



OPEN MINDS

Ohio Health & Human Services Market Profile



Health & Human Services Market Profile Overview

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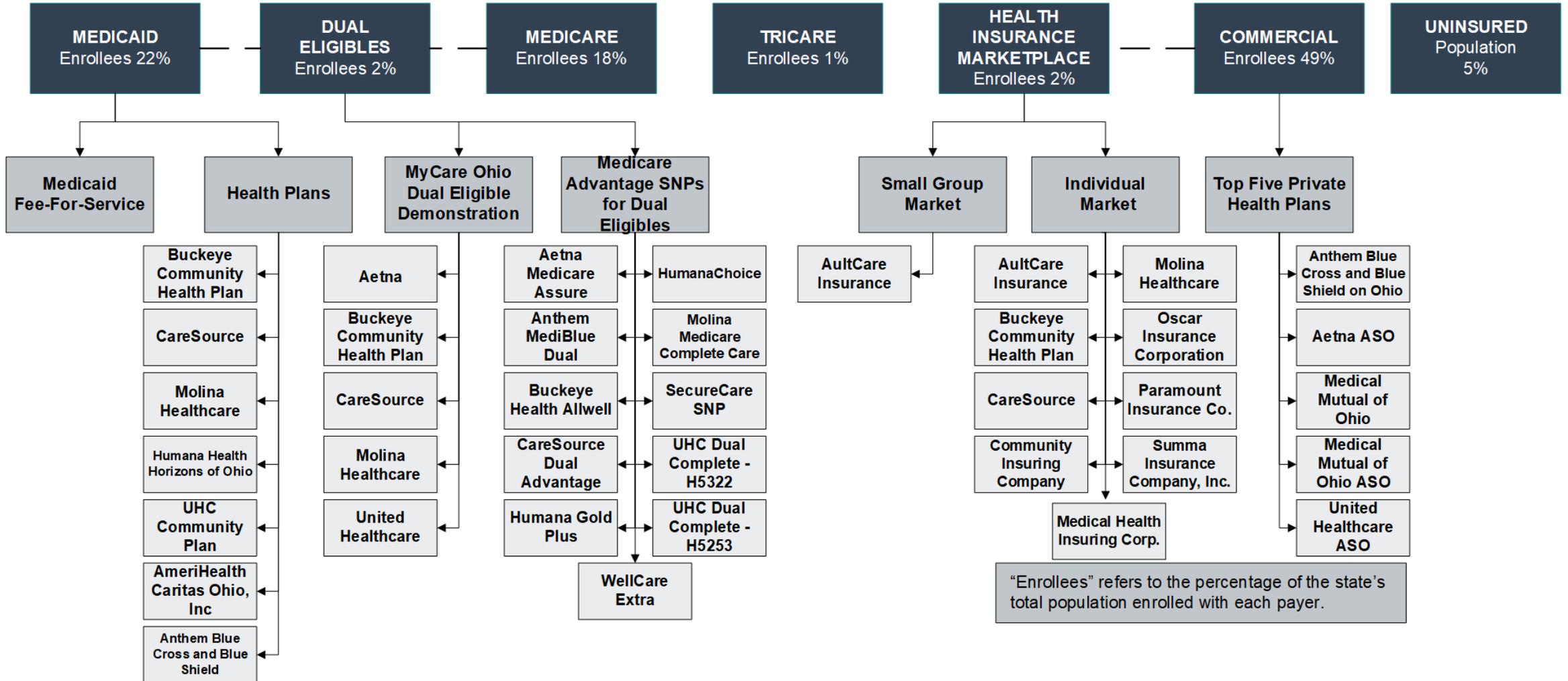
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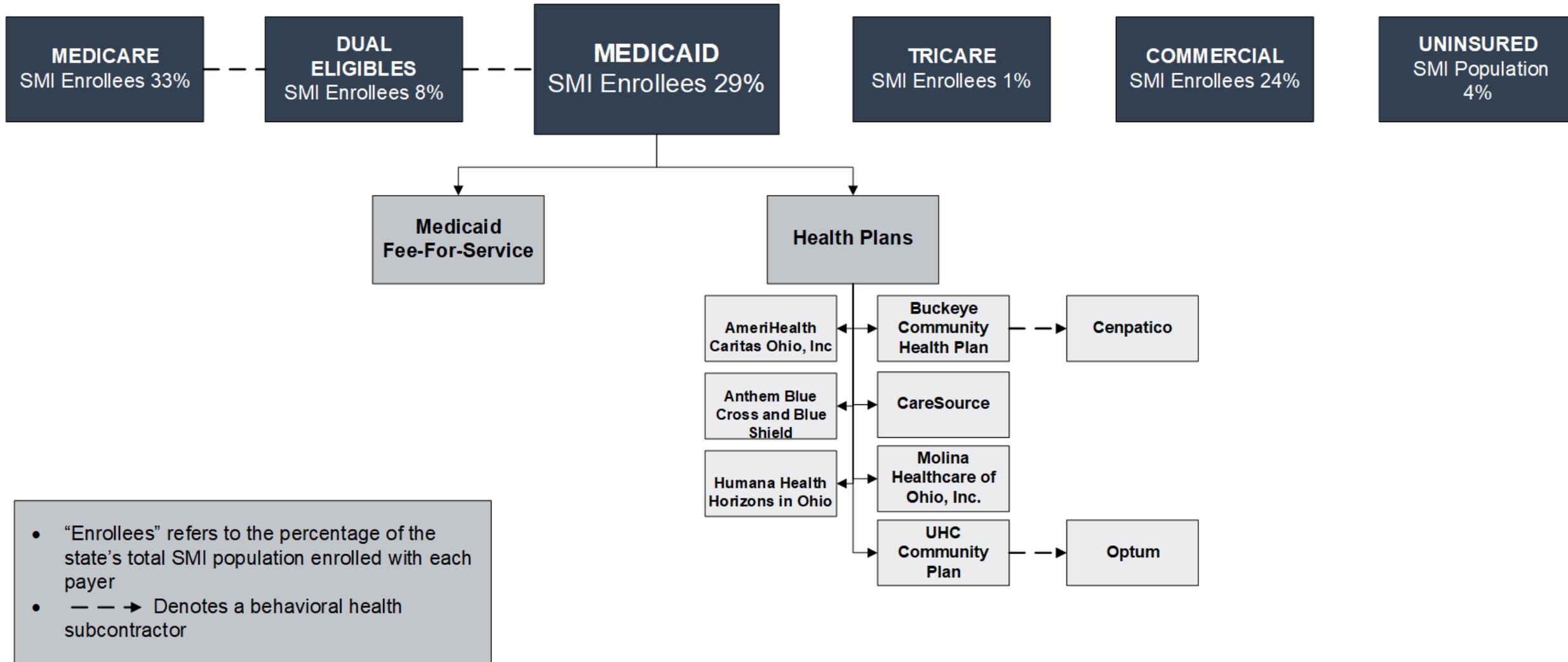
A. Executive Summary

A.1. Ohio Physical Health Care Coverage by Payer

Total Ohio Population- 11,780,017
 Estimated SMI Population-577,221



A.1. Ohio Behavioral Health Care Coverage by Payer



A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The state's health plans are currently responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	Yes, the state's PCMH program is called Comprehensive Primary Care (CPC).
Dual Eligible Demonstration	✓	Yes, the state has a dual demonstration called MyCare.
Managed Long-Term Services and Supports (MLTSS)		Individuals receive services through MyCare depending on their location.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	In 2022 eight organizations were awarded CCBHC grants.
Other Care Coordination Initiative		The state has put hold on the implementation of the Behavioral Health Care Coordination program in order to realign the program with the current Governor's priorities.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Ohio Department of Health directs funding to the Ohio Association of Free Clinics to distribute to non-profit, community-based organizations throughout the state for the provision of primary care services for uninsured individuals.

Mental Health Services

- The Ohio Department of Mental Health & Addiction Services (MHAS) oversees and distributes funds to 51 local behavioral health systems that are operated by a single county or group of counties for the provision of mental health services to the safety-net population.

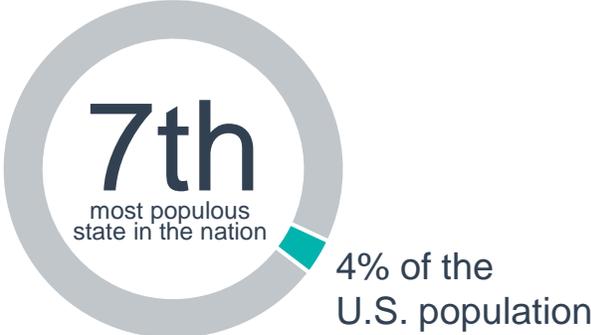
Addiction Treatment Services

- The local (county) behavioral health systems are also responsible for the provision of addiction treatment services under the purview of MHAS.

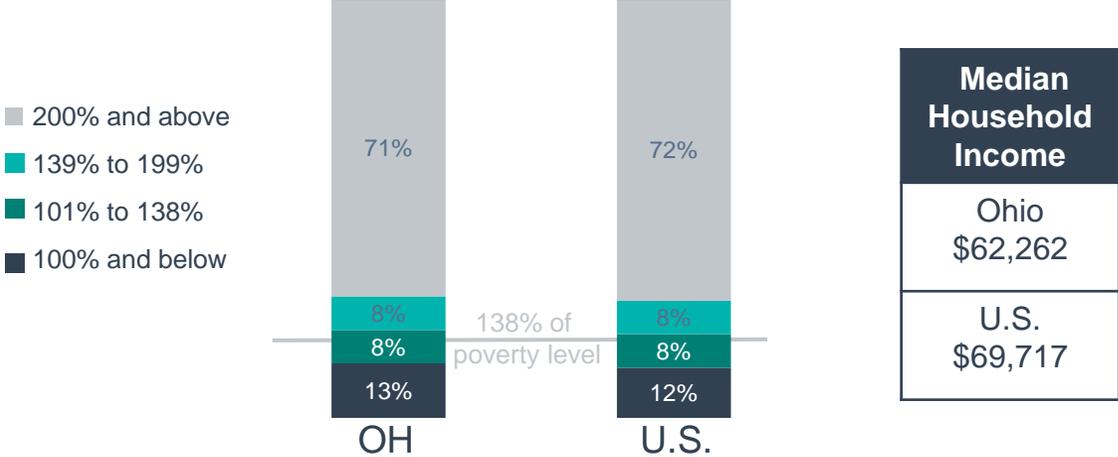
B. Ohio Health Financing System Overview

