



Annual Report

August 1, 2019

Governor Mike DeWine | Lt. Governor Jon Husted | Director Maureen Corcoran

[medicaid.ohio.gov](https://www.medicaid.ohio.gov)

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Message from the Ohio Department of Medicaid Director

August 1, 2019

The Ohio Department of Medicaid provides health care coverage for nearly 3 million Ohioans who are served by a network of more than 135,000 providers. Ohio Medicaid ensures health care access to low-income adults, children, pregnant women, seniors, and individuals with disabilities, including the following coverage highlights:

- Over half of Ohio births are covered by Medicaid.
- More than 1.2 million children are served by Medicaid.
- Approximately 36,000 children in foster care are served by Medicaid.
- Approximately 52% of the children and adults served by Ohio Medicaid receive behavioral health services.

The Ohio Department of Medicaid has an enormous responsibility to provide health care for Ohio's most vulnerable individuals, maintain the highest levels of accountability to taxpayers, and ultimately, improve the health of all Ohio communities. It is important to me that the legislature and others in the community trust our stewardship of this great responsibility. Our department, made up of approximately 600 dedicated professionals, is committed to managing the Medicaid program with increasing transparency and collaboration with our many stakeholders throughout Ohio.

This report highlights key initiatives to strengthen families and give individuals a chance to live healthy, productive lives.

Sincerely,



Maureen Corcoran
Director
Ohio Department of Medicaid

births.³ Ohio Medicaid is continuing its commitment to improving the health of pregnant and postpartum women, by focusing on reducing racial disparities and improving outcomes for moms who have substance use disorders and their infants. Systematically deploying evidence-based services, including enhanced care coordination and home visiting, can help close the disparity gap by giving pregnant women access to the services they need to deliver healthier full-term babies.

Despite current efforts, the number of pregnant women diagnosed with opioid use disorder (OUD) has been rising over the last decade, leading to more babies experiencing neonatal abstinence syndrome (NAS).⁴ Today, nearly all new moms who seek intense levels of OUD treatment are forced to separate from their infants, and many infants with NAS are taken into child protective services custody. This type of forced separation interferes with the essential bonding and breastfeeding needed to maximize infant and maternal health. Compounding these challenges, Ohio's Maternal Opioid Medical Support (MOMS) demonstration project recently showed that many mothers with OUD lose eligibility within three months of delivery, which results in lack of maternal postpartum care and lack of coordinated well-child services for infants. Many pregnant women with OUD also need better behavioral health care coordination that recognizes their prenatal and addiction treatment needs.

The Ohio Department of Medicaid is designing a maternal and infant support program—including options to expand home visiting—to decrease preterm births, decrease infant mortality, and improve maternal health. To boost the efficacy of the new maternal and infant services and prevent duplication of services, Ohio Medicaid is working closely with the Governor's Office of Children's Initiatives, the Ohio Department of Health, and the Ohio Department of Developmental Disabilities. Interagency collaboration coupled with implementation of Medicaid's maternal and infant support program—including expanding options for home visiting—will support Governor DeWine's goal to triple the number of eligible women and children receiving home visiting services over the coming years.

Ohio Medicaid's maternal and infant support initiatives will build on the department's ongoing support of pregnancy programs through the Medicaid managed care plans' community infant mortality efforts that focus on reducing the disparity of African American infant outcomes. In the coming biennium, Ohio Medicaid managed care plans will continue to invest grant dollars totaling approximately \$26 million in the nine Ohio Equity Institute (OEI) communities identified as infant mortality priority regions. Use of these grant dollars will align with Ohio Medicaid's strategies, including supporting community-driven models of care and health equity efforts, specifically home visiting, group pregnancy care, and community HUBs/ community health workers.

Ohio Medicaid managed care plans also will play a critical role in improving maternal and infant health by actively promoting referral of members to community-based organizations for services that will promote better pregnancy outcomes. Additionally, the plans will collect and meaningfully use race, ethnicity, language, and social determinants of health data to identify and reduce disparities in health care access, services and outcomes.

³ Ohio Department of Health. [2017 Infant Mortality Report](#). December 2018.

⁴ Ohio Department of Health. [2017 NAS Hospital Discharge Data Summary Table](#). December 2018.

Behavioral Health Care in Schools

Many children in Ohio already receive behavioral health services in schools, but a recent study showed that half of our state's youths still cannot access the behavioral health services they need.⁵ Ohio Medicaid is partnering with the Ohio Departments of Education and Mental Health and Addiction Services (OhioMHAS) to improve access to high-quality behavioral health care in schools. When children have access to behavioral health services, they have improved rates of school attendance and better learning outcomes.

Ohio Medicaid currently supports school-related health care, including behavioral health services, through the following means:

- The Medicaid School Program (MSP) allows schools to claim federal Medicaid matching dollars for services delivered to Medicaid-enrolled children who have individualized education programs (IEPs) in place. MSP provides reimbursement for a specific set of services that can help students in classroom settings; these services must be outlined on the child's IEP to be eligible for reimbursement.
- Technical assistance and support for the Ohio Medicaid / Ohio Department of Education School-Based Health Care initiative. School-based health care in Ohio ranges from large school health centers that house full-time medical staff, to smaller part-time and mobile clinics that provide more targeted services.
- Reimbursement to providers for face-to-face and limited videoconference-based services delivered to children in schools. Individual providers and provider organizations often meet students at school to facilitate access to care, and some behavioral health providers can deliver services to children in school via secure video-conferencing.

