Annual Report

August 1, 2021

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

medicaid.ohio.gov
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Letter from the Director

State fiscal year 2021 is one that will go down in the history books – not just for the state, but for the world at large. With the onset of COVID-19, Ohio faced mounting threats to the health and well-being of our families, and communities. And the risks posed placed Medicaid at the forefront of the state’s response. As unemployment rose, thousands relied on Medicaid for health care coverage. The need to physically distance called for Medicaid to enact new and expansive emergency rules to enable continuous access to health care services and support.

Enhanced federal COVID-19 funding through Ohio’s Medicaid program strengthened the state’s fiscal outlook as well as its response to COVID-19. Not only did a $210 million cut to Medicaid’s budget in May 2020 enable the Medicaid budget to end the fiscal year within our legislative spending authority despite rising caseloads, but nearly $2.4 billion in flexible federal relief dollars came through the Medicaid program.

__________________________________________________________

The Coronavirus State and Local Fiscal Recovery Funds provide substantial flexibility for each government to meet local needs— including support for households, small businesses, impacted industries, essential workers, and the communities hardest hit by the crisis.

__________________________________________________________

These additional federal dollars provided Ohio, a substantial infusion of resources to meet pandemic response needs and build a stronger, and more balanced economy as the country recovers. Ohio had broad flexibility to determine the best use of the funds within select categories which resulted in much-needed relief packages including rental and utility assistance and small business relief grants to help these employers through the crisis.

An Unexpected Silver Lining

COVID-19 brought with it an unexpected outcome – namely, the significant expansion of telehealth services. By relaxing requirements and expanding technology options, Medicaid recipients leveraged telehealth as a bridge to care. We learned a great deal in the process.

Early data showed telehealth use skyrocketed during the initial months of the COVID-19 State of Emergency. In March 2020- before the COVID-19 State of Emergency- the average claims per month for physical health service and mental health and addiction service telehealth claims was 2,500, compared to the 235,000 claims made in April 2020- after the COVID-19 State of Emergency. The use of telehealth was crucial in preventing health care disruption as the relaxing of telehealth rules came during the closure of elective in-person procedures.

1,656,760 Medicaid members took advantage of telehealth services, and encounters grew exponentially, filing 4,199,380 telehealth claims between March 2020 and March 2021.
Most remarkable was the use of telehealth to provide critical behavior health services. During the year, as rates of depression grew nationally, Ohio Medicaid recipients could and would continue receiving behavioral health services via telehealth, maintaining the same level of support throughout the health emergency as has been reported in previous years.

**Protecting Our Most Respected Citizens – Our Parents’ Parents**
COVID-19’s threat to residents of nursing, assisted living, and congregate facilities was a known factor as news stories of the Kirkland, Washington nursing facility emerged in February 2020. Ohio Medicaid covers nearly 60% of the state’s nursing facility and long-term care residents and took the lead in creating clinically sound safety, testing, and treatment policies. Working in partnership with the Ohio Department of Health, the Ohio Department of Aging, and the Ohio National Guard, Medicaid directed an aggressive COVID-19 testing effort to identify, quarantine, and treat any resident or employee of Ohio’s 1,739 nursing, assisted living, or shared facilities. Then, as limited COVID-19 vaccine supplies reached Ohio, Medicaid and our partner agencies teamed up to administer more than 410,000 vaccines to these vulnerable groups within the first few months of their availability.

**Proof: The Status Quo Could Not Solve 21st Century Health Needs**
The tragedies of COVID-19 made apparent the disproportionate impact on the Medicaid population. It also took a spotlight to the geographic barriers that have long been a challenge to our health care system. Ohioans residing in rural or small communities and in the Appalachia regions of the state historically have far fewer options for seeking care. Absence of broadband infrastructure limited the use of telehealth, further exacerbating the problem.

Although Medicaid organized a statewide health care structure to ensure Ohioans living in regions with sparse health care resources could receive the same quality of support as those residing in metro areas, other important health preventions and early interventions fell behind.

The pandemic reinforced that the Medicaid managed care structure that Ohio relied on for 15 years needed improvements to address the health challenges of the 21st century. Following more than a year of extensive outreach, stakeholder input strengthened Medicaid’s procurement strategy, providing both the insights and the resolve to do better for the people we serve. During fiscal year 2021, Ohio Medicaid introduced a series of procurements that would identify for the state a consortium of health care payors, technologists and specialists who embraced Ohio’s vision for the future and earned contracts to take Medicaid forward.

The journey also fueled our call for a population health approach that could measurably elevate the well-being of Medicaid recipients and the public at large.

The agency introduced new contract language requiring Medicaid managed care organizations – who cover more than 90% of the state’s Medicaid population – to invest in staff and provider training to heighten awareness of hidden biases. The contract also requires plans to invest earnings in developing community relations and resources to advance local supports and services.
In late 2020, Medicaid redesigned its managed care quality program to introduce five health initiatives targeting specific Medicaid populations and health care gaps. Managed care plans were asked to work together to achieve collective impact in reducing the number of missed childhood immunizations, providing social connection to congregate care residents, and investing dollars and expertise to expand telehealth to remote areas, and more.