B.1. Population Demographics

Total Ohio Population-11,780,017
 Estimated SMI Population-577,221



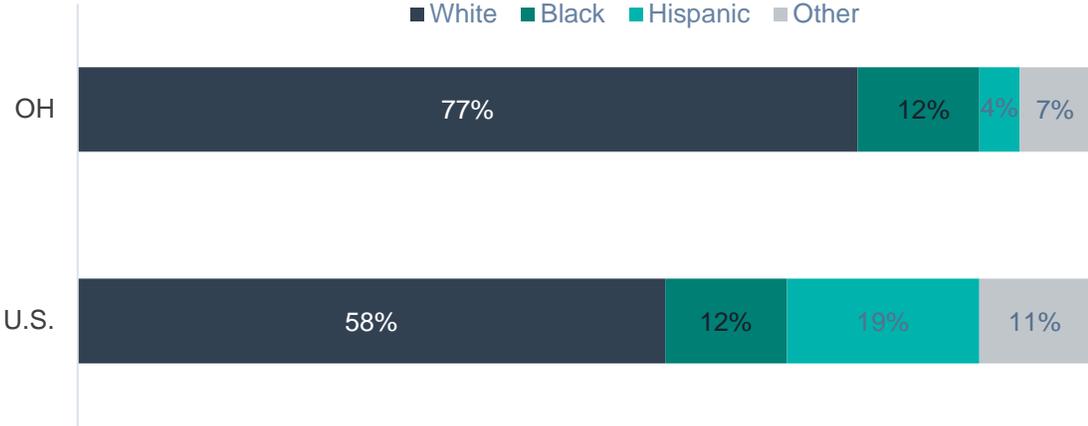
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

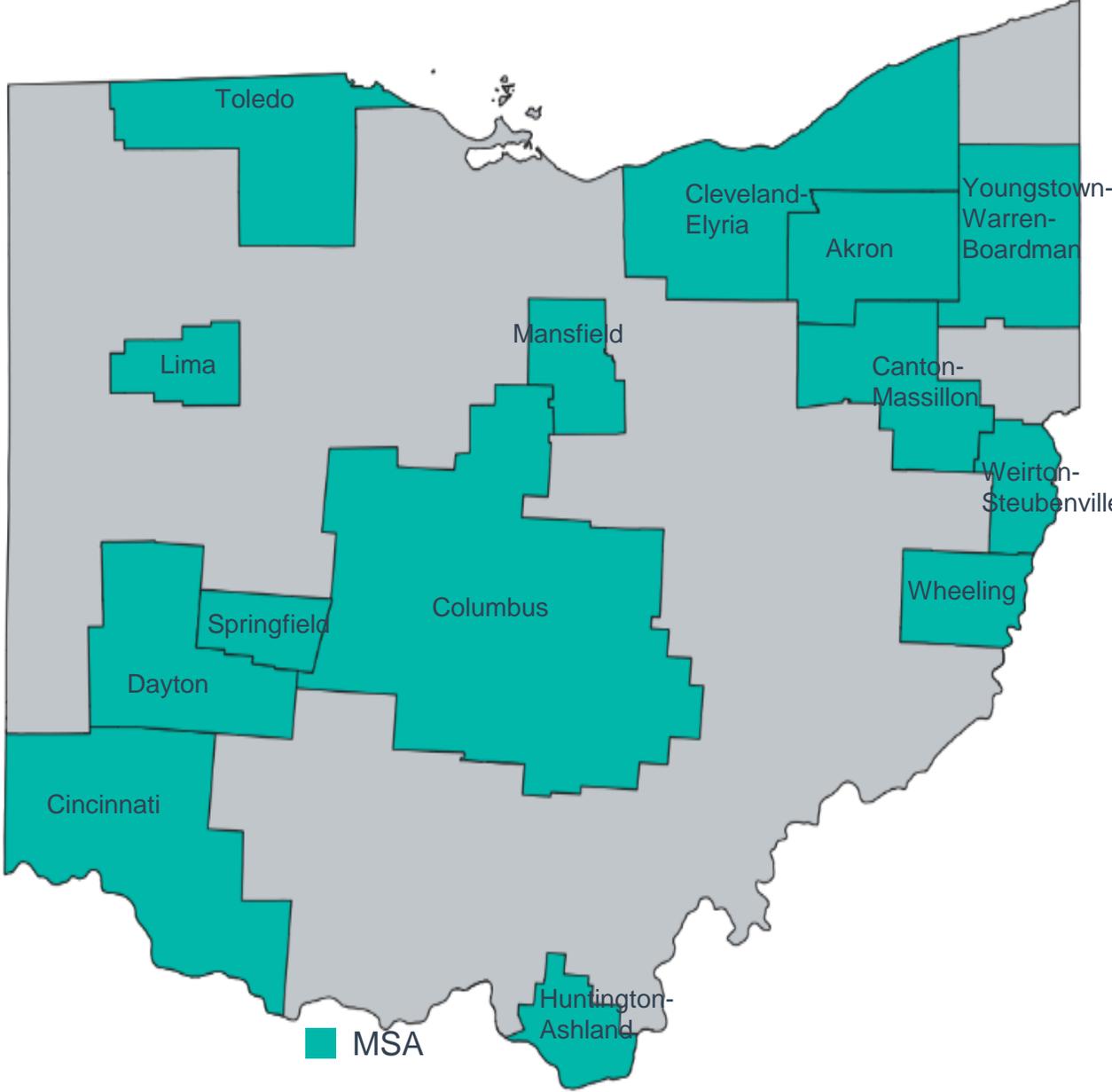


Ohio & U.S. Racial Composition

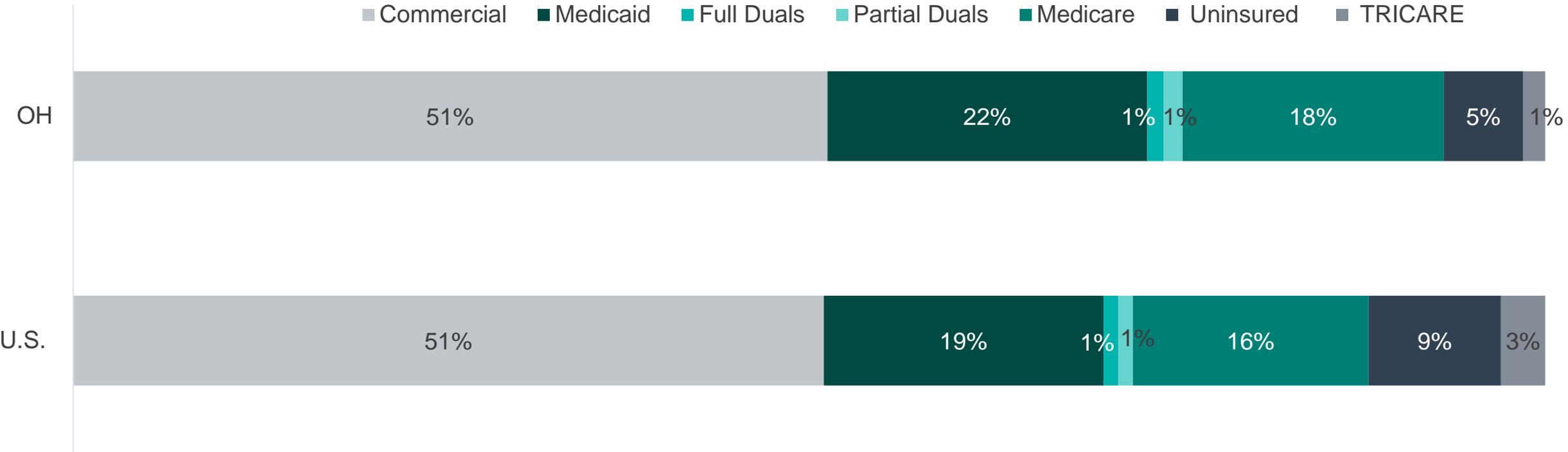


B.2. Population Centers

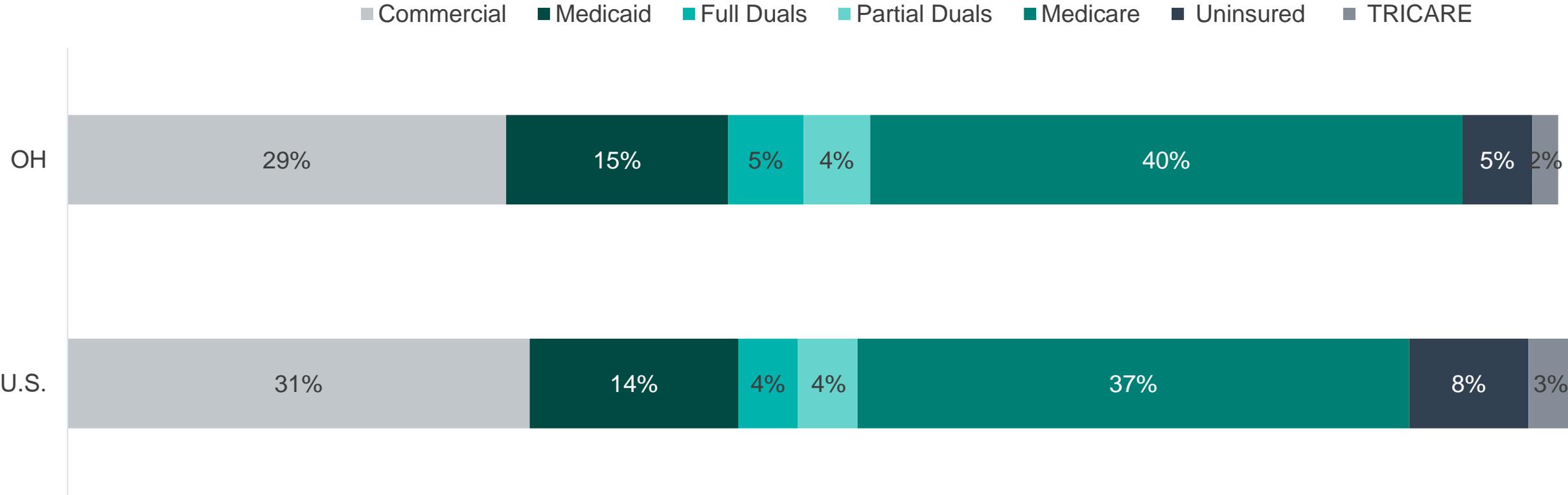
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent of Population
Total MSA Population	10,632,323	90%
Cincinnati, OH-KY-IN	2,259,935	19%
Columbus	2,151,017	18%
Cleveland-Elyria	2,075,662	18%
Dayton	813,516	7%
Akron	700,015	6%
Toledo	644,217	5%
Youngstown-Warren-Boardman	538,069	5%
Canton-Massillon	400,525	3%
Huntington-Ashland, WV-KY-PH	356,581	3%
Wheeling, WV-OH	137,740	1%
Springfield	135,633	1%
Other MSAs	419,413	4%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



B.4. Largest Ohio Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Anthem Blue Cross and Blue Shield in Ohio	Commercial Administrative Services Organization (ASO)	3,314,788
Medicare Fee-for-service (FFS)	Medicare	1,104,813
CareSource	Medicaid managed care	1,020,467
Medica Mutual of Ohio	Commercial ASO	752,122
UnitedHealthcare	Commercial ASO	606,061
Medicaid Fee-For-Service	Medicaid	588,139
Coventry	Commercial ASO	525,462
Cigna	Commercial ASO	329,752
Medical Mutual of Ohio	Commercial	300,940
Buckeye Health	Medicaid managed care	266,288

