5.4 | **Develop performance standards for the Aged, Blind, and Disabled managed care plans**

**Current Status:** P

**Comment:**

This recommendation is implemented. JFS requires MCPs to report clinical performance measures that are specific to the ABD population.

**Proposed Status:** I

Rec 5.8 | **Improve the use of consumer surveys**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. OSU, Office of Health Sciences has been contracted under MEDTAPP to act as the Single Fiscal Agent for the Ohio Family Health Survey. This includes the 2008 Ohio Family Health Survey, a comprehensive population based survey of Ohio (including some consumer satisfaction questions), with a multistage survey sampling design.

**Proposed Status:** P

Rec 5.9 | **Enforce prompt payment of provider claims by managed care plans and review pending & denied claims**

**Current Status:** P

**Comment:**

This recommendation is implemented. Both the CFC and ABD contracts with managed care plans have provisions detailing prompt payment requirements. There are also prompt payment audit reports which explain how each of the reviewed MCPs performed in accordance with the program requirements. ODJFS requires quarterly prompt pay reports. Additionally, the new Medicaid web portal (whereby providers can submit claims electronically) and its expansion with the implementation of MITS will further increase the percentage of error free claims submitted and the speed with which providers will be paid.

**Proposed Status:** I

Rec 5.16 | **Implement case management for fee-for-service programs**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. JFS has a prescription drug management program for fee-for-service consumers. With the Medicaid managed care

expansion, many FFS consumers have been enrolled into managed care including those ABD populations who were targeted for Enhanced Care Management.

**Proposed Status:** P

## Rec 5.25 | **Expand the use of state universities to research & administer related programs**

**Current Status:** P

### **Comment:**

Currently there are 4 MEDTAPP grants that are underway, with two more that we have indicated interest in pursuing. a. Case Western Reserve University at MetroHealth Medical Center in the amount of \$253,485. Dr. Randall Cebul is the principle investigator and the topic is "Improving care and outcomes for diabetic patients". Funded under Centers of Excellence.

**b.** University of Cincinnati, Department of Pediatrics, Division for Health Policy and Clinical Effectiveness in the amount of \$504,915. Drs. Carole Lannon and Lisa Simpson are the principle investigators and the topic is "Project 3: Ensuring Healthy Development and Preventive Services: Structured developmental assessment, appropriate referral and treatment". Funded under Centers of Excellence.

**c.** College of Pharmacy, Institute for the Study of Health, University of Cincinnati in the amount of \$587,266. Dr. Pamela Heaton is the principle investigator and the topic is "Evaluation of Medicaid Prescription Drug Use". Funded under Medicaid Prescription Drug Evaluation (a.k.a., Retrospective Drug Utilization Review).

**d.** Ohio State University, Office of Health Sciences to act as the Single Fiscal Agent for the Ohio Family Health Survey. Funded under the Ohio Family Health Survey. This includes the 2008 Ohio Family Health Survey, a comprehensive population based survey of Ohio, with a multistage survey sampling design and an estimated 43,028 respondents; additional smaller annual cross-sectional panel surveys of specific topics for 5 surveys from 2008 through 2012; and planning support leading up to a revised Ohio Family Health Survey in SFY 2014. The Office of Health Sciences is working with a coalition of interested organizations, including other state agencies, local public agencies, the Health Policy Institute of Ohio, and survey research organizations in Ohio colleges and universities.

MEDTAPP projects that are in contracting process and have not begun yet.

**a.** Center of Excellence in Child Healthcare- a University-Practice-Public Partnership. Dr. Leona Cuttler is the principal investigator and the topic is "Lead screening, childhood obesity, and dental decay in children- in primary care practices". This study will be performed in conjunction with Drs. Lannon and Simpson and the Ohio Department of Health, Office of Healthy Ohio to help further the work of understanding and prevention of childhood obesity.

*N= Not implemented; I= Implemented; P= Partially implemented*

- b.** Center of Excellence for Improving Child Health Outcomes. Drs. Carole Lannon and Lisa Simpson are the principal investigators and the topic is "Project 4: Ensuring Healthy Development and Preventive Services: Preventing childhood obesity". This study will be performed in conjunction with Dr. Cutler and the Ohio Department of Health, Office of Healthy Ohio to help further the work of understanding and prevention of childhood obesity.
- c.** Center of Excellence -- Evaluation of Medicaid Expansions. Drs. Gerry Fairbrother and Lisa Simpson are the principal Investigators and the topic is "Research to Evaluate the Ohio Medicaid Expansion and Inform Future Policy Choices. The advisory team has already begun to meet to lend structure to the work.

