

Ohio's Integrated Care Delivery System

Update: December 12, 2012

July 8, 2011 – The Center for Medicare & Medicaid Services (CMS) offers states an opportunity to develop a new approach to improving care coordination for individuals enrolled in both Medicaid and Medicare. Because Medicaid and Medicare are currently designed and implemented with virtually no connection to each other, the long-term care services and supports, behavioral-health services and physical-health services that are provided to Medicare-Medicaid enrollees are poorly coordinated. The result is diminished quality of care, which leads to poor health outcomes for individuals and high costs for the Medicaid system and taxpayers. In Ohio, approximately 180,000 dually eligible individuals make up only 14 percent of Medicaid enrollment, but these individuals account for 40 percent of total Medicaid spending.

January 10, 2012 – Ohio Medicaid releases a draft concept paper to the Unified Long-Term Care System Advisory Group. The concept paper, based on input received from stakeholders through a prior request for information, is for discussion and feedback and lays out a vision of an Integrated Care Delivery System (ICDS) that will designate a single point of contact for care coordination.

April 2, 2012 – Following an extensive stakeholder engagement process, Ohio submits a final ICDS proposal to CMS. The Ohio Association of Area Agencies on Aging and AARP Ohio offer support for Ohio's proposal.

Ohio's model will:

- Create a fully integrated care system that comprehensively manages the full continuum of Medicare and Medicaid benefits for Medicare-Medicaid enrollees, including Long Term Services and Supports (LTSS).
- Serve as a three-year demonstration project to identify and incentivize innovative techniques for improving care to a highly-acute population.
- Focus first on approximately 114,000 individuals living in seven designated pilot regions, consisting of 3-5 counties each.

April 24, 2012 - The Ohio Department of Job and Family Services (ODJFS) issues a request for applications (RFA) for qualified health plans to serve in the ICDS. Applicants are to be scored based on their ability to demonstrate the following: an innovative care-management model; a creative payment methodology; strong experience and compliance history; success at improving and/or sustaining high levels of positive health outcomes; and good working relationships with providers.

Ohio Medicaid will select two ICDS health plans to operate in each of the designated regions, except for the Northeast, which will have three health plans. Individual health plans are to be limited to serving no more than *three total regions*. If needed, a selection meeting will be conducted for top-scoring plans to choose the regions in which they operate.

May 25, 2012 – Nine health plans submit applications to serve as ICDS plans.

June 28, 2012 – Initial scoring [results](#) for individual health plans released.

July 18, 2012 – Opportunity for health plans to submit protests to ODJFS legal office, at which time five health plans submit a request for reconsideration of scoring results.

August 20, 2012 – Following a careful review, the ODJFS legal office [releases](#) responses to the five protesting health plans. Minor scoring changes were made, but ultimately did not produce any adjustment to the rank of health plans from the June 28, 2012 scoring results.

August 27, 2012 – Through an established protocol, health plans choose (*see below*) the ICDS markets in which they will operate.

	Northwest	Southwest	West Central	Central	East Central	Northeast Central	Northeast
1	Aetna	Aetna	Buckeye	Aetna	CareSource	CareSource	Buckeye
2	Buckeye	Molina	Molina	Molina	United	United	CareSource
3							United

The complete RFA website is available at: <http://ifs.ohio.gov/rfp/R1213078038ICDS.stm>

December 12, 2012 – CMS approves Ohio Medicaid’s proposal for a three-year ICDS demonstration.

September 1, 2013 – Voluntary enrollment begins.

Additional Next Steps:

To Be Determined – Estimated start of readiness review of selected ICDS health plans.

To be Determined – CMS, Medicaid, and ICDS health plans sign three-way provider agreement.