* Medicaid enrollment as of December 2021 TRICARE enrollment as of July 2021; Commercial as of December 2021; Medicare enrollment as of December 2021

B.4. Largest Ohio Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,104,813	176,770
Anthem Blue Cross Blue Shield of Ohio	Commercial ASO	3,314,788	162,425
CareSource	Medicaid managed care	1,020,467	50,003
Anthem MediBlue Dual Advantage	Medicare Advantage	254,745	40,759
Medical Mutual of Ohio	Commercial ASO	752,122	36,854
Aetna Medicare	Medicare Advantage	227,692	36,431
UnitedHealthcare	Commercial ASO	606,061	29,697
Medicaid FFS	Medicaid	588,139	28,819
Coventry	Commercial ASO	525,462	25,748
AARP MedicareComplete	Medicare Advantage	138,510	22,162

* Medicaid enrollment as of December 2021; TRICARE enrollment as of July 2021; Commercial as of December 2021; Medicare enrollment as of December 2021

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percent	2%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2023 Individual Market Health Plans
<ol style="list-style-type: none"> 1. AultCare Insurance Company 2. Ambetter (Buckeye Community Health Plan) 3. CareSource 4. Community Insurance Company (Anthem BCBS) 5. Medical Health Insuring Corp. of Ohio (Medical Mutual) 6. Molina Healthcare of Ohio, Inc. 7. Oscar Buckeye State Insurance Corp. 8. Oscar Insurance Corporation of Ohio 9. Paramount Insurance Company 10. Summa Insurance Company, Inc.

2023 Small Group Market Health Plans
<ol style="list-style-type: none"> 1. AultCare Insurance Company

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Central Ohio Primary Care Physicians	Cigna
Cleveland Clinic ACO	Cigna
Mercy Health Select	Aetna Whole Health
Mount Carmel Health Partners	Cigna, Anthem, UnitedHealthcare
NexusACO	UnitedHealthcare
Summa Accountable Care Organization	Humana
University Hospitals Coordinated Care	Aetna, UnitedHealthcare, Cigna

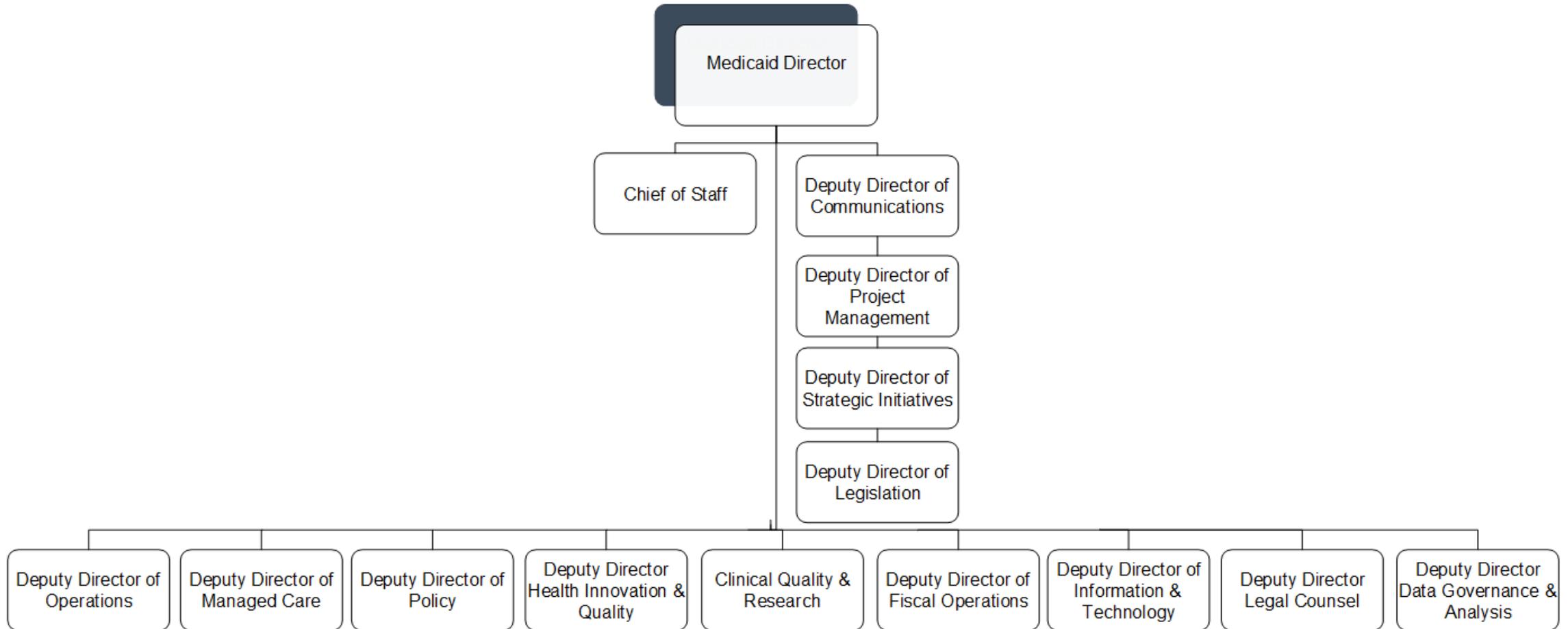
End Stage Renal Disease
1. Northeast Ohio Renal Alliance, LLC

Medicaid ACOs
1. Partners for Kids

Medicare Shared Savings ACOs	
1. ACO West Virginia	17. McLaren High Performance Network, LLC
2. Adena Healthcare Collaborative, LLC	18. Mercy Health Select
3. AHN Accountable Care Organization, LLC	19. MHC Accountable Care Organization, LLC
4. Aledade Accountable Care 12, LLC	20. NOMS ACO, LLC
5. Aledade Accountable Care, 15, LLC	21. Northwest Ohio ACO, LLC
6. Aledade Accountable Care 59, LLC	22. OhioHealth Venture
7. American Health Network of Ohio Care Organization	23. ProMedica Health Network
8. Caravan Health ACO 17, LLC	24. Steward National Care Network, Inc
9. Caravan Health ACO 22, LLC	25. Summa Accountable Care Organization
10. CareConnectMD ACO, Ind	26. The Ohio State Health ACO, LLC
11. Cleveland Clinic Medicare ACO	27. Trinity Health ACO*
12. Doctors ACO, LLC	28. University Hospitals Coordinated Care
13. Fairfield Community Health Partners, LLC	29. USMM Accountable Care Partners
14. Healthcare Solutions Network	
15. Heritage Valley Healthcare Network ACO, LLC	
16. Integrated Health Collaborative	*Next Generation ACO

C. Medicaid Administration, Governance & Operations

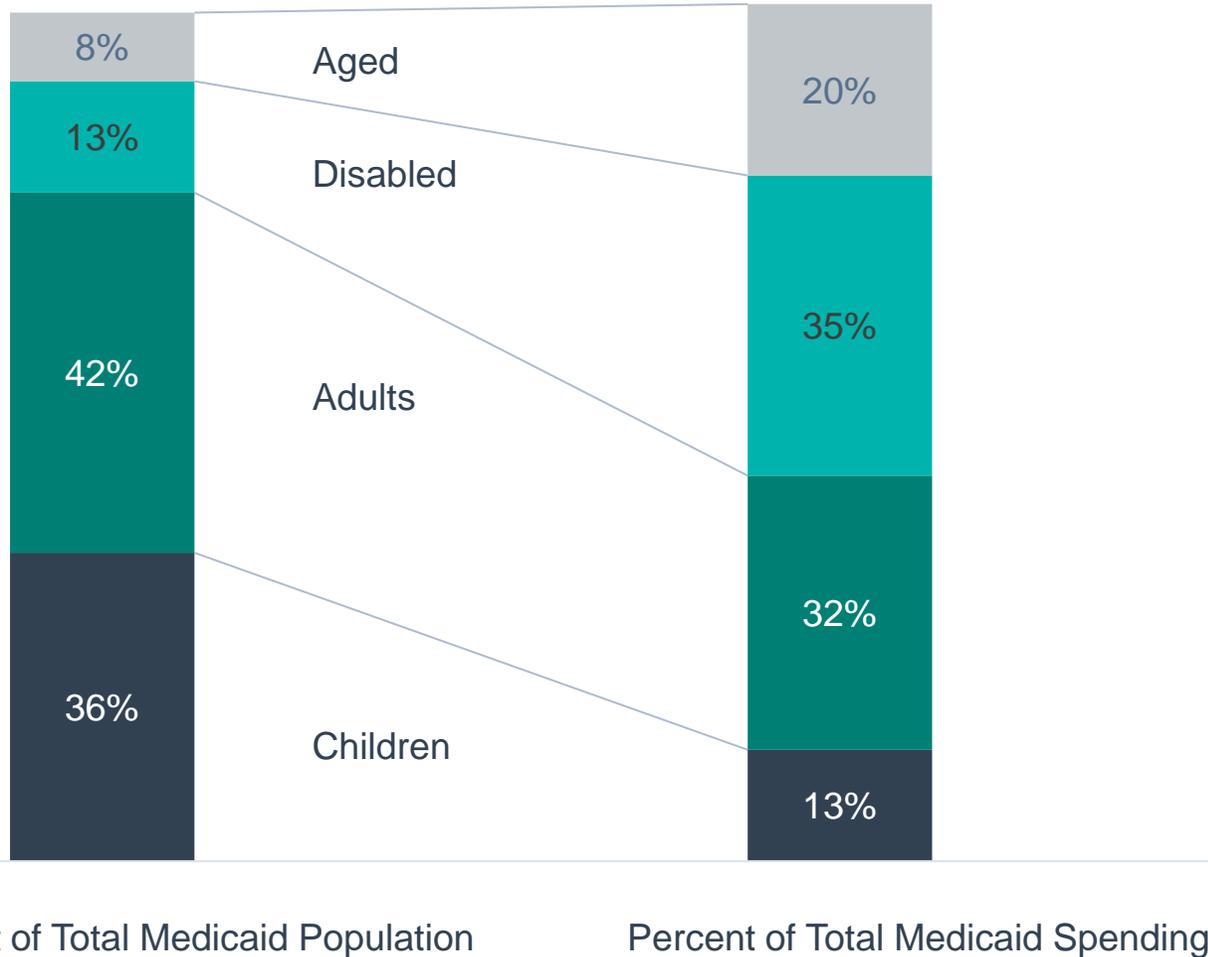
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Maureen M. Corcoran	Director	Department of Medicaid	maureen.corcoran@medicaid.ohio.gov
Steven Alexander	Director of Legislative Affairs	Department of Medicaid	steven.alexander@medicaid.ohio.gov
Mary Applegate, M.D.	Medical Director	Department of Medicaid	mary.applegate@Medicaid.ohio.gov
Darlean Cummings	Deputy Director, Information & Technology	Department of Medicaid	darlean.cummings@medicaid.ohio.gov
Joan Schlagheck	Deputy Director, Managed Care	Department of Medicaid	Joan.Schlagheck@medicaid.ohio.gov
Jim Tassie	Deputy Director, Project Management	Department of Medicaid	James.Tassie@medicaid.ohio.gov
Lynne Lyon	Behavioral Health Policy	Department of Medicaid	Lynne.Lyon@medicaid.ohio.gov
Marisa Weisel	Deputy Director, Strategic Initiatives	Department of Medicaid	marisa.weisel@medicaid.ohio.gov
Lisa Lawless	Deputy Director, Communications	Department of Medicaid	lisa.lawless@medicaid.ohio.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2020 data

