STATE OF OHIO

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF OHIO HEALTH PLANS

THE OHIO INTEGRATED CARE DELIVERY SYSTEM DEMONSTRATION PROPOSAL TO BETTER SERVCE MEDICARE-MEDICAID ENROLLEES: STAKEHOLDER ENGAGEMENT PROCESS AND SUMMARY OF FINDINGS

MARCH 9, 2012

Introduction

On February 27, 2012 the Kasich Administration released a proposal to implement an Integrated Care Delivery System (ICDS) Demonstration Program to serve Ohio's Medicare-Medicaid Enrollees. The proposal was developed in response to CMS' invitation to state Medicaid Directors to align financing between Medicare and Medicaid to improve the quality of care and decrease the cost of care for individuals eligible to receive services from both programs. The Governor's Jobs Budget, HB 153, authorized the State to request federal approval from the CMS Center for Medicare and Medicaid Innovation (CMMI) to establish an ICDS.

Ohio's proposed ICDS will create organized systems of care that provide comprehensive services to Medicare-Medicaid Enrollees across the full continuum of Medicare and Medicaid benefits, including long term supports and services (LTSS). Through the ICDS Program, Ohio expects that more Medicare-Medicaid Enrollees will be able to receive the medical and supportive services they need in their own homes and other community-based settings, rather than in more costly institutional settings. Other goals of the Program are to:

- Provide one point of contact for beneficiaries;
- Utilize managed care to improve care coordination via a person-centered, team-oriented approach that holistically addresses individuals' needs in a setting they choose;
- Provide a delivery system that is easy to navigate for the beneficiaries and providers;
- Reduce the overall cost of care, benefiting the beneficiary, Medicare and Medicaid; and
- Provide a seamless transition between settings and programs as a beneficiary's needs change.

This report describes Ohio's engagement of stakeholders in the development of the ICDS Demonstration Program. The current proposal draft can be found at: http://healthtransformation.ohio.gov/.

Stakeholder Engagement Activities

Ohio has formally sought internal and external stakeholder input into the design of an ICDS program beginning in January 2011. Over the past year, the State has conducted numerous activities to solicit input and has given serious consideration to stakeholders' concerns and expectations in making key decisions about program design. These activities include:

- A Request for Information and summary of responses;
- Testimony of the Ohio Medicaid Director before the Ohio Legislature;
- Presentation of a concept paper to the state's Unified Long Term Care Systems Advisory Workgroup;
- Development of a Question & Answer document and fact sheet associated with the concept paper;
- Development of a beneficiary questionnaire and summary of responses;
- A series of regional public meetings and statewide conference call; and
- A website http://healthtransformation.ohio.gov/ with a description of the initiative and links to key information about the stakeholder activities listed above.

The timeline on the next page shows the sequence of activities that the State has engaged in to obtain stakeholder input.

Figure 1: Timeline of ICDS Stakeholder Engagement Activities

Stakeholder Engagement Activity	2011												2012				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Vision for Integrated Healthcare Delivery System for Medicare-Medicaid Enrollees released by Governor Kasich's Office of Health Transformation		◆															
Proposal submitted to CMS to develop an integrated care delivery system (ICDS) for Medicare-Medicaid enrollees (not selected)		◆															
Governor Kasich's Jobs Budget authorizes the State to seek federal approval to implement an ICDS						◆											
Letter of Intent submitted to CMS to design a Medicare-Medicaid enrollee fiscal alignment model									◆								
Request For Information (RFI) released to Stakeholders regarding an ICDS for Medicare-Medicaid Enrollees									◆								
24 stakeholder groups submit responses to RFI									▬	▬							
Medicaid Director, John McCarthy, testified before Ohio Joint Legislative Committee for Unified Long-Term Care Services and Supports									◆			◆		◆			
Independent researchers interview several members of State's Unified Long-Term Care System Advisory Workgroup											◆						
Stakeholder Advisory Group for ICDS formed											◆						
Meeting with consumers and consumer advocates to plan for a strategy to solicit public input on ICDS												◆					
ICDS concept paper presented to Unified Long-Term Care System Advisory Workgroup, ICDS FAQs and fact sheet													◆				
Public input meeting - Toledo													◆				
Public input meeting - Columbus													◆				
Public input meeting - Dayton														◆			
Public input meeting - Cleveland														◆			
Questionnaire for Medicare-Medicaid Enrollees and Medicaid Waiver Participants														➡			
Public input meeting - Athens (rural area)														◆			
Statewide public input conference call														◆			
State posts ICDS proposal on Ohio Office of Health Transformation website for public comment														▬	▬		
CMS publishes ICDS proposal in federal register for public comment																▬	