The fiscal year 2021 Annual Report is as much a testament to the strength, determination and resilience of our administration and staff, as it is a template for addressing ongoing, endemic health care challenges in Ohio.

I am pleased to report that Ohio Medicaid is strong, focused, and more prepared than ever to advance the priorities of the DeWine administration and provide a more effective and streamlined program for our 170,000 provider partners, and the 3.1 million Ohioans we serve.

Maureen Corcoran
Foundation of the Medicaid Program

Who We Serve

State Fiscal Year 2021 Enrollment

Average Monthly Medicaid Caseload by Aid Group
State Fiscal Years 2018 - 2022
Final as Passed

SFY 2018  SFY 2019  SFY 2020  SFY 2021 (EST.)  SFY 2022 (EST.)
1,684,814  1,610,695  1,581,064  1,734,109  1,822,260
1,684,814  1,610,695  1,581,064  1,734,109  1,822,260
1,684,814  1,610,695  1,581,064  1,734,109  1,822,260
1,684,814  1,610,695  1,581,064  1,734,109  1,822,260
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1,684,814  1,610,695  1,581,064  1,734,109  1,822,260
Top Ten Providers, Partners, and Stakeholders from 06/2021

State Fiscal Year 2021 Medicaid Enrollment and Expenditures

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<tr>
<th>Group</th>
<th>Medicaid Enrollment SFY21</th>
<th>Direct Expenditures SFY21</th>
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<tr>
<td>OTHERS</td>
<td>4.4%</td>
<td>0.6%</td>
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<tr>
<td>GROUP VIII</td>
<td>24.0%</td>
<td>24.3%</td>
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<tr>
<td>CFC/MAGI</td>
<td>55.7%</td>
<td>29.3%</td>
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<tr>
<td>ABD/DUAL</td>
<td>15.9%</td>
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Health Equity

As the seventh most populated state in the nation, Ohioans represent a rich blend of diverse backgrounds, heritages, cultures, and traditions. Eighty percent of us live in metropolitan areas, 17% are age 65 or older, and one in five of us is a minority. Thirty-nine percent of Ohio families reside with only one parent, 1.6 million people live with a clinically diagnosed disability and by 2025, one in four of our citizens will be age 60 or more.

Ohio is also the home for some of our nation’s worst health indexes.

We know we can do better.

ODM’s health equity approach uses a population health management framework, encompassing the strategic use of data to identify and monitor improvement opportunities. The agency’s quality strategy uses continuous quality improvement methods such as process mapping, key driver diagrams, and plan-do-study-act cycles, focused on removing barriers across the care continuum.

We invite and incorporate experiences within our high-risk communities to design and pilot new, value-based initiatives such as episode-based payments and comprehensive primary care models.

Partnering with Ohio’s Leading Academic and Medical Centers

Strategic partnerships with academic medical centers, state and federal providers, insurers, state health and human services agencies, and state quality collaborative organizations enable Medicaid to coordinate and facilitate research and trial new innovations aimed at improving population health.

For example, the Medicaid Equity Simulation Initiative – developed and released in collaboration with Ohio’s Colleges of Medicine – advances the quality of care for Medicaid members by strengthening provider awareness of prejudices and sociocultural barriers. Simulations immerse frontline healthcare workers in situations where they interact directly with individuals who are homeless, have dementia, live in poverty, reside in remote rural or Appalachia communities and more. The tools educate Medicaid providers on cultural competency, awareness of implicit bias, and barriers people experience when accessing health care.

In late fall, Ohio Department of Medicaid launched a series of population health initiatives with the managed care organizations to support Ohioans most susceptible to COVID-19 risks. Five clinically evaluated initiatives were introduced to reduce the spread of COVID-19, to address

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<th>Measure</th>
<th>National Ranking</th>
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<tr>
<td>Smoking</td>
<td>47th</td>
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<tr>
<td>Mental Health</td>
<td>44th</td>
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<tr>
<td>Infant Mortality</td>
<td>42nd</td>
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<tr>
<td>Mortality</td>
<td>42nd</td>
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<tr>
<td>Obesity</td>
<td>36th</td>
</tr>
<tr>
<td>Suicide</td>
<td>21st</td>
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Source: Best States for Health | US News Best States
unintended consequences of COVID-19 prevention protocols (e.g. missed childhood immunization and increased senior depression due to isolation), and to leverage newly enacted telehealth expansions to extend access to care to small community and rural health care providers.

Again, as SFY 2021 came to a close, ODM and the MCOs introduced a statewide campaign to vaccinate Medicaid members. From the beginning of the COVID-19 pandemic, Medicaid members fared worse than the average Ohioan due to the lack of a dedicated primary care physician, or in the absence of ready transportation to attend an appointment or seek COVID-19 testing. Data showed that those same obstacles were preventing members from getting vaccinated. To remedy this gap, Governor DeWine challenged the MCOs to work together to introduce methods to increase vaccine rates for Medicaid members across the state, including new financial incentives for members, providers and pharmacists and a series of consumer-focused vaccine events. Though the effort is young, early indicators suggest progress is underway.