**Rec 6.6 | Install Kiosks at high volume county offices to allow applicants to apply for services without meeting a caseworker**

**Current Status:** N

**Comment:**

This recommendation has been modified and is partially implemented. The Ohio Benefit Bank serves as a one stop shop model for applicants seeking public assistance. There are 849 Benefit Bank locations in Ohio.

**Proposed Status:** P

**Rec 7.7 | Centralize Medicaid Program integrity related training, education and monitoring activities**

**Current Status:** N

**Comment:**

This recommendation has been partially implemented. The monitoring function has been centralized in the Office of Research, Assessment and Accountability.

**Proposed Status:** P

**Rec 7.8 | Provide explanation of benefit statements to all Medicaid recipients**

**Current Status:** N

**Comment:**

This recommendation is partially implemented. JFS sends 6,000 EOBs per month to recipients of a targeted group of providers. Additionally, 400 are sent to random recipients.

**Proposed Status:** P

Rec 7.11 | **Ensure that provider recovery audits/reviews are conducted under consistent procedures, in accordance with standard auditing practices**

**Current Status:** N

**Comment:**

This recommendation is implemented. Through EMMA subcommittees, ODJFS, ODMH, ODADAS, ODMRDD, and ODA have recently established more uniform procedures for identifying and recovering overpayments associated with limited reviews. Under this arrangement, all Surveillance and Utilization Review (SUR) activity will be conducted under ODJFS auspices. ODJFS will collect overpayments directly from providers when overpaid Medicaid claims were paid through another state agency system. Procedures were also established for ODJFS to track the review findings and status through a data system called AuditTrac.

**Proposed Status:** I

Rec 7.15 | **Establish a Medicaid Chief Inspector position wholly responsible for Medicaid program integrity functions**

**Current Status:** N

**Comment:**

This recommendation has been modified, but is implemented. Recognizing the importance of an independent Medicaid program integrity position with full responsibility and accountability for program integrity functions, the Surveillance Utilization Review Section was relocated outside the program area (OHP) and moved to the Office of Research, Assessment and Accountability. The Deputy Director of ORAA is functionally the Medicaid Chief Inspector and is responsible for Medicaid program integrity functions outside of the responsibilities of the program area.

**Proposed Status:** I

**Appendix 2**  
**MASC Update**



## Implementation Status of the Recommendations of the Medicaid Administrative Study Council

- 1 | **MASC Recommendation:** A new cabinet-level department, the Ohio Department of Medicaid, should be created to manage Ohio's entire Medicaid program. The Department of Medicaid's organization structure is outlined in the Department of Medicaid Organizational Structure Document.  
**Lead Agency:** EMMA  
**Implementation Status:** Done. The Executive Medicaid Management Administration was enabled in HB119 and created by Executive Order 36S. EMMA replaces the concept of a separate Ohio Department of Medicaid.
- 2 | **MASC Recommendation:** The Department of Medicaid should operate in a manner consistent with the Department of Medicaid's Mission Statement and Operating Principles.  
**Lead Agency:** EMMA  
**Implementation Status:** Done. The Administration has developed a mission statement for Medicaid, and the EMMA Strategy and Policy Subcommittee is charged with creating a consistent set of Medicaid principles to guide policy making across agencies.
- 3 | **MASC Recommendation:** The Department of Medicaid should operate as part of a broader Health Care strategy developed by the Ohio Health Policy Advisory Committee.  
**Lead Agency:** EMMA  
**Implementation Status:** Done. The Administration has engaged in a health care visioning process and is developing broad health care goals and objectives. The EMMA Strategy and Policy Subcommittee will use this as a foundation for its work.
- 4 | **MASC Recommendation:** The Department of Medicaid should be appropriated funds for and manage the programs that provide health care related services to Ohioans with demographic characteristics similar to Medicaid eligible consumers. Examples include: the Disability Medical Assistance program, the Residential State Supplement program, Best Rx, the prescription drug component of the Golden Buckeye Card.  
**Lead Agency:** N/A  
**Implementation Status:** Considered, not adopted

- 5 | **MASC Recommendation:** The Department of Medicaid should develop employment positions that have career paths which encourage and allow employees to advance their careers in their area of competency while minimizing the need for the department to create unnecessary management positions. This may include the need for the department to get certain exemptions from the Department of Administrative Services for alternative classification specifications and pay ranges.