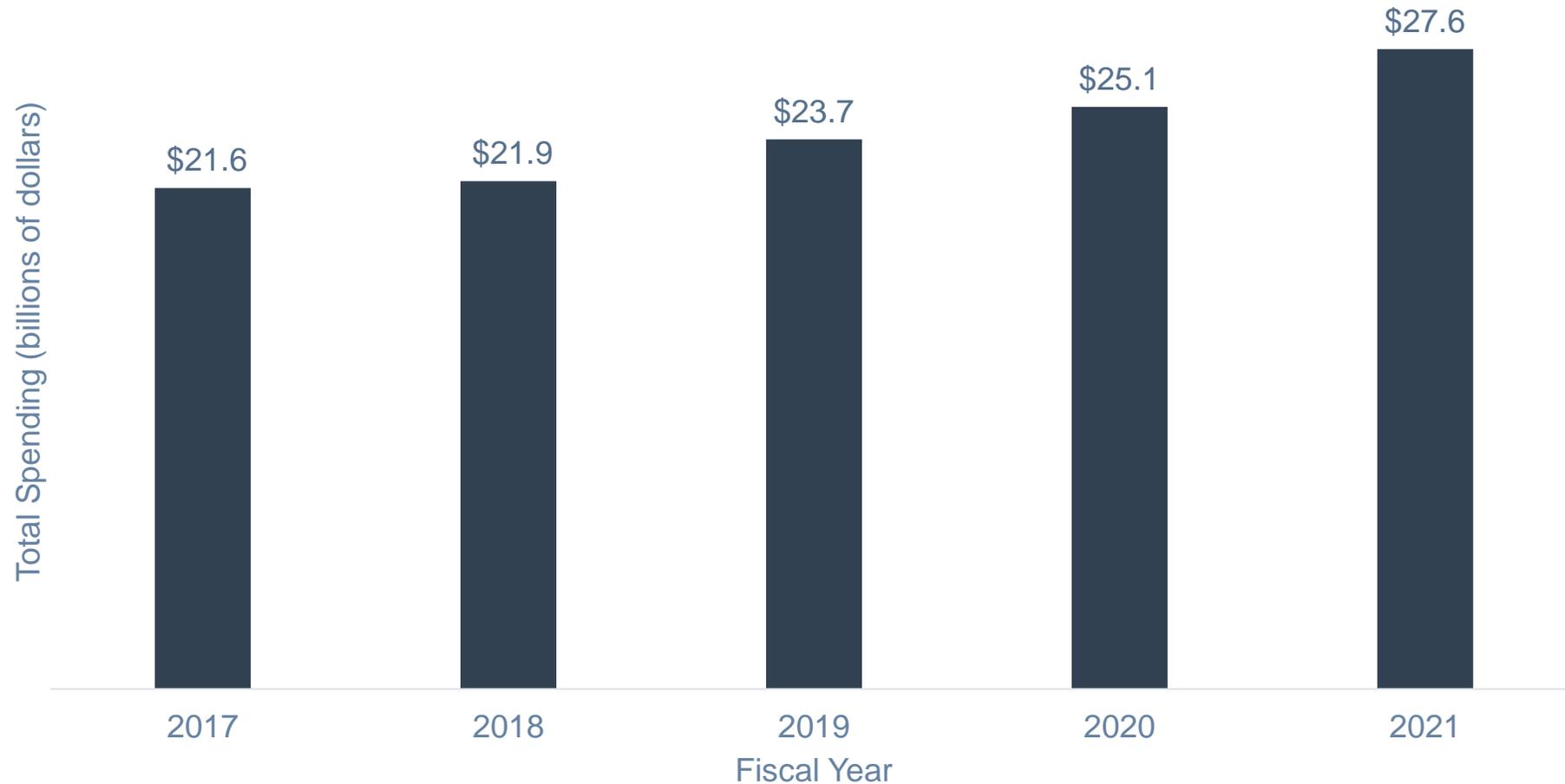
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	OH
All populations	\$8,718	\$9,223
Children	\$3,495	\$3,331
Adults	\$5,461	\$6,146
Expansion adults	\$7,227	\$7,983
Blind and disabled	\$23,123	\$22,147
Aged	\$18,552	\$22,675

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$17,750,000,000	64%
Home- and community-based LTSS	\$4,563,000,000	17%
Institutional LTSS	\$2,145,000,000	8%
Hospital	\$2,145,000,000	5%
Medicare premiums and coinsurance	\$792,000,000	3%
Other acute	\$721,000,000	3%
Clinic and health center	\$153,000,000	1%
Physician	\$123,000,000	<1%
Drugs	\$82,000,000	<1%
Dental	\$26,000,000	<1%
Other practitioner	\$11,000,000	<1%
Budget Total: \$27,644,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	69%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 1, 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	<ol style="list-style-type: none"> 1. None; Governor Kasich issued a line-item veto in 2013, striking language explicitly prohibiting Medicaid expansion from the FY 2014-2015 state budget legislation. 2. At the request of Governor Kasich, the Office of Budget and Management (OBM) Controlling Board, an appropriations oversight body composed of the OBM director and six state legislators, voted to appropriate FY 2014-2015 funds for Medicaid expansion. 3. The legislature has appropriated funds for the expansion to continue via subsequent state budgets.
Number Of Individuals Enrolled In The Expansion Group (March 2022)	747,564
Number Of Enrollees Newly Eligible Due To Expansion	747,814
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Ohio's Optional Services

1. Podiatrists', chiropractors', and other practitioners' services
2. Private duty nursing
3. Clinic services
4. Dental services
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Dentures, prosthetic devices, and eyeglasses
9. Diagnostic and preventive services
10. Rehabilitative services
11. IMD services for persons age 65 and over
12. ICF/IDD and public institution services
13. Inpatient psychiatric facility services for individuals under age 22
14. Hospice care
15. Case management
16. Services in a religious, non-medical institution
17. Nursing facility services for individuals under age 21

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (January 2023)	425,382	2,823,973
SMI Enrollment	<ul style="list-style-type: none"> Ohio does not specifically preclude individuals with SMI from enrolling in managed care, therefore the majority of the SMI population is enrolled in managed care Estimated 11% of the SMI population in FFS, 89% in managed care 	
Management	Department of Medicaid	Seven Health Plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 3,249,355 | Total Medicaid With SMI: 279,444

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution		<ul style="list-style-type: none"> As of December 2022: 11% in fee-for-service (FFS), 89% in managed care
SMI population inclusion in managed care		<ul style="list-style-type: none"> Ohio does not specifically preclude individuals with SMI from enrolling in managed care, therefore the majority of the SMI population is enrolled in managed care Estimated 11% of the SMI population in FFS, 89% in managed care
Dual eligible population inclusion in managed care		<ul style="list-style-type: none"> Enrollment in managed care is mandatory in dual eligible demonstration counties; Elsewhere, dual eligibles are excluded from managed care. Estimated 52% of population in FFS, 48% in managed care
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> HCBS waiver services are covered FFS by the state . Expansion population: Nursing facility services are included in the health plan's capitation. Other populations: Nursing facility residents are excluded from managed care and nursing facility services are covered FFS.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	<ul style="list-style-type: none"> • Partial benefit • Full benefit, living in non-demonstration counties 		Full benefit, living in demonstration counties
Medicaid expansion			X
Individuals residing in nursing homes	Non-Medicaid expansion population		Medicaid expansion population
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> • Individuals eligible for HCBS waiver services administered by the Department of Medicaid • Retroactive eligibility • Individuals in a PACE program 	<ul style="list-style-type: none"> • American Indians • Individuals eligible for developmental disability HCBS waiver services 	<ul style="list-style-type: none"> • Individuals eligible for state plan HCBS • Individuals in need of treatment for Breast and Cervical Cancer

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of January 2023 was 425,382.

D.2. Medicaid FFS Program: Behavioral Health Benefits

Behavioral health benefits for FFS enrollees are provided by community behavioral health agencies and other provider organizations certified by the Ohio Department of Mental Health and Addiction Services.

FFS Mental Health Benefits

1. Inpatient psychiatric treatment
2. Individual, group, family, and crisis psychotherapy
3. Psychiatric diagnostic evaluation
4. Nursing services
5. Assertive community treatment
6. Individual and group therapeutic behavioral health services
7. Intensive home-based treatment
8. Community psychiatric supportive treatment
9. Therapeutic behavioral service
10. Psychosocial rehabilitation
11. Office-administered medication
12. Psychological testing
13. Mental Health Rehabilitative Services

FFS Addiction Treatment Benefits

1. Screening, brief intervention, and referral to treatment
2. Assessment and diagnostic evaluation
3. Counseling and therapy
4. Intensive outpatient
5. Partial hospitalization
6. Residential
7. Inpatient services
8. Withdrawal management
9. Nursing services
10. Opioid treatment program
11. Urine drug screening
12. Peer recovery support
13. Case management

D.2. Medicaid FFS Program: Specialized Recovery Services

- The Specialized Recovery Services (SRS) program provides 1915 (i) home- and community-based services for individuals with SMI.
- The state estimates that approximately 9,700 persons with SMI will meet the eligibility requirements annually:
 - Persons must require HCBS to remain in the community
 - Income must not exceed 150% of FPL for persons eligible for Medicaid under the state plan
 - Income must not exceed 300% of the SSI federal benefit rate for persons not otherwise eligible for Medicaid
- The program also provides three additional services:
 - Recovery management
 - Peer recovery support
 - Individualized placement and support-supported employment (IPS-SE)
- The state identifies potential beneficiaries, who are referred to recovery managers to determine whether diagnostic and residential criteria are met. The Department of Job and Family Services office in each county is responsible for financial eligibility determinations.
- For FFS enrollees and persons enrolled in the traditional managed care program, the state contracts with two recovery management agencies in each of four regions established statewide to deliver SRS benefits. Services are reimbursed on an FFS basis.
- Persons enrolled in the MyCare Ohio dual demonstration receive SRS services through their health plans. The health plans negotiate service rates with their own provider networks.
 - Enrollment in MyCare Ohio in January 2023 was 149,813.

