

ODJFS
JFSR-1213-07-8024
Integrated Healthcare Delivery System for Medicare & Medicaid
Eligible Beneficiaries
Final Q&A Document

Betsy Johnson, Associate Executive Director
NAMI Ohio

Q1 Are you interested in receiving feedback from consumer advocacy organizations about what provisions we believe should be included in any model, such as "ensure that all individuals are routinely screened for common health, mental illness and substance use conditions" or are you looking for vendor-like structural design input only?

A1 We are interested in any feedback relevant to the design of an integrated care delivery system. We anticipate that some activity akin to what you mention in your e-mail would be part of a comprehensive health care delivery system that seeks to deliver appropriate and timely health care services to this population.

Maret Freeman
Manager, New Business Development
BerryDunn

Q2 Page 2, Sections II-Background, Paragraph 1: Is the Ohio Department of Job and Family Services planning on using the integrated delivery care system that is part of the grant proposal as is or are you open to modifications?

A2 As mentioned in Section I of the RFI, we are open to other ideas beyond those contained in the grant.

Q3 Was anyone assisting the Ohio Department of Job and Family Services in developing the plan and/or grant application?

A3 No, the grant proposal was prepared in-house.

Q4 Page 2, Sections II-Background, Paragraph 1: What is the current appetite for change at the Legislature?

A4 As indicated in Section II of the RFI, the Legislature provided the necessary authority to utilize an integrated care delivery system for populations previously excluded from receiving services in such a setting. We believe that there is recognition in the Legislature of the significant cost associated with the dual eligible population which will support change. However, as always, the Legislature retains the prerogative to approve or not approve modifications to how healthcare services are delivered in Ohio.

Q5 Page 2, Sections II-Background, Paragraph 2: What is the current state of coordinated care for MMEs?

A5 Very limited to non-existent, hence the desire to create a system for the delivery of integrated care to this particular population.

Q6 Page 2, Sections II-Background, Paragraph 3: Are the number of MMEs in the Ohio Department of Job and Family Services available?

A6 Yes, we estimate there to be about 270,000 full and partial MMEs in Ohio.

Q7 Also, is the number broken down by the same categories as listed in the bulleted section of this paragraph?

A7 We have some categorical data for the MME population, but are waiting on the availability of Medicare data which will allow us to identify a more complete universe of just who comprises this eligibility group.

Q8 Page 2, Sections II-Background, Paragraph 10: Would the Ohio Department of Job and Family Services consider a proposed education and training plan for both sets of stakeholders?

A8 Without knowing exactly what you would propose, in the way of training for the stakeholders, it would be hard to respond one way or the other. We would certainly welcome more detail regarding any proposal you might have for training.

Kelly Munson
Sr. Director Operations & Regulatory Affairs
WellCare of Ohio

Q9 Please clarify the instructions for submission of the RFI response - due on October 14th. We do not see the method of final submission addressed in Section I, II or III of the document.

A9 Proposals must be addressed to:

*Contracts & Acquisitions
Ohio Department of Job and Family Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414
ATTN: RFP/RLB Unit*

Dale Ocheske
Manager, Public Programs/Government Relations
Paramount Advantage

Q10 Section I General Information, page 2, Anticipated Timetable - Will the timing of the integrated and coordinated delivery system (ICDS) program implementation coincide with the Medicare Advantage timeframes for SNP Dual Eligible application submission to CMS?

A10 There are presently no plans for these two items to be coordinated.

Q11 Section II Background, page 3, paragraph #1 - In regards to compliance, how will Ohio adhere to the Medicare Advantage Federal Preemption of State law/regulations (i.e., Medicare managed care manual, Chapter 10 – Section 30)?

A11 Ohio expects to work closely with CMS as it proceeds with the creation and implementation of an ICDS. Any issue of compliance with Federal regulations will be addressed as that process progresses.

Q12 Section II Background, page 3, paragraph #3 - Is the expectation that ICDS providers would subcontract with agencies such as PassPort for community waiver services, or be expected to develop their own service model? Would subcontracted services meet the performance metric expectations referenced in Section II, page 4, paragraph # 1, bullet # 5?

A12 Given that there has been no decision made regarding the final design or choice of an ICDS, we are unable to answer these kinds of questions at this time. However, the purpose of the RFI, is to solicit ideas and suggestions from the stakeholder community about the organization and structure of an ICDS from their perspective. We encourage you to take that opportunity to offer your perspective on the questions you have posed to us.

Q13 Section II Background – page 3, paragraph #4 - Will Medicare Advantage Managed Care Plans (non SNP duals) be given consideration as an ICDS provider or is a full dual SNP going to be required?

A13 The expectations outlined in the RFI and original grant proposal make it clear that the ICDS will be a comprehensive, coordinated delivery system meeting the complete needs of the dual eligible beneficiary. CMS has also been very clear in this regard. As mentioned above, we encourage you to offer your perspective and or suggestions in regard to the question posed to us.

Q14 Section II Background – page 3, paragraph #4 - Regardless of which delivery model(s) is/are chosen please confirm that all will be subject to the same regulations and performance standards?

A14 The aim of the ICDS is to create a consistent and stable environment for both provider and beneficiary. We expect regulations and performance standards to reflect this approach. If you have another perspective, we encourage you to provide that via the RFI process.

Q15 Section II Background, page 4, paragraph #2 - Is the expectation that the ICDS provider make direct reimbursement to all providers previously billing the state for Medicaid services, such as, (including but not limited) for custodial care reimbursement of room and board for nursing home residents?

A15 Until such time as a decision is made regarding the final design or choice of a specific model or models for the ICDS, we are unable to answer this question. However, we encourage you to take the opportunity to offer your perspective on this specific issue via the RFI process.

Q16 Section II Background, page 4, paragraph #2 - Currently, in the Medicare Medicaid environment, Medicaid as a secondary payer does not reimburse providers for services that Medicare paid at a greater reimbursement rate than Medicaid FFS. Would this protection be extended to an ICDS provider?

- A16 Given that there has been no decision made regarding the final design or choice of an ICDS, we are unable to answer this question at this time. However, as stated previously, we encourage you to take the opportunity to offer your perspective on this specific issue via the RFI process.*
- Q17 Section III Content of Response, page 5, bullet # 3 - Recognizing the current behavioral health services (BHS) delivery system issues in Ohio and noting that HB 153 included changes in funding mechanisms, please confirm that BHS services are on track to be integrated into an ICDS benefit package by the implementation timeline.
- A17 The provision of behavioral health services will be an integral part of the ICDS and will be implemented in accordance with overall project timelines.*
- Q18 Section III Content of Response, page 5 bullet # 4 - Will the ICDS program follow the same enrollment and geographical model that will be used for Ohio's Medicaid managed care program for ABD and CFC Medicaid consumers?
- A18 Until such time as a decision is made regarding the final design or choice of a specific model or models for the ICDS, we are unable to answer this question. If you have recommendations in regard to this issue, please provide those via the RFI process.*

We are hoping for extensive feedback from those with an interest in this project.