**Lead Agency:** ODJFS

**Implementation Status:** Partially done. ODJFS is currently launching the Strategic Alignment Program that is focused on identifying and developing core competencies to meet the agency's business needs. One goal of this project is to create a competency-based talent management system aligning behavior with organizational purpose, strategies and values leading to a high performance workplace. The competency modeling initiative begins with identifying competencies at three levels: core, career banded job family, and functional/technical. ODJFS is identifying core competencies and exempt career banded competencies. The Department of Administrative Services is also participating with ODJFS on this project.

- 6 | **MASC Recommendation:** The changes associated with the creation of the Department of Medicaid should be implemented as quickly and completely as possible as outlined in the Transition Plan while avoiding unnecessary disruptions at the local level and affected agencies.

**Lead Agency:** N/A

**Implementation Status:** Done. EMMA is the mechanism chosen by Strickland's Administration to coordinate Medicaid programmatic and policy issues while minimizing disruption to existing state agencies and local service delivery systems.

- 7 | **MASC Recommendation:** The Department of Medicaid should use the Delegation Assumptions and Principles created by the council to guide its decision to delegate Medicaid responsibility to other parties.

**Lead Agency:** ODJFS/EMMA

**Implementation Status:** Done. Interagency agreements have been executed to delineate Medicaid program administrative responsibilities of the sister agencies and oversight responsibilities of ODJFS as the Single State Medicaid Agency. The EMMA Program Integrity Subcommittee will review these delegated relationships within the Medicaid program and establish consistent principles to govern program integrity activities.

- 8 | **MASC Recommendation:** ODOM should develop its own expertise

with regard to the overall health needs of the aged, blind and disabled, in addition to leveraging the specialty expertise already present in the sister agencies.

**Lead Agency:** ODJFS

**Implementation Status:** Done. ODJFS staff possess significant expertise related to the Medicaid utilization patterns and clinical conditions of the ABD population. ODJFS staff will continue to build this expertise in partnership with sister agencies. EMMA will work with OBM and the sister agencies on implementation of the unified long-term care budget. Through this process, EMMA will gather and track data on the health needs and expenditures of the aged, blind and disabled population.

- 9 | **MASC Recommendation:** The new department should have a consolidated budget for aged, blind and disabled (ABD) recipients, including waivers for the ABD population, and should be organized to establish expertise, strategically plan, and perform, delegate or contract those functions necessary to assure the delivery of services for the aged and disabled (including waiver recipients) as a group rather than by service type (either Long-Term Care or acute care).

**Lead Agency:** ODA

**Implementation Status:** Partially done. The Department of Aging led a stakeholder process (involving sister state agencies) to develop recommendations for a unified long-term care budget, EMMA and its participant agencies will play a key role in implementation and management of the ULTCB in collaboration with OBM.

- 10 | **MASC Recommendation:** Establish non-GRF funds (rotary funds) to which local funds used for Medicaid match are deposited and from which payments for locally matched services will be made. Such appropriations will be used exclusively to meet Medicaid obligations in the local board jurisdiction from which they were remitted. Any local funds collected that are no longer needed for local Medicaid matching purposes will be returned to the local board where they originated. The implementation of these rotary funds should be implemented following the impact committee's recommendation.

**Lead Agency:** ODJFS/EMMA

**Implementation Status:** Partially done. As the single state Medicaid agency, ODJFS is responsible for certifying all non-federal matching funds used in Ohio's state Medicaid program. ODJFS and the EMMA Budget and Finance Subcommittee will work in partnership to review and make recommendations.

- 11 | **MASC Recommendation:** The MASC believes the business requirements in the current Medicaid Information Technology System (MITS) RFP will meet the original intention and criteria for the MITS system, but they were developed prior to the plan for a new Medicaid department. The current MITS RFP does not have a business requirement to support a centralized claims payment system. The Council recommends that the procurement of the new MITS system should continue. During the implementation planning phase the requirements should be evaluated for compatibility with the new ODOM business plan. The plan needs to be developed in conjunction with an efficient Medicaid claims processing system and a comprehensive business plan for effective management.

**Lead Agency:** ODJFS

**Implementation Status:** Partially done. ODJFS has invested significant resources in designing, developing and implementing MITS and is working with EMMA partners to develop a second phase that will design a second phase of MITS to meet the needs of sister state agencies and local partners. EMMA partners receive regular updates on MITS development and will be informed as business requirements are designed that may change existing business processes. EMMA Consolidation Team (CET) is examining opportunities for consolidation of certain "back office" functions of services performed in common by the EMMA partners. The interagency team is to look for opportunities to cut costs, improve efficiencies and for consolidation opportunities with the implementation of MITS or other automated options.

- 12 | **MASC Recommendation:** The Council does not endorse any specific vendor solution, however, the Council supports the requirements that allow for MITS to be developed to provide for a centralized claims processing system that can handle multiple plans, benefit packages, business rules, and physician panels and is flexible enough to eventually be used as a centralized claims processing system for all state healthcare agencies.