D.2. Medicaid FFS Program: SMI Population

- Ohio does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of January 2023, *OPEN MINDS* estimates that 11% of the SMI population was enrolled in FFS.
- Specialized Recovery Services are available for individuals with SMI (see [Specialized Recovery Services](#)).

D.2. Medicaid FFS Program: Pharmacy Benefit

Ohio FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Change Healthcare
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes
State Uses A PDL For Addiction Treatment Drugs	Yes
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit and included on the general PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> Physicians registered with a psychiatric specialty with the Department of Medicaid are exempt from prior authorization requirements for antidepressants and second generation antipsychotics. Prior authorization is still required for non-standard dosages. For other prescribers the use of step therapy is in place before a non-preferred drug will be approved. Step therapy requirements vary by drug class. Prior authorization has been eliminated for addiction treatment drugs; however, safety edits and a drug utilization review process are in place. For all drugs additional clinical and safety edits may be in place.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, called the Coordinated Services Program (CSP). Individuals who meet the criteria are given an assigned clinical professional which may be a pharmacy, primary care physician, hospital, or health care facility. The program is effective for a minimum of 24 months and may be extended for an additional 24 months.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of January 2023 was 2,823,973.
- The state enrolls most populations in managed care except for dual eligibles.
 - In some counties, dual eligibles are mandatorily enrolled in the state's dual demonstration (see the state's [Dual Eligible Demonstration](#) for more information).
- The state contracts with seven health plans as part of their new Next Generation of Ohio Medicaid program, which launched February 1, 2023.
 - The health plans operate statewide and individuals have a choice of plan.
- In March 2019, the department of Medicaid received approval from CMS to move forward with the waiver to implement the requirements.
- ODM will compute capitation rates on an actuarially sound bases and can be prospectively and retrospectively adjusted.
 - Quality measures focus on healthy children, women's health, behavioral health, chronic conditions, and healthy adults. Quality measures include a mix of measures from NCQA, HEDIS, OPA, ODM, AMA-PCPI, AHRQ, CAHPS, and CHIPRA measurement sets.
- The MCO must implement the value based initiatives and APMs as directed by ODM.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

AmeriHealth Caritas Ohio, Inc

1. Profit status: For-profit
2. Parent company: AmeriHealth Caritas
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Gainwell Technologies
5. Managed care programs: Managed care
6. Enrollment share: N/A*

Anthem Blue Cross and Blue Shield

1. Profit status: For-profit
2. Parent company: Elevance Health
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: IngenioRx
5. Managed care programs: Managed care
6. Enrollment share: 15%

Buckeye Community Health Plan

1. Profit status: For-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefit manager: RxAdvance
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 15%

CareSource

1. Profit status: Non-profit
2. Parent company: CareSource
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Express Scripts
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 49%

*The Next Generation Medicaid program began on February 1, 2023 - there is no current enrollment data to report.

D.3. Medicaid Managed Care Program: Health Plan Characteristics (Cont.)

Humana Healthy Horizons in Ohio

1. Profit status: For-profit
2. Parent company: Humana, Inc
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Gainwell
5. Managed care programs: Managed care
6. Enrollment share: N/A*

Molina Healthcare of Ohio, Inc.

1. Profit status: For-profit
2. Parent company: Molina
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS/Caremark
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 11%

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: OptumRx
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 12%

*The Next Generation Medicaid program began on February 1, 2023 - there is no current enrollment data to report.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- All behavioral health and addiction treatment benefits, including behavioral health and addiction treatment drugs, are provided through the state's managed care plans.
- The state is planning to extend behavioral health benefits through the Behavioral Health Care Coordination (BHCC) program.
 - When the BHCC program goes into effect, the Qualified Behavioral Health Entities will be primarily responsible for care coordination for the population with behavioral health needs. The health plans will provide population health support.
 - For more information on the BHCC program, see [section D.4](#).
- Health plans may provide up to 15 days per month of IMD services to individuals between the ages of 21 and 64 in lieu of state plan benefits, if cost-effective and consented to by the individual.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Managed Care Mental Health Benefits

1. Inpatient psychiatric treatment
2. Individual, group, family, and crisis psychotherapy
3. Psychiatric diagnostic evaluation
4. Medical services
5. Assertive community treatment
6. Intensive home-based treatment for youth
7. Group day treatment
8. Crisis services
9. Community psychiatric supportive treatment
10. Therapeutic behavioral services
11. Psychosocial rehabilitation
12. Respite care for children
13. Office-administered medication
14. Psychological testing
15. Mental Health Rehabilitative Services

Managed Care Addiction Treatment Benefits

1. Screening, brief intervention, and referral to treatment
2. Outpatient
3. Intensive outpatient
4. Partial hospitalization
5. Residential
6. Withdrawal management
7. Assessment and diagnostic evaluation
8. Counseling and therapy
9. Medical services
10. Medication and medication administration
11. Urine drug screening
12. Peer recovery support
13. Case management

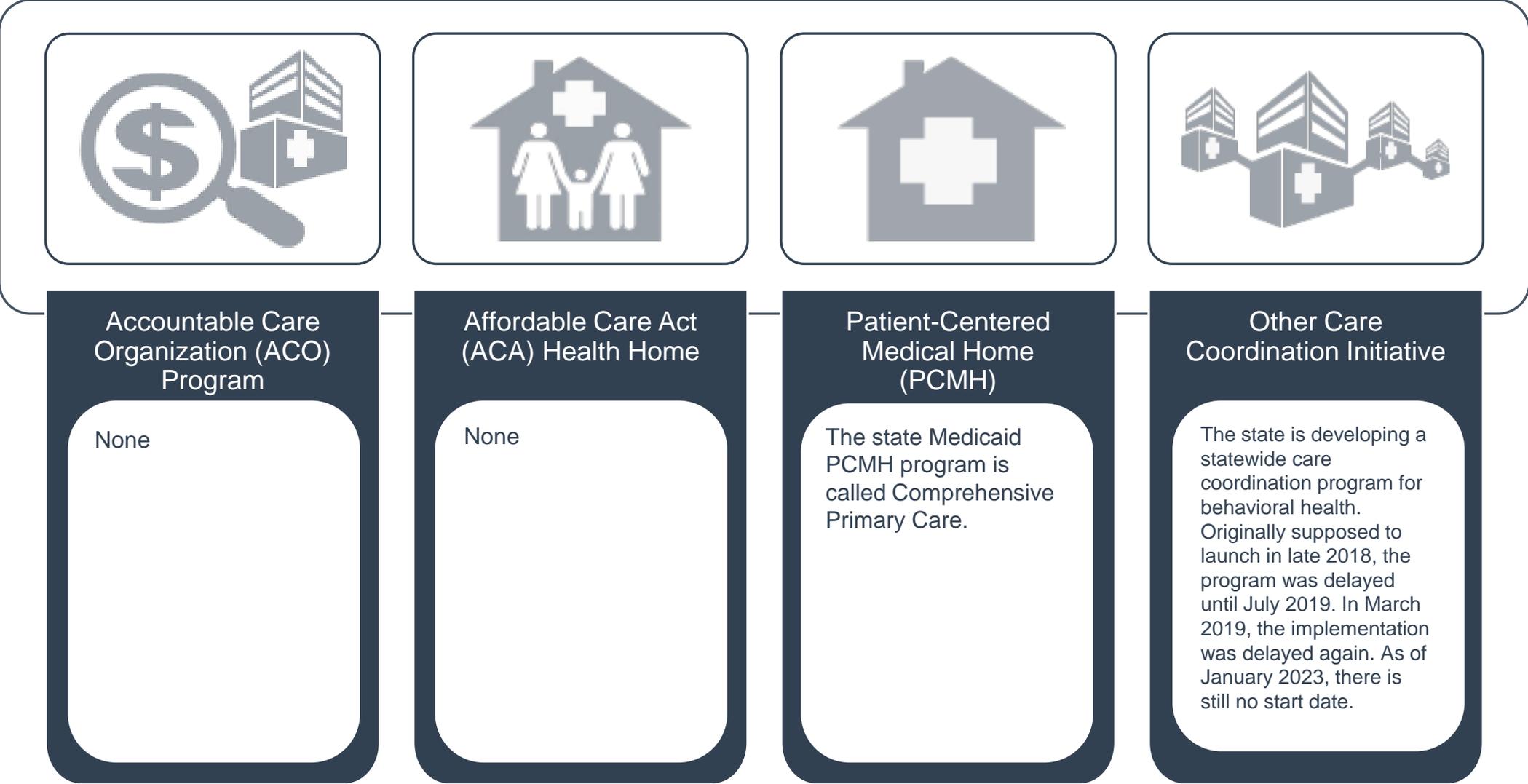
D.3. Medicaid Managed Care Program: SMI Population

- Ohio does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of December 2022, *OPEN MINDS* estimates that 89% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Ohio Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Use Of Pharmacy Benefit Manager	All PBM contracts must utilize a pass-through pricing model and pay the PBM an administrative fee. All MCO's contract with a single PBM, Gainwell Technologies
Health Plan Uses A PDL For General Pharmacy	<ul style="list-style-type: none"> On January 1, 2020, Ohio put in place a uniform PDL for both FFS and Managed Care Plans. Managed care plans are required to use the state's PDL.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Health plans must utilize the state PDL.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, the health plans are required to implement a lock-in program approved by the Department of Medicaid. The lock-in program must at minimum follow the provisions for initial and continued enrollment set forth in the CSP program. Additionally, the health plans must offer care coordination to individuals in the lock-in program.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. Medicaid Program Care Coordination Initiatives: PCMH Program-Comprehensive Primary Care

- The state Medicaid PCMH program is called Comprehensive Primary Care. Medicaid FFS and all Medicaid managed care health plans are participating payers.
 - In February 2020, the state started the voluntary program for individuals under 21 called CPC for Kids.
- As of June 2022, there were more than 1.25 million Medicaid enrollees attributed to a PCMH and 290 practices.
 - Dual eligibles, individuals with third-party comprehensive coverage, children in foster care, and individuals with limited benefits are excluded.
- Members are attributed based on member choice of a primary care provider participating in the program. Members who do not select a primary care provider are assigned one based on claims data. In the absence of claims data, geographic or demographic factors are considered.
- Medicaid provider organizations are enrolled in the program through the Ohio Department of Medicaid. For participation in the program in 2021, a practice must meet one of the following criteria:
 - At least 500 Medicaid members with claims-only attribution
 - At least 150 Medicaid members to participate via a practice partnership (smaller practices can form a partnership to participate in the program)
- To receive PMPM payments, practices must meet ten PCMH activity requirements, must pass 50% of four efficiency measures, and must pass 50% of 20 clinical measures aligned with CMS/AHIP core standards. Requirements are listed on the [following slide](#).
- Payments are based on continuum of risk tiers.
 - Tier one, \$1.80 PMPM: Healthy individuals to persons with a single chronic minor disease
 - Tier two, \$8.55 PMPM: Persons with two minor to significant chronic diseases in multiple organ systems
 - Tier three, \$22 PMPM: Persons with dominant chronic diseases in three or more organ systems to persons requiring catastrophic care
- PCMHs with 5,000 or more members and 60,000 member months are also eligible to receive shared savings payments based on total cost of care relative to other practices, or compared to the practice's own baseline.

