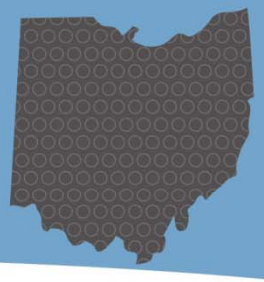
Ohio | Office of Medical Assistance

John R. Kasich, Governor
John B. McCarthy, Director



Welcome
September 24, 2012

Ohio Medicaid Initiatives

- Health Homes for Individuals with Severe and Persistent Mental Illness (October 2012)
- Comprehensive Primary Care initiative (November 2012)
- ABD Kids to Managed Care (July 2013)
- Integrated Care Delivery System (April 2013)

Why must we act ?

- The current system is confusing and difficult to navigate.
- No entity accountable for the whole person.
- Despite years of substantial investments, Ohio's LTSS system remains in the third quartile of states. (35th in AARP 2011 Scorecard)
- The aging of Ohio's population has arrived– and is accelerating rapidly. Current trends in spending are unsustainable.

What are we trying to achieve?

- One point of contact for enrollees.
- Person-centered care, seamless across services and settings of care.
- Easy to navigate for enrollees and providers.
- Lower cost of care through wellness, prevention, coordination and community-based services.

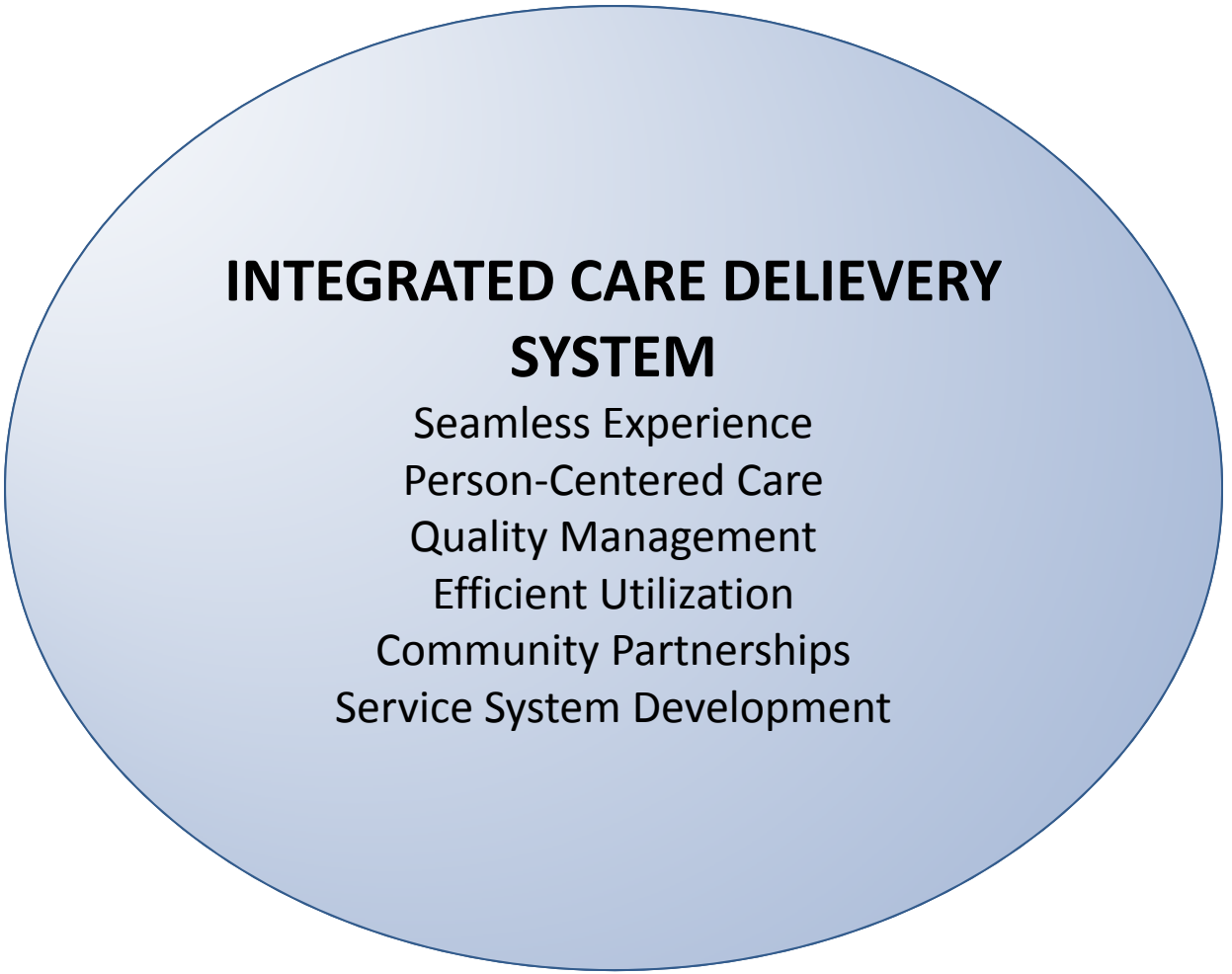
Federal Waivers

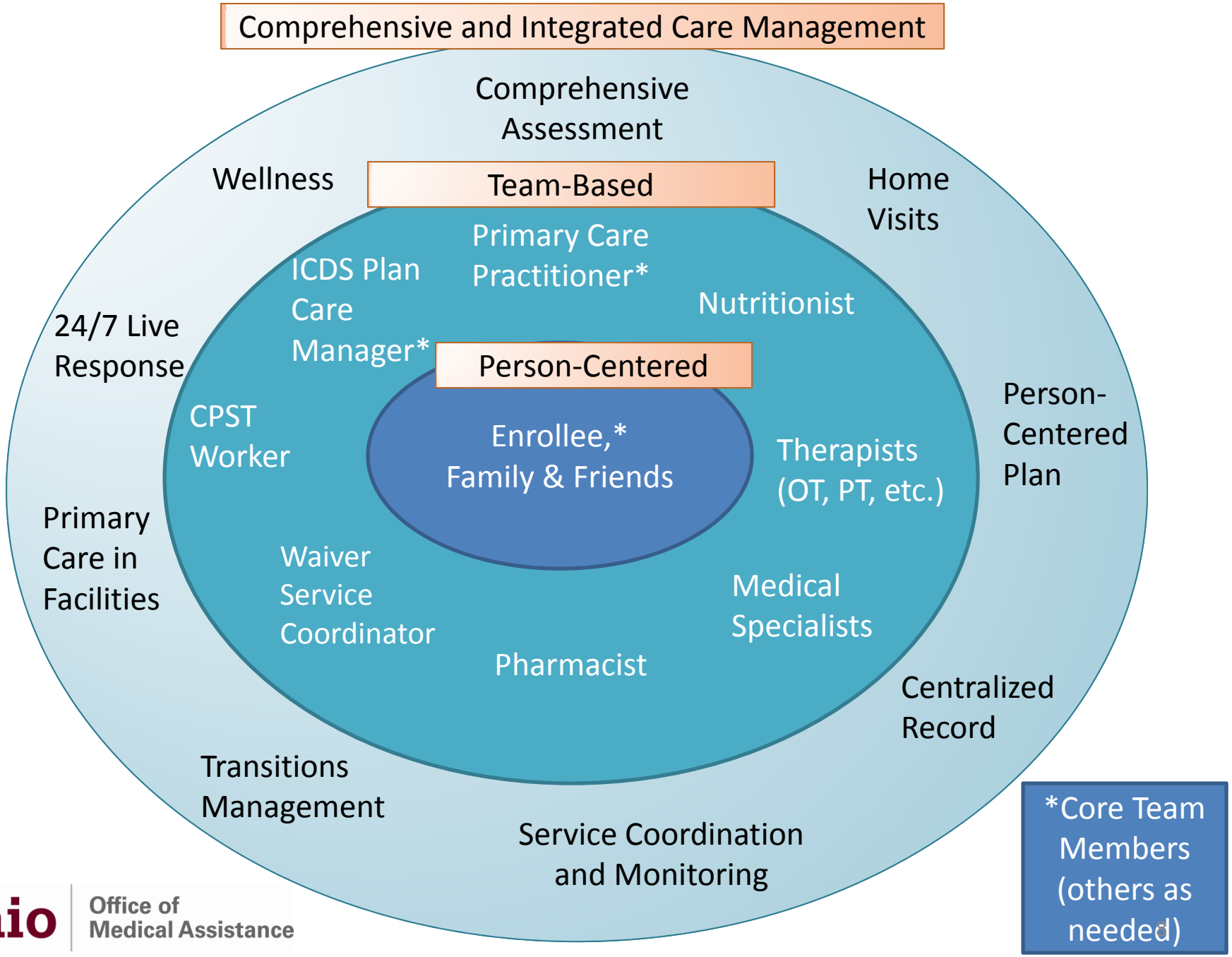
- Authorized by Sections 1915 (b) and (c) of the Social Security Act the federal government waives certain Medicaid rules.