**Lead Agency:** ODJFS

**Implementation Status:** Partially done. The EDS Interchange solution selected for the MITS system has the capacity to handle multiple plans, benefit packages, business rules, physician panels and centralized claims processing. The system's flexibility will allow for adaptations as the needs of the program change and the ability to adapt to changing environments. Implementing MITS for sister agencies will require additional dollars to fund requirements definition, development, and implementation of claims processing and payment. ODJFS is working to implement some MITS functionality earlier than originally planned. Additionally, early implementation of the Atlantes case management component of MITS has begun to assist in serving consumers whose needs cross multiple systems. This is connected to the Money Follows the Person (Home Choice) project.

- 13 | **MASC Recommendation:** State agencies and local representatives should be involved in the decision-making before decisions are finalized as ODOM implements the replacement system for MMIS. Important to communicate with major vendors. Current information systems operated by the sister agencies will need to continue during the transition to a new system and resources should continue to be made available for an appropriate period of time to enable this transition.

**Lead Agency:** ODJFS

**Implementation Status:** Partially done. ODJFS is the lead agency for the design, development and implementation of MITS. EMMA is working with ODJFS to develop a process for bringing state agencies and local partners into the decision-making process. The additional process will be implemented in a way not to interfere with the current MITS schedule.

- 14 | **MASC Recommendation:** During the transition phase to the new claims processing system, the ODJFS Medical Systems Section staff should remain in ODJFS to manage the maintenance of and enhancements to the current claims system, the Medicaid Management Information System (MMIS). All MITS development and operations should be managed in the new Ohio Department of Medicaid.

**Lead Agency:** N/A

**Implementation Status:** Partially done. This recommendation will be addressed as part of the MITS contract requirements with vendor, EDS.

- 15 | **MASC Recommendation:** It is essential that resources on the old system must remain stable. The Transition Team should be given the authority and the resources to guide the establishment of service level agreements between ODOM and ODJFS.

**Lead Agency:** N/A

**Implementation Status:** Partially done. This recommendation will be addressed as part of the MITS contract requirements with vendor, EDS.

- 16 | **MASC Recommendation:** Based on a presentation by Mina Chang, Section Chief in Ohio Health Plans' Bureau of Managed Health Care, the Council is recommending continued support of the current infrastructure that is in place to support the data submission and analysis of encounter claim data in a timely manner.

**Lead Agency:** ODJFS

**Implementation Status:** Done. ODJFS continues to support this functionality.

- 17 | **MASC Recommendation:** The Council has determined that the Data Warehouse (DW) and Decision Support System (DSS) serve as valuable tools for the Medicaid organization and should continue to be important for ODOM's strategic, fiscal, quality, and operations areas.
- Lead Agency:** ODJFS
- Implementation Status:** Done. ODJFS has conducted a gap analysis of the DW solution purchased through MITS and the requirements of the DSS RFP to ensure that the DW/DSS continues to be available to provide critical data for management decisions. More detail will be developed in the coming months re: how DW and DSS functionality will continue to be assured.
- 18 | **MASC Recommendation:** The Council recommends that the Decision Support System, Pharmacy Data Mart, and all OHP project staff move to the ODOM Office of Information Management.
- Lead Agency:** N/A
- Implementation Status:** Considered, not adopted
- 19 | **MASC Recommendation:** The Council has determined that moving all or part of the Data Warehouse to ODOM is an issue on which the Council cannot make a recommendation on within the Council's timeframe. The Council recommends that an independent, unbiased party should be utilized to recommend the best agency or agencies to manage the current ODJFS Data Warehouse, the DW governance structure, and future expansion and funding of the Data Warehouse.
- Lead Agency:** ODJFS
- Implementation Status:** Done. See # 17 above.
- 20 | **MASC Recommendation:** The Benefit Information Network (BEN - CRIS-E eligibility system replacement project) is currently in the requirements gathering phase. Because BEN will be used to determine eligibility for many social programs, including Medicaid, the ODOM CIO should be a member of the BEN Executive Management Committee (EMC) and ODOM needs to be involved in the decision process.
- Lead Agency:** ODJFS
- Implementation Status:** Modified. ODJFS's proposal to develop BEN (a complete eligibility system solution) was not funded in Am Sub HB 66. ODJFS has begun modernizations of the current eligibility system. Phase one of eGateway will be launched 12.15.08. This is a web portal enabling application information to be submitted electronically, copied into a database

and copied over into the CRIS-E application. This pilot project is a joint effort with the Governor's Office of Faith Based Initiatives and Second Harvest. The technology will be replicated for future modernization efforts.