D.4. Medicaid Program Care Coordination Initiatives: PCMH Comprehensive Primary Care Program Requirements

Activity Requirements

CPCs must perform all of these:

1. Same-day and 24/7 access to care
2. Risk stratification
3. Population management
4. Team-based care delivery
5. Care management plans
6. Follow-up after discharge
7. Tests and specialist referral tracking
8. Patient experience assessment
9. Community Services and Supports Integration (New for 2020)
10. Behavioral Health Integration (New for 2020)

Efficiency Requirements

CPCs must meet standards on 50% of these:

1. Ambulatory care-sensitive inpatient admissions
2. Emergency room visits
3. Behavioral health-related inpatient admissions
4. Episodes-related metric

Clinical Quality Requirements

CPCs must meet standards on 50% of these:

1. Well-child visits to age 15 months
2. Well-child visits from age three to six
3. Adolescent well-care visits
4. Pediatric weight assessment and counseling
5. Timeliness of prenatal care
6. Live births weighing less than 2,500 grams
7. Postpartum care
8. Breast cancer screening
9. Cervical cancer screening
10. Adult BMI
11. Controlling high blood pressure
12. Asthma medication management
13. Statin therapy for cardiovascular disease
14. Hemoglobin A1C control
15. Hemoglobin testing
16. Eye exam for individuals with diabetes
17. Antidepressant medication management
18. Follow-up post mental health hospitalization
19. Tobacco use screening and cessation
20. Initiation and engagement of addiction treatment

D.4. Medicaid Program Care Coordination Initiatives: Behavioral Health Care Coordination Entities

- On January 2019, Ohio released a notice to provider organizations stating that the BHCC program will not begin on July 1, 2019 and did not set a new implementation date. The notice also indicated that the state will be revisiting the BHCC strategy and design based on the Governor’s initiatives.
- As of January 2023, there is still no update on a start date.

Behavioral Health Care Coordination Entities Design	
Target Population	Individuals with a behavioral health condition and a high likelihood of an adverse event or significant utilization of behavioral health services, based on claims.
Enrollment Model	<ul style="list-style-type: none"> • Individuals will be automatically attributed to a care coordination entity, but will have the option to switch provider organizations or to opt out of the program. • Attribution will be based on continuity of care considerations, points of integration with primary care, geographic proximity, and provider specialty.
Geographic Service Area	Statewide
Care Delivery Model	<ul style="list-style-type: none"> • Qualified Behavioral Health Entities (QBHE) will be community mental health service provider organizations and community addiction treatment service organizations, designated by the state as type 84 and type 95 providers respectively. • Formation of a care team in each care coordination entity • Must have a membership interest or partnership with a primary care practice or meet primary physical health care standards • Care coordination responsibilities include outreach and engagement, development of a care plan, facilitation of level of care transitions, coordination of care, assistance in accessing support services, and population health management.
Payment Model	\$200 per member per month (PMPM) for each engaged member who receives required activities
Practice Performance & Improvement	<ul style="list-style-type: none"> • Beginning in the second year of the program, payment will be linked to organizational performance on quality and efficiency measures. • The state is also considering outcome-based incentive payments in the future.

D.4. Medicaid Program Care Coordination Initiatives: OhioRISE

- On July 1, 2022 Ohio Governor Mike DeWine today announced the official launch of Ohio Resilience through Integrated Systems and Excellence (OhioRISE), a new Ohio Medicaid specialized managed care behavioral health program for young people with the most complex needs. Nearly 5,500 children and youth can access services immediately.
- Aetna Better Health of Ohio services as the single statewide specialized managed care plan.
- OhioRISE brings together local entities, schools, providers, health plans, and families as part of the approach for improving care for enrollment children and youth.
- OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.
- To be eligible for OhioRISE children must be eligible for Medicaid(either managed care or FFS), are 0-20 years old, and require significant behavioral health treatment needs, measured using the Ohio CANS assessment, or a recent inpatient behavioral health/ psychiatric residential treatment facility admission.
- OhioRISE services include: all behavioral health services with few limited exceptions, intensive and moderate care coordination, intensive home-based treatment, psychiatric residential treatment facilities, behavioral health respite, flex funds to support implementing a care plan, 1915 (c) waiver that runs through OhioRISE, and mobile response and stabilization services.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14)	Authorizes mandatory enrollment of dual eligible individuals in select counties in managed care. Operates concurrently with OH Integrated Care Delivery System 1915 (c) waiver.	1915 (b)	None	01/01/2020	12/31/2023
Recovery Management Services under the Specialized Recovery Services Program (OH-15)	Authorizes the use of management entities to deliver Specialized Recovery Service section 1915 (i) state plan benefits to the FFS population.	1915 (b)	None	10/01/2021	09/20/2026
Ohio Special Needs Children's Waiver (OH-13)	Authorizes mandatory managed care for children with disabilities, children receiving foster care, and children receiving adoption assistance.	1915 (b)	None	07/01/2022	06/30/2027
Section 1115 Demonstration Waiver for Substance Use Disorder Treatment	Allows the state to provide residential treatment in IMDs for both the FFS and managed care populations.	1115	None	10/01/2019	09/30/2024
Ohio Single Pharmacy Benefit Manager (OH-17)	Single Pharmacy Benefit Manager (SPBM) processes retail pharmacy benefits for all Medicaid members enrolled in managed care (excluding dual eligibles).	1915 (b)		10/01/2022	09/30/2024

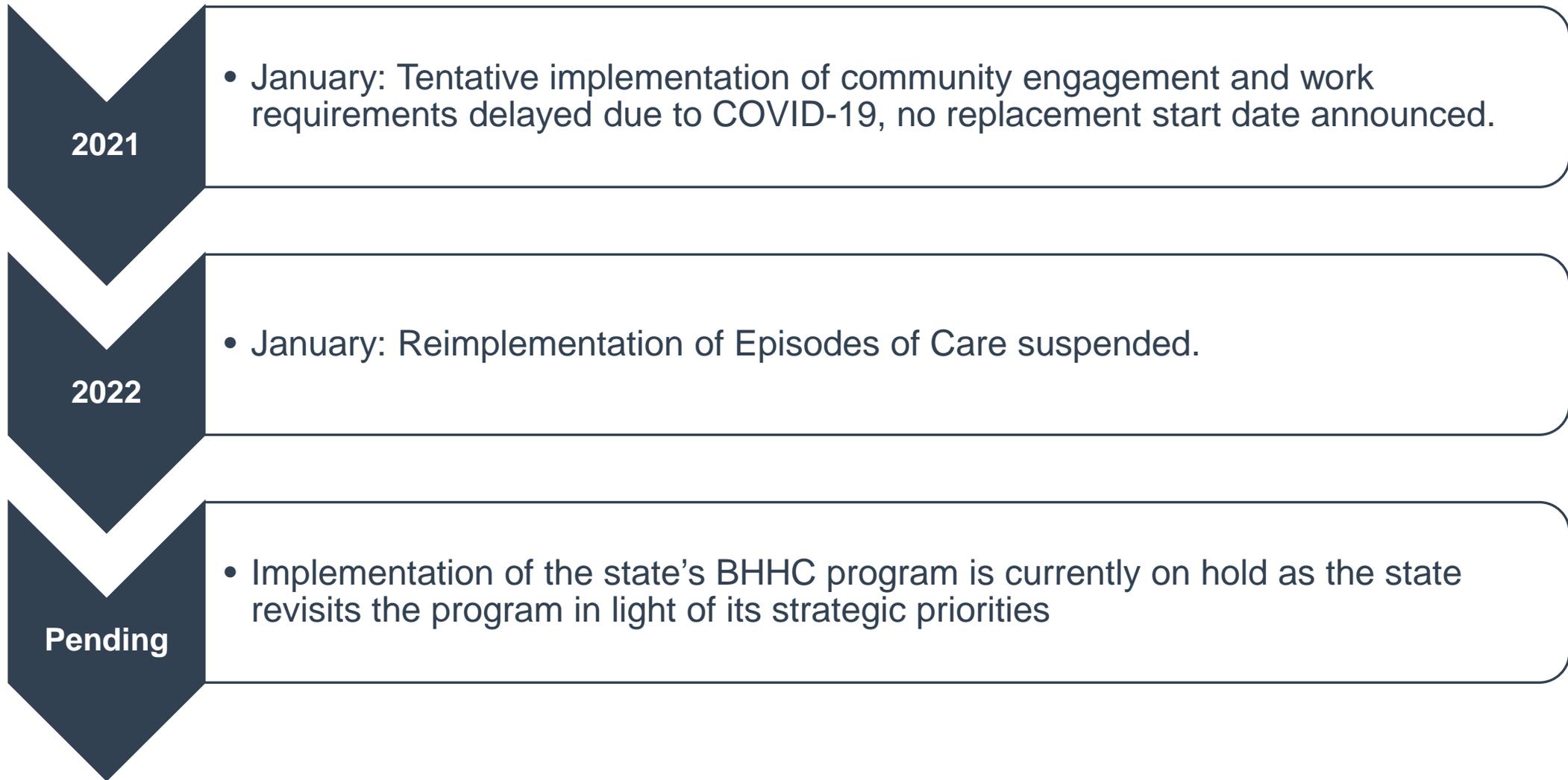
D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
OH Passport (0198.R05.00)	Individuals who are physically disabled ages 60 to 64, and individuals age 65 and above	39,807	Department of Aging	None
OH Integrated Care Delivery System (1035.R01.00)	<ul style="list-style-type: none"> Individuals who are physically disabled ages 18 to 64, and individuals age 65 and above Individuals must also be dual eligible and reside in one of the dual demonstration counties 	35,305	Department of Medicaid	1915 (b) waiver
OH Individual Options (0231.R04.00)	Individuals of any age with I/DD	29,400	Department of Developmental Disabilities (DODD)	None
OH Home Care (0337.R04.00)	Individuals who are physically disabled ages 0 to 59	11,724	Bureau of Long Term Care Services and Supports	None
OH Assisted Living (0446.R02.00)	Individuals who are physically disabled ages 21 to 64, and individuals age 65 and above	5,967	Department of Aging	None
OH Self Empowered Life Funding (SELF) (0877.R01.06)	Individuals of any age with I/DD	2,800	DODD	None
OH Level One (0380.R03.00)	Individuals who would normally be institutionalized who have a developmental disability.	20,980	Bureau of Long-Term Services and Supports	None
OH OhioRISE Waiver (2226.R00.00)	The OhioRISE 1915(c) Waiver is intended to help support individuals, up to the age of twenty-two, who receive services across multiple health care delivery systems.	1,015	Department of Medicaid	1915 (b) waiver

D.6. Medicaid Program New Initiatives: Episodes Of Care

- In 2015, Ohio began implementation of a program that measures and rewards performance on high-cost episodes of care.
 - An episode of care is a set of services associated with a particular clinical procedure or treatment of a particular condition such as joint replacement surgery, asthma exacerbation, and breast cancer surgery.
- The program retrospectively calculates episode of care incentive payments and penalties based on a 12-month look-back period.
 - The Department of Medicaid sets “commendable” and “acceptable” cost levels and quality of care goals.
 - Claims are used to identify a principal accountable provider (PAP) for each episode.
 - A risk-adjusted cost per episode average is calculated for each PAP.
 - If quality standards are met, and the PAP’s cost average is below the commendable level, the PAP receives an incentive payment. If the PAP’s average risk-adjusted cost is above the acceptable level, the PAP owes payment.
- In 2019, Ohio removed 11 episodes from reporting, and originally planned to remove two more in 2020, bringing the total to 30.
 - Specific behavioral health measures – such as ADHD Episode of Care – were removed.
- In July 2020, Ohio announced the suspension of the Episodes of Care program through 2022, due to the public health crisis caused by COVID-19.
- As of August 27, 2021, the state issued a statement that it plans to resume parts of the core EOC program as follows: 2018 Negative collection resumed and releasing 2019 Annual Reports & Incentives.

