

# **Ohio Medicaid Managed Care Summary and Status Report for Listening Sessions**

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**ohio medicaid**

# Overview

1. Background
2. Program Summary and Status
3. Strategy for quality of care and access
4. The Benefits and cost effectiveness of Managed Care



# Medicaid Managed Care

- Statewide expansion in 2006 & 2007 added 690,000 Medicaid consumers and extended from 21 to 88 counties
- Exempted populations:
  - disabled children younger than 21,
  - institutionalized individuals,
  - spenddown consumers,
  - Medicare/Medicaid
  - Consumers enrolled in Medicaid waivers



# Managed Care Fast Facts

- ODJFS contracts with 8 managed care plans in Ohio
- 1,265,000 enrolled in Medicaid managed care (70% of 2.1 million Medicaid consumers):
  - 1,157,000 CFC (95% of those eligible)
  - 107,792 ABD (87% of those eligible)
- Medicaid Spending for managed care =  
\$4.2 B for SFY '08 (37%)  
\$4.7 B in SFY'09 (39%)



# Benefits of Managed Care

- Increased focus on quality of care and improved health outcomes
- Improved access to care
- Cost efficiency



# Care Coordination via Medical Home

Goal is to establish a medical home for members which:

- Ensures access to a primary care provider
- Emphasizes primary care
- Emphasizes preventive services
- Coordinates care with other providers
- Refers members to MCP who would benefit from care management services
- Ensures appropriate use of services



# Care Management Services

- Required for consumers with certain disease conditions or complex medical needs
- Client centered/patient advocate
- Holistic, collaborative process
- Coordination of care
- Care manager/accountable point of contact



# Strategy for Improving Quality of Care and Health Outcomes

- Primary & preventive health focus
- MCP Accountability and Incentive System
  - Performance Measures - Well Child, Asthma, Lead
  - Penalties & Incentives
    - Fines & enrollment freezes
    - Assignments & Pay for Performance



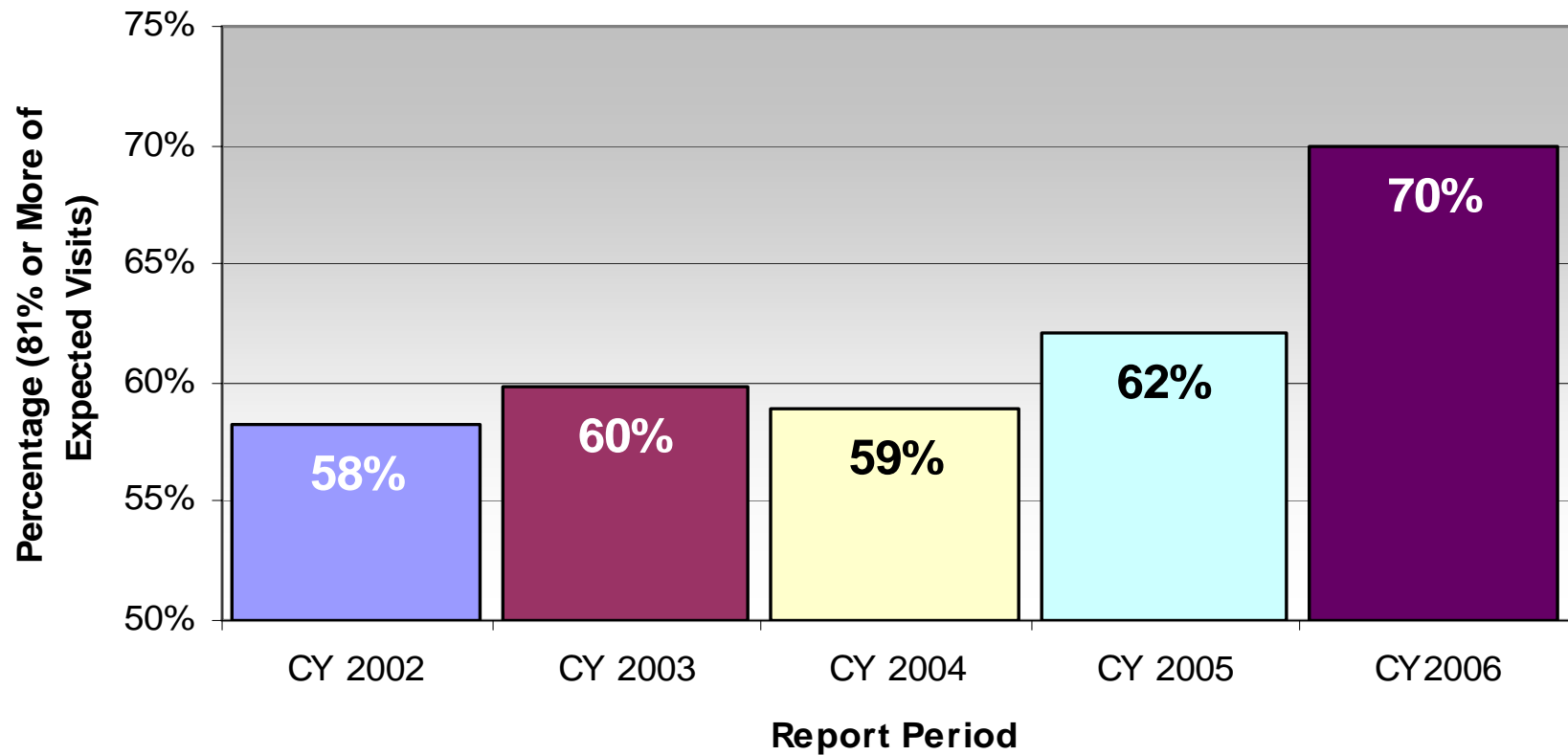
# Strategy for Improving Quality of Care and Outcomes

