

ODJFS Office of Ohio Health Plans
MEDICAL CARE ADVISORY COMMITTEE
May 30, 2008
MEETING MINUTES

Members Present:

Mary M. Butler	Beverley L. Laubert
Craig Cairns, MD, MPH	Maria A. Matzik, BS
Jack Cera	Joseph H. Mudra
Kathleen Crampton	Randy Runyon
Gary H. Fletcher	Carolyn B. Slack, MS, RN
Janet Grant	J. Craig Strafford, MD, FACOG
Jennifer L. Grow, MD	Mary D. Wachtel, MSW
Gregory L. Hall, MD	Michael P. Wascovich, RPh, MBA
J. Thomas Hardy, DO, MS	Hubert Wirtz
Eugene R. King, JD	

Members Absent:

Brian Bachelder, MD
Kathryn Burns, MD, MPH
Philip Derrow
Ravindhra G. Elluru, MD, PhD
Anissia Goodwin
Nicholas C. Lashutka

ODJFS Attendees:

Mary Haller, External Relations
Mary Applegate, MD
Daphne Kackloulkis
Mitali Ghatak

Other Attendees & Ex-Officio Members who signed in:

Sandra Solano-McGuire
M Rooney, BMS
Steve Wolfarth, Eli Lilly
Angie Bergefurd, Ex Officio Member, ODMH
Chris Whistler, CareSource
Judith Bird, Hannah News
Nikki Scarpitti, University Hospitals, Cleveland
Sandra Grieshop, Voices for Ohio's Children
Virginia Haller, ODH

Call to Order, Welcome and Introductions:

Gene King called the meeting to order and reviewed the agenda. He explained the purpose and goal of the break-out sessions. Gene asked for comments regarding minutes from the February meeting. Carolyn Slack made a motion to approve the minutes, Beverly Laubert second, and the group unanimously approved the minutes from the February meeting. Gene turned the meeting over to Mary Haller for an overview of the Medicaid Program.

Overview of the Ohio Medicaid Program:

Mary Haller gave a presentation to the committee and emphasized the complexity of the Medicaid program, and that the presentation was an overview. The presentation provided highlights of eligibility, enrollment, program expenditures, programs and services provided and how services are delivered.

The presentation elaborated how the Medicaid program is funded and how the federal government reimburses the state 60% and 70% in some cases, depending on the program, and that Medicaid serves as the largest source of Federal dollars to states. In SFY 2008, 2.1 million Ohioans will be served by Ohio Medicaid. In the US, 53 million Americans receive their health care via Medicaid with over \$300 billion in expenditures.

The presentation included a chart (page 9 of the presentation) to describe pictorially the complexities of Ohio Medicaid and the interrelationships among various stakeholder groups. A pie chart (page 11 of the presentation) showed the caseload verses cost among the CFC and ABD populations, and a chart (page 12 of the presentation) indicated that Medicaid is always the last payer (after other types of coverage) for health care services.

Other highlights of the presentation include categories of eligibility (CFC, ABD and Breast and Cervical Cancer). Medicaid Spenddown was briefly outlined, and Gene King offered to answer additional questions individually on the pendown topic.

The presentation also touched on Governor Strickland's Turnaround Ohio Health Care Expansions and provided updates on the Statewide Medicaid Managed Care expansion, Facility Based Long-Term Care, ICFs/MR, HCBS Waivers, Medicare Premium Assistance Program.

Mary concluded the presentation by reiterating that it was a high level overview of a very complex program, and that specific presentations can be

arranged at future meetings by subject matter experts in any of the topics discussed throughout the presentation.

Dr Thomas Hardy asked a question about the administrative costs of the Medicaid program. Mary replied that she believed overall the Medicaid program had about 4% of its cost in administrative activities and half of that went to the County Departments of Job and Family Services. Mary stated that she believed it did not include administrative costs of the sister state agencies and their respective service delivery systems. [Editor's note: Mary researched this question and learned that the EMMA group has been collecting this information from member agencies and concluded that 3.5% of the overall Medicaid budget is spent on administrative activities including sister agencies.]

Group Discussion Break-out Sessions:

Based on a survey at the February meeting, topics of interest to the members were condensed into three categories for further discussion. Gene provided an overview of each topic and appointed members of the Executive Committee to act as facilitator for each of the three separate groups. Randy Runyon facilitated Group #1 in a discussion on improving and assuring success of Ohio's Medicaid Managed Care Program; Dr. Gregory Hall facilitated Group #2 in a discussion on paying for performance in Medicaid Fee for Service Delivery System; and Gene King facilitated Group # in a discussion on outreach.