- **1915(b) waiver** allows Ohio to enroll specific populations of Medicaid eligible individuals in managed care programs.

Federal Waivers

- **1915 (c) waiver** allows Ohio to help a limited number of eligible people with severe disabilities and medically unstable conditions live in their community instead of a nursing home, hospital or facility for people with mental retardation/developmental disabilities (ICF/MR).
- These waivers can be limited by:
  - Characteristics of Participants
  - # of Participants (slots)
  - Cost of Care
  - Type of services
  - How Long the Waiver Exists


INTEGRATED CARE DELIEVERY SYSTEM
Seamless Experience
Person-Centered Care
Quality Management
Efficient Utilization
Community Partnerships
Service System Development



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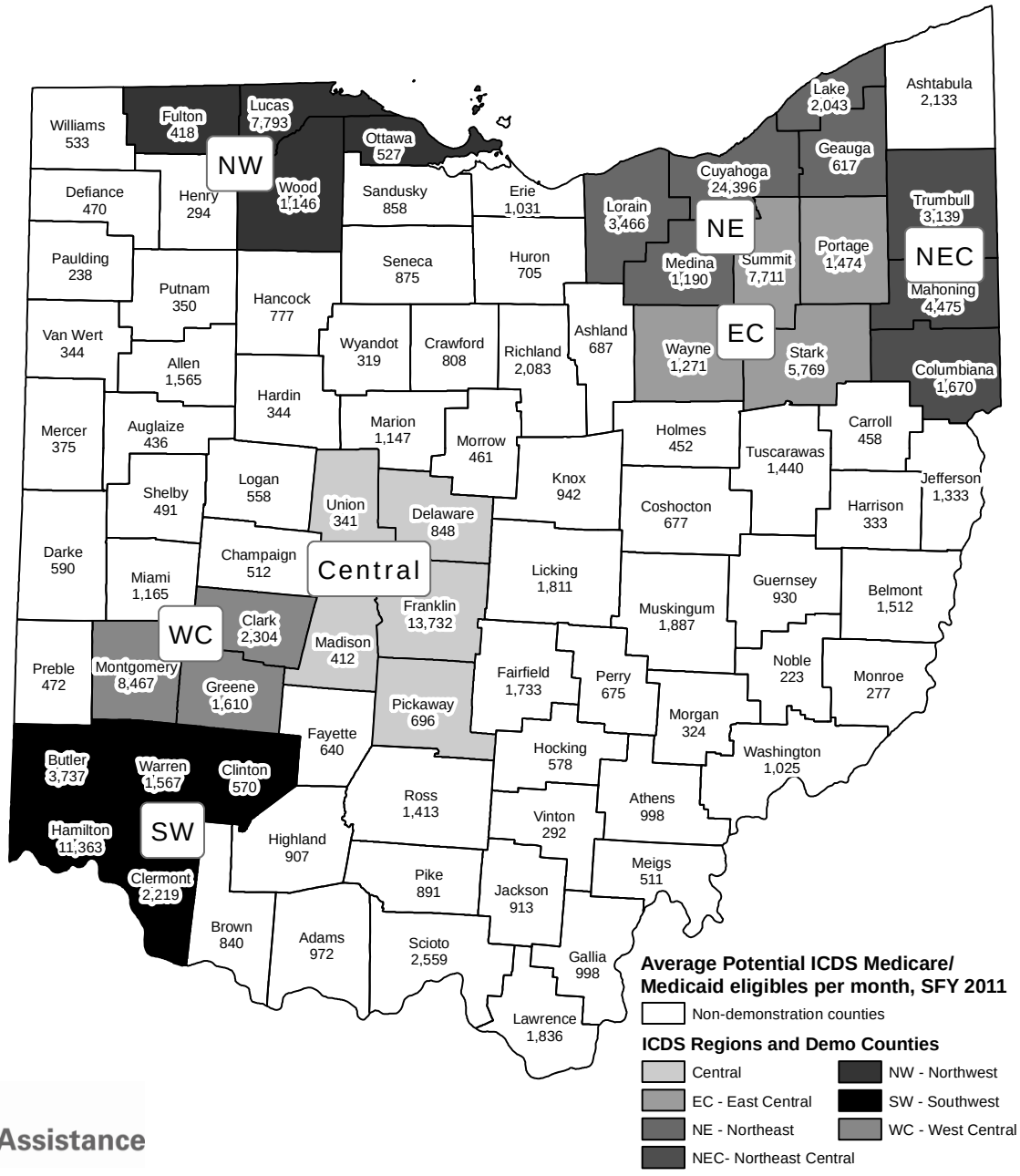
Geographic Area