**Nothing About Us Without Us**

To effectively serve all members of the community, the voice of the member is essential. Across ODM, the use of advisory groups (both patient and provider), surveys, focus groups, townhall meetings, and many other community-oriented activities allow ODM to obtain the valuable perspectives of members. program is key to ensuring that these complex youth don’t fall through the cracks.

*Importantly, Decisions made about what to improve and how to improve without first asking crucial questions such as ‘Who benefits?’ and ‘Who gets left behind?’ only preserve and cement inequities. Designing quality initiatives for certain populations rather than with the people most affected will lead to less improvement, less sustainability, less trust, and less equity.*

*New IHI Chief Executive: ’There is No Quality Without Equity’*  
*HealthLeaders Media*

Our members’ voices help inform and fuel the work we do. Examples include:

- Ohio Medicaid Assessment Survey
- Ohio Pregnancy Assessment Survey
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
- Focus groups in Ohio Equity Institute communities to understand the barriers women encounter when attempting to access services to reduce the risk of preterm birth

To reduce health disparities, address cultural and social barriers, and improve population health, collaborative efforts must always incorporate the voice of our members. Ohio Medicaid and its network of partners and providers hold true to the statement “Nothing about us
without us.” Or, said differently, no policy, intervention, or program can reach its optimal potential without the full and direct participation of the all members of Ohio’s diverse population.

**Governor's Priority - The Next Generation Program**

In 2019, Governor DeWine called on the Ohio Department of Medicaid (ODM) to do better for the Ohioans we serve. In response, ODM worked with the General Assembly and developed a bold new vision for Ohio’s program, one that focuses on the individual and not just the business of managed care.

**Doing better for the people we serve**

ODM led a series of statewide gatherings and forums to collect feedback and suggestions for improving the program. We heard from individuals currently supported by managed care, as well as providers, advocacy groups, and community-based organizations. In total, ODM garnered more than 1,100 feedback points - both positive and negative - from those involved with the program. Praise acknowledged the promise of Ohio’s privatized managed care model, with many seeing it as a mechanism for improving health. Criticism highlighted structural flaws including:

- Providers were overwhelmed by administrative work – much of which was duplicative.
- Ohioans with Medicaid described feeling “like a number” when working with their managed care plans.
- Care coordination was often untapped because members lacked awareness of the services available.
- Children with highly complex behavioral health needs were being turned over to the state to afford the care needed to help them.
- The managed care plan pharmacy benefit resulted in hundreds of millions of taxpayer dollars that could not be adequately tracked.

Taken together, these inputs informed the development of a series of highly competitive, interrelated procurements and provider agreements to support a new kind of managed care program. The changes represent the first structural change made to the state-managed care program since CMS approved it more than 15 years ago.
Throughout State Fiscal Year (SFY) 2021, ODM began transitioning to the Next Generation program. Several enterprise system modules are in the build phase, in compliance with CMS certification requirements, and vendor-partners have been named for the Single Pharmacy Benefit Manager (SPBM) and Fiscal Intermediary (FI), OhioRISE, the Pharmacy Pricing and Audit Consultant and the Medicaid managed care program. Best practice change management techniques are deployed to ensure a smooth transition, with priority given to integrate each component in preparation for go-live in 2022.

**Putting It All Together**

The next generation of ODM managed care is strengthened by unbundling several components of the legacy structure. The approach supports increased transparency and focused specialization in areas of critical need identified by stakeholders and the General Assembly.

**Improve Wellness and Health Outcomes**

ODM requires each managed care organization (MCO) to adopt defined population health management principles to address health inequities and disparities. The method integrates data representing various factors influencing health outcomes and develops evidence-based interventions and policies that are then evaluated for viability and effectiveness.

The role of care coordination will be elevated in the future program. Key provisions of the new MCO contract require a well-defined care coordination model that includes appropriate staffing and training, and a standardized health risk assessment. Under ODM’s leadership, the new MCOs must work toward a unified approach to population health, working alongside the OhioRISE and SPBM managed care partners in responding to health needs.

ODM’s emphasis on value-based contracting will continue with MCOs assuming a leading role in partnering with providers to support their development and growth. Also, the MCOs must collaborate with each other and county partners to standardize member access to necessary transportation services.

**Emphasize a Personalized Care Experience**

ODM’s next generation of managed care will require the MCOs, OhioRISE, and the SPBM to coordinate and collaborate with ODM and each other to achieve health care excellence through a seamless delivery system for members, providers, and system partners. The new provider agreements require expanded member services call center hours, including an after-hours system to route emergency and crisis behavioral health calls.

The MCOs are required to provide care coordination information to all partners through a care coordination portal that shares pertinent member information with the entities involved in coordinating the member’s care. The new agreements also ensure the seamless continuity of member care between critical transitions by requiring pre-enrollment and transition planning, continuity of services, and the honoring of previous prior authorization decisions.
Support Providers in Better Patient Care
To reduce provider burden and promote consistency across the next-generation managed care program, ODM’s FI consolidates claims and prior authorization submissions and processing, as well as medical provider credentialing.

MCOs must extend the timeframes within which they will accept claims and must pay claims more quickly than under the current program. Finally, each MCO must continue to maintain a readily accessible provider manual and hold a provider advisory council comprised of a wide array of provider types to gather input and address concerns.