Request for Information

The first formal step in stakeholder engagement was the release of a Request for Information (RFI) in September of 2011. The Ohio Department of Job and Family Services (ODJFS) released the RFI to solicit input from "those most affected by and interested in the provision of care to" Medicare-Medicaid Enrollees. Stakeholders were given one month to submit responses, and were encouraged to address a standard set of questions designed to elicit proposals and descriptions of best practices. ODJFS received responses from 24 stakeholder groups, including: health plans and health care delivery systems; care management and care coordination companies; provider associations; the Ohio Association of Area Agencies on Aging; social service and advocacy organizations; and others. All stakeholder responses are available at http://healthtransformation.ohio.gov/.

Testimony Before the Ohio Legislature

House Bill 153 created the Joint Legislative Committee for Unified Long-Term Services and Supports, which provides at least quarterly opportunities for the Director of the Office of Ohio Health Plans (Medicaid) to testify on a number of long-term care initiatives including the dual eligible integrated care demonstration project. In late 2011 and again in February 2012, Medicaid Director John McCarthy testified before the Joint Legislative Committee for Unified Long-Term Services and Supports on the integration of care and services for Medicare-Medicaid Enrollees and other state Health Transformation initiatives.

Presentations to Unified Long-Term Care Systems Advisory Workgroup

The Unified Long-Term Care Systems (ULTCS) Advisory Workgroup is designated as the State advisory group on the ICDS. This Workgroup, first established in 2007, is charged with developing strategies to unify the State Long-Term Care Services System and better address the needs of a growing population of older adults and individuals with disabilities. In November of 2011 the State contracted with researchers to conduct key informant interviews with several members of the Workgroup to obtain their input on the ICDS program. On January 12, 2012, State officials presented the concept paper to the ULTCS Workgroup. Following the presentation, members of the Workgroup were invited to comment on the draft program design.

Regional Public Meetings and Statewide Conference Call

In late December of 2011, state staff met with advocates for consumers and family caregivers to formulate a strategy to obtain input directly from individuals and other interested stakeholders in their communities. Based on recommendations from that meeting, during January and February 2012, state staff participated in five regional meetings: Athens, Cleveland, Columbus, Dayton and Toledo. The Ohio Olmstead Task Force led the effort to organize the local meetings and recruit Medicare-Medicaid Enrollees and other users of the State's waiver programs to provide the State with a better understanding of consumers' needs, learn about what services they are receiving , and find out what barriers exist or additional services that are lacking.

Advocates felt it was important to reach consumers who were not able to attend a regional meeting, but still wanted to participate in a conversation about services they receive. Together

with the Ohio Olmstead Task Force a statewide teleconference was organized and held on February 17. Over 250 individuals attended a meeting or participated in the teleconference.