- Performance Improvement Projects:  
Well Child, Dental Care, Children with Special Health Care Needs
- External Quality Review Organization
  - Identify best practices
  - National health care trends

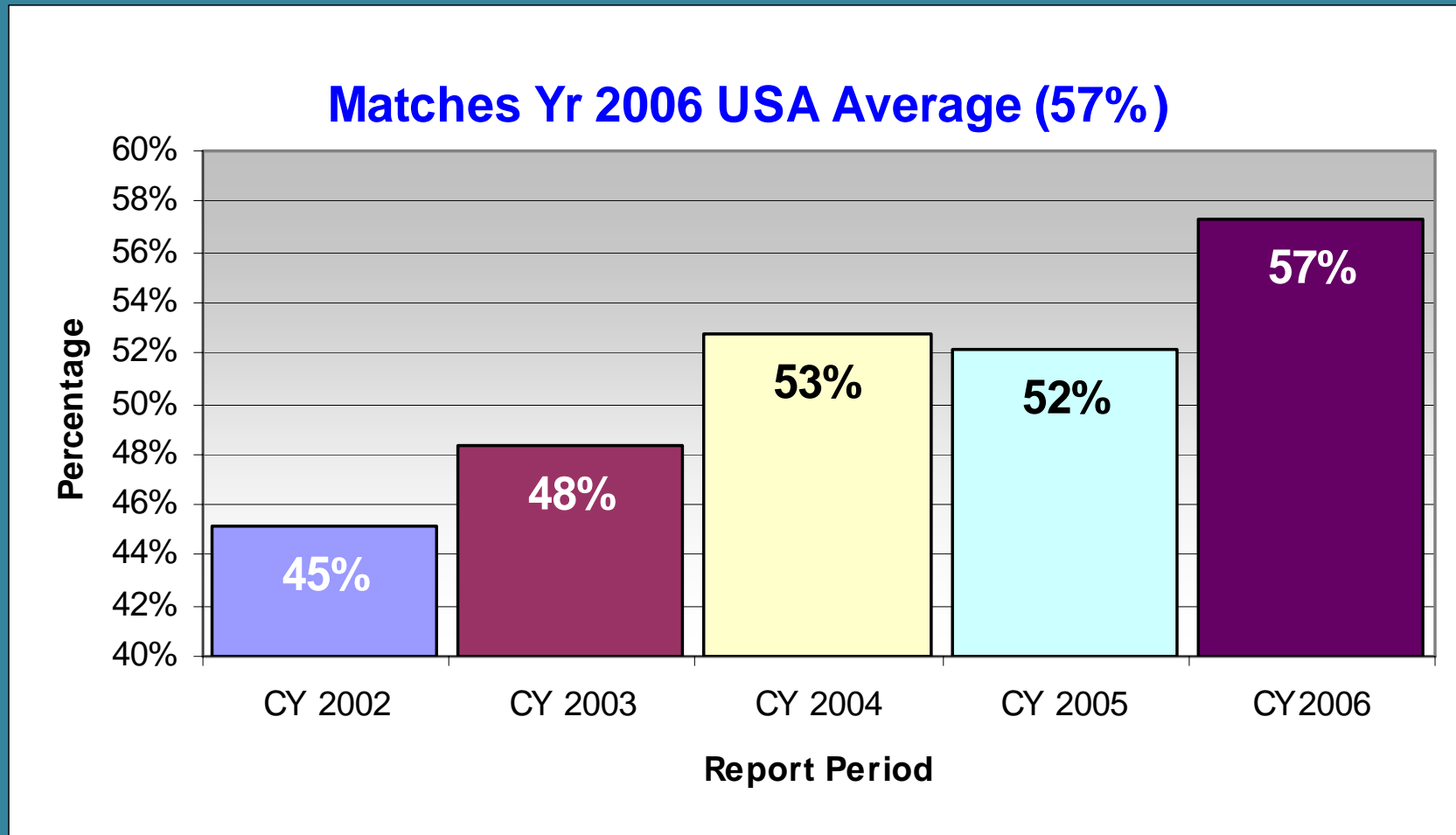


# Prenatal Care Visits Improved by 20% from 2002 - 2006

**Exceeds Yr 2006 USA Average (56%)**