Improve Care for Children and Adults with Complex Needs
OhioRISE introduces a new, comprehensive, and coordinated behavioral health program for eligible children under the age of 21. Additionally, MCOs must simplify member access to crisis services and use evidence-based criteria to determine member access to substance use disorder services. Access to behavioral health services is enhanced through the required use of standardized assessments and they may not be denied through the use of prior authorization requirements by the MCOs. The commitment of the cabinet agencies to shared governance of the program is key to ensuring that these complex youth don’t fall through the cracks.

Importantly, this plan is needed to dedicate expertise, time, resources, and attention to address the challenges for kids with the most complex multi system needs in our state. OhioRISE will uplift our state’s most vulnerable children and families by creating integrated systems of care with intense care coordination, high fidelity wrap around services, intensive home-based treatment, psychiatric residential facilities and a mobile response and stabilization program.

Nick Lashutka, President and CEO, Ohio Children’s Hospital Association

Increase Program Transparency and Accountability
ODM recognizes the importance of coordination and collaboration across the system through the systematic and systemic use of information to ensure consistency in coverage and tailored approaches to meeting member needs. In addition, the infrastructure necessary to ensure this availability of information supports the goal of increased transparency and accountability from a program perspective.

The new MCOs will be required to work with ODM, OhioRISE, the SPBM, and each other to develop model agreements that define respective responsibilities, data and information exchange requirements, confidentiality and privacy standards, and communications mechanisms to meet these goals. MCO key staff will be required to have the capability, availability, and Ohio-specific focus necessary to meet ODM program requirements.

For the first time since introducing Ohio’s managed care model, ODM will have expanded
access to each MCO’s performance and health data and the capability to integrate key data with external information sources to gain a comprehensive view of the many influences affecting the program performance and member wellness.

Work between the department and its new contracted entities continues through the rest of this year as we work to ensure state and vendor readiness.

**Additional Governor DeWine Priorities**

**Behavioral Health Care for Multi-System Youth**

ODM provides care to nearly 3 million Ohioans—including approximately 1.3 million youth, more than 36,000 of whom are in the foster care and adoption system. The demographics of the infants, children, adolescents, and adults under 21 years of age.

The overall monthly average number of youths under age 21 enrolled in Medicaid is 1,275,987 for calendar year (CY) 2019. Of these Medicaid youth, 37% (467,418) have at least one chronic condition, and 25% (320,697) have at least one behavioral health condition. While asthma and other respiratory conditions top the list for physical health conditions requiring care for physical health, attention deficit with hyperactivity disorder remains the most prominent behavioral health condition.

% of Medicaid Recipients with a SUD Service CYs 2019 and 2020
(CY 2020: Data is incomplete for November & December 2020.
Data Source: OHHS, February 4, 2021)

Youth BH Recipients 2019
Youth BH Recipients 2020
Adult BH Recipients 2019
Adult BH Recipients 2020
While children with Medicaid coverage have seen some improvements in behavioral health supports, children with complex behavioral health conditions remain in dire need of additional services and supports. Ohio currently ranks fortieth in the nation in both young adult (age 18-25) overdose deaths and major depressive episodes in adolescents (ages 12-17). Children with multi-system needs (e.g., in foster care, and/or having a development disability (DD), serious emotional disturbance, or substance use disorder (SUD) diagnosis) often need to seek emergency and inpatient care, and behavioral health services make up a disproportionate amount of their health care service delivery costs.

OhioRISE
Resilience through Integrated Systems and Excellence

To that end, ODM is launching a new specialized managed care plan for youth with complex behavioral health and multi-system needs, Ohio Resilience through Integrated Systems and Excellence, or OhioRISE. OhioRISE will provide additional services and supports to approximately 50,000 multi-system youth that will reduce emergency department utilization and inpatient stays by contracting with regional care management entities and expanding access to in-home and community-based services.

OhioRISE
OhioRISE is a multidisciplinary approach to administering personalized care to youth with complex behavioral health and multi-system needs designed to offset current costs and protect families from unnecessary relinquishment.

On April 5, 2021, Aetna Better Health of Ohio was selected as the new OhioRISE vendor for children with complex care needs. The contract goes live in 2022 and runs through June 30, 2024. Anticipated enrollment is between 55,000-60,000 kids. Aetna will be paid per member per month established by the state’s actuary, Milliman.

A combination of existing and new services values the program around $1 billion, with $800 million already in the system. Aetna has managed similarly specialized programs for high-need kids in West Virginia and Kentucky. OhioRISE will feature a new 1915(c) Medicaid waiver, and the program is structured as a prepaid inpatient health plan. OhioRISE will coordinate with Ohio’s Medicaid MCO’s and SPBM to ensure medical and pharmaceutical services and supports are integrated comprehensively. The program will be administered with appropriate federal approvals and requirements.
OhioRISE + FFPSA

- Passed in 2018, the federal Family First Prevention Services Act (FFPSA) is the most significant change in child protection in Title IV-E funding in decades
- Ohio is required to implement by October 2021
- OhioRISE ensures compliance with the federally mandated changes in FFPSA:
  - Focus on prevention to prevent kids from entering the child protection system
  - Qualified Residential Treatment Program

Ohio is reinventing how best to serve multi-system youth by developing a system to harness a full spectrum of services intended to protect families from unnecessary relinquishments and provide the best care to Ohio children with the most complex needs.