Beneficiary Questionnaire

To complement the regional meetings and statewide call, the State developed a questionnaire for Medicare-Medicaid Enrollees and Medicaid Waiver Participants to obtain input on their current health and LTSS service delivery, service use, experience with care coordination and care during transitions from inpatient settings, and gaps in services. The questionnaire also solicited comments on how services could be improved. The Ohio Olmstead Task Force and other advocacy groups conducted outreach through its member organizations to these two (overlapping) target groups to inform them about the questionnaire. The questionnaire was posted online on the Governor's Office of Health Transformation website in early February. Individuals can either complete the questionnaire online or download it and mail it in. All responses received by February 20th were reviewed and considered in developing the revised demonstration proposal. Over 500 questionnaires were completed online by this date, with Medicare-Medicaid Enrollees comprising roughly a quarter of the respondents. An additional 200 questionnaires were submitted by mail. Completed questionnaires received after February 20 will be considered as the program design progresses.

General Themes from Stakeholder Input

Stakeholder feedback fell mainly into five major categories: delivery system structure; care management and other beneficiary points of contact; role of local infrastructure and providers; benefits and groups covered; and the process of developing and implementing the program. Comments on these general themes are summarized below.

Type of Delivery System

Stakeholders expressed a wide range of views on the best type of delivery system to achieve the goals identified in the RFI. The most common delivery systems proposed were: full-risk managed care; and various hybrid, "managed" fee-for-service (FFS) approaches. Among supporters of the former approach, stakeholders differed on whether the model should be based on Medicare Advantage Dual Eligible Special Needs Plans or Medicaid managed care plans. To achieve scale, most managed care entities supported automatic enrollment of Medicare-Medicaid Enrollees with the ability for them to "opt out" for their Medicare services. Many proponents of the managed FFS approach favored building on the care coordination currently provided by community-based organizations in conjunction with a primary care physician or interdisciplinary team within a medical health home.

Care Management and Beneficiary Point of Contact

Stakeholders were overwhelmingly supportive of a single point-of-entry system and enhanced care coordination that that would be tailored to individuals' needs and preferences. Numerous groups provided very specific proposals for meeting these goals based on their current product lines or model programs in other states.

Many Medicare-Medicaid Enrollees and caregivers reported satisfaction with their primary care physicians, coordination among their providers, and the care management they receive through the State's home and community-based services (HCBS) waiver programs. However, many others felt their providers did not coordinate, particularly around prescribing and monitoring

medications. Several stated that their needs were not well understood or addressed in healthcare settings because providers lacked competency in working with people living with disabilities, including mental health issues and dementia. Further, beneficiaries often described being confused by their dual Medicare and Medicaid coverage in terms of understanding copayments and how the two programs work together. Many requested better access to information about their coverage and assistance with the paperwork required to maintain their Medicaid and HCBS waiver eligibility.

Role of Local Providers and Infrastructure

Many of the concerns stakeholders had related to a full-risk managed care approach and the potential for managed care organizations to cut out or reduce the role of the existing community-based infrastructure, such as Area Agencies on Aging. A number of the managed care organizations identified strategic alliances with these organizations to be essential to their success in serving Medicare-Medicaid Enrollees. Stakeholders disagreed regarding the type of organizations best suited to work with patient-centered health homes to coordinate care. In general, supporters of an integrated managed care approach preferred health plans to be responsible for care coordination. Supporters of a managed fee-for-service approach preferred that current fee-for-service providers, namely Area Agencies on Aging, have this responsibility.

Benefits and Groups Covered

Broad support was expressed for health management and prevention programs to encourage beneficiaries to be involved in their health and functioning. In addition, several stakeholders suggested including benefits not currently covered by Medicare or Medicaid that could be provided on a cost effective basis by preventing re-hospitalizations and long-term nursing facility placement.

The services beneficiaries most often mentioned as lacking in the current delivery system were: durable medical equipment; non-medical transportation (including "door to door" service); dental care; and access to fitness programs and activities. Many beneficiaries noted that services and equipment that are critically important to them tend to be unreliable and of poor quality (e.g., wheelchairs). In some cases, these concerns extended to the quality and reliability of their personal care and home health workers. At the same time, many waiver participants described being very satisfied with their caregivers and supportive services and voiced their concern that a new program would result in disruption or reduction of their services.