- An ICDS will operate in seven geographic regions covering 29 counties and include approximately 114, 000 beneficiaries.

Ohio ICDS Regions



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Eligible Groups

- Receive Medicare and full Medicaid benefits
- Adults with disabilities and persons 65+ yrs
- Persons with serious mental illness will be included in the program.

Exempt Groups

- The following groups are not eligible for enrollment into ICDS demo:
    - Individuals with an ICF/ID level of care served either in an ICF/ID facility or on a waiver are exempt from enrollment
    - Individuals who are eligible for Medicaid thru a delayed spend-down
    - Individuals who have third party insurance

The ICDS Plans

Northwest	Southwest	West Central	Central	East Central	Northeast Central	Northeast
Aetna	Aetna	Buckeye	Aetna	CareSource	CareSource	Buckeye
Buckeye	Molina	Molina	Molina	United	United	CareSource
						United

Enrollee Protections

- Choice of at least two ICDS Plans in all Regions (three in Northeast)
- Ability to opt out of Medicare portion of ICDS
- ICDS Plan Member Advisory Groups
- A unified grievance and appeal process
- Strong quality management oversight

Enrollment

- Enrollees will be able to opt out of the Medicare part of the program, in which case they would stay with their current Medicare options, but receive all Medicaid payment and services through the ICDS.

- Initial enrollment into the ICDS will be phased in over a period of three months

  April 1- Northwest, NE Central, E Central

  May 1- Northeast

  June 1- Central, W Central, SW

Enrollment Process

- In late December letters will be sent to individuals informing them of their participation in ICDS

- Enrollment letter will be sent informing individuals of their choice of plans at least 60 days prior to their enrollment into the ICDS

Enrollment Process

- Individuals will have opportunities to make choices:
  - Over the phone with enrollment contractor
  - During regional education/enrollment forums
  - Through one-on-one in person enrollment counseling

Benefits

- Benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including LTSS and behavioral health.

- In addition, ICDS Plans may elect to include supplemental “value-added” benefits in their benefit packages.

ICDS Medical Services

- Inpatient Hospital
- Inpatient Mental Health
- (including Freestanding and State Operated Hospitals)
- Skilled Nursing Facility
- Home Health
- Hospice
- Physician Services
- Out-Patient Hospital Services
  - Emergency room
  - Outpatient clinic/surgery
  - Mental health care including partial hospitalization
- Laboratory, X-Ray and Imagining
- Chiropractic
- Podiatry
- Outpatient Mental Health Care/including Independent Psychologist
- Outpatient Substance Abuse Services
- Outpatient Surgery-Hospital Outpatient Facility or Ambulatory Surgical Center
- Ambulance and Ambulette Services
- Urgent Care
- Outpatient Rehabilitation Services (OT,PT,ST)
- Cardiac and Pulmonary Rehab Services
- DME and Supplies **(enhanced wheel-chair service per proposal)**
- Prosthetics
- Diabetes Self Management/Training and Diabetes Services and Supplies
- Outpatient Diagnostic Tests
- Vision Care
- Preventive Services
- Medical Nutritional Therapy
- Renal Dialysis Services
- Part B Prescription Drugs
- Family and Pediatric Nurse Practitioner
- Family Planning Services and Supplies
- Dental
- FQHC and RHC Services
- Prescription Drugs
- Private Duty Nursing
- Pharmacological Management