To help accomplish Governor DeWine's goal for every school to have access to behavioral health services, Ohio Medicaid is working to:

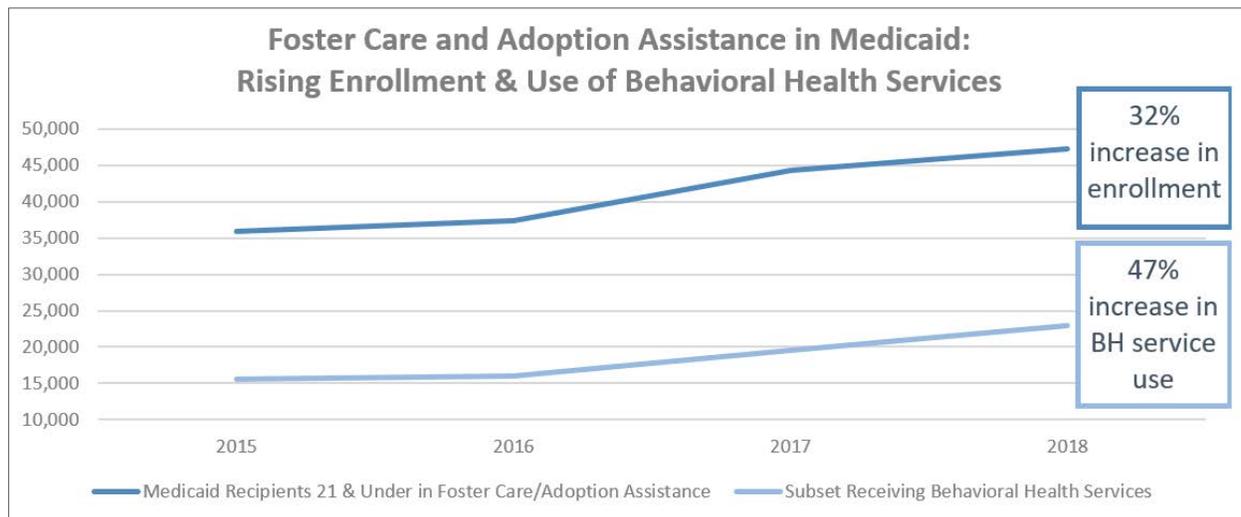
- Reduce regulatory constraints and increase flexibility for the health care sector to deliver telehealth services in a variety of locations, including schools.
- Partner with the Ohio Department of Education and OhioMHAS to fund and provide support to expand the availability of prevention and treatment services within our education system so children can access the care they need without missing class to travel to a health clinic or hospital. Schools, communities, and health care providers will have new opportunities to develop access to care in and around schools.
- Optimize the Medicaid in Schools program and re-align the School-Based Health Care initiative to better meet the behavioral health needs of students across the state.

Support for Transforming Ohio's Public Children Services System

The number of children and youth in custody is rising due to the opioid epidemic, and children in custody have increasingly complex health care needs. Further, six in 10 children are placed in children's services custody for reasons other than abuse and neglect; many are involved with the system because they cannot

⁵ Whitney DG, Peterson MD. [US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children](#). JAMA Pediatr. Published online February 11, 2019.

access the services they need. As the chart below shows, the number of children in foster care and receiving adoption assistance in the Medicaid program is rising, as is this population’s need for behavioral health services.



Ohio Medicaid plays a critical role in helping children and families move beyond the children’s services system with supports and services to address their trauma, physical and mental health challenges, substance use disorders, and other critical health and behavioral health needs. Medicaid services and supports also can prevent children and their families from reaching the point of requiring the intervention of children’s services agencies. These services can help children and their families achieve health goals that contribute to maintaining a family unit.

The Department of Medicaid is supporting Ohio’s children’s services innovation efforts with a three-pronged strategy:

1. Preventing removals from families and placements in children’s services custody.
 - Ohio Medicaid is partnering with the Department of Job and Family Services and its Office of Children’s Services Transformation, and with the Governor’s Office of Children’s Initiatives to implement the Family First Prevention Services Act, which aims to prevent children from entering child welfare custody. Our efforts aim to align service and coordination enhancements for this unique population of children.
 - Ohio Medicaid is developing a new intensive behavioral health care coordination service for children with complex needs that will help prevent placements in out-of-home care and residential treatment. This type of service planning and organization of supports will also help prevent voluntary custody relinquishment due to a family’s inability to access coordinated community-based care.
 - Ohio Medicaid is working with the managed care plans to develop new, targeted quality strategies specifically for children, including efforts to ensure appropriate use of psychotropic medications. The managed care plans will be implementing new assessments based on social determinants of health. Assessing and addressing these needs can help families prevent children’s services involvement.

2. Improving care for complex children by maximizing Ohio Medicaid services and coordination for those served by multiple state and local systems.
 - On any given day, more than 130 children in children’s services custody are placed in out-of-state treatment facilities because they cannot find the care they need in Ohio. In many cases, considerable county resources are expended to access out-of-state services. Ohio Medicaid is exploring options to improve access to intensive services for multi-system youth within Ohio. Enhancing these services will help prevent additional children from being sent out of state while enabling us to bring children back home to be closer to their families and circles of support. These enhancements also will be helpful in preventing parental relinquishment of child custody when a family cannot access necessary services.
 - Ohio Medicaid is providing additional hands-on technical assistance and coordination to assist county children services agencies with identifying and accessing appropriate treatment within Ohio and outside the state. Dedicated staff at Ohio Medicaid are working to convene and assist county children services agencies, families, the Department of Job and Family Services, and managed care plans.
 - Ohio Medicaid is adding new coverage for autism spectrum disorder services in SFY 2021, which will help keep children and their families together in their communities, preventing out-of-home residential treatment.
3. Helping children and families move beyond the public children services system.
 - The Ohio Department of Medicaid’s existing services and supports can help to address trauma, addiction, and other critical health and behavioral health needs. Ohio Medicaid’s ongoing service and care coordination enhancements will be beneficial for children when they leave foster care.
 - Improving parents’ health helps children return to their families as quickly as possible. Medicaid’s new behavioral health care coordination services, existing behavioral health benefits, and managed care plan care management strategies will continue to provide access to and coordination of necessary services for parents, including services and more intensive care coordination support for parents who have the most pressing substance use disorders and mental illness needs.