Process

While some stakeholders understood the proposed ICDS timeline within the context of the CMS initiatives, others were concerned that important milestones, such as the release of a Request for Application, might occur without sufficient stakeholder input. Stakeholders agreed on the need for continued interaction between the state, beneficiaries and advocates, service providers, health plans, and other groups as program design continues. Several stakeholders proposed a phased-in approach to a new delivery system and specified regions they thought should be included in the initial phase of implementation.

Questionnaire Responses Submitted by Medicare-Medicaid Enrollees

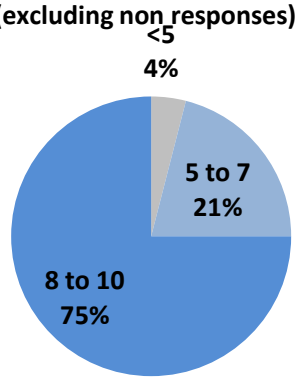
Over 300 questionnaires were completed by respondents who identified themselves as having both Medicare and Medicaid. While the responses provide useful information, the group of

respondents is not representative of the State's Medicare-Medicaid Enrollee population as beneficiaries were not selected randomly to complete the questionnaire.

Findings from the questionnaires show that most respondents believe the health care they are receiving is very good to excellent. However, the majority are not receiving help from professional staff to manage their care or track their medications despite having complex health care needs as evidenced by their self-reported health status and the number of doctors seen and medications taken.

Three-quarters of respondents ranked their health care services as 8 or higher on a scale of 0 to 10.

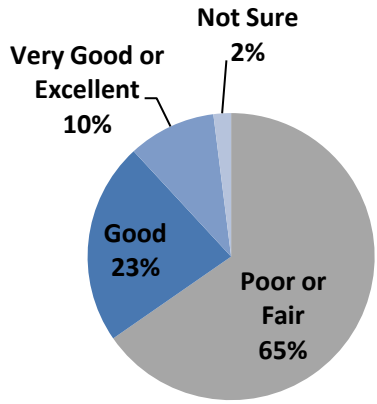
Figure 3: Rating of Health Care Services on a Scale of 0 to 10 (excluding non responses)



N = 333

Nearly two-thirds of respondents reported their health status as "poor or fair."

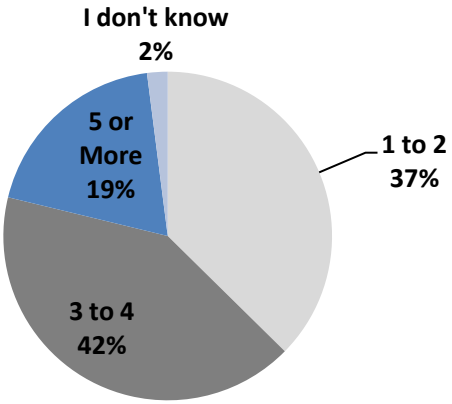
Figure 4: Self-Reported Health Status (excluding non responses)



N = 310

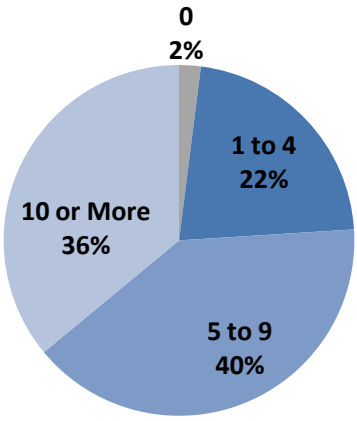
Respondents reported using multiple doctors and medications: 61% saw three or more different doctors in the last six months and 76% take five or more prescription drugs daily.