ICDS Behavioral Health Services

- Behavioral Health Assessment (Physician and Non-Physician for MH Only)
- Behavioral Health Counseling and Therapy (Individual and Group)
- Crisis Intervention (24-hour availability)
- Partial Hospitalization
- Community Psychiatric Support Treatment (Individual and Group)
- Ambulatory Detox
- Targeted Case Management for AOD
- Intensive Outpatient
- Laboratory Urinalysis
- Med-Somatic
- Methadone Administration

ICDS Community Based Services

- Out of Home Respite Services
- Adult Day Health Services
- Home Medical Equipment & Supplemental Adaptive & Assistive Devices
- Waiver Transportation
- Chore Services
- Social Work Counseling
- Emergency Response Services
- Home Modification Maintenance and Repair
- Personal Care Services
- Homemaker Services
- Waiver Nursing Services
- Home Delivered Meals
- Alternative Meals Service
- Pest Control
- Assisted Living Services
- Home Care Attendant
- Choices Home Care Attendant
- Enhanced Community Living Services
- Nutritional Consultation
- Independent Living Assistance
- Community Transition

ICDS Transition Requirements

Transition Requirements	Waiver Consumers	Non-Waiver Consumers with LTC Needs (HH and PDN use)	NF Consumers AL Consumers	No LTC Need Consumers
Physician	90 day transition for individuals identified for high risk care management; 365 days for all others	90 day transition for individuals identified for high risk care management; 365 days for all others	90 day transition for individuals identified for high risk care management; 365 days for all others	90 day transition for individuals identified for high risk care management; 365 days for all others
Pharmacy	90 day transition	90 day transition	90 day transition	90 day transition
Medicaid DME	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity
Scheduled Surgeries	Must honor specified provider	Must honor specified provider	Must honor specified provider	Must honor specified provider
Chemo/Radiation	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider
Organ, Bone Marrow, Hematopoietic Stem Cell Transplant	Must honor specified provider	Must honor specified provider	Must honor specified provider	Must honor specified provider
Medicaid Vision and Dental	Must honor PA's when item has not been delivered	Must honor PA's when item has not been delivered	Must honor PA's when item has not been delivered	Must honor PA's when item has not been delivered

Transition Requirements cont.

Transition Requirements	Waiver Consumers	Non-Waiver Consumers with LTC Needs (HH and PDN use)	NF Consumers AL Consumers	No LTC Need Consumers
Home Health and PDN	Maintain service at current level and with current providers at current Medicaid reimbursement rates. Changes may not occur unless: A significant change occurs as defined in OAC 5101:3-45-01 or Individuals expresses a desire to self-direct services; or after 365 days.	Sustain existing service for 90 days and then review for medical necessity after an in-person assessment that includes provider observation	For AL: Sustain existing service for 90 days and then review for medical necessity after an in-person assessment that includes provider observation	N/A
Assisted Living Waiver Service			Provider maintained at current rate for the life of demonstration.	

Transition Requirement cont.