OhioRISE is designed to address systemic barriers to care by enhancing care-coordination, expanding access to services, and incentivizing healthy outcomes for kids with multi-system needs and their families. It is very clear that the DeWine administration is serious about addressing the scourge of custody-relinquishment and prioritizing the needs of children and families over the business of managed care.

Teresa Lampl, CEO
Ohio Council of Behavioral Health & Family Services Providers

Maternal and Infant Support Program

ODM’s Maternal and Infant Support Program (MISP) is priority work to improve infant and maternal outcomes with a strong focus on reducing racial disparities. Services and supports available through the program reflect input received through various listening sessions with women served by Medicaid, as well as insights gained through recent community-based work.

MISP leverages partnerships across state agencies to align best practices and funding. Examples of this collaborative effort include the creation of new reimbursement options for evidence-based and evidence-informed interventions, and continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes. Forthcoming recommendations will drive a statewide shared vision and strategy for reducing infant mortality rates and eliminating racial disparities by 2030.

In communities with Medicaid managed care funded infant mortality grants, women expressed the following key barriers to improving their pregnancy and health outcomes; lack of trust in the health care system; lack of provider empathy; lack of effective communication from providers; lack of social supports; lack of community resources; lack of Medicaid coverage of alternative provider and services. ODM’s last stakeholder meeting in January 2020 as it relates to infant mortality was about the proposed Mom and Baby Bundle program.
A bundled approach was intended to improve outcomes via an alternative payment model (APM) to cover population health activities and community linkages for pregnant and postpartum women. Based on stakeholder feedback, ODM reconfigured the *Mom and Baby Bundle* into several separate workstreams for specific providers and services, seen below.

**Electronic Pregnancy Risk Assessment Form**

Beginning on July 1, ODM began implementing the first of many initiatives aimed at reducing infant mortality racial disparities and improving Ohio’s overall infant mortality numbers. Pregnant women on Medicaid are able to remain eligible at higher income levels compared to other Medicaid recipients, but in recent years, ODM has become increasingly aware that women can often be disenrolled because the provider has not reported the pregnancy which enables the expanded eligibility criteria to be appropriately applied. ODM increased the reimbursement for providers to complete this assessment which will allow ODM and managed care plans to identify women most at risk of prenatal complications and act accordingly while also ensuring up-to-date eligibility information to prevent unnecessary disruptions in healthcare coverage during pregnancy.

*In SFY 20-21, 19,793 electronic PRAF forms were submitted to link women to services, and 228 providers used electronic PRAFs for women they serve.*
**Lead Testing**

Lead exposure is a serious preventable, environmental public health threat to children, who are exposed to deteriorating lead paint (dust) in houses and apartments built prior to 1978. Exposure to lead causes issues with genitive development, behavior, IQ, hearing, and speech.

Research on childhood lead poisoning has estimated that each dollar invested in lead paint hazard control results in a return of $17–$221. The ODM-ODH program is statewide and available in every Ohio county.

- In SFY 2020-21 (to date), 111 applications for lead hazard control have been received.
- $10M funding was allocated to the program for the biennium.

**COVID-19**

The COVID-19 health crisis that surfaced in early 2020 introduced new and unprecedented challenges for the agency. However, under the leadership of Governor Mike DeWine, and in partnership with its partner agencies, ODM was able to secure necessary programmatic and regulatory flexibility that allowed us to:

- Ensure continuous access to care for all who are eligible for Medicaid.
- Devise health delivery models to safeguard against the virus’ spread without compromising the quality of care.
- Leverage federal dollars and programs to relax regulatory requirements and financially supplement income for providers hardest hit by the crisis.

The state and agency’s efforts over the past year have been critical, buoyed by the availability of a vaccine earlier this calendar year.

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**% Vaccinated Broken Down by Race**

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</thead>
<tbody>
<tr>
<td>White</td>
<td>14.80%</td>
<td>16.20%</td>
<td>17.20%</td>
<td>18.00%</td>
<td>19.00%</td>
<td>19.80%</td>
<td>21.00%</td>
<td>21.60%</td>
<td>22.10%</td>
<td>22.60%</td>
</tr>
<tr>
<td>Black</td>
<td>9.00%</td>
<td>10.10%</td>
<td>11.00%</td>
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<td>13.10%</td>
<td>14.10%</td>
<td>14.60%</td>
<td>15.20%</td>
<td>15.60%</td>
</tr>
<tr>
<td>Other Races</td>
<td>14.80%</td>
<td>16.70%</td>
<td>18.00%</td>
<td>19.00%</td>
<td>20.30%</td>
<td>21.20%</td>
<td>22.90%</td>
<td>23.50%</td>
<td>24.20%</td>
<td>24.90%</td>
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The Impact of COVID-19 on Enrollment and the Medicaid Budget

Like many agencies, the impact of COVID-19 on ODM’s budget has been monumental. Compounding this has been the federally required maintenance of effort (MOE), a condition of receiving the enhanced Federal Medical Assistance Percentage (eFMAP) of 6.2%, or roughly $300 million per quarter, via the Families First Coronavirus Response Act (FFCRA). The act requires states to:

- Maintain eligibility standards, methodologies, and procedures;
- Restrict imposing new premiums or other cost-sharing; and
- Maintain benefits for those enrolled as of March 2020.

