Ohio Medicaid

Kim Donica
April 13, 2015
Medicaid is Ohio’s Largest Health Payer

• Medicaid services are an entitlement for those who meet eligibility requirements. Eligible individuals are guaranteed the benefits and the state is obligated to pay for the benefits.

• Covers 2.2 million Ohioans (1 in 5) including half of all births.

• Spends 18+ billion annually through all agencies, all funds (SFY 2011)

• Accounts for 4.0% of Ohio’s total economy and is growing.

• Funds are federal (64%) and state (36%)
  – $1.00 from Ohio draws $1.75 federal = $2.75 all funds
  – Must cut $2.75 all funds to save $1.00 state share (GRF)
<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aid for some poor Ohioans</td>
<td>Care for nearly all Ohio seniors</td>
</tr>
<tr>
<td>Must have low income</td>
<td>No income limit</td>
</tr>
<tr>
<td>Children, parents, disabled, and age 65+</td>
<td>Age 65+ and some people with disabilities</td>
</tr>
<tr>
<td>Primary, acute and long-term care</td>
<td>Primary and acute care only</td>
</tr>
<tr>
<td>State and federal funding</td>
<td>Federal funding only</td>
</tr>
<tr>
<td>No payroll deduction</td>
<td>Payroll deduction</td>
</tr>
</tbody>
</table>
State Plan

- **State wideness** - All Medicaid services must be available on a statewide basis. States cannot limit the availability of the health care services to a specific geographic area.

- **Freedom of Choice** - States may not restrict a Medicaid recipients’ access to a qualified provider.

- **Amount, Duration, and Scope** - For every covered service, determinations are made regarding the amount, duration, and scope of coverage provided to meet recipients’ needs. States must cover each service in an amount, duration, and scope that is reasonably sufficient.

- **Comparability of Services** - States must ensure that the medical assistance available to any recipient is not less in amount, duration, or scope than what is available to any other recipient.
State Plan

• **Reasonable Promptness** - States must promptly provide Medicaid to recipients without delay caused by the agency’s administrative procedures.

• **Equal Access to Care** - States must set payment rates that are adequate to assure Medicaid recipients reasonable access to services of adequate quality.

• **Coverage of Mandatory Services** - CMS requires state Medicaid programs to provide certain medically necessary services to covered populations.
Federally Mandated Services

- Early and Periodic screening, diagnosis and treatment (EPSDT) for children
- Inpatient hospital
- Physician
- Lab and X-ray
- Outpatient, including services provided by hospitals, rural health clinics, and Federally Qualified Health Centers
- Medical and surgical vision
- Medical and surgical dental
- Transportation of Medicaid services
- Nurse midwife, certified family nurse and pediatric nurse practitioner
- Home Health
- Nursing facility
- Medicare premium assistance

Ohio’s Optional Services

- Prescription drugs
- Durable medical equipment and supplies
- Vision, including eyeglasses
- Dental
- Physical Therapy
- Occupational therapy
- Speech therapy
- Podiatry
- Chiropractic services for children
- Independent psychological services for children
- Private duty nursing
- Ambulance/ambulette
- Community alcohol/drug addiction treatment
- Home and Community based alternatives to facility based care
- Intermediate care facilities for people with developmental Disabilities
- Hospice
- Community mental health services
Modernizing Medicaid

Ohio’s Medicaid reform strategy lead by the Governor’s Office of Health Transformation (OHT). Priorities Include:

- Extend Medicaid Coverage
- Reform Nursing Facility Reimbursement
- Integrate Medicare and Medicaid benefits
- Prioritize Home and Community Based Services “Rebalancing LTC”
- Rebuild Community Behavioral Health System Capacity
- Enhance Community DD Services
- Improve Medicaid Managed Care Performance
Eligibility

Federal Income Eligibility Levels, January 2014

- **Private Insurance**
  - Federal Health Insurance Exchange
  - $92,200* (family of 4)

- **Federal Poverty Level (FPL)**
  - 500%
  - 400%
  - 300%
  - 200%
  - 100%
  - 0%

- **Ohio Medicaid**
  - Optional Medicaid Expansion to 138%

- **Coverage Gap**
  - Children 0-18 without coverage
  - Parents
  - Childless Adults
  - Disabled Workers
  - Disabled Under Age 65**
  - $31,809* (family of 4)

* 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4
**Over age 65 coverage is provided through Medicare, not the Exchange.
Medicaid Extension

• Early demographic and utilization info about the expansion population shows since January of last year:
  – Over 510,000 newly eligible individuals have joined the Medicaid program
  – About 42 percent of these individuals are currently working.
  – 82 percent of this coverage group has already had a claim
  – 65 percent have had a preventive visit