Improving Wellness for Kids

Ohio Medicaid covers health services for 1.2 million low-income children and youth. Current performance for key pediatric Healthcare Effectiveness Data and Information Set (HEDIS) measures highlight Ohio’s status in the 25-50th percentile across a wide range of childhood health metrics, including the following:

- 57.9% of infants less than 15 months old receive well checks
- 71.2% of children 3 to 6 years old receive well checks
- 59% of young children receive appropriate lead testing

Pediatricians, who have long understood the need for coordinating care, developed the original patient-centered medical home framework. Ohio has invested in this type of framework through the Comprehensive Primary Care (CPC) program, which incentivizes providers to meet desired standards of access and quality. CPC practices that meet additional criteria can receive a bonus for controlling total cost of care. CPC serves as a good foundation to improve children’s health, but it is not enough.

Currently, 680,000 children, reflecting over half of all the children in the Ohio Medicaid program, are receiving care through CPC practices. Refining this model of care to honor the preventive services required for the healthy growth and development of children and youth paves the way for every family to enjoy opportunities that come with good health. With this in mind, Ohio Medicaid is developing a child-centric option for pediatric CPC practices to receive an enhanced monthly rate in exchange for practice-wide engagement in pediatric-specific activities, such as routine screening for adverse childhood events and linkage to behavioral health treatment. This option will also focus on pediatric-specific measures, such as appropriate immunizations and lead screening. Medicaid's CPC for Kids model will be implemented in January 2020.

Ohio Medicaid managed care plans will also play an important role in childhood wellness and population health management by:

- Partnering with CPC practices to provide outreach to families whose children have been unable to receive needed services and facilitating visits by assisting with scheduling and eliminating transportation barriers.
- Incentivizing alternative settings of care, including schools, through alternative payment models or other contracting arrangements.
- Collecting and meaningfully using race, ethnicity, language, and social determinants of health data to identify and reduce disparities in health care access, services, and outcomes.

Lead Testing and Hazard Control

Lead is toxic to young, developing brains, and lead poisoning has well-documented, long-lasting adverse health effects. Lead-based paint and lead-containing dust in deteriorating homes are the most common sources of lead poisoning among children.⁶ Nearly 70% of Ohio's housing stock was built before 1979, the year after lead-based paint was banned for housing use.⁷ The Ohio Department of Health considers lead poisoning to be one of the greatest environmental threats to children in the state. Despite dramatic improvements in blood lead levels in recent decades, in 2016, 4,591 children, representing 2.83% of the population tested, had confirmed blood lead levels of 5µg/dL or greater; 35µg/dL is the level at which the Centers for Disease Control and Prevention (CDC) recommends intervention. Lead poisoning continues to be a serious hazard for many Ohio children, presenting considerable risk to their health and ability to learn.

All children enrolled in Medicaid are required to receive blood lead screening tests at 12 and 24 months of age, but less than 60% of Medicaid children have had blood tests reported to the state's registry in recent years. More testing may occur without reporting, but the state does not have visibility into unreported tests. When a child has a blood level of 5µg/dL or greater, their home should be investigated for lead hazards, and identified sources of lead, including paint, dust, soil, and water, should be controlled or abated.⁸ Preventive measures also should be taken to address lead hazards before children are poisoned.

⁶ Centers for Disease Control and Prevention. [Lead Prevention Tips](#). 2014.

⁷ Ohio Housing Finance Authority. [2018 Housing Needs Assessment, Technical Supplement to the Fiscal Year 2018 Annual Plan](#). 2018.

⁸ Ohio Lead Advisory Council. [2017 Annual Report](#). 2017.

To make significant advances in identifying and eradicating lead exposure and its consequences, children need to be routinely tested in keeping with best clinical practice, and funding should be directed at preventing lead poisoning and abating lead hazards. Ohio Medicaid is planning activities for the next biennium to identify lead exposure and to address health and associated learning disabilities:

- Partnering with health care providers and the Ohio Medicaid managed care plans to encourage appropriate blood lead testing. As part of Ohio Medicaid’s changes to our CPC for Kids program, we will be including practice-level tracking of lead testing for children.
- Comprehensively reviewing gaps in lead testing and reporting, and strengthening multi-agency efforts to increase reporting to the Ohio Department of Health’s Lead Poisoning Surveillance System.
- Aligning cooperative efforts with the Ohio Department of Health for using Medicaid dollars to perform environmental lead risk assessments in homes where children are found to have elevated blood lead levels.
- Leveraging work with the Ohio Department of Developmental Disabilities to ensure affected children have access to early intervention programs.

Additionally, Ohio Medicaid is reenergizing our partnership with the Ohio Department of Health on lead hazard control and abatement initiatives through our Children’s Health Insurance Program (CHIP) Health Services Initiatives program, which will include:

- Funding lead hazard control and abatement activities for homes of Ohio Medicaid-enrolled and other low-income children and pregnant women.
- Requesting federal government approval for changes in the program to allow for greater flexibility in funding lead abatement and hazard control activities.
- Developing messaging and marketing to encourage tenants looking for rental property in high risk zip codes to use the lead-safe registry so they can find housing that is safe from lead exposure.
- Encouraging rental owners to responsibly document lead safe maintenance activities and place lead-safe properties on the registry.

