

ODM Managed Care Procurement

Medical Care Advisory Committee (MCAC)

Thursday, December 19, 2019

Jim Tassie, Deputy Director

Focus on the
INDIVIDUAL
*rather than the
business of
managed care*

We want to do better for the people we serve

Medicaid Managed Care Procurement Project Phases



We will work with individuals & providers in each stage.

Gather input and feedback from individuals and providers first

Gather input on capacity to address potential changes, based on feedback from individuals and providers

Communicate major milestones

Collaborate to ensure a smooth implementation and understand experience post implementation

Providers, Associations & Advocacy Organizations

What we heard via meetings, presentations and RFI #1 responses

Treat Providers as Partners in Managed Care

- Shared accountability and rewards
- Care coordination
- Improved partnership with community based organizations

Standardize Key Managed Care Functions

- Administratively burdensome
- Prior authorization
- Claims payment

Support Service and Payment Innovation

- Data access and transparency
- Improve care for children served by multiple agencies

Improve the Member Experience in Managed Care

- Customer service
- Communication

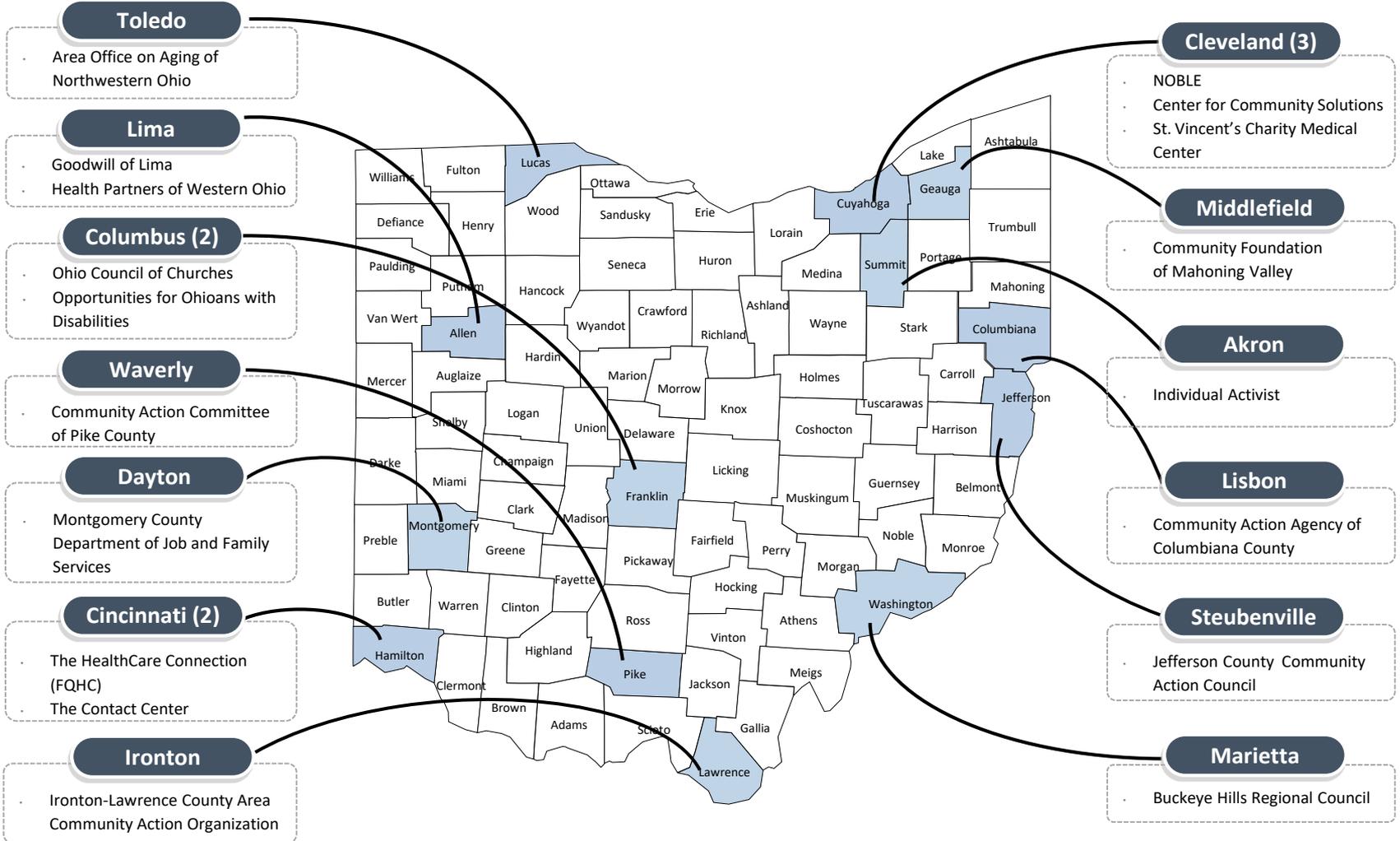
Expand & Improve Access to Services

- Transportation
- Dental services
- Specialty services



ODM Procurement Listening Sessions

Meetings with individuals who receive services through managed care



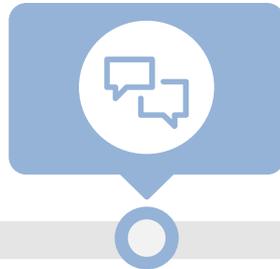
Listening Session Feedback Themes

What we heard from individuals



Access to Services

- Access to specialty, vision, and dental services
- Community organization partnerships
- Discrepancy between prior authorization processes
- Transportation availability and cost
- Enhanced access to care coordination



Member Experience

- Plan comparison
- Personalized care
- Up-to-date provider rosters
- Targeted and clearer communications
- Robust care coordination for individuals with complex needs
- Appreciation for conducting meetings outside Columbus



Benefits Administration

- Benefits are viewed as a lifeline
- Denials cause fear and uncertainty
- Perceptions about benefit limits
- Resources for understanding benefits
- Differences between managed care plan benefits administration
- Confusion around Medicaid vs. Medicare coverage



Providers & Treatment

- FQHCs are a critical source of health care
- Access to out-of-state providers

What's Next – RFI #2

ODM will be releasing a second request for information

RFI #2 is targeted toward potential future Medicaid managed care vendors. Along with potential vendors, ODM is encouraging providers and advocacy groups to respond to RFI #2.

Once released, a link to RFI #2 and additional information on the process for responding can be found on the [Request for Proposal page](#) on medicaid.ohio.gov

Goals of RFI #2



Gauge the capacity of a redesigned managed care system to support changes and innovations ODM is considering for the future of Ohio's Medicaid program



Solicit feedback from respondents regarding best practices and experience in implementing potential new approaches

There's Still Time to Provide Input

Continued communication with individuals and providers is a critical part of the procurement process

We continue to do things differently

- Engaging stakeholders early and throughout the process
- Listening to individuals and providers first
- Providing many ways for stakeholders to share input



Ideas

Even though we are transitioning to RFI #2, you still have an opportunity to provide suggestions



Stay Informed

Check out our new Medicaid Managed Care Procurement website when it launches later this month



Contact Us

Our email address will remain active through all phases of the procurement



NEW Medicaid Managed Care Procurement Website launching soon
managedcare.medicaid.ohio.gov



Medicaid Managed Care Procurement Mailbox
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