Figure 5. Number of Different Doctors Visited in Previous Six Months (excluding non responses)



N = 324

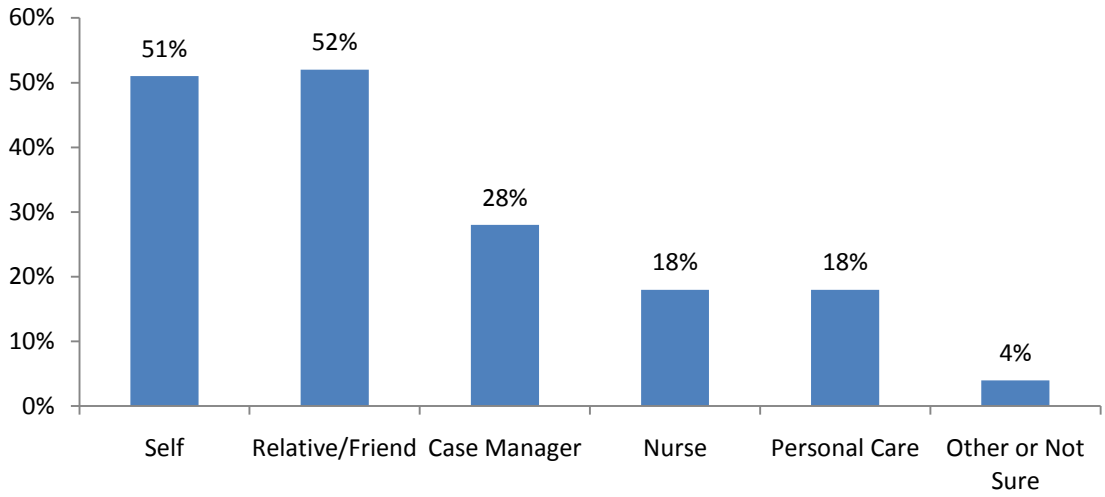
Figure 6. Number of Prescription Medications Taken Daily (excluding non responses)



N = 314

The majority of respondents reported coordinating their own health care and/or having a relative or friend coordinate their care.

Figure 7. Sources of Health Care Coordination (excluding non responses)

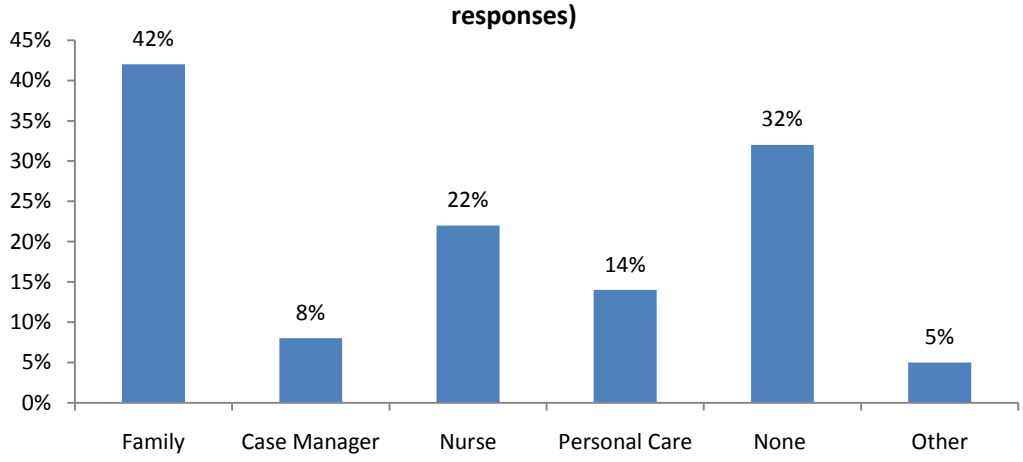


The sum of percentages exceeds 100% because respondents could select more than one coordination resource.

N = 316

Respondents reported that family members were the primary source of assistance in tracking medications. Nearly one-third of respondents reported not having assistance in tracking medications.