Simply put, Medicaid is not allowed to disenroll individuals from the program until the time that the federal public health emergency (PHE) ends. As a result, Ohio experienced a surge in enrollment, averaging a monthly caseload of 3.1 million.

Medicaid started receiving the eFMAP during the first quarter of calendar year 2020 and is projected to continue receiving this rate for all four quarters of CY2021. In total, ODM projects eight quarters of increased payments totaling $2.4 billion.

After the pandemic is over and the Medicaid caseload reduction is underway, the reduction of eFMAP and increased caseload will have lingering effects on the budget well into the following biennium.

Transparency and Accountability

Increased Transparency and Accountability

Historically, ODM has had limited visibility into the business relationships between MCOs and their subcontractors. This issue has led to problems within the pharmacy space relating to pharmacy benefit managers. To increase transparency, provider agreements will allow ODM to access data from MCO’s and those they work with. As a public agency, ODM is accountable to
the residents of Ohio. Through data sharing and supporting the use of centralized tools, monitoring performance will enhance ODM’s ability to improve the quality of policies in the future.

**New Dashboards**
The creation of policy-specific dashboards is one way ODM is working to provide additional transparency. The benefit of new dashboards, such as the telehealth dashboard (seen below), allows monitoring for populations with serious mental illness and ensures that, unlike in other states, there was no drastic decline in access to care early in the public health emergency.

![MHAS Claims Utilization - Number of Recipients](chart)

The Retail Pharmacy Tiered Dispensing Fee Lookup dashboard has helped pharmacists and MCOs see the reimbursement rates for medications across the program thus increasing transparency around pharmacy benefits and payment. Likewise, the ODM churn dashboard has improved transparency around eligibility gaps and the impacted populations, especially for select populations such as kids. At the start of the pandemic, the COVID-19 dashboards (Claims, Closest Hospital to Provider, PPE, and Risk) dashboards improved transparency and provided common data language/approaches for the variety of stakeholders involved in developing responses.

Additional dashboards such as the eligibility and caseload dashboard and the Medicaid Demographics and Expenditure dashboard are the most utilized for the purposes of data sharing and transparency.

**Delivering State Fiscal Year 20/21 Budget Commitments**

**Tiered Dispensing Fee**
ODM successfully implemented a tiered dispensing fee, supported with an additional investment of $100 million by the General Assembly in HB 166. Despite budgetary concerns amidst the global pandemic, ODM obtained federal approval to allocate the dispensing fee funding using a methodology vetted with stakeholders ensuring the additional payment was primarily oriented toward independent and smaller chain pharmacies who often serve a higher percentage of Medicaid recipients.
Pharmacists as Providers
After the General Assembly passed legislation granting ODM the option to allow pharmacists to be reimbursed by Medicaid directly, Medicaid began allowing pharmacists to bill for clinical services on January 17. With an emphasis on pharmacist practice transformation, while incentivizing integrated care, Ohio was among the first to take steps toward reinventing pharmacist payments to account for their clinical expertise rather than the volume of prescriptions they can fill.

Single Pharmacy Benefit Manager
Over the last year, the agency has continued its work to procure and prepare for the implementation of the SPBM. The SPBM will bring much-needed accountability and price transparency to Ohio taxpayers and Ohio pharmacies, providing assurance that Ohio’s tax dollars are spent appropriately. In addition, the SPBM significantly reduces costs by eliminating duplicative MCO administrative expenses and risk margin across multiple MCOs resulting in significant administrative savings.

New Voluntary Community Engagement Program
ODM’s 1115 Work and Community Engagement Requirement - approved in 2019 by CMS - aimed to assist Ohioans served by Medicaid to achieve financial independence and economic stability as part of a holistic approach to member health. However, its January 2021 roll-out was paused due to the combination of legal filings before the U.S. Supreme Court and CMS requirements to maintain pre-COVID-19 eligibility criteria as a condition to earn enhanced federal funding during the public health emergency.

Despite these delays, ODM and the DeWine administration remain committed to creating opportunities for individuals to link with meaningful work and community engagement programs. With employers reporting an inability to find workers to fill open positions coming out of the pandemic, it is imperative to do everything we can to incentivize participation in the workforce. In addition to the economic benefit, studies show improved health outcomes when individuals are connected to purposeful employment opportunities. To prepare, ODM will leverage the work of the past two years and begin building the infrastructure needed to connect Ohioans with meaningful engagement.
I am pleased that Ohio is a model state that balances a pathway to employment and access to healthcare in our reasonable work requirements. They are intended to put those able-bodied adults served by the Medicaid expansion on a pathway to full employment.