• These last two data points indicate that members of the expansion population have demonstrated a clear need for health care services
Re-Balancing Ohio’s Long Term Care

• A shift from institutional settings to services provided in the community
  – Less restrictive and person-centered Home and Community-Based Services waivers.
  – BIP (Balancing Incentive Program) a federal grant opportunity to receive additional federal funds for the purpose of re-balancing long term care
Home and Community-Based Services (HCBS) Waivers

- Under current law, eligible people with disabilities and chronic conditions are entitled to facility-based care, but home and community-based care is considered optional. Therefore, states must apply for “waivers” from the federal government in order for Medicaid to provide home and community-based services.
Ohio’s HCBS Waivers

• Helps Medicaid eligible individuals with long-term care needs remain at home instead of being in an institutional setting.

• Criteria for waiver enrollment includes:
  – Age limitations for some waivers
  – Financial criteria
  – Level of Care
  – DD waivers include additional criteria
Ohio’s HCBS Waivers

• Ohio Home Care Waiver
• Transitions Carve-Out (Currently being phased out)
• Assisted Living
• PASSPORT
• Transitions DD
• Individual Options
• Level One
• S.E.L.F.
• MyCare Ohio
**MyCare Ohio**

- A coordinated approach to providing health care and long-term services and supports for the Medicaid & Medicare “dual eligible” population into one managed care plan.
- MyCare Ohio is a demonstration program and is not statewide.
- Within the MyCare Ohio program, is a 1915c waiver.
MyCare Ohio

• Individuals enrolled include:
  – Eligible for Medicare (Parts A, B and D) and FULLY eligible for Medicaid;
  – Over the age of 18; and
  – Living in one of the demonstration counties.

• This includes:
  – Individuals in nursing facilities, in some home care programs (PASSPORT, Choices, Ohio Home Care, Transitions Carve Out, Assisted Living Waiver) and who are receiving behavioral health services in community settings
MyCare Ohio

• The following groups are **not eligible** for enrollment onto MyCare Ohio:
  – Individuals with and ICF-IID level of care served either in an ICF-IID facility or on a DODD administered HCBS waiver
  – Individuals who are eligible for Medicaid through a delayed spend down.
  – Individuals who have credible third party insurance including retirement benefits.
MyCare Ohio

What are the benefits?

• One point of contact for care
• Care Management Support 24/7
• A team of professionals
• One ID card
• Focus on prevention and wellness
• Nurse Advice Line
• Better coordination = Better health outcomes
• Your providers will submit claims to only 1 place
My Care Ohio Demonstration Counties
MyCare Ohio

- MyCare Ohio Managed Care Plans
  - Aetna
  - Buckeye
  - CareSource
  - Molina
  - United Healthcare
Medicaid Managed Care

• More than 1.6 million Ohioans enrolled in Medicaid receive care through a managed care plan.

• Managed Care acts just like regular private health insurance. Once enrolled in a Managed Care plan, members get a permanent card.

• Over the last few years, Ohio Medicaid initiated several significant changes to its managed care program:
  – Consolidated health plan regions and populations to be more efficient
  – Linked health plan payments to performance
  – Integrated care delivery for Medicare-Medicaid enrollees
  – Began Enrolling children with disabilities in managed care July 1, 2013.
Medicaid Managed Care

• Most people Medicaid eligible individuals are automatically approved for Medicaid Managed Care coverage. Shortly after enrolled on Medicaid, beneficiaries will get a letter asking them to choose a Medicaid Managed Care plan.

• The five statewide managed care plans:
  – Buckeye Community Health Plan
  – CareSource
  – Molina Healthcare of Ohio
  – Paramount Care
  – United Healthcare Community Plan of Ohio
Medicaid Managed Care

• Ohio’s Managed Care Program:
  – Ensures individuals have access to a primary care provider who helps them
  – Focuses on preventive care services
  – Plans help to establish relationships between providers and patients who together can develop coordinated treatment.
  – Reduces unnecessary hospital stays and emergency room visits.
Medicaid Managed Care

• Each plan provides additional services not usually offered through regular Medicaid:
  – care management
  – access to a 24-hour nurse hotline
  – online provider directory
  – member handbook
  – grievance resolution system
  – member services
  – preventive care reminders
  – health education materials & activities
Applying for Medicaid

• A resident of Ohio may submit a Medicaid application:
  – Online through the Ohio Benefits self-service portal (www.Benefits.Ohio.gov)
  – Over the phone (800-324-8680)
  – In-person with their County Department of Job and Family Services (CDJFS)
Questions?