- 21 | **MASC Recommendation:** State agencies and local representatives should have input in the decision-making before decisions are finalized. Communication with major healthcare provider organizations is important as changes are implemented.

**Lead Agency:** ODJFS

**Implementation Status:** Done. EMMA participant agencies will seek input from interested parties on decisions that are being considered.

- 22 | **MASC Recommendation:** The recommended Information Technology (IT) organization is outlined in the ODOM Information Technology Division Organization Chart.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 23 | **MASC Recommendation:** The Information Technology Division should develop a strategy plan based on the new Ohio Department of Medicaid's strategic plan. Local entities and sister agencies should be involved in the strategic planning process.

**Lead Agency:** EMMA

**Implementation Status:** Partially done. The EMMA Strategy and Policy subcommittee has begun developing a strategic plan for the Ohio Medicaid Program. The EMMA IT Subcommittee will be charged with developing an IT strategic plan based on the Medicaid strategic plan.

- 24 | **MASC Recommendation:** The IT Division should adopt the Principles for the ODOM Chief Information Officer (see Appendix 10) that have been modified from the United States General Accounting Office's report: Maximizing the Success of Chief Information Officers [GAO-01-376G, February 2001]. The principles are simple and describe the role needed for a CIO and the culture surrounding the IT Division.

**Lead Agency:** ODJFS

**Implementation Status:** Modified. The ODJFS executive management team now includes the CIO and CFO reporting directly to the ODJFS Director. This realignment gives the IT and Finance functions the visibility needed to resolve issues, implement policy decisions, and effect change. Further, the ODJFS MIS division has reorganized to gain process efficiencies. This

reorganization aligns with recommendations made by the MASC and is consistent with industry trends for IT function organization.

- 25 | **MASC Recommendation:** To create an agile and effective IT organization, there should be a formal mentoring program, cross-training opportunities, and participation in external organizations should be encouraged. There should be two career paths established: a technical path and a parallel management path.

**Lead Agency:** ODJFS

**Implementation Status:** Partially done. Implementation of the MITS project includes BusinessTransformation, a deliberate assessment of "as is" and "to be" processes and an assessment of gaps and training needs to prepare staff for the future state. BusinessTransformation includes not only changing business processes but also changing the culture of the organization, and communicating with internal staff and external stakeholders. Staff in the Office of Ohio Health Plans are working diligently to implement the BusinessTransformation activities needed to be prepared for MITS "Go Live."

- 26 | **MASC Recommendation:** The new ODOM executive team must define an effective IT governance policy to support the organization's strategies using the principles recommended by the OMASC IT Sub-Committee. The Transition Plan should include steps and resources to put improved IT governance in place from the new department's inception. IT deliverables (service level agreements) and governance procedures should be incorporated into ODOM's Interagency Agreements with state agencies performing delegated Medicaid administration.

**Lead Agency:** ODJFS/EMMA

**Implementation Status:** Partially done. Establishing clear principles for governance and decision making is part of the MITS development and BusinessTransformation process and a contractual requirement for vendor, EDS. ODJFS has a process to prioritize current Medicaid work internally. The EMMA Administrative Efficiency Subcommittee will be charged with developing a process for prioritizing Medicaid work based on available resources. This process could then be incorporated into interagency agreements between the sister agencies.

- 27 | **MASC Recommendation:** To facilitate statewide healthcare IT initiatives, the Council recommends utilizing the membership in an existing group created by the Ohio Office of InformationTechnology (OIT), the Healthcare Community of Interest Group (COI) for Health and Human Services.

**Lead Agency:** OIT

**Implementation Status:** Done. ODJFS and EMMA are working with OIT staff to facilitate statewide healthcare initiatives.

- 28 | **MASC Recommendation:** A small, multi-disciplined transition team should be appointed by the Governor and begin working on transition decision making, tasks and associated issues in January 2007.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 29 | **MASC Recommendation:** The transition team should have the authority and resources to operate during the transition period, to engage services of change management professionals and to hire other consultants as needed to complete transition tasks.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 30 | **MASC Recommendation:** The team should facilitate work with ODJFS, other state agencies, local entities, and other constituents to avoid disruption of needed services for Medicaid consumers, maintain good communications, and to limit difficulties at the local level and affected state agencies.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 31 | **MASC Recommendation:** Develop a cost allocation plan, budget and appropriations

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 32 | **MASC Recommendation:** Develop a detailed human resources plan identifying resources to be transferred from ODJFS to ODOM, resources needed to backfill positions within ODJFS, and new positions to be created and filled within ODOM.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 33 | **MASC Recommendation:** Develop an implementation plan

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 34 | **MASC Recommendation:** The team should work with the Governor's Office to hire the director of the Department of Medicaid to manage the creation of the department and ensure the proper culture is instilled.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 35 | **MASC Recommendation:** Working with the new director, the transition team should hire as many of the Department of Medicaid's executive staff as possible during this period.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

- 36 | **MASC Recommendation:** The transition team should prepare the basic elements of the Department of Medicaid so they are in place by July 1, 2007 as required by the General Assembly in Am. Sub. HB66.

