

Medicaid Managed Care

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What is managed care?

As a value purchaser of health care, Ohio Medicaid has incorporated the use of managed care since 1978 to enhance access, quality and to achieve greater cost predictability. Managed care offers an opportunity to assure access to a primary care provider, emphasizes preventive care, and encourages the appropriate utilization of services in the most cost-effective settings. Approximately 700,000 Medicaid consumers currently get their health care services through managed care.

VALUE-ADDED SERVICES

Managed Care Plans (MCPs) cover Medicaid consumers in the Covered Families and Children (CFC) category which includes children (up to age 19), pregnant women and low-income families. MCPs add value by providing services not normally offered in the traditional Medicaid fee-for-service program.

MOVING TO STATEWIDE MANAGED CARE

House Bill 66 mandated the statewide expansion of the Medicaid managed care program for the entire CFC population and a portion of the Aged, Blind and Disabled (ABD) population. By December, 2006, it is expected that over one million consumers will get their Medicaid services through managed care. For current enrollment information, visit <http://jfs.ohio.gov/ohp/bmhc/con-man-care-reports.stm>.

To meet the legislative mandate, Ohio Medicaid is taking a regional approach to implement the statewide expansion. Eight regions were developed based on health care utilization patterns of Medicaid consumers in each county. MCPs serving Medicaid consumers in a particular region will serve all counties in the region. In addition, provider panel requirements were developed that indicate locations of required providers based on utilization patterns and provider availability to serve patients. Each region will have at least two MCPs, but no more than three.

Mandatory managed care enrollment on a statewide basis will take place between July and December, 2006.

Managed Care Plans cont.

ADVANTAGES OF MANAGED CARE IN OHIO

Managed Care Ensures Access

- Provider networks and provider turnover rates are monitored to ensure consumers have appropriate access to care.
- Consumers report high levels of satisfaction with their access to care.

Managed Care Enhances Quality

- MCPs are held accountable to high standards of quality in their delivery of care to consumers.
- A variety of performance standards are continually monitored to ensure timely and appropriate services are rendered by MCPs.

Managed Care Ensures Consumer Satisfaction

- A combination of contractual and program requirements along with evaluation tools are used to protect consumers, meet their health care needs, and ensure their satisfaction with the program.
- Consumers report high levels of satisfaction with their health plans, healthcare, and the resolution of any problems.

Managed Care is Cost-Effective

- The use of MCPs has resulted in savings to the Medicaid program in Ohio.
- The SFY 2004 cost savings were approximately \$72 million.
- Medicaid managed care reduces overall costs by 3-5% when compared to the fee-for-service delivery system.

Managed Care Controls Resource Utilization

- MCPs are required to evaluate member's utilization of services to determine the appropriate use of medical care resources.
- MCPs direct enrollees to appropriate care settings by focusing on prevention, patient education, and care coordination

The Office of Ohio Health Plans' Bureau of Managed Health Care (BMHC) is responsible for the development, administration, and assessment of the Ohio Medicaid Managed Care Program. For additional information about statewide Medicaid managed care program, go to <http://jfs.ohio.gov/ohp/bmhc/statemhc.stm>.