Enhancing Support for Multi-System Youth

The Ohio Department of Medicaid is an essential partner in serving families of children with multi-system needs, and its benefit package includes a wide range of services that address a child’s physical health, mental health, substance use disorder, and developmental disability needs. Ohio Medicaid also plays a key role in assuring access to care for children in the custody of local public children services agencies and those receiving adoption assistance, all of whom are eligible for Medicaid coverage.

Many children and youth served by Ohio Medicaid also are served by multiple state and local agencies. Families, county agencies, and providers often in conjunction with local Family and Children First Councils, regularly collaborate to create services plans, develop partnerships, and identify funding streams that support children with complex multi-system needs. Most kids and families get what they need from these arrangements, but some children and families need more intensive services and care coordination than they can get today. When needs cannot be met and/or financial demands for services become too great to manage, some families are forced to give up custody of their children to the child protection system to access care.

As the needs of multi-system children have increased, it has become clear that Medicaid's existing services and coordination efforts are no longer enough to help some of the kids in the program. Children with Medicaid are increasingly being placed in out-of-home and congregate care settings (psychiatric hospitals, residential treatment facilities, long-term acute hospital stays) because their multi-system needs cannot be met in their communities. On any given day, more than 130 children in child protection custody are being placed in out-of-state residential treatment facilities because they cannot access the care they need in Ohio.

The Ohio Department of Medicaid proposes partnering with the Governor's Office of Children's Initiatives and other state and local agencies over the coming biennium to enhance support for multi-system youth and their families via multiple strategies:

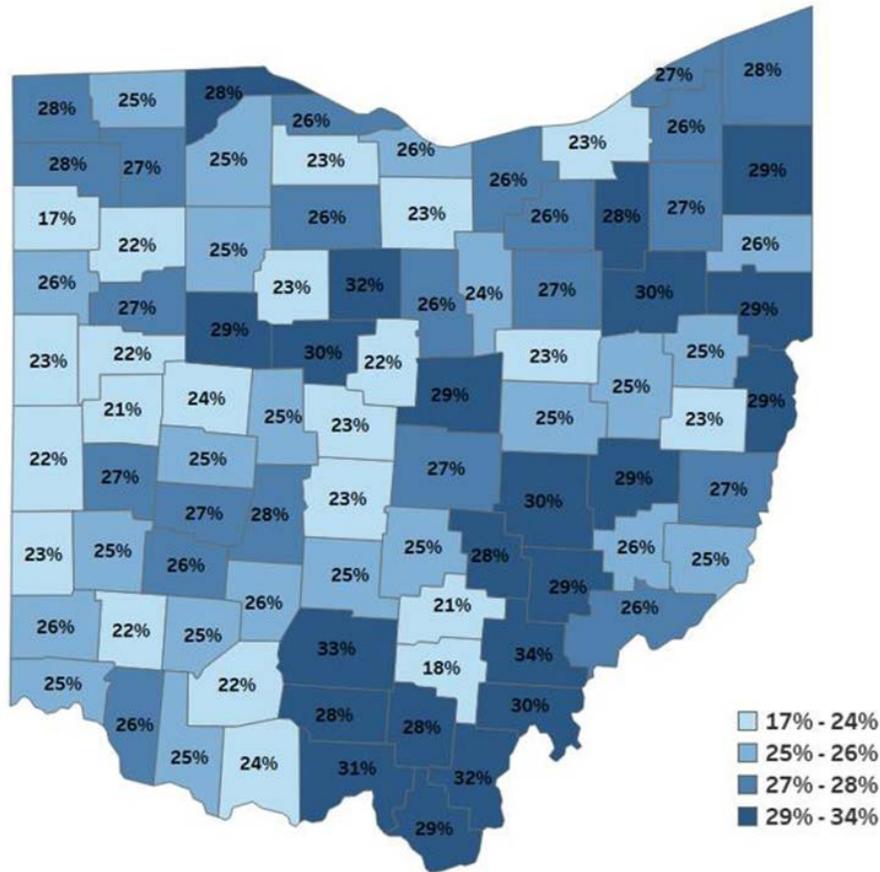
- Improving community supports and coordination for children and families by:
 - » Developing a new intensive behavioral health care coordination service for children with complex needs that will help prevent placements in out-of-home care and residential treatment. This type of service planning and organization of supports will help prevent voluntary custody relinquishment due to a family's inability to access coordinated community-based care.
 - » Working with the Ohio Medicaid managed care plans (MCPs) to develop new, targeted quality strategies specifically for children, including efforts to ensure appropriate use of psychotropic medications. The MCPs will be implementing new assessments based on social determinants of health; assessing and addressing these needs can help families in their communities
 - » Implementing a multi-system youth innovation fund targeted at preventing the relinquishment of children and youth by assisting families and communities address individual and complex needs that exceed local resources.
 - » Beginning new coverage of services for autism spectrum disorder, which will help keep kids and their families together in their communities, preventing out-of-home residential treatment.
 - » Partnering with the Ohio Department of Job and Family Services and its Office of Child Welfare Transformation, and with the Governor's Office of Children's Initiatives to implement the Family First Prevention Services Act, which aims to prevent children from entering child welfare custody. This will include service and coordination enhancements.
- Improving treatment options for children with the most intensive and complex needs by:
 - » Exploring options to improve access to intensive services for multi-system youth within Ohio. Enhancing these services will help prevent additional children from being sent out of state while enabling us to bring children back home to be closer to their families and circles of support. These enhancements also will help prevent parental relinquishment of child custody when a family cannot access necessary services.
 - » Providing additional hands-on technical assistance and coordination to assist county children's services agencies with identifying and accessing appropriate residential treatment within Ohio and outside the state. Dedicated staff at Ohio Medicaid are working to convene and assist county children's services agencies, families, the Ohio Department of Job and Family Services, and managed care plans.