**Lead Agency:** N/A

**Implementation Status:** Considered, not adopted

# **Appendix 3**

## **OCRM Update**



## Description of Implementation Progress

### LTC

- 1 | **Summary of OCRM Recommendation:** Remove NF formula from statute  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** SFY 06 Rates frozen; New pricing system implemented SFY '07; Rate increase enacted per HB 119 via "stop loss-stop gain".
- 2 | **Summary of OCRM Recommendation:** Phase out CON  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** Not implemented. However, Medicaid pricing system accomplished some of the goals that motivated this recommendation.
- 3 | **Summary of OCRM Recommendation:** Pre-admission screening  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** ODA and ODJFS have made improvements. Reform is being discussed with all affected agencies via Money Follows the Person Project . Interagency Subcommittee formed Jan, 2008 and meeting under the leadership of EMMA.
- 4 | **Summary of OCRM Recommendation:** AAA's LTC resource centers  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** ODA was awarded a grant to develop an Aging Resource Center which has been piloted in Cuyahoga county. The center was developed as a "virtual center" partnership among existing service networks. The center offers objective information to elders and people with disabilities re: needed services and supports. ODA has proposed statewide expansion in SFY 2009.
- 5 | **Summary of OCRM Recommendation:** Assisted living waiver  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** Asst Living program began July, 2006; as of 9/2008, 884 consumers are enrolled.

- 6 | **Summary of OCRM Recommendation:** Increase clinical capacity and flexibility of PASSPORT home care options  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** Waiver consumers can receive all state plan Medicaid services. Changes have been made to state plan private duty nursing and home health services. Array of waiver services is being reviewed as part of Money Follows the Person project.
- 7 | **Summary of OCRM Recommendation:** Estate recovery  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** Changes required by Federal Deficit Reduction Act have been implemented: Increase look-back to 5 years, extend to 13 months homestead exclusion & expand estate beyond probate.
- 8 | **Summary of OCRM Recommendation:** LTC voucher pilot for self direction  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** 381 Consumers enrolled in ODA Choices waiver. It is expanding in Toledo area. Other Medicaid waivers are exploring ways to expand self direction among their enrollees.
- 9 | **Summary of OCRM Recommendation:** Increase asset limit for waiver enrollees  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** Not implemented - cost prohibitive. However, enrollees in the Medicaid Buy In for Workers with Disabilities, all of whom are disabled and some of whom are in waivers, may have assets up to \$10,000.
- 10 | **Summary of OCRM Recommendation:** Consolidate LTC budgets  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** Not implemented - Report of Unified LTC budget work group finalized and recommendations being reviewed and implemented; ODA and EMMA in lead roles EMMA has created this body which is working to explore implementation of Unified LTC Budget Recommendations.

11 | **Summary of OCRM Recommendation:** Create LTC policy body

**Status 12/4/08:** Done

**Description of Implementation Progress:** EMMA has created this body which is working to explore implementation of Unified LTC Budget Recommendations.

## Care Management

1 | **Summary of OCRM Recommendation:** Expand CFC managed care

**Status 12/4/08:** Done

**Description of Implementation Progress:** Statewide expansion complete. As of Sept 2008, 1.175 million CFC Medicaid consumers (95%) are receiving their health care via managed care arrangements.

2 | **Summary of OCRM Recommendation:** Implement Care Management for ABD population

**Status 12/4/08:** Done

**Description of Implementation Progress:** Statewide expansion complete. Sept 2008 enrollment = 86,825 of 69% of eligibles. Enrollment has declined due to MCPs discontinuing contracts in some regions. RFP being prepared to seek new MCPs to fill this role.

3 | **Summary of OCRM Recommendation:** Monitor effectiveness of outcome based care management - CHAP

**Status 12/4/08:** Done

**Description of Implementation Progress:** Health care outcome measurement is part of the ongoing monitoroig of MCPs. JFS has obtained and is implementing a neonatal improvements grant; Medical Director emphasizing the use of evidence based medicine. Gov's Quality Summit (11/2008) will develop targeted outcome goals some of which Medicaid will pursue.

