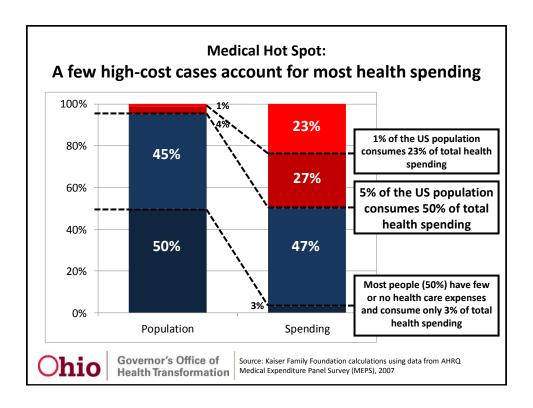


## After the Supreme Court Decision: Key Health Policy Questions for Ohio

- Can Ohio further reform its insurance market to promote competition and affordability?
- Should Ohio build a state-run health benefit exchange or coordinate with a federal exchange?
  - Ohio's exchange "blueprint" is due November 16, 2012
  - Leaning toward federal-run but retain plan oversight
- Should Ohio expand Medicaid eligibility or not?



2



Health Care System Choices	
Fragmentation	vs. Coordination
<ul> <li>Multiple separate providers</li> <li>Provider-centered care</li> <li>Reimbursement rewards volume</li> <li>Lack of comparison data</li> <li>Outdated information technology</li> <li>No accountability</li> <li>Institutional bias</li> <li>Separate government systems</li> <li>Complicated categorical eligibility</li> <li>Rapid cost growth</li> </ul>	<ul> <li>Accountable medical home</li> <li>Patient-centered care</li> <li>Reimbursement rewards value</li> <li>Price and quality transparency</li> <li>Electronic information exchange</li> <li>Performance measures</li> <li>Continuum of care</li> <li>Medicare/Medicaid/Exchanges</li> <li>Streamlined income eligibility</li> <li>Sustainable growth over time</li> </ul>
Ohio Governor's Office of Health Transformation SOURCE: Adapted from Melanie Bella, State Innovative Programs for Dual Eligibles, NASMD (November 2009)	

## **Ohio Health and Human Services Innovation Plan**

## Streamline Health and **Improve Overall Health Modernize Medicaid Human Services System Performance** Medicaid Cabinet: Aging, HHS Cabinet: DAS, OBM, OHT Payment Reform Task Force: ODADAS, ODMH, DODD, Medicaid; with (sponsors); JFS, RSC, AGE, ADA, MH, DD, Medicaid, BWC, DAS, DEV, DRC, connections to JFS ODH, Medicaid; with connections to JobsOhio, OHT, OPERS, ODI, TAX ODE, DRC, DYS, DVS, ODI, TAX Reform nursing facility Create a unified Medicaid · Participate in Catalyst for budget, accounting system **Payment Reform** Update provider regulations Create a cabinet-level Provide access to medical to be more person-centered Medicaid department homes for most Ohioans Integrate Medicare and Consolidate ODMH/ODADAS Use episode-based payments Medicaid benefits Integrate HHS information for acute medical events Create health homes for capabilities, incl. eligibility Pioneer accountable care people with mental illness Coordinate housing and organizations Restructure behavioral workforce programs Accelerate electronic health Coordinate programs for health system financing information exchange Improve Medicaid managed children Decide Ohio's role in creating Share services across local care plan performance a Health Insurance Exchange Transfer ICF program to DD jurisdictions Promote insurance market Coordinate Medicaid with Recommend a permanent competition and affordability other state programs HHS structure (coming soon) Support local payment reform initiatives