Initiatives to Support Recovery and Behavioral Health

Ohio ranks second worst in the nation for drug overdose deaths and for opioid-related overdose deaths. The number of pregnant women diagnosed with opioid-use disorder has risen over the last decade, leading more babies to experience Neonatal Abstinence Syndrome. Just 36.64% of Ohio’s mental health needs are met by our current treatment capacity.⁹

In state fiscal year 2018, approximately 26% of all Medicaid enrollees received a behavioral health service, including approximately 23% of children (ages 0-20), and 29% of adults (age 21 and older).

Percentage of Medicaid Recipients who received Behavioral Health Services in SFY 2018¹⁰



Ohio Medicaid is collaborating with the RecoveryOhio initiative, the Ohio Department of Health, OhioMHAS, and other state and local entities to strengthen access to care and improve outcomes for those seeking behavioral health services. In partnership with OhioMHAS, Ohio Medicaid continues to evaluate the early effects of Behavioral Health Redesign and managed care integration on the

⁹ [Kaiser Family Foundation’s State Health Facts](#)

¹⁰ Includes behavioral health inpatient and emergency department with other non-acute/non-emergent behavioral health services (26% or 942,560 Medicaid recipients statewide)

comprehensive behavioral health system while working to stabilize the recently restructured behavioral health benefit package of services.

RecoveryOhio and the National Medication-Assisted Treatment Project

The DeWine Administration identifies mental health and substance use disorder (collectively “behavioral health”) prevention, treatment, and recovery as a top priority for the state. Immediately upon taking office, the governor launched the RecoveryOhio initiative to ensure the state acts aggressively to invest in the health and wellbeing of Ohio’s citizens, particularly those affected by opioid or other substance use disorders and those struggling with mental illness. In January 2019, Governor DeWine created and named members of the RecoveryOhio Advisory Council, which includes a diverse group of individuals who are working to address mental illness and/or substance use issues in prevention, treatment, advocacy, or support services within government, private industry, law enforcement, health care, learning institutions, and faith-based organizations. The council also includes individuals with behavioral health conditions and their families.

Ohio also was selected by Arnold Ventures to participate in a national technical assistance project to improve access to medication-assisted treatment for individuals with opiate use disorders in the state. Ohio Medicaid is partnering with the Ohio Department of Mental Health and Addiction Services and RecoveryOhio on this initiative.

1115 Substance Use Disorder Services Waiver – Design and Implementation

In 2018, the Centers for Medicare and Medicaid Services (CMS) approached the Ohio Department of Medicaid regarding its payment model for substance use disorder (SUD) residential treatment services. CMS strongly urged Ohio Department to pursue an 1115 waiver for SUD services to ensure continued federal financial participation for individuals served in some residential treatment settings. Ohio Medicaid is working with OhioMHAS to design the waiver application.

In addition to ensuring continued federal financial participation for SUD services, gaining approval for the 1115 SUD waiver will require significant enhancements to Ohio Medicaid’s care coordination services. To meet these requirements, Ohio Medicaid and the ODMAS have been working to design a robust behavioral health care coordination (BHCC) model targeted at individuals with the most complex and urgent SUD and mental health needs. BHCC will reward practices that affirmatively seek out and engage individuals in care, maintain their recovery, and stabilize the total cost of care. Ohio Medicaid is working to refine the program design to address the needs of multi-system children and youth with significant behavioral health challenges, and to ensure the most cost-effective design for the program. Implementation of BHCC is targeted for late 2019. It is important to note that under the CMS Health Homes provision, this program will receive an enhanced federal match.

The 1115 waiver is presenting opportunities to improve clinical consistency while measuring service outcomes and performance, and it is a potential vehicle to improve care for pregnant women with opioid use disorder and their infants, some of whom may have neonatal abstinence syndrome (NAS). Mounting clinical evidence suggests that optimal care for a mother with opioid use disorder and/or a baby with NAS includes allowing moms and babies to stay together, but today, many moms in treatment are separated from their infants and many babies with NAS are taken into child protection custody. Ohio is proposing to design a new dyad care model to provide treatment and supports to co-located moms and infants. Ohio

Medicaid also plans to request CMS approval to allow pregnant women in the program to have 12 months of continuous eligibility following delivery, thereby guaranteeing coverage and access to care for moms and their infants.

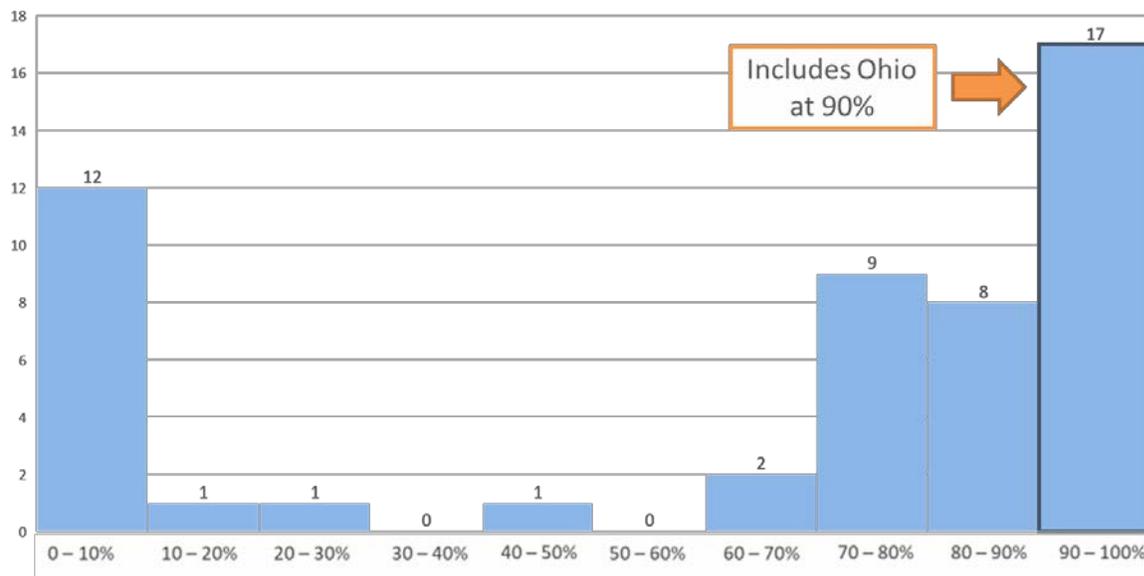
Initiatives to Support Sustainability, Quality, and Access