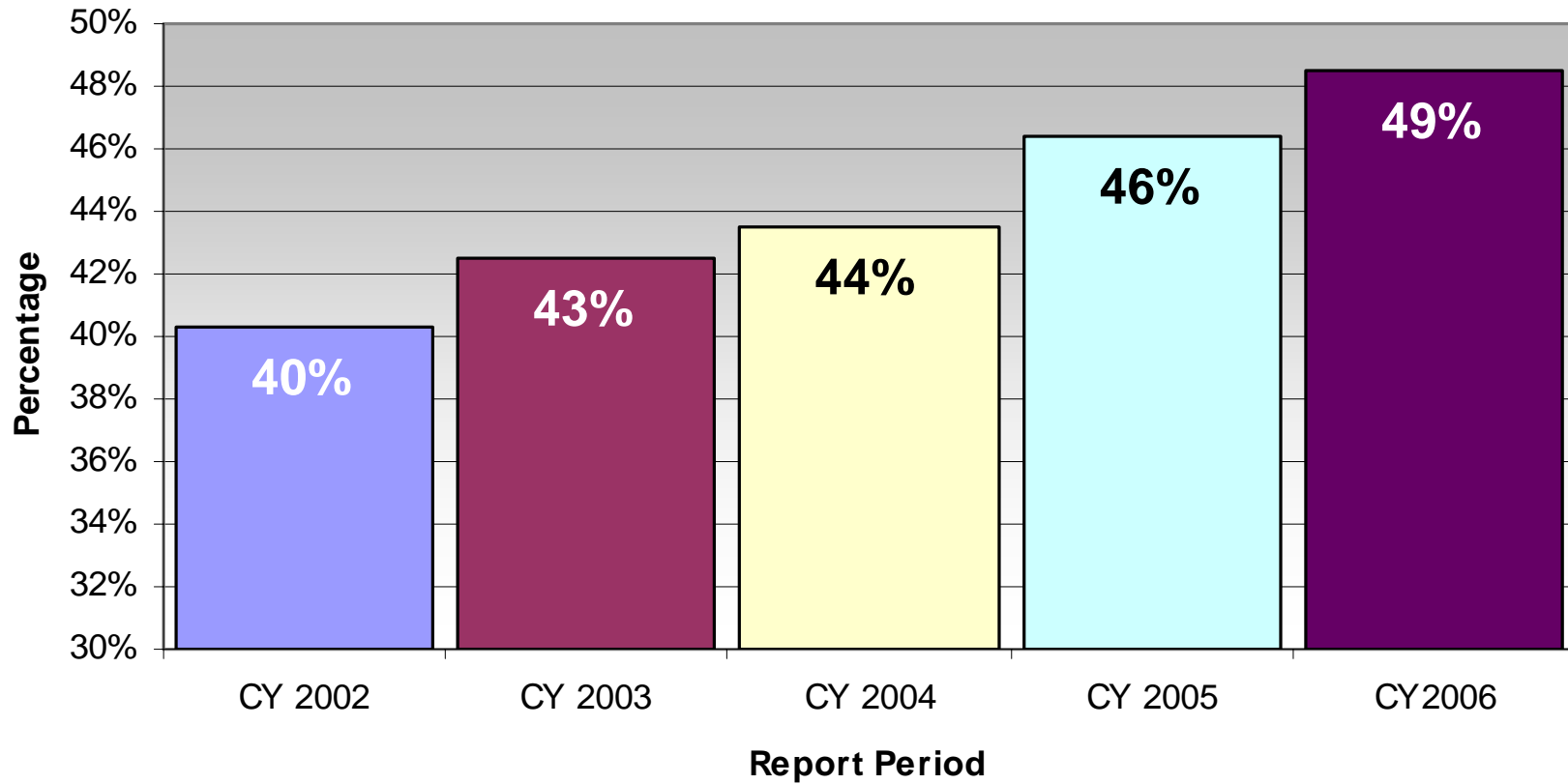


# Postpartum Visits Improved by 27% from 2002 - 2006



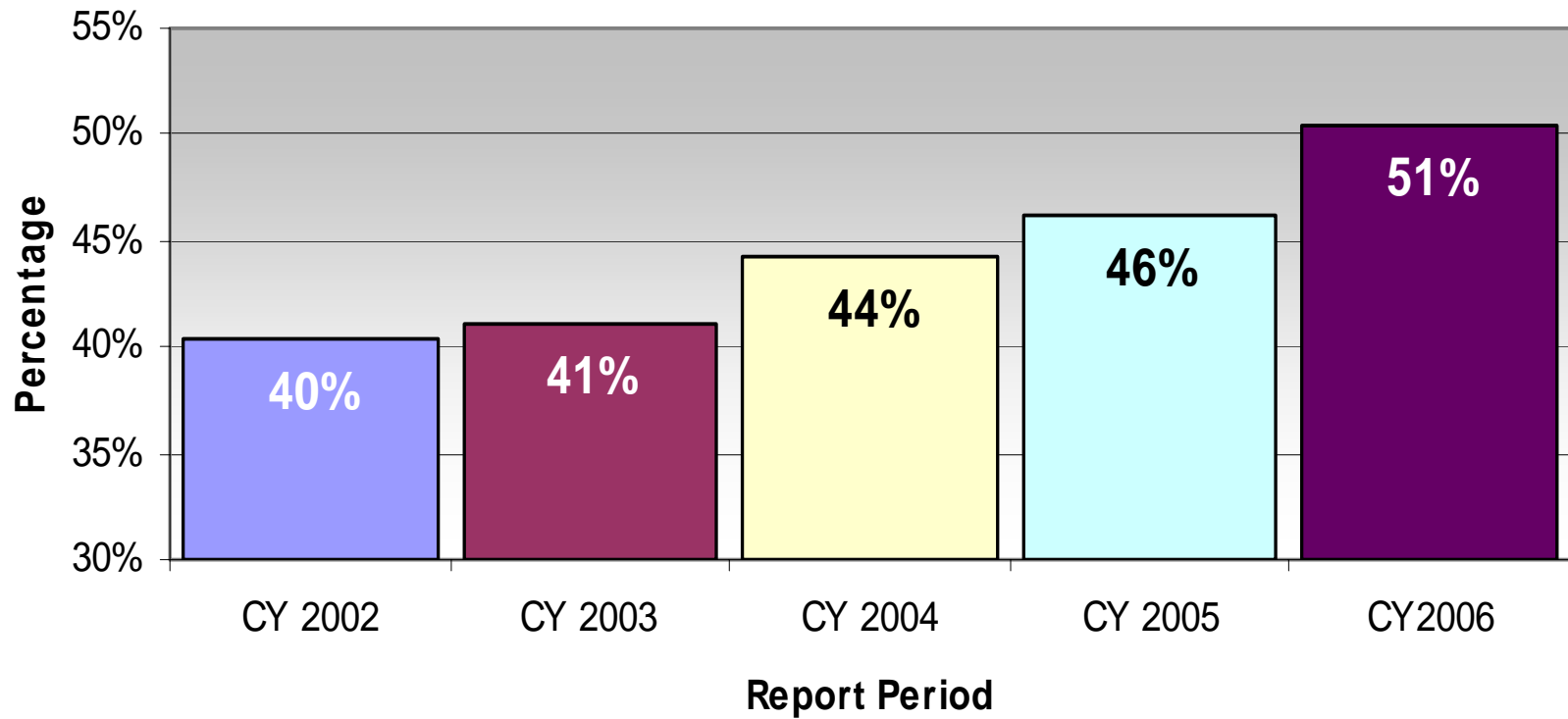
# Well-Child Visits Improved by 20% from 2002 - 2006