D.6. Medicaid Program New Initiatives: Timeline



E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	MyCare Ohio Dual Eligible Demonstration	PACE
Enrollment (December 2022)	122,432	148,630	501
Estimated SMI Enrollment	39,178	42,913	166
Management	Ohio Department of Medicaid	Five health plans	One non-profit organization
Payment Model	FFS	Blended capitated rate	Blended capitated rate
Geographic Service Area	Statewide	29 counties in seven regions	Cleveland area

Total Dual Eligible Enrollment: 271,563 | Total Dual Eligible Enrollment With SMI: 86,900

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

** D-SNP enrollment can be found on slide E2

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete LP	UnitedHealthcare	Medicare Advantage D-SNP	44,699	14,304
Anthem MediBlue Dual Advantage	Anthem Blue Cross and Blue Shield In Ohio	Medicare Advantage D-SNP	40,584	13,809
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	27,902	8,929
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	13,386	4,284
Aetna Medicare Assure	Aetna Better Health	Medicare Advantage D-SNP	11,881	3,802
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	6,029	1,929
The Health Plan SecureCare	The Health Plan	Medicare Advantage D-SNP	29,37	940
CareSource Dual Advantage	CareSource	Medicare Advantage D-SNP	2,739	876
WellCare Dual Access	Buckeye Community Health Plan, Inc	Medicare Advantage D-SNP	2,618	838
UnitedHealthcare Dual Complete Choice	UnitedHealthcare	Medicare Advantage D-SNP	2,493	798

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment (excluding D-SNP) as of December 2022 was 271,563.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles receive Medicaid services through the Medicaid FFS delivery system, PACE, or a dual eligible demonstration health plan. Dual eligibles are excluded from the regular managed care program.
- Total D-SNP enrollment as of January 2023 was 106,534. Total SMI enrollment for D-SNP plans as of December was 52,596.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

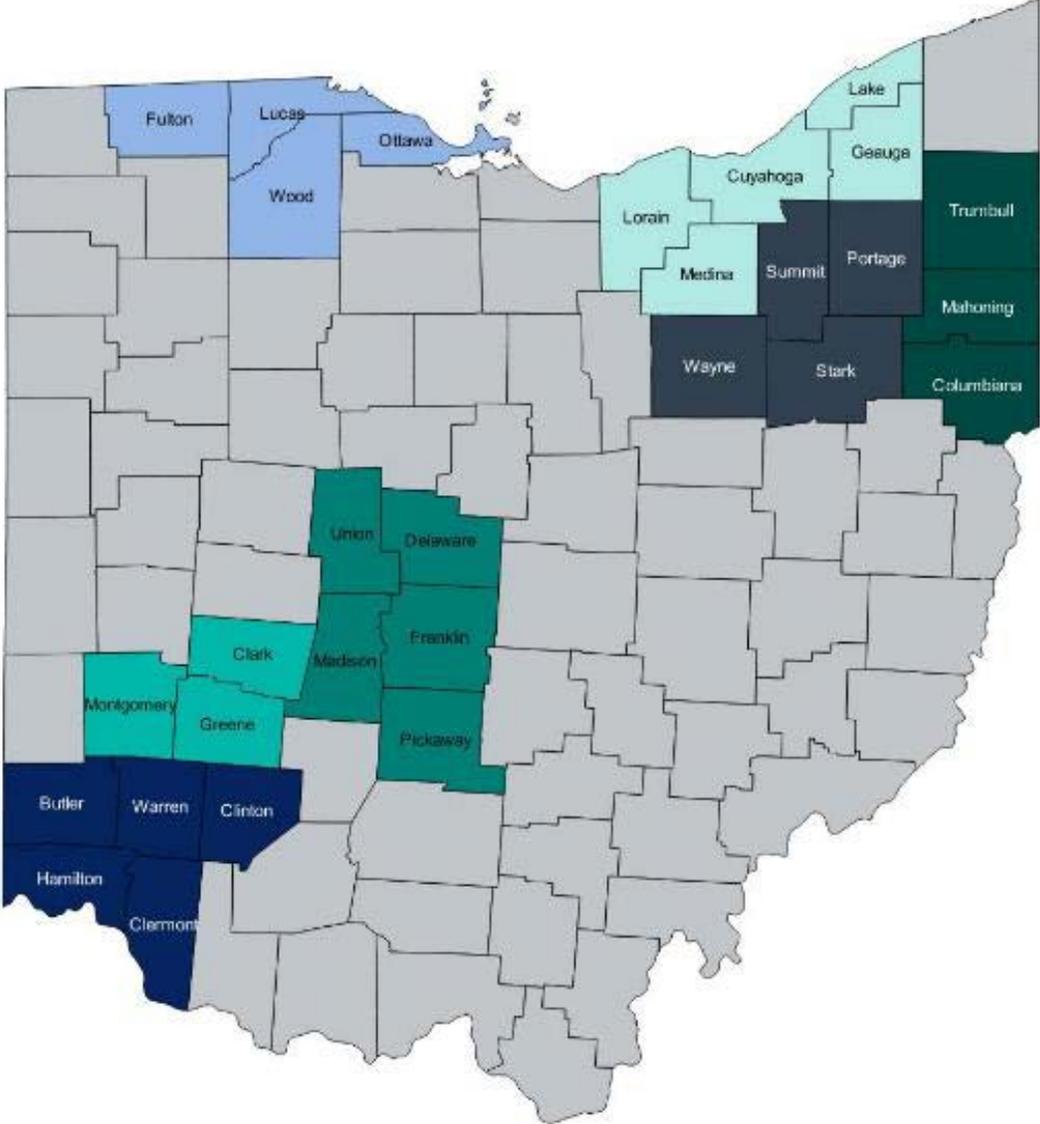
- Ohio began enrolling members in select counties into its dual eligible demonstration program, called MyCare Ohio, in 2014.
- As of December 2022, there are 148,630 individuals enrolled in the program.
- The program was scheduled to expire on December 31, 2017; however, the three-way contract has been extended to December 31, 2023.
- The state has announced an intention to release an RFP for the program in the next few years.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

MyCare Ohio Dual Eligible Demonstration Overview	
Target Population	<p>Full benefit dual eligibles, ages 18 and above in the selected regions. Excludes:</p> <ol style="list-style-type: none"> 1. Individuals who are served through an I/DD 1915 (c) HCBS waiver or an ICF/IDD 2. Program for All-inclusive Care for the Elderly (PACE) participants 3. Individuals enrolled in Medicaid and Medicare with creditable third party insurance
Geographic Service Area	<ul style="list-style-type: none"> • 29 total counties spread across seven geographic regions • Every county has at least two plans
Enrollment Model	<ul style="list-style-type: none"> • Mandatory enrollment • Beneficiaries may opt-out of receiving Medicare services through the demonstration but must receive their Medicaid benefits from a demonstration plan.
Care Delivery Model	<ul style="list-style-type: none"> • Capitated model; Health plans are called Integrated Care Delivery System (ICDS) plans. • Each beneficiary must be given a comprehensive assessment within 90 days of enrollment, a risk assignment, an individualized care plan, and a multi-disciplinary care team.
Benefits	Benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including waiver-based long-term services and supports (LTSS) and behavioral health.
Payment Model	Separate capitation payments for the Medicaid and Medicare components of the services
Practice Performance & Improvement	<ul style="list-style-type: none"> • Combined set of core metrics (CMS, NCQA/HEDIS, HOS, AHRQ/CAHPS) consistent with Medicare requirements, plus additional Medicaid measures identified by the state • In 2020, a 3% quality withhold was applied to the Medicaid and Medicare A/B components of the rate. Part D payments are not subject to a quality withhold.

E.4. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio Demonstration Regions

Region	Estimated December 2022 Enrollees
Central	21,670
East Central	20,786
Northeast	40,095
Northeast Central	12,330
Northwest	12,449
Southwest	14,031
West Central	16,199
Total	137,560



E.4. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio Demonstration Regions & Health Plans

Region	Counties	Aetna	Buckeye Community Plan	CareSource	Molina	United Healthcare
Central	Delaware, Franklin, Madison, Pickaway, Union	X			X	
East Central	Portage, Stark, Summit, Wayne			X		X
Northeast	Cuyahoga, Geauga, Lake, Lorain, Medina		X	X		X
Northeast Central	Columbiana, Mahoning, Trumbull			X		X
Northwest	Fulton, Lucas, Ottawa, Wood	X	X			
Southwest	Butler, Clermont, Clinton, Hamilton, Warren	X			X	
West Central	Clark, Greene, Montgomery		X		X	

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2020)	134,104
Estimated SMI Enrollment	45,594
Management	<ul style="list-style-type: none"> • Physical health: Five health plans • Behavioral health: Five health plans • Pharmacy: Five health plans
Payment Model	Separate capitation payments for the Medicaid and Medicare components of the services
Geographic Service Area	Statewide

*Long-Term Services & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	X (Not in demonstration counties)		X (In demonstration counties)
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients			X
Other populations	<ul style="list-style-type: none"> Individuals eligible for HCBS waiver services administered by the Department of Medicaid Retroactive eligibility Individuals in a PACE program 	<ul style="list-style-type: none"> American Indians Individuals eligible for developmental disability HCBS waiver services 	<ul style="list-style-type: none"> Individuals eligible for state plan HCBS Individuals in need of treatment for Breast and Cervical Cancer

F.2. LTSS Medicaid Financing & Delivery System: Overview

- LTSS beneficiary enrollment as of December 2020 was 45,954.
- In Ohio, LTSS beneficiaries receive long-term services and supports through the MyCare Ohio Dual Eligible Demonstration, in the counties where it is available.
 - For more information on this demonstration, see [slide 56](#).
- The state has announced an intention to release an RFP in the future related to the MyCare Ohio Dual Eligible Demonstration.
 - As of January 2023, the state has not yet released an RFP related to the MyCare Dual Eligible Demonstration.
 - Per CMS there was a contract amendment to push out the end of the contract until December 31, 2023.

