



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Service Delivery Systems ABP 8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).

- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

Childless Adult Group may be enrolled in the Medicaid State Plan FFS delivery system for up to 2 months until they can be transitioned to the Ohio Medicaid Managed Care delivery system.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: 05/17/2013



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Describe program below:

Ohio has provided managed care since 1978 and operated a mandatory enrollment program since 1989. Currently, the majority of Ohio's Medicaid beneficiaries are enrolled in Medicaid managed care plans (MCPs). Approximately 1.7 million out of 2.3 million total Medicaid eligibles are covered under Medicaid managed care. The managed care beneficiaries are comprised of Covered Families and Children (CFC) and Aged, Blind, and Disabled (ABD) populations, including approximately 37,000 children with special health care needs. There are five managed care plans serving Medicaid beneficiaries across the state by way of three service regions. As a result, Medicaid managed care beneficiaries have a greater choice in selecting a plan that best suits their individual health care needs.

The Bureau of Managed Care has primary oversight for the monitoring of the MCPs. Other bureaus within ODM oversee managed care functions such as clinical, rate-setting and financial performance monitoring and assessment. Managed care has been implemented as a means to improve access to health care, continuity of care and quality of care for Medicaid beneficiaries, provider accountability and cost predictability. As a supplement to Ohio's existing 1932(a) authority, effective July 1, 2013, Ohio added SSI children under the age of 21 to the Medicaid managed care program under a 1915(b) waiver approved by CMS. CMS has also approved a 1915(b)(c) waiver, for an effective date of March 1, 2014 that will allow the enrollment of Medicaid-Medicare duals in managed care through the Integrated Care Delivery System (ICDS) Demonstration.

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The FFS delivery system is used as a transitional method for delivering care to the Childless Adult group until they are enrolled in one of the Ohio Medicaid managed care plans (MCPs). MCPs must provide Medicaid-covered behavioral health services for members. However, services provided through the publicly funded community behavioral health system are carved-out of the capitation rates. Behavioral health services provided in publicly funded community behavioral health centers are paid for on a fee for service basis and are not the responsibility of the MCPs. MCP members are allowed to directly access behavioral health services provided through the publicly funded community behavioral system or the MCPs. The initial fee-for-service period for beneficiaries to select or be assigned to an MCP will be the same timeframe outlined in Ohio's federally-approved managed care SPA.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):