Each group was relocated for separate discussion and tasked with determining who the key players are on the issue, how the committee could help, what they hope to accomplish, and develop goals and strategies for future meetings.

The outcome, goals and strategies were provided by each facilitator during the debriefing session:

Group #1 – Improving and Assuring Success of Ohio's Managed Care Program – Randy Runyon, Facilitator:

- 1) Focus on continued effort to lower the administrative cost of Medicaid managed care and simplify the program to make it more "hassle free" for providers and consumers.
- 2) Encourage the use of electronic medical records by all providers
- 3) Consider paying incentives to MCP enrollees to promote patient compliance & good health outcomes.

- 4) Implement care management for the Medicaid populations that are most costly and most vulnerable such as the duals and individuals with long term care needs who currently do not have a medical home. Strive towards a well integrated care management model that offers a continuum of care for different population groups. Study models that have demonstrated success and payoffs.
- 5) Assist ODJFS in their strategy of holding a series of listening sessions around the state on the topic of Medicaid managed care.

Group #2 – Paying for Performance in Medicaid Fee For Service Delivery System – Gregory Hall, Facilitator:

- 1) Medicaid needs to be Person centered (to be healthy):
 - a. Medical Home – how is it measured
 - b. Care coordination
- 2) Prevention/Wellness
 - a. Focus on Pregnant women
 - b. Promote Care coordination

This group suggested further discussion on topics including: how to decrease utilization of services; funds, take steps/strategies, need consensus-provider/patient dialogue – defining a role for care taker among healthcare providers. Review what has already been done: The group identified the Long Term Care Budget Recommendation (link to full recommendation listed below) as a compilation of existing recommendations for this topic. They indicated that a review of existing reports, recommendations, etc. be looked at prior to duplicating effort.

It was agreed that the budget recommendation and possibly others be reviewed by the group to determine if there are ways the committee could begin to act on it.

Group #3 – Reaching out to Ohioans potentially eligible for Medicaid & Children's Buy In programs who are not enrolled – Gene King, Facilitator:

- 1) Streamline Eligibility and Redetermination Process
 - a. Review previous documents
 - b. Look at work of other states
 - c. MCP access to redetermination dates electronically
 - d. Explore a simplified application process (web-application)
 - e. Explore role of Ohio's Benefits Bank
 - f. Identify best practice in counties: ID data needs
 - g. Send letter to potentially eligible by tax refunds

- 2) Establish presumptive Eligibility process
 - a. Explore roles of Ohio Benefits Bank
 - b. Explore best practices
 - c. Understand how current program works

- 3) Increase means standard to SSI for ABD
 - a. Gather support of agency
 - b. Work with legislature to change

Gene King concluded the discussion by stating that these goals are intended to be a starting point for ways MCAC can begin to identify other resources to assist the department. The next meeting, the list will be more complete and developed in order to begin developing actions.

Mary Haller briefly mentioned that John Corlett has suggested that, in concert with MCAC, 5 listening sessions be held over the summer. Mary committed to sending out more detailed information regarding these sessions.

Gene recommended that we look at the possible absences from the July meeting do to scheduled vacations. Kim will send out an email to find out how many members will be unable to attend, and a determination will be made whether or not to cancel that meeting.

New links:

"Churning in Ohio Medicaid: What does this say about effective renewal strategies?" Gerry Fairbrother, Ph.D. , Cincinnati Children's Hospital Medical Center

http://www.vfc-oh.org/cms/resource_library/publications/b6eafebe18b9fde7/index.html

Final Report of the Long Term Care Budget Workgroup:

http://goldenbuckeye.com/ultcb/ULTCB_final_report.pdf

The meeting was adjourned.

Next Meeting: Friday, September 26, 2008 from 1:00-4:00 p.m.
Lazarus Government building, 6th Floor, Room C621.

Links of interest for the committee:

MCAC: <http://jfs.ohio.gov/ohp/bcps/OhMedAdvComm/index.stm>

OHP Information/Data Library:

<http://jfs.ohio.gov/OHP/infodata/MFPGrant/library/library.stm>

Money Follows the Person (MFP) – HomeChoice:

<http://jfs.ohio.gov/OHP/infodata/MFPGrant/info.stm>

Ohio Medicaid Performance Audit Report:

http://www.auditor.state.oh.us/AuditSearch/Reports/2006/Ohio_MedicaidProgram_12_19.pdf

Ohio Medicaid Administrative Study Council Report:

<http://jfs.ohio.gov/OHP/OMASC/HighLevelMedicaidRequirements.pdf>