**Matches Yr 2006 USA Average (49%)**



# Dental Visits Improved by 25% from 2002 - 2006

**Exceeds Yr 2006 USA Average (41%)**



# Increased Access to Care

- Advice and direction for medical issues via 24/7 nurse advice line
- Extended office hours and transportation services
- Expanded provider networks & minimum standards
- Requirement that MCPs assure adequate access to medically necessary covered services



# MCP Outreach to Members

- Preventive Health Programs
  - Health Education (e.g., nutrition, exercise, immunization, lead screening)
  - Incentive Programs (e.g., emphasize importance of prenatal, postpartum care, and well child visits)
- Targeted Initiatives
  - Adolescent Health
  - Disease specific (e.g., asthma, pediatric diabetes)



# MCP Outreach to Providers

- Required to Inform & Educate Providers
  - EPSDT services
  - Care Coordination Responsibilities
- Share national clinical guidelines
  - AAP Periodicity Schedule for Preventive Pediatric Health
- Provider Performance Reporting and Feedback



# MCP Collaboration with Counties & Other Local Organizations

- Collaboration with CDJFS Healthchek Coordinator
  - CDJFS/MCPs – Establish relationships and ongoing communication mechanisms
  - Sharing of child Assessment Forms
  - Other local partnerships



# MCP Collaboration with Behavioral Health Organizations

- Behavioral health delivered through the county behavioral health boards (ADAMHS) is “carved out” from MCP realm.
- Coordination of physical and behavioral health is essential
- Collaborative working group has been formed with ODJFS/ODMH/ ODADAS/ODMRDD, BH provider association, BH county board system, MCPs, OAHP
- Focus: Identification of people with behavioral health needs and coordinating care management