Transition Requirements	Waiver Consumers	Non-Waiver Consumers with LTC Needs (HH and PDN use)	NF Consumers AL Consumers	No LTC Need Consumers
Waiver Services-Direct Care • **Personal Care** • **Waiver Nursing** • **Home Care Attendant** • **Choice Home Care Attendant** • **Out of Home Respite** • **Enhanced Community Living** • **Adult Day Health Services** • **Social Work Counseling** • **Independent Living Assistance**	Maintain service at current level and with current providers at current Medicaid reimbursement rates. Changes may not occur unless: A significant change occurs as defined in OAC 5101:3-45-01 or Individuals expresses a desire to self-direct services; or after 365 days.	N/A	N/A	N/A
Waiver Services-All other	Maintain service at current level for 365 days and existing service provider for 90 days. Plan initiated change in service provider can only occur after an in-home assessment and plan for the transition to a new provider.	N/A	N/A	N/A
Behavioral Health Services	Maintain service provider, level and rate documented in the BH plan of care at the time of enrollment for 365 days.	Maintain service provider, level and rate documented in the BH plan of care at the time of enrollment for 365 days.	Maintain service provider, level and rate documented in the BH plan of care at the time of enrollment for 365 days.	Maintain service provider, level and rate documented in the BH plan of care at the time of enrollment for 365 days.

Transition Requirements cont.

- During the transition period, change from the existing provider can occur in the following circumstances:
  1) Consumer requests a change,
  2) Provider gives appropriate notice of intent to discontinue services to a consumer, or;
  3) Provider performance issues are identified that affect an individual's health and welfare.

Care Management

- Care Management Components:
  - Identification strategy
    - All individuals enrolled in ICDs will have a care manager. Identification strategy helps ICDS Plan prioritize order in which individuals will receive their comprehensive assessment.
  - Comprehensive Assessment
    - Includes assessment of individual's medical, behavioral, social, and long term care needs.

Care Management

- Care Management Components:
  - Risk Acuity/Stratification Level
    - OMA will prescribe a minimum contact schedule.
  - Individualized, Integrated Care Plan
    - Person-centered plan based on comprehensive assessment.

Care Management

- Care Management Components:
  - Care Manager/Care Management Team
    - The team may consist of the individual, the primary care provider, the care manager, the waiver service coordinator, as appropriate, the individual's family/caregiver/supports, and other providers based on the individual's needs.
  - Care Management Tracking System

Care Management

- Care Management Components:
  - Program Effectiveness and Impact
    - The ICDS plan will complete an evaluation of the impact and effectiveness of its comprehensive care management model with regard to health outcomes, functional status, consumer satisfaction, etc.
    - The results of the evaluation will be integrated into the plan's continuous quality improvement program

Quality Measures

- National measures used by all demonstration projects
- Ohio specific measures focused on transition, diversion and balance
- HCBS measures

Provider Payments

- In order to serve individuals enrolled in the ICDS Providers must contract with the ICDS Plan- except for authorized services during required transition periods.

- During transition periods if there is no contract the provider must make authorization and payment arrangements with the ICDS Plan.

Provider Payments

- For consumers who have “opted-out” or elected to get their Medicare services through FFS, MA Plan or SNP
  - Providers must have a contract with the ICDS Plan in order to be paid for cost-sharing and Medicaid services.

Provider Payments

- Medicare Hospice is provided by FFS Medicare, however in order to receive cost-sharing and payment for Medicaid services the provider must be contracted with the ICDS Plan.

Provider Payments

- For individuals who maintain both Medicare and Medicaid services with the ICDS Plan:
  - No cost sharing for the individuals except for prescription drugs
  - Eliminates provider network conflicts
  - Providers submit one claim and receive one payment
  - Enhanced care management for the individual

Provider Associations
How can you help?

- Spread the word! Prepare providers for ICDS implementation
- Inform your members about integrated service delivery and billing within the ICDS
- Educate providers about the enrollment process
- Remind providers not to advise or recommend a specific ICDS plan to individuals they serve

Next Steps for Implementation

- Formalize collaboration (MOU) with CMS
- Enter into 3-way agreement and Medicaid provider agreement with the ICDS Plans
- Finalize waiver approvals (1915 b/c)
- Outreach and Enrollment processes with OSHIIP, enrollment broker and other community partners

Plan Contact Information (alphabetical order)

Aetna	• www.aetnabetterhealth.com/ohio • OH_ProviderServices@aetna.com
Buckeye	• http://www.bchpohio.com
CareSource	• www.caresource.com • janet.grant@caresource.com
Molina	• www.molinahealthcare.com
United	• www.uhc.com • Jeffrey.Corzine@uhc.com

Questions