Figure 8. Sources of Assistance in Tracking Medications (excluding non responses)

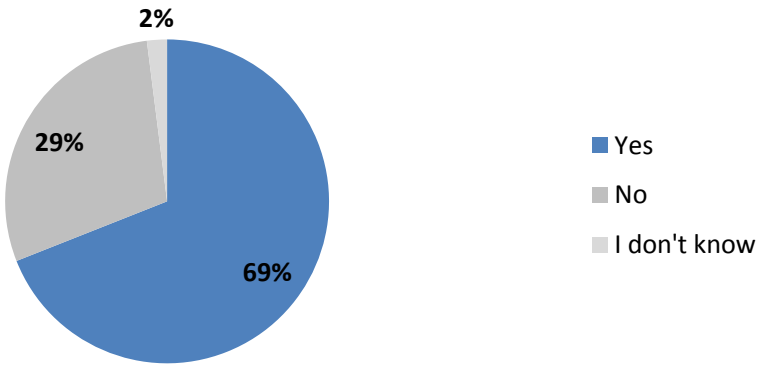


The sum of percentages exceeds 100% because respondents could select more than one coordination resource.

N = 325

Over two-thirds of respondents who were hospitalized in the past six months reported receiving follow-up from someone after they were discharged to help them understand how to maintain their health.

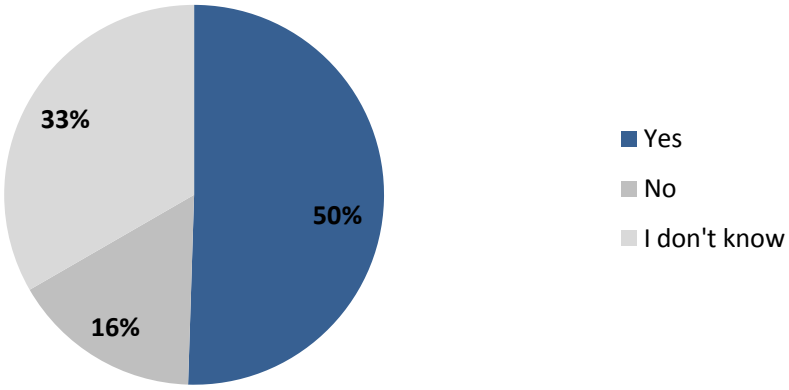
Figure 9. Percentage of Respondents Hospitalized in the Previous Six Months Receiving Follow Up (excluding non responses)



N = 119 (those who were hospitalized)

Half of respondents reported that their health care providers consult with each other. One-third did not know and the remainder did not feel their providers consulted with each other.

Figure 10. Health Care Providers Consult Each Other About Respondent's Care (excluding non responses)



N = 311

How Stakeholder Input Has Been Incorporated in the Program Design

A clear theme from many stakeholders was the desire to leverage the expertise and experience within the existing aging, disability, and LTSS infrastructure. Accordingly, the proposed program design emphasizes strategic partnerships among integrated care entities and local aging and disability resources and LTSS providers.

Another strong message was the importance of including behavioral health services and providers with this expertise in a program serving Medicare-Medicaid Enrollees because mental health and substance abuse issues are often co-occurring with physical and cognitive conditions. The current ICDS program design includes the full range of Medicare and Medicaid services, including behavioral health for individuals with needs for these services. Medicare-Medicaid Enrollees with a primary diagnosis of serious mental illness will be included in the ICDS when the State's Health Home model targeted to this population is operational.

Next Steps

Stakeholders have additional opportunity to provide input on the Program design in March and April, 2012. Two more public hearings have been scheduled in Columbus on March 13th (for providers and other stakeholders) and 20th (for consumers, family caregivers, and advocates). Members of the public can also submit comments by email through the Ohio Governor's Office of Health Transformation (OHT) website.

Many thanks to the advocacy and consumer groups that organized consumer feedback:

AARP-Ohio

Ability Center of Greater Toledo

Access Center for Independent Living

Benjamin Rose Institute

Easter Seals of Ohio

Linking Employment, Abilities and Potential

National Alliance on Mentally Illness – Ohio

Ohio Association of Area Agencies on Aging

Ohio Legal Rights Services

Ohio Olmstead Task Force

Ohio State Independent Living Council

Universal Health Care Action Network of Ohio