4 | **Summary of OCRM Recommendation:** Improve HMO management, quality review & financial strength

**Status 12/4/08:** Done

**Description of Implementation Progress:** HB 66 authorized ODI to increase standards for HMO actuarial soundness

- 5 | **Summary of OCRM Recommendation:** Establish Care Management Working Group (CMWG)

**Status 12/4/08:** Done

**Description of Implementation Progress:** Group was formed, met, issued report 12/2007. Advisory function and some members transferred to the ODJFS Medical Care Advisory Committee. ODJFS held 5 regional listening sessions on Medicaid managed care 8/2008 and is assessing the recommendations for possible implementation.

- 6 | **Summary of OCRM Recommendation:** Tie Grad Medical Education funding to managed care participation

**Status 12/4/08:** Done

**Description of Implementation Progress:** HB 66 tied direct GME to hospital managed care participation.

## Pharmacy

- 1 | **Summary of OCRM Recommendation:** Consolidate all state Rx spending and institute multi-state purchasing

**Status 12/4/08:** Considered, not adopted

**Description of Implementation Progress:** Rx consolidation recommended by a committee including DRC, MH, MR/DD and others. Medicaid staff have assessed the impact of the Medicaid managed care expansion and Medicare Part D implementation and provided a report to the General Assembly per HB 119. Will consider state purchasing pool in the future if beneficial to OH Medicaid.

- 2 | **Summary of OCRM Recommendation:** Increase Medicaid revenue from Rx rebates

**Status 12/4/08:** Done

**Description of Implementation Progress:** Medicaid % of rebate revenue has been increased. As of Dec 2007, rebate revenue (Federal and Supplemental) is approx 39%.

- 3 | **Summary of OCRM Recommendation:** Replace rebates with transparent system

**Status 12/4/08:** Considered not adopted

**Description of Implementation Progress:** Prohibited by Federal and state law. See item 22 for more info.

- 4 | **Summary of OCRM Recommendation:** Limit drugs to effective and low cost through a closed formulary  
**Status 12/4/08:** Done, modified  
**Description of Implementation Progress:** Preferred Drug List is similar, but ODJFS is Federally prohibited from closing the formulary.
- 5 | **Summary of OCRM Recommendation:** Use evidence-based research, drug therapies -adopt Oregon Model  
**Status 12/4/08:** Partially done  
**Description of Implementation Progress:** Behavioral Health Quality Initiative assessed prescriber compliance with clinical quality guidelines. Other quality oversight in process via Managed Care Plans with JFS oversight.
- 6 | **Summary of OCRM Recommendation:** Increase % of generics included in preferred drug list  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** Ohio Medicaid already maximizes the cost and clinically effective use of generics. ODJFS continually monitors this. MCPs manage in similar fashion.
- 7 | **Summary of OCRM Recommendation:** Bring pharmacy reimbursement into parity with commercial insurers  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** HB 66 reduced retail pricing to WAC + 7% rather than WAC + 5%; pricing change has been implemented
- 8 | **Summary of OCRM Recommendation:** Consumer co-pay for all drugs  
**Status 12/4/08:** Done  
**Description of Implementation Progress:** \$2 co-pay for trade-name PDL drugs & \$3 per script for Rx requiring PA
- 9 | **Summary of OCRM Recommendation:** Implement mail order for chronic care maintenance drugs

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** ODJFS is studying this option in view of changes from Medicare Part D and increased managed care enrollment.

- 10 | **Summary of OCRM Recommendation:** Implement medication therapy management

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** Medication Therapy Management is a tool available to Medicaid Managed Care Plans.

- 11 | **Summary of OCRM Recommendation:** Provide incentives for electronic prescribing

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** ODJFS is developing an e-prescribing system ("Cyber Access") as part of existing PBM contract; negotiations ongoing with board of pharmacy. Target implementation February, 2009

- 12 | **Summary of OCRM Recommendation:** Limit optional Medicaid drugs for Dual Eligibles (Medicare Part D)

**Status 12/4/08:** Done

**Description of Implementation Progress:** Policy implemented to continue Medicaid coverage for certain drugs not covered under Part D

## Eligibility

- 1 | **Summary of OCRM Recommendation:** Maintain current eligibility for CFC population

**Status 12/4/08:** Done

**Description of Implementation Progress:** HB 119 implemented several Medicaid eligibility expansions for pregnant women, children, youth leaving foster care, and people with disabilities. All have been implemented save the children's expansion from 200-300% FPL.