The Medicaid program has a responsibility to provide high-quality care and improve health outcomes for enrollees while purchasing care at the most affordable cost to taxpayers. The policies and initiatives outlined below target program sustainability, quality, and access to care for Medicaid enrollees.

Procurement of New Managed Care Contracts

In recent years, Ohio has transitioned new populations and services into our managed care program. Today, approximately 90 percent of Medicaid enrollees are in managed care, and approximately 80 percent of Medicaid-administered spending — excluding Department of Developmental Disability spending on waivers — is in managed care. Ohio's shift toward managed care is part of a national trend, as seen in the table below.

States' Share of Medicaid Population Covered by Managed Care Organizations, as of July 1, 2018¹¹



Managed care provides Ohio Medicaid and our enrollees with the following benefits:

- Budget predictability for the state that mitigates volatility in the market
- Increased free-market competition for the Medicaid program
- Individual choice between competing managed care plans
- Opportunities to pay for value while moving away from a volume-based model
- Flexibilities to invest in health and wellness programs and unique support services
- Coordination of care and supports for members

¹¹ Kaiser Family Foundation. States Focus on Quality and Outcomes Amid Waiver Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2018 and 2019. October 2018. Available at: <http://files.kff.org/attachment/Report-States-Focus-on-Quality-and-Outcomes-Amid-Waiver-Changes-Results-from-a-50-State-Medicaid-Budget-Survey-for-State-Fiscal-Years-2018-and-2019>

The Ohio Department of Medicaid is procuring new managed care contracts over the biennium to better meet these aims, drive changes in the healthcare market, and maximize return on investment for taxpayers. Ohio Medicaid will take a comprehensive, transparent and inclusive approach to improve wellness for all served by the managed care program. As a first step, Ohio Medicaid released a request for information (RFI) on Thursday, June 13, to gather input from individuals receiving Medicaid services, providers, and advocates.

Hearing from stakeholders is an essential part of Ohio Medicaid's mission to put individuals first throughout the entire process to select managed care partners. Additional details, including the RFI and related press release, are available at medicaid.ohio.gov/procurement.

Transparency of Clinical, Program, and Financial Data

Ohio Medicaid has created five dashboards as part of Governor DeWine's commitment to increased transparency in state government. These dashboards enhance exposure of clinical, program, and financial data.

The annual quality dashboard summarizes managed care plans' performance in key areas of clinical quality and patient experience of care. Its purpose is to visually depict plan performance across all plans, as well as compare individual plans' performance.

The quarterly consumer and provider dashboards summarize managed care plans' performance in key operational areas. The key issues displayed on the dashboards represent areas for which a compliance standard exist. This enables Ohio Medicaid to identify trends and systemic challenges that may need to be addressed.

A utilization of inpatient psychiatric dashboard looks at dates of admissions during state fiscal year 2018 where length of stay was (1) less than 16 days or (2) 16 days or more, and the number of admissions within that breakdown.

The Medicaid panel maps dashboard shows the range of providers for the anticipated number of members in a geographic service area.

Work Requirement and Community Engagement 1115 Waiver Demonstration

On March 15, 2019, Ohio Medicaid received notification from the Centers for Medicare and Medicaid Services (CMS), that Ohio's 1115 waiver application for a work and community engagement demonstration had been approved. This announcement capped nearly 18 months of work with CMS and set the department and our partners in the direction of implementation.

In 2018, 58 percent of Ohio's Medicaid expansion enrollees were employed, and more than 41 percent of the expansion population worked at least 20 hours per week.¹² Many individuals in the expansion group reported that Medicaid helps them maintain employment, and 71 percent of expansion enrollees who

¹² Ohio Department of Medicaid. 2018 Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment. August 2018. Available at: <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

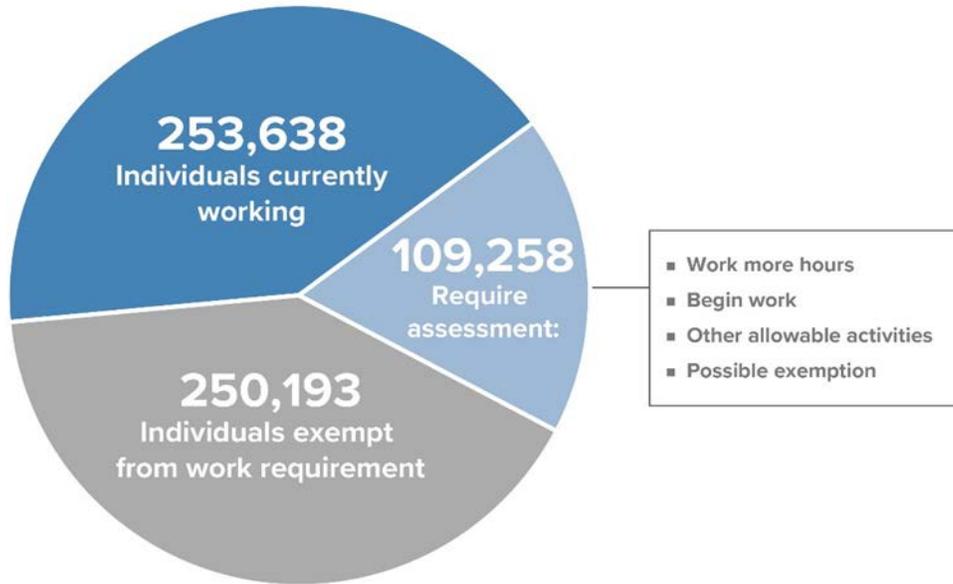
terminated coverage in 2018 said they disenrolled from the program because they got a job or had increased income.

