



JOHN R. KASICH  
GOVERNOR  
STATE OF OHIO

## **PROVIDING HIGH-VALUE HEALTH CARE COVERAGE FOR LOW-INCOME OHIOANS**

*Expansion and Modernization of the State's Medicaid Program Has Benefitted Millions of Ohioans*

Under the leadership of Governor John R. Kasich, Ohio's efforts since 2011 to modernize Medicaid have been recognized nationally for reducing costs, enhancing care coordination and improving health outcomes. As a result, Ohio Medicaid has been able to provide quality health care to approximately three million individuals while at the same time reducing the cost for taxpayers, increasing efficiency, ensuring the program's fiscal stability and contributing to important initiatives that can improve the health of all Ohioans.

Eight years ago, Ohio effectively repealed its fee-for-service Medicaid program and replaced it with private sector managed care plans. With nearly 90 percent of those now enrolled in Medicaid receiving their services through a managed care plan, Ohio Medicaid has been able to promote person-centered, coordinated care and align payments with the quality of services provided. Annual program growth has slowed from 8.9 percent (2009-2011) to 3.3 percent (2012-2013). These savings and program efficiencies made it possible for the state to responsibly extend Medicaid coverage in 2014 to an additional 700,000 low-income Ohioans. A comprehensive assessment of Ohio expansion enrollees in 2018 found:

- A significant decline in the uninsured rate to the lowest level on record for low-income adults;
- Most enrollees (71 percent) moved up and off of Medicaid as a result of getting a job or increased income;
- Improved access to care was associated with a reduction in unmet medical needs;
- High-cost use of emergency departments for care has decreased;
- Many enrollees (27 percent) were diagnosed with previously undetected chronic health conditions; and
- It was reported that it was easier for enrollees to continue working (83 percent) and pay for food and shelter (58 percent) as a result of Medicaid coverage.

The Kasich Administration achieved these results – better care and the lowest uninsured rate in Ohio history – while holding per-person Medicaid spending growth below two percent in each of the past four state fiscal years.

## **REBUILDING COMMUNITY BEHAVIORAL HEALTH SYSTEM CAPACITY**

- **Restoring Ohio's Commitment to Funding Mental Health and Addiction Services:** Ohio Medicaid and the Ohio Department of Mental Health and Addiction Services have been working under the leadership of the Governor's Office of Health Transformation since 2015 to better integrate physical and behavioral health care while enhancing the quality of care delivered to Ohioans. When Gov. Kasich took office, Ohio's publicly funded system of mental health and addiction services was in turmoil. During the previous administration, state funding had been reduced nearly 20 percent. Gov. Kasich's first budget reversed this trend, freed local systems from Medicaid match responsibilities, and provided targeted investments to restore community mental health capacity. The governor's subsequent budgets continued the effort to rebuild community behavioral health system capacity by extending Medicaid coverage to uninsured Ohioans

with mental illness, assisting nursing home residents who move back into the community and increasing access to safe, affordable housing.

- **Rebuilding Community Behavioral Health System Capacity**: As one of its first priorities, the Kasich Administration developed a comprehensive strategy to rebuild community behavioral health system capacity. The goal is to integrate physical and behavioral health care services to support recovery for individuals with a substance use disorder or mental illness. The path toward that goal was based on key Medicaid reforms, which have been implemented in four steps:
  - Elevating Medicaid match requirements to ensure more consistent delivery of Medicaid treatment services statewide and free up local systems to focus on local needs, like housing and employment supports.
  - Expanding Medicaid to cover more low-income Ohioans, improving access to mental health and addiction treatment.
  - Modernizing Medicaid behavioral health insurance codes to align with national standards and expanding services for individuals with the most intense needs.
  - Integrating physical and behavioral health care services by requiring that individuals' behavioral health needs are coordinated by the same private-sector Medicaid managed care plans that coordinate their physical health needs.