Our next step is to focus on connecting Medicaid expansion recipients with opportunity. The opportunity to grow, to learn new skills, and to engage with their community.

Governor Mike DeWine

The state of Ohio has invested in a variety of workforce strategies to connect job seekers with available jobs, but many Medicaid beneficiaries are not familiar with the training opportunities.

The voluntary community engagement program will encourage work among the able-bodied working-age population. This program will connect beneficiaries with training opportunities that will lead to increased earning potential, promote economic stability and financial independence, and provide participants with the opportunity to improve their quality of life through work.

Communications to Medicaid beneficiaries will explain the services available under the Voluntary Community Engagement Program, as well as the importance of individual and community involvement in enhancing overall physical and mental health. Any individual supported by Medicaid can volunteer in the program.

Resources available to participants will be communicated and include:

- OhioMeansJobs.com, which offers job-searching, upskilling, and career path training activities.
- Workforce Innovation and Opportunity Act one-stop centers, where job seekers can find information regarding job openings, training, and career opportunities.
- Ohio’s Aspire Adult Education and Literacy Program, which provides free services for individuals who need assistance with acquiring the skills to be successful in post-secondary education and training, and employment.
- Online employability training programs such as LinkedIn Learning/Lynda.com, Saylor Academy, Alison, Skills to Succeed Academy, and Career Campus that offer interactive training modules, video tutorials, learning paths, and virtual vocational courses for participants to learn at their own pace.
With the goal of making meaningful, sustaining employment accessible for Medicaid beneficiaries, ODM also will explore new partnerships with education and training providers to increase the number of available training opportunities.

**Telehealth**

As part of the Medicaid response to the COVID-19 pandemic and the state of emergency, ODM acted immediately to make access to care easier and more flexible. The agency, in partnership with the governor’s office, our partner agencies, as well as managed care plans, providers, and consumers expanded telehealth services to include a wide array of medical, clinical, and behavioral health providers and counselors. This expeditious policy change culminated in the filing of emergency rules on March 9, 2020, which allowed Ohioans on Medicaid greater access to telehealth services immediately.

*It’s clear that the expansion of medically appropriate telehealth services has resulted in an increase in access to quality care. It not only has allowed us to maintain needed services in urban settings but has increased access to care for members in rural communities and small towns. It has helped to ensure that Ohioans served by Medicaid can receive needed services at a time when office visits are more difficult.*

**Director Maureen Corcoran**

To ensure that access to vital healthcare services was not interrupted as elective procedures and in-person visits were paused, ODM relaxed technology restrictions on patient-physician interaction to deliver telehealth services allowing telehealth to be delivered via telephone and innovative secure provider portals. ODM also enabled nursing home and congregate care members to access telehealth services with no prior authorization.

As the emergency rules expired, ODM placed many of the provisions in permanent rules, continuing the innovations in delivering care beyond the pandemic.

**State Fiscal Year 2021 Budget and Financials**

Throughout 2020, Ohio faced increased economic, medical, and mental health risks associated with the COVID-19 pandemic. Medicaid caseload and associated spending grew significantly, reflecting the effects of the global health crisis. While becoming accustomed to reading about the pandemic’s impact on children and families struggling with remote learning, the isolation felt by seniors in nursing homes, and changing levels of hospital capacity due to care for patients with COVID-19, the Medicaid program provided continuous support to our health care system and helped millions of Ohioans maintain access to necessary care. As the pandemic continues into the next biennium, receipt of enhanced federal matching funds distorts the federal/state split of funding and year-over-year spending patterns.
Federal legislation to address the COVID-19 crisis resulted in a 6.2% increase to the Federal Medical Assistance Percentage (FMAP), or roughly $300 million per quarter in additional federal financial relief. Medicaid started receiving increased FMAP during the first quarter of calendar year (CY) 2020 and is projected to continue receiving this increased FMAP rate for all four quarters of CY2021. In total, ODM projects eight quarters of increased payments totaling $2.4 billion. The 6.2% increase is referred to as enhanced FMAP or E-FMAP. This additional federal funding is conditioned on “maintenance of effort” (MOE) requiring Ohio to continue Medicaid eligibility for individuals served by the program throughout the time of the federally declared PHE. The MOE prohibits terminations of coverage or changes in certain eligibility requirements during this time. Recently, the Secretary of Health and Human Services notified Governors that “the PHE will likely remain in place for the entirety of 2021”, and states will receive a 60-day notice prior to termination.

**Enrollment**

The average monthly Medicaid enrollment in SFY 2021 was just over 3.1 million. Of that total, nearly 3 million received full Medicaid benefits, and 138,000 received limited benefits. The Medicare Premium Assistance Program is an example of a limited benefits program available to Ohioans. It helps people eligible for Medicare who have limited income and assets to get help in paying the cost of Medicare which can include premiums, deductibles, and coinsurance.

Of the individuals receiving full Medicaid benefits, 2.7 million were covered through managed care, and 230,000 were enrolled in fee-for-service on average.
By population, 1.7 million was the average enrollment in a Covered Families and Children group. Nearly 500,000 were covered through either the Aged, Blind, or Disabled population, were dually eligible for Medicare and Medicaid or participated in the Medicaid Buy-In for Workers with Disabilities program. 745,000 individuals were covered under the Group VIII Expansion program on average.