Individuals exempt from the waiver are those 50 years and older, a caretaker with a minor in the home, those with chronic conditions, and individuals who qualify for SNAP and TANF. Individuals not meeting these requirements will need to be assessed to confirm need to participate in the work requirement and community engagement program.

While many individuals within the Medicaid program work, more can be done to encourage employment and community engagement efforts that promote financial independence and economic stability while improving health outcomes.

The following chart shows a preliminary assessment of the impact on individuals within the expansion population.

Ohio Medicaid Expansion Work and Community Engagement Requirements
Estimated impact based on February 2019 data¹³



Ohio Medicaid anticipates releasing more detailed information shortly around our implementation plan. Several changes were made during final work with CMS, including: clarifying and safeguarding to prevent loss of coverage for those who are complying with the requirements; establishing a warm handoff to enable job coaching and engagement to secure a job for those with the greatest need; and reducing administrative burdens and automating existing systems with the assistance of Innovate Ohio to maximize the connection with Ohio Means Jobs and minimize the burden on county partners.

Modernizing Medicaid’s Pharmacy Program and Increasing Transparency

Interest in understanding and pinpointing inefficiencies throughout the prescription drug supply chain is growing across the nation. With consumers and taxpayers facing increasingly high costs for pharmaceuticals, stakeholders are asking questions about opaque pricing and fees as dollars flow between drug manufacturers, wholesalers, retail pharmacies, payors (insurance and managed care), and pharmacy benefit managers (PBMs).

Ohio Medicaid’s efforts to modernize its prescription drug program include driving toward greater transparency throughout the supply chain and increasing clinical efficiencies through a unified preferred drug list. Together, these initiatives will result in greater visibility into ways to optimize the program’s pharmacy benefits while harnessing the state’s purchasing power.

¹³ Ohio Benefits for eligibility, income and demographics (February 2019 extract), Medicaid Information Technology System claims data for chronic conditions, and Ohio Department of Job and Family Services for SNAP/ABAWD exclusions

On January 1, the Ohio Department of Medicaid began requiring each of its managed care plans to improve pharmacy transparency using a transparent pass-through pricing model, with the goals of moving toward 100 percent transparency, increasing simplicity, maintaining member access to needed pharmaceuticals, and aligning incentives to control pharmacy costs through the managed care plans. Additional strategies are being considered to improve transparency and control of the pharmacy program, and new pharmacy strategies will be a priority as Ohio Medicaid procures new managed care services.

Ohio Medicaid also is proposing a new policy to require managed care plans to follow a unified preferred drug list instead of their own formularies. With a unified drug list in place, Ohio providers will be able to learn and utilize a single list of frequently prescribed drugs for members of all five managed care plans and Medicaid's fee for service program. This will greatly simplify and reduce the burden of providing care to Medicaid members while potentially decreasing medication errors. This approach also will give Ohio Medicaid the ability to streamline its approaches to address changing population health needs. Moreover, uniform drug list coverage helps avoid member and provider confusion and drives improved adherence to medications for chronic conditions, improving population health outcomes.

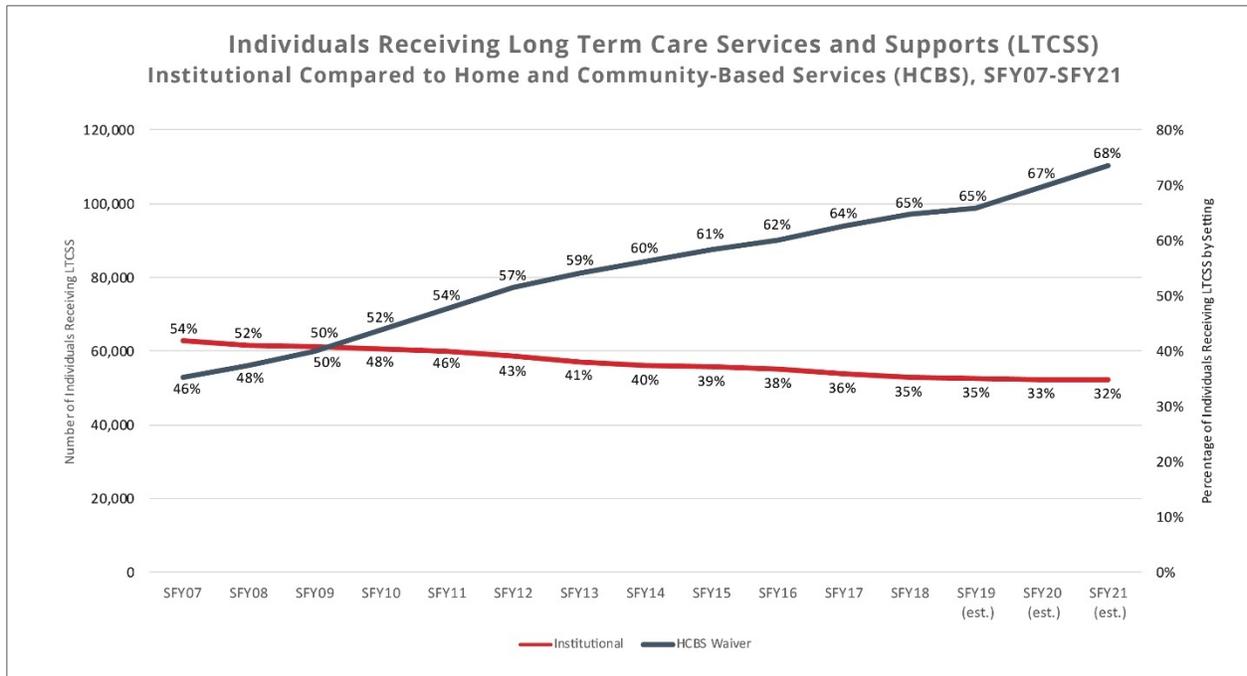
Home and Community Living with Support Services