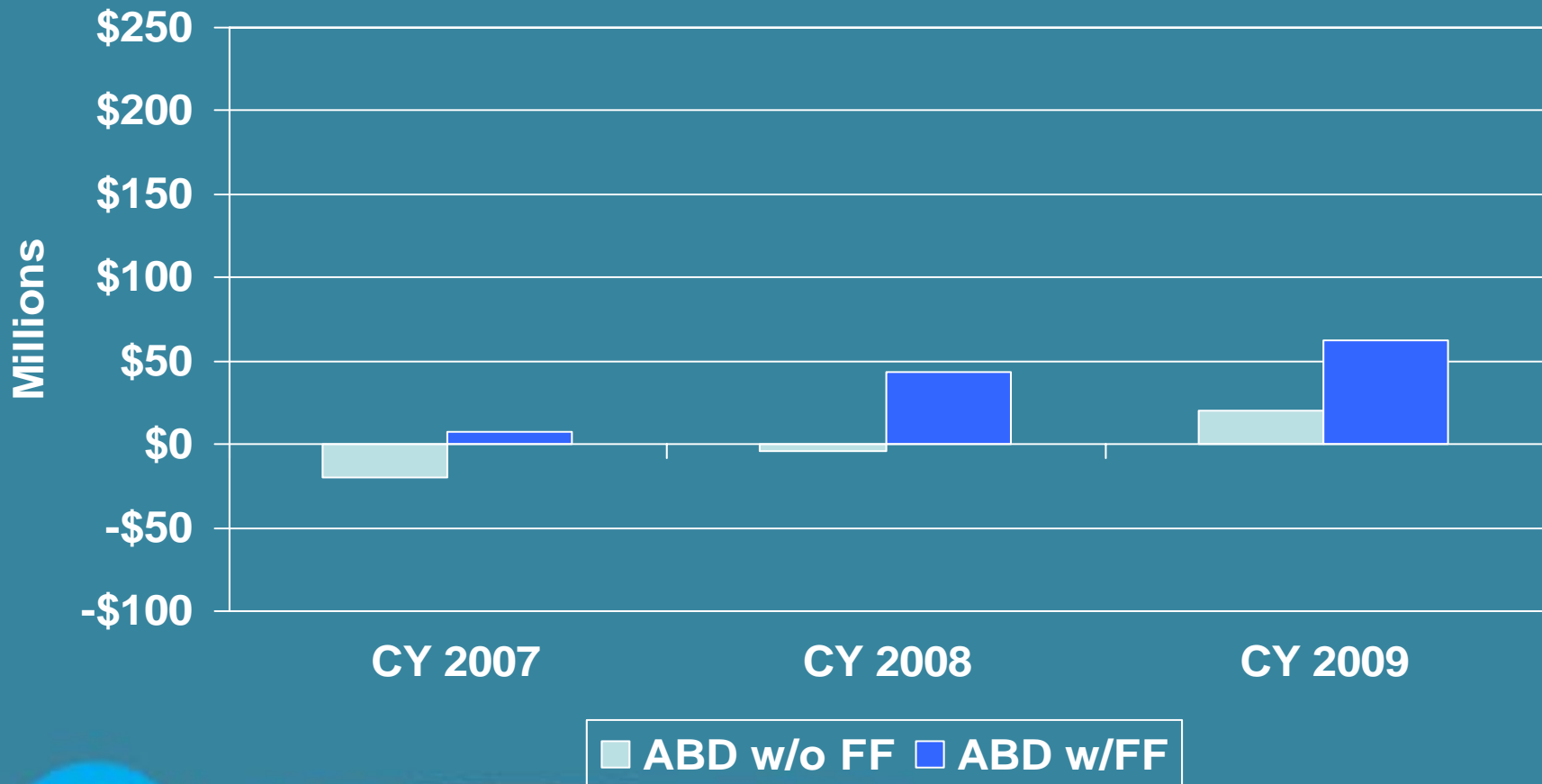


# Cost Efficiency of Managed Care

- ODJFS performs a cost efficiency study every year
- Compares the per member, monthly cost of serving members in managed care with the cost in traditional fee for service (FFS) arrangements
- Results indicate an overall lower cost for consumers enrolled in managed care when compared to FFS