### **PROMOTING INDEPENDENCE AND CHOICE**

- **Helping Ohioans Stay in Their Homes and Communities**: When Gov. Kasich took office, only five other states were spending more of the Medicaid budgets than Ohio on high-cost nursing homes and other institutions. Medicaid home and community-based services waivers allow individuals with intellectual or developmental disabilities, physical disabilities or mental illness to receive care in their homes and communities instead of nursing facilities, hospitals or intermediate care facilities. Waivers enable individuals to have more control of their lives and be active participants in their communities.
- **Providing Choice and Transitioning Ohioans Back into the Community**: The HOME Choice Program, Ohio's version of the federal Money Follows the Person grant, has transitioned more than 12,000 individuals out of institutional settings and back into homes in the community. Ohio led all states in annual transitions during the 2014-2017 period. Ohio also transitioned the most individuals with mental health issues into the community, empowering more individuals from this population to date than all other states combined.
- **Providing Access to Health Services, Improving Health Outcomes and Reducing Recidivism for Former Ohio Inmates**: It has been shown that individuals recently released from prison have a high prevalence of chronic care, mental health issues, and a history of drug and/or alcohol addiction. To address this issue in Ohio, the Medicaid Pre-Release Enrollment program, launched in 2014, is now operational in all 28 state prisons. Thanks to this program, more than 24,000 individuals transitioning from prison to the community have been enrolled in a Medicaid managed care plan and are able to access health care services immediately upon release.

### **PAYING FOR VALUE AND IMPROVING CARE COORDINATION**

- **Coordinating Care to Achieve Better Health**: Nearly 90 percent of individuals served by Medicaid now receive person-centered, coordinated care through a managed care plan. Nationally, states are moving to managed long-term services and supports to improve care coordination and health outcomes for Medicaid-covered individuals with some of the most complex needs. In Ohio's most recent biennial budget, the General Assembly created the Patient-Centered Medicaid Managed Care Long-Term Services and Supports Study Committee to examine the merits of integrating the home- and community-based services program and nursing facility services into Medicaid managed care. Ohio Medicaid will continue to work with managed care plans, providers and other interested stakeholders to modernize

Ohio's long-term services and supports system, and extend the benefits of person-centered care coordination to individuals served by Medicaid.

- **Rewarding Quality over Quantity:** In 2013, Gov. Kasich convened a CEO-level Advisory Council on Payment Innovation helped transform Ohio from volume-based fee-for-service payments to value-based payments that rewards better health outcomes by supporting comprehensive primary care and reducing the incentive to overuse unnecessary services within high-cost episodes of care. Together, these models have the potential to benefit up to 90 percent of the state's population by paying for what works to maintain and improve health while holding down the total cost of care.
- **Helping Bring Better Health Outcomes to Individuals Eligible for Both Medicare and Medicaid:** Ohio Medicaid, in partnership with the Centers for Medicare and Medicaid, launched the MyCare Ohio Duals Demonstration in May 2014 to bring better health outcomes to "dual-eligible" individuals who have both Medicare and Medicaid benefits. Ohioans receiving Medicaid benefits are now experiencing better coordination among their primary, behavioral and long-term services and supports care; providers are getting more timely payments; and MyCare Ohio care capitation rates to managed care plans are trending lower, an experience that is not true for Ohio Medicaid fee-for-service costs. Ohio Medicaid and the MyCare Ohio plans to continue working to improve the program for members and providers.
- **Using Technology to Ensure Quality Care and Payment Accuracy:** The Ohio Department of Medicaid began using an electronic visit-verification system for many home and community-based services in January 2018 to ensure that individuals receive their medically necessary services. The first six months of implementation was an opportunity for providers to become proficient with the system. Ohio Medicaid continues outreach efforts to the provider community to deliver electronic visit-verification updates, and 13 stakeholder meetings have been held since October 2016. Ohio Medicaid uses this feedback to make improvements throughout implementation.

## **MODERNIZING OHIO'S MEDICAID PROGRAM**

- **Bringing New Efficiencies and Taxpayer Savings with Technology Upgrades:** In 2011, Ohio Medicaid replaced its outdated Medicaid Management Information System with a new Medicaid Information Technology System. This system lets Medicaid more rapidly implement program and policy changes, automates business processes that had always been paper-based, and provides near real-time decision support to providers and other stakeholders. The new system is also more efficient and pays claims more accurately, resulting in significant taxpayer savings.
- **Streamlining Governance and Increasing Collaboration:** Prior to the Kasich Administration, responsibilities for Medicaid policy, spending and administration were split across multiple government jurisdictions. In 2013, Gov. Kasich created a stand-alone, cabinet-level Medicaid department to remove barriers that impede innovation and make Ohio's program more efficient, effective and responsive to the needs of beneficiaries, stakeholders and Ohio taxpayers.
- **Simplifying and Integrating Eligibility Determination:** Ohio Medicaid has simplified coverage for thousands of Ohioans who previously "spent down" a portion of their income each month to be eligible for health care benefits. In August 2016, the income limit was raised, and individuals with income below the new, higher eligibility limit were automatically converted to full Medicaid. Because of the disability determination redesign, Ohio joined the majority of states in having a single process for the application and determination of disability benefits.