Medicaid enables individuals who might otherwise live in long-term care facilities remain in their homes and communities with extra services and supports. The Ohio Department of Medicaid partners with the Departments of Aging and Developmental Disabilities to administer a broad set of waiver programs that provide services and supports to individuals who live in their homes and communities. Each person enrolled in one of these waivers meets an institutional level of care or would require services in a nursing facility or hospital in the absence of the waiver. As of January 2019, more than 93,000 individuals are enrolled in an Ohio Medicaid home and community-based (HCBS) waiver program. Across all Medicaid and Aging HCBS waivers, the average monthly cost is \$2,514 (annualized \$30,163). Typically, waivers are less costly than nursing facility care. In state fiscal year (SFY) 2018, the average monthly cost for Medicaid enrollees residing in nursing facilities averaged \$5,142 (annualized \$61,700).

Over time, a growing number of individuals have made the choice to live in their homes and communities rather than in long-term care facilities. As this trend continues, Ohio Medicaid will work to ensure funds are directed to support the needs and desires of individuals enrolled in the program wherever they choose to live.

MyCare Ohio Waiver

May 2019 marked the five years operational milestone for MyCare Ohio. Ohio Medicaid, in partnership with the Centers for Medicare and Medicaid Services, administers MyCare to bring better health outcomes to dual-eligible individuals who have both Medicare and Medicaid benefits. Available in 29 counties, MyCare Ohio is one of 11 national duals demonstrations programs and is considered a leader in its efforts to better serve dual-eligible individuals. Every MyCare Ohio member has access to a care manager who will coordinate their primary, behavioral and long-term services and supports care. This care coordination helps MyCare members better navigate the traditionally separate Medicare and Medicaid health care systems.



One of Ohio Medicaid’s greatest success stories is the Ohio HOME Choice program, which was established in 2008 as Ohio’s adaptation of the federal Money Follows the Person (MFP) program. As of January 2019, HOME Choice has helped more than 13,100 people move from long-term care facilities to community settings. The program is a national leader and currently ranks first in the country for transitioning individuals with mental illness into home-based settings, and second in overall transitions completed across all populations. The federal MFP grant program ended on December 31, 2018, but Ohio worked to offer similar services and supports through a state-funded program during the first six months of 2019.

Ohio Medicaid is partnering with the Departments of Aging and Developmental Disabilities to revise existing waiver programs that ensure success in transitioning individuals from institutions to home-and community-based settings. Under the revisions:

- The Community Transition Services component of HOME Choice will be expanded, and service limits will be increased in the MyCare Ohio, PASSPORT, and Assisted Living Waivers. This service was already incorporated into the Individual Options DD Waiver, effective January 1, 2019.
- The Ohio Home Care Waiver, PASSPORT, and Assisted Living waivers will incorporate Community Integration Services, which includes independent living skills training and community support coaching for people in home and community-based settings.
- Ohio Medicaid will operate a Community Transition Service for non-waiver individuals on a state-funded basis using two competitively selected statewide transition coordination agencies. The agencies will provide transition coordination to waiver and non-waiver individuals 180 days before discharge from a long-term care facility setting to 30 days after discharge.

Innovate Ohio: Updated Policy and Innovative Use of Technology

The Ohio Department of Medicaid embraces technological advances and fosters innovative approaches to improve consumer and provider experiences while improving health outcomes and reducing health disparities.

In SFY 20-21, Ohio Medicaid will expand its central processing unit to assist county job and family services agencies in reducing aging Medicaid applications. The state also will work toward automating county processes where possible, including in areas related to the new Medicaid expansion work and community engagement requirements. Ohio Medicaid also is planning enhancements to the Ohio Benefits system to improve consumer experiences by allowing Ohioans to more easily interact with the system to check their benefits, get answers to their questions, and overall receive a high level of responsiveness.

To alleviate staff and other business costs associated with provider credentialing, Ohio Medicaid will begin the process of creating a single centralized process for credentialing all providers within the coming biennium. This significant change will allow providers to complete a single credentialing process with Ohio Medicaid, rather than with each individual managed care plan. This will make it easier and significantly quicker for providers to do business with Ohio Medicaid and the plans while reducing their costs and administrative overhead.

Ohio Medicaid also is expanding access to telehealth services in new locations, including schools. The expansion will enable a wide range of independent health care practitioners to deliver services using telehealth methods. These new flexibilities will reduce existing barriers to treatment, including needs for transportation and childcare, and allow patients to receive a broader range treatments and services through telehealth.

Conclusion

Ohio Medicaid has a critical role in Governor Mike DeWine’s commitment to Ohio’s children and families, and his commitment to helping those with mental health and substance use disorders. Our department looks forward to working with community, state and federal partners, and stakeholders to fulfill these commitments and continue improving the Ohio Medicaid program. Collaboration and transparency are a priority in the key initiatives outlined in this report and in all the work we do to serve Ohio’s taxpayers and families.