# Savings of Managed Care Compared to FFS - ABD Enrollees

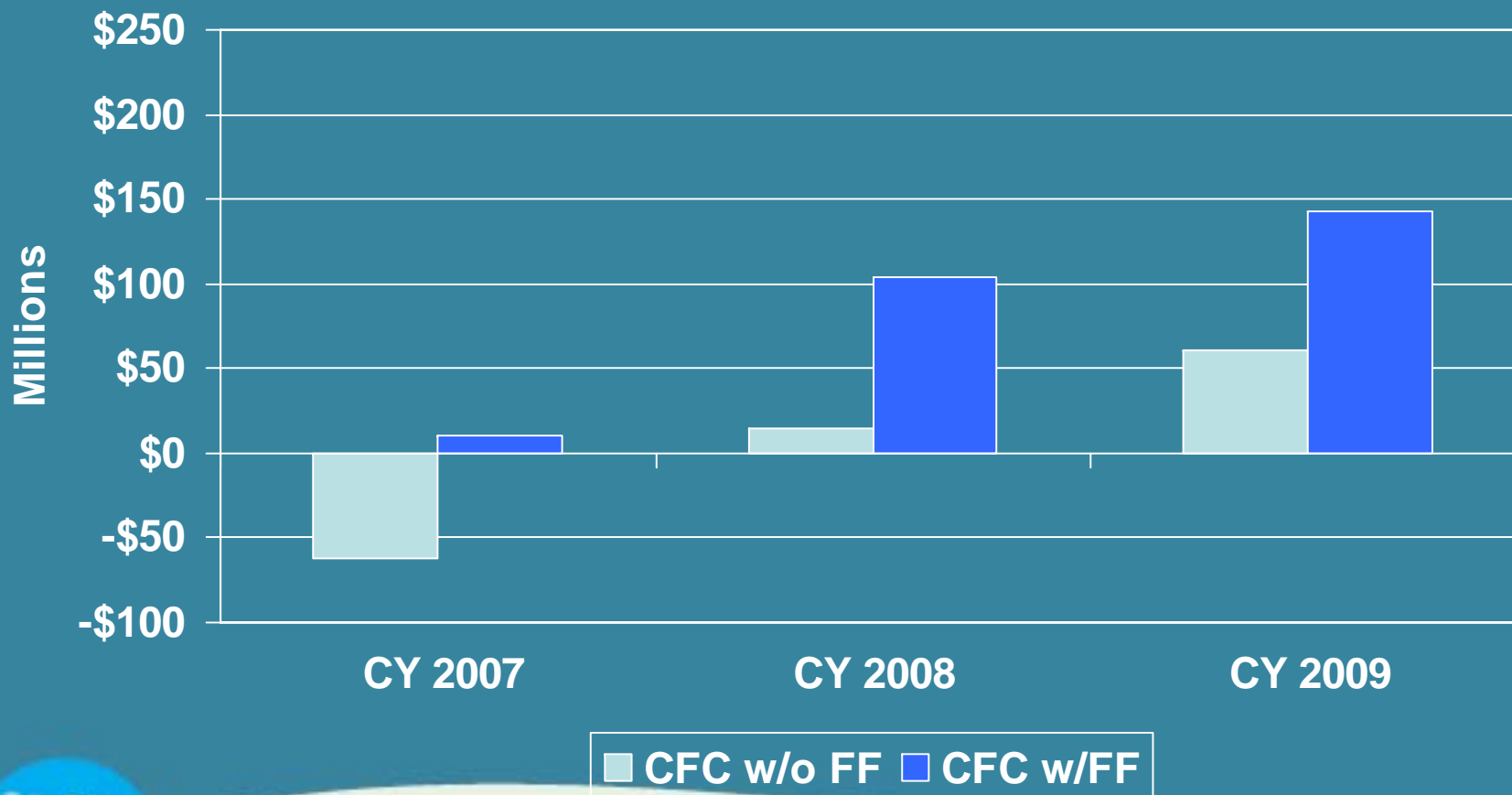


FF = Franchise Fee

Source: Milliman, *Managed Care Savings Estimates*, 7/21/2008

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# Savings of Managed Care Compared to FFS - CFC Enrollees