- 2 | **Summary of OCRM Recommendation:** Move to single state agency performing disability determination

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** ODJFS, CDJFS and RSC are developing a single disability determination process for Ohio that will be more efficient for consumers, cost effective, meet federal standards and be ready for implementation 2011.

- 3 | **Summary of OCRM Recommendation:** Study a switch from 209(b) to 1634

**Status 12/4/08:** Done

**Description of Implementation Progress:** Disability Determination Study Council report studied and recommended not making this change

- 4 | **Summary of OCRM Recommendation:** Collect premiums for transitional benefits

**Status 12/4/08:** Considered, not adopted

**Description of Implementation Progress:** ODJFS performed comprehensive study of consumer cost sharing and chose to focus on other populations

- 5 | **Summary of OCRM Recommendation:** Require enrollment in private insurance where applicable

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** Under consideration as part of State Coverage Initiative; LTC Insurance partnership implemented - provides incentives for purchase of commercial LTC Insurance.

- 6 | **Summary of OCRM Recommendation:** Medicaid "Ticket to Work" Buy-In

**Status 12/4/08:** Done

**Description of Implementation Progress:** Program implemented April 1, 2008. As of October, 2008, 1785 consumers were enrolled. Incentives for purchase of commercial LTC Insurance.

## Finance

- 1 | **Summary of OCRM Recommendation:** Establish firm Medicaid spending targets

**Status 12/4/08:** Done

**Description of Implementation Progress:** Accomplished within existing Medicaid spending projection and budgeting process

- 2 | **Summary of OCRM Recommendation:** Freeze Hospital rates, Reduce NF, ICF/MR by 3% then flat

**Status 12/4/08:** Done

**Description of Implementation Progress:** NF rates frozen (with Franchise Fee increase), ICF/MR rates frozen, Hospital rates frozen 1/1/06; Rate increases for all three prov grps in HB 119

- 3 | **Summary of OCRM Recommendation:** "Optimize" payment schedule (delay payment cycle)

**Status 12/4/08:** Done

**Description of Implementation Progress:** OBM routinely performs this function to manage the cash flow and balance.

- 4 | **Summary of OCRM Recommendation:** Medicare/Medicaid benefits coordination

**Status 12/4/08:** Done

**Description of Implementation Progress:** ODJFS has greatly improved the processing of "crossover" claims for dual eligibles; Medicare/Medicaid ("Medi-Medi") project underway; third party liability improvements enacted in HB 119 are being implemented.

- 5 | **Summary of OCRM Recommendation:** Switch to prospective payment for LTC & rehab hospital payments

**Status 12/4/08:** Considered, not adopted

**Description of Implementation Progress:** ODJFS is studying this in the context of Medicare payment changes and Medicaid managed care.

## Structure and Management

- 1 | **Summary of OCRM Recommendation:** Provide Auditor of State with full audit authority and funding

**Status 12/4/08:** Done

**Description of Implementation Progress:** AoS finalized performance audit of Ohio Medicaid. ODJFS has implemented many

recommendations and is working to implement others. AoS was granted independent audit auth in HB 119

- 2 | **Summary of OCRM Recommendation:** Make Program Integrity improvements

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** Addressed in the JFS corrective action plan to the OIG report and as part of AoS Perf Review; improvements are underway.

- 3 | **Summary of OCRM Recommendation:** Update Ohio's Medicaid Information System

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** MITS vendor, EDS is working in earnest with ODJFS to develop system. Web portal operational July 1, 2008 for limited functionality. MITS Phase 1 Go Live scheduled for late CY 2009.

- 4 | **Summary of OCRM Recommendation:** Medicaid Transition Council

**Status 12/4/08:** Done

**Description of Implementation Progress:** Medicaid Admin Study Council completed work 12/06. Recommendations being implemented or considered.

- 5 | **Summary of OCRM Recommendation:** Create Ohio Department of Medicaid

**Status 12/4/08:** Done, modified

**Description of Implementation Progress:** HB 119 created Executive Medicaid Management Agency (EMMA) to coordinate Medicaid business and policy across agencies

- 6 | **Summary of OCRM Recommendation:** Selective contracting and Pay for Performance

**Status 12/4/08:** Partially done

**Description of Implementation Progress:** Selective contracting is part of managed care expansion. ODJFS is pursuing selective contracting for some medical equipment provided via fee for service. Pay for performance has been delayed due to lack of funding.

7 | **Summary of OCRM Recommendation:** Collaborate with state's academic medical centers

**Status 12/4/08:** Done

**Description of Implementation Progress:** Already collaborate on research via MEDTAPP; open to considering other options