Ohio Governor's Office of Health Transformation – Strategic Plan and Completed Actions

	MODERNIZE MEDICAID	STREAMLINE HEALTH AND HUMAN SERVICES	PAY FOR VALUE
Executive Order	Advance Governor Kasich's priorities for Medicaid modernization and cost containment	Recommend a more efficient health and human services organizational structure and oversee transition to that structure	Engage private sector partners to set clear expectations for better health, better care, and lower costs through improvement
Problem	Ohio's health care system was fragmented in ways that led to disrupted relationships, poor information flows, and misaligned incentives – all of which degraded quality and increased cost.	Ohio's health and human services policy, spending and administration was split across multiple state and local government jurisdictions, an inefficient structure that lacked a clear point of accountability.	Ohioans spend more per person on health care than residents in all but 17 states, yet higher spending is not resulting in better health outcomes for Ohio citizens (Ohio ranks 37 in health outcomes).
Action	*Improve care coordination* • Extended Medicaid coverage to 700,000 more low income Ohioans • Covered >90% of Medicaid enrollees through private sector managed care plans • Conducted the most comprehensive state evaluation of the Medicaid expansion • Consolidated health plan regions and reduced contracts from 34 plans to 5 plans • Linked 2% of total Medicaid managed care plan reimbursement to performance • Facilitated data sharing by aligning state privacy standards to federal standards • Transitioned >18,000 prisoners into the community with managed care support • Replaced expiring sales tax revenue with a stable alternative managed care tax *Prioritize home and community based services (HCBS)* • Increased the number of Ohioans served in the community 28% over 4 years • Shifted $360 million from nursing home rate cuts to HCBS programs (2011-2012) • Assisted >11,000 nursing home residents return to community living • Ranked first in the nation for transitioning individuals out of institutions (2015) • Integrated care delivery for most Medicare-Medicaid dual enrollees (MyCare) *Rebuild community behavioral health system capacity* • Increased behavioral health system capacity $1 billion (80%) over 2 years • Elevated Medicaid match to the state to ensure continuity of services statewide • Freed up local resources for local priorities like housing and employment • Added Medicaid services for individuals with the highest intensity needs • Replaced 17 outdated billing codes with 120 national standard codes • Increased services to families with youth who are a danger to themselves, others • Created access to >2,100 new units of recovery housing • On track to integrate physical and behavioral health in managed care (7/1/2018) *Enhance community developmental disabilities services* • Made the largest single investment in DD system history ($286M over 2 years) • Created 3,000 waivers to reduce wait lists, guarantee alternatives to institutions • Created financial incentives to downsize large intermediate care facilities (ICFs) • Closed two of ten state-operated institutions and continue to downsize • Increased access to autism services • Presumed "Employment First" for individuals with developmental disabilities	*Streamline governance* • Created the Office of Health Transformation to coordinate reforms • Initiated reforms that saved >$1.5 billion four fiscal years in a row (2014-2017) • Created a unified Medicaid budgeting and accounting system • Created a stand-alone Ohio Department of Medicaid (ODM) • Consolidated mental health and addiction services in one department (MHAS) • Consolidated developmental disabilities services in one department (DODD) • Rechartered Rehabilitation Services as Opportunities for Ohioans with Disabilities • Modernized and consolidated medical professional licensing boards • Created the Governor's Cabinet Opioid Action Team to fight opioid abuse • Created a comprehensive online inventory of all HHS resources statewide *Modernize technology infrastructure* • Recognized nationally for success implementing large, complex systems quickly • Implemented a new Medicaid Information Technology System • Replaced a 34-year-old eligibility system with a new online Ohio Benefits system • Transitioned all Medicaid to Ohio Benefits and on track for SNAP and TANF • Replaced millions of trips to a county office with online eligibility determination • Replaced two duplicative disability determination systems with one • Created an enterprise case management system for counties to share services • Embedded the Ohio Automated Rx Reporting System directly into provider EHRs	*Engage partners to pay for value instead of volume* • Convened a CEO-level Advisory Council on Payment Innovation (2013) • Received a $3 million State Innovation Model (SIM) grant to plan (2013) • Received a $75 million federal SIM grant to test payment models (2014) • Sustained active participation from Ohio's 4 largest private health insurers • Created infrastructure to make health care price and quality more transparent • Convened a bipartisan group of governors on federal health care reform *Increase access to comprehensive primary care (CPC)* • Selected as one of seven regions nationally to pilot a federal CPC initiative (2012) • Convened a CPC design team of payers, providers, patient advocates (2015) • Adopted a public/private statewide value-based CPC payment model (2016) • Selected as one of 20 regions nationally to participate in Medicare CPC+ (2016) • Increased payments to CPC practices that do more to keep people well (2017) • Currently one million Ohioans receive primary care from a CPC practice (2018) • On track to extend CPC to all primary care practices statewide (1/1/2019) *Reward value in high-cost episodes of care* • Convened an episode design team of payers, providers, patient advocates (2013) • Adopted a public/private statewide value-based episode payment model (2013) • Designed first wave of 7 episodes (2013) and second wave of 6 episodes (2015) • Accelerated episode design and completed a total of 43 episodes (2017) • Reported performance on more than 3,000 providers across 13 episodes (2018) • Translated specialist performance into a referral report for primary care (2018) *Align population health planning and priorities* • Required state and local health department accreditation by 2020 (2013) • Achieved accreditation for the Ohio Department of Health (2015) • Convened a Population Health Planning Advisory Group (2015) • Completed a comprehensive statewide health assessment (2016) • Developed a comprehensive state health improvement plan (2017) • Incorporated population health priorities into value-based payment models • Doubled the state subsidy for accredited local health districts • Required health departments and hospitals to use same 3-year planning cycle • Focused resources on specific priorities (e.g., infant mortality, overdose deaths)

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