For those covered under limited benefits in SFY21, 128,000 were enrolled on average in the Medicare Premium Assistance Program. The remaining 10,000 fell into one of the remaining population categories.

Commitment to Diversity, Equity, and Inclusion

Recruitment
ODM is committed to building a diverse workforce reflective of those Ohioans that we serve. In 2020, Medicaid finalized our Diversity, Equity & Inclusion (DE&I) 2021-2023 Strategic Plan. Our Plan identifies specific DE&I commitments in the areas of recruitment, retention, and engagement.

Prioritize diversity recruitment through targeted outreach and posting to a wide range of organizations and job boards including US Diversity, RecruitABILITY, Military1, African American Careers, Asian Workforce, Disability Jobs, Veteran Careers, USD Disabled Vets, Hispanic Careers, American Indian Jobs, Senior Careers, USD Working Women, Women in Technology, BlackTech614, and Women in Analytics.

Medicaid actively participates in Opportunities for Ohioans with Disabilities' Vocational Apprenticeship Program, supporting Governor Mike DeWine’s Executive Order 2019-03D, which established Ohio as a Disability Inclusion State and a Model Employer of Individuals with Disabilities.

Diversity, Equity & Inclusion (DE&I) Committee

The DE&I Committee’s mission is to create a workplace where we value and respect all individuals in our community by embracing differences, appreciating individual strengths, and fostering an inclusive work environment through education.

The DE&I Committee is made up of a diverse group of employees across various offices including staff, supervisors, and upper management. The committee’s purpose is to cultivate, educate, and celebrate diversity, equity, and inclusion in the workplace.
The DE&I committee coordinated or facilitated several virtual events including presentations from DAS Office of Diversity and Inclusion, Lunch and Learn panel discussions, and a full-day retreat focusing on initiatives to create an inclusive workplace culture.

**Diversity, Equity & Inclusion Virtual Trainings and Events**

- Diversity and Subconscious Bias Training – DAS Office of Diversity, Equity, and Inclusion
- Diversity and Inclusion Retreat
- Statewide Disability Inclusion Conference
- The Gardner’s Tale Brown-Bag Discussion
- Equity in Healthcare Presentation
- Diversity and Subconscious Bias Training
- Creating Accessible Content in Office 365
- Brain Systems: Exposing Bias and Overconfidence
- Inclusive Listening
- Disability Etiquette

**Commitment to Employee Development**

ODM Learning and Development Team provides quality professional development opportunities to ODM staff, hosts external training events and networking sessions. They ensure that staff are in compliance with all State of Ohio Required training.

- Training Completions:
  - Securing Ohio 2021
  - Inclusive listening
  - Disability etiquette
  - Ethics/HIPAA
  - New supervisor training
  - New employee training
  - Domestic violence training
  - And a wide variety of professional development courses and events
ODM EMPLOYEE POPULATION

ODM is made up of approximately 598 professionals dedicated to providing health care coverage and services that improve the quality of life for our enrollees. In step with Governor DeWine’s priority to promote diversity, ODM is committed to fostering a diverse workforce. We value our employees and realize our differences make us better equipped to serve Ohioans.

**Employee Demographics**
Total Number of Employees: 598

**Breakdown by Race/Ethnicity**
- White: 64% (383)
- Black or African American: 29% (175)
- Asian: 5% (32)
- Hispanic: .5% (3)
- Two or More Races: 1% (5)

**Breakdown by Gender**
- Female: 68% (408)
- Male: 32% (190)

**Female Employees by Race/Ethnicity**
- White: 60% (246)
- Black or African American: 33% (137)
- Asian: 4% (20)
- Hispanic: .2% (1)
- Two or More Races/Ethnicities: 1% (4)

**Male Employees by Race/Ethnicity**
- White: 72% (137)
- Black or African American: 20% (38)
- Asian: 6% (12)
- Hispanic: 1% (2)
- Two or More Races/Ethnicities: .5% (1)
Management Demographics
Total Number of Supervisors: 142

Supervisors by Race/Ethnicity
- White: 73% (104)
- Black or African American: 18% (25)
- Asian: 8% (11)
- Hispanic: .7% (1)
- Two or More Races/Ethnicities: .7% (1)

Supervisors by Gender
- Female: 62% (88)
- Male: 38% (54)

Female Supervisors by Race/Ethnicity
- White: 72% (64)
- Black or African American: 19% (17)
- Asian: 7% (7)

Male Supervisors by Race/Ethnicity
- White: 74% (40)
- Black or African American: 14% (8)
- Asian: 7% (4)
- Hispanic: 2% (1)
- Two or More Races/Ethnicities: 2% (1)
**Employee Community Involvement**

ODM staff are committed to giving back to the community and participates in several charitable campaigns. ODM staff donated approximately $83,909 to community outreach programs.

- Estimated financial contributions made in FY2021 by employees for charitable causes
  - Operation Feed: $4,417
  - Combined Charitable Campaign total: $72,127
  - Holiday Food Basket: $7,365
  - **Donation Totals: $83,909**