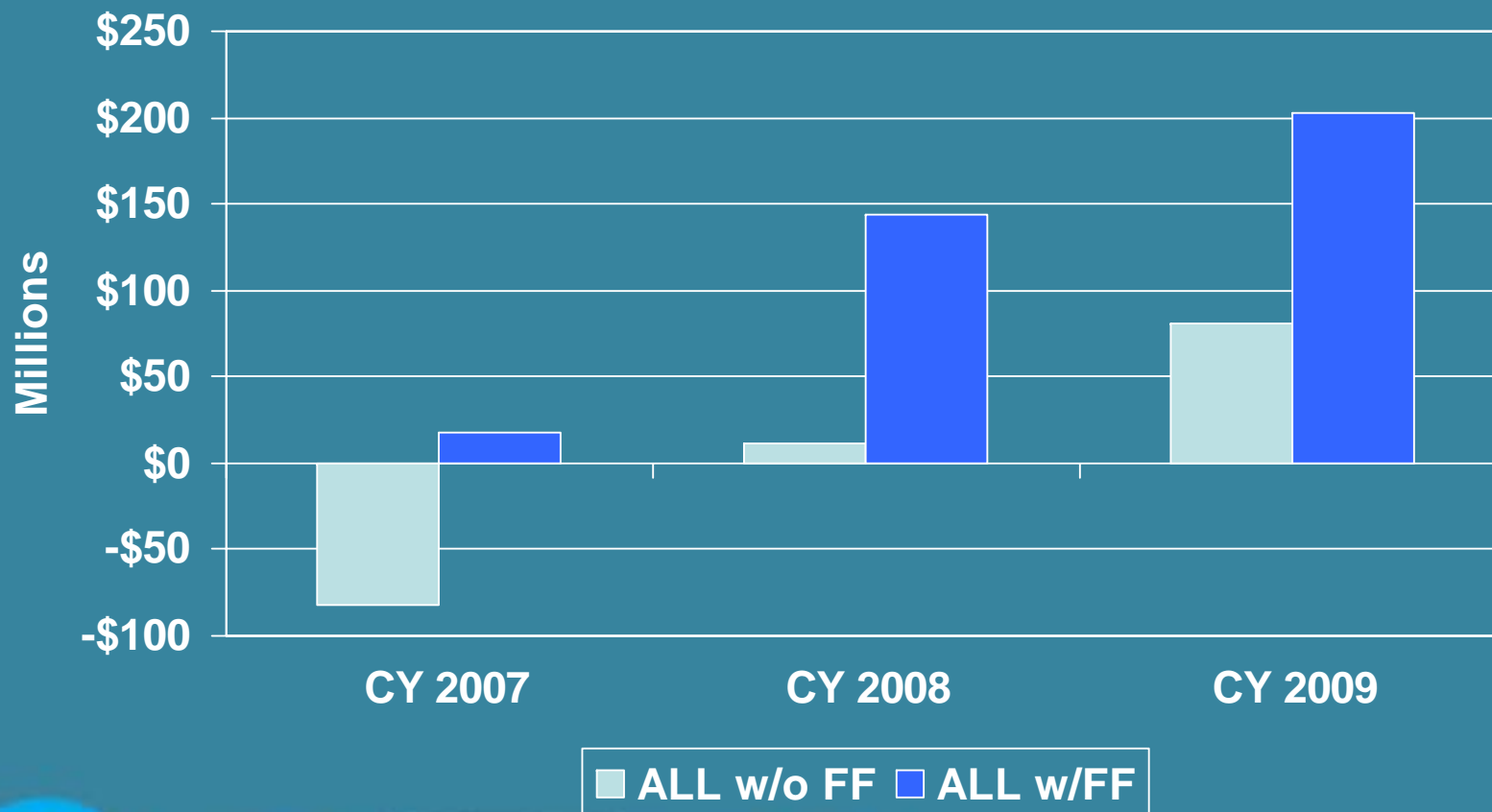


FF = Franchise Fee

Source: Milliman, *Managed Care Savings Estimates*, 7/21/2008

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# Savings of Managed Care Compared to FFS - All Enrollees



FF = Franchise Fee

Source: Milliman, *Managed Care Savings Estimates*, 7/21/2008

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