F.3. Medicaid LTSS Program: Health Plan Characteristics

Aetna Better Health

1. Profit status: For-profit
2. Parent company: CVS Health
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS/Caremark

Buckeye Community Health Plan

1. Profit status: For-profit
2. Parent company: Centene Corporation
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefit manager: CVS/Caremark

CareSource

1. Profit status: Non-profit
2. Parent company: CareSource
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Express Scripts

Molina Healthcare of Ohio, Inc.

1. Profit status: For-profit
2. Parent company: Molina
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS/Caremark

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: OptumRx

F.4. Medicaid LTSS Program: Health Benefits

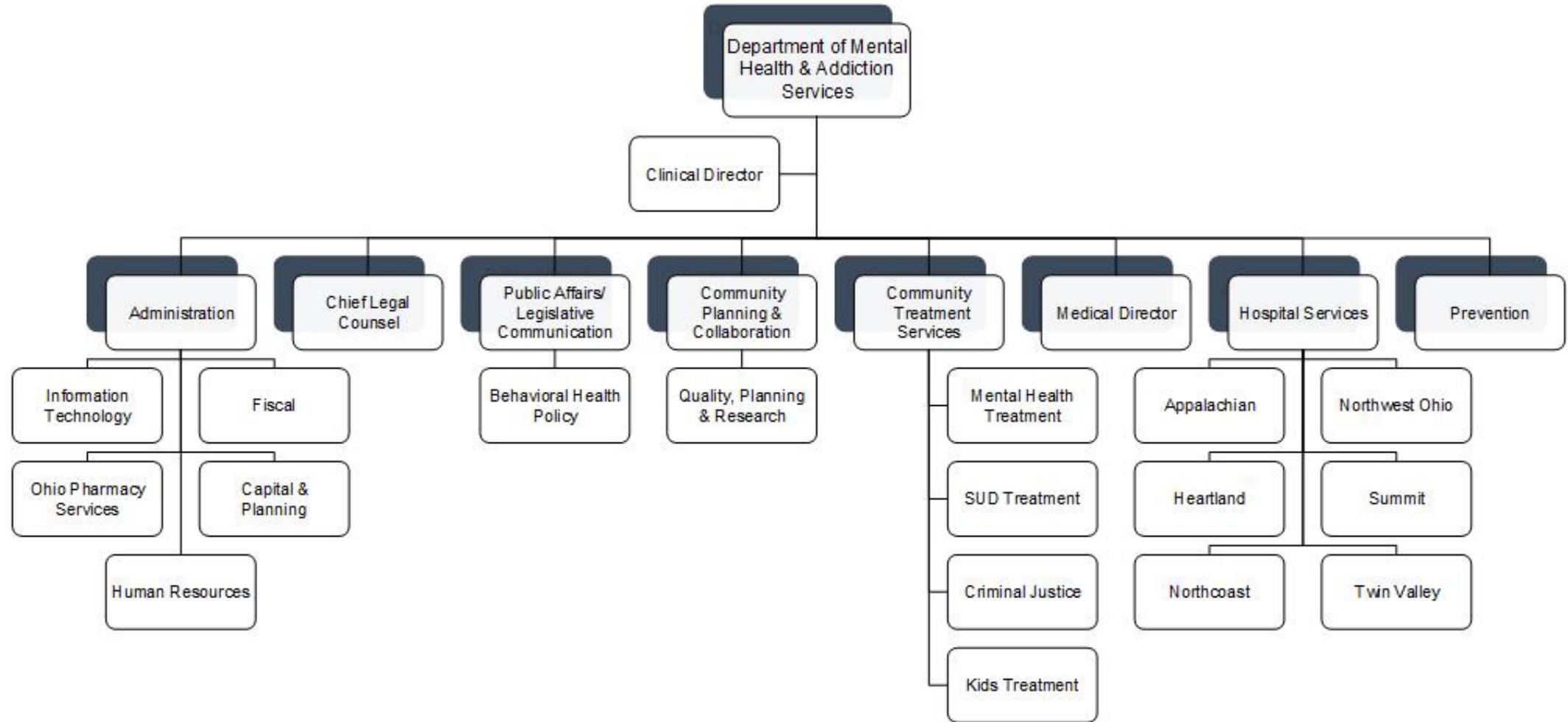
- The MyCare Ohio Dual Eligible Demonstration Benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including waiver-based long-term services and supports (LTSS) and behavioral health.

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Ohio has announced their intentions for an RFP related to their MyCare Ohio Dual Eligible Demonstration.
- As of January 2023, there has been no further information on this.
- Per CMS there was a contract amendment to push out the end of the contract until December 31, 2023.

G. State Behavioral Health Administration & Finance System

G.1. Department Of Mental Health & Addiction Services: Organization Chart



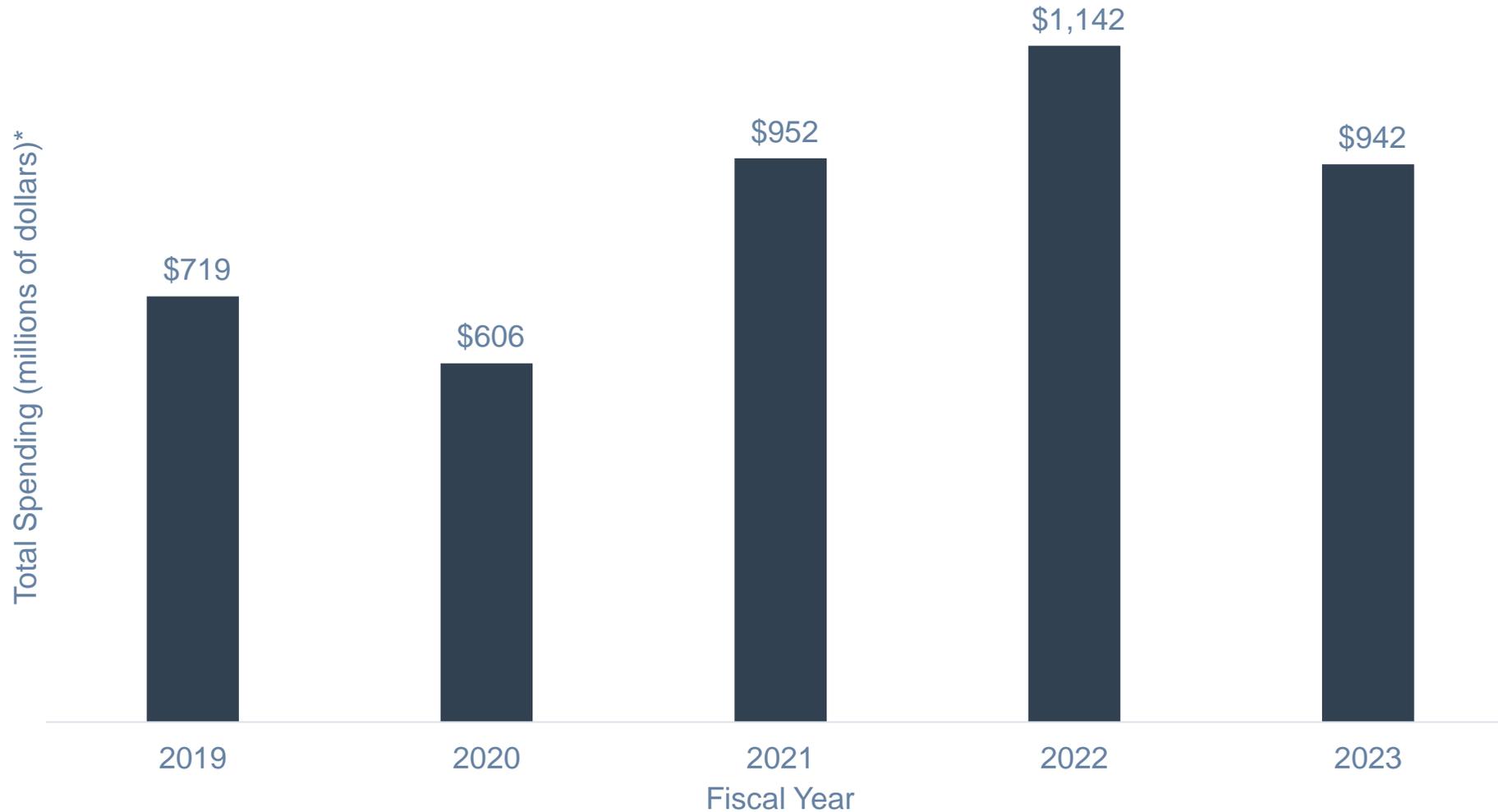
G.1. Department Of Mental Health & Addiction Services: Key Leadership

Name	Position	Department	Email
Lori Criss	Director	Department of Mental Health and Addiction Services (Ohio MHAS)	lori.criss@mha.ohio.gov
Justin Trevino, M.D.	Medical Director	Ohio MHAS	justin.trevino@mha.ohio.gov
Jamie Carmichael	Assistant Director of Community Planning and Collaboration	Ohio MHAS	Jamie.Carmichael@mha.ohio.gov
Lois Hochstetler	Assistant Director of Community Treatment Services	Ohio MHAS	lois.hochstetler@mha.ohio.gov
Vacant	Assistant Director of Clinical Services	Ohio MHAS	N/A
Johnathan Baker	Chief of Staff	Ohio MHAS	johnathan.baker@mha.ohio.gov
Melissa Bacon	Deputy Director for Behavioral Health Policy	Ohio MHAS	Melissa.Bacon@mha.ohio.gov
Angelika McClelland	Deputy Director for Public Affairs, Chief Communications Officer	Ohio MHAS	Angelika McClelland@mha.ohio.gov
Vacant	Deputy Director for Office of Quality, Planning and Research	Ohio MHAS	N/A
Dex Stanger	Chief Fiscal Officer	Ohio MHAS	N/A
Merissa McKinstry	Deputy Director for Hospital Services	Ohio MHAS	merissa.mckinstry@mha.ohio.gov

G.2. Department Of Mental Health & Addiction Services: Spending

Budget Item	2023 Spending	Percent Of Total Spending
Hospital Services and Operating Expenses	\$262,210,314	28%
Other	\$161,931,905	17%
State Opioid Response	\$110,176,079	12%
Ohio Pharmacy Services	\$100,512,696	11%
Continuum of Care Services	\$85,964,846	9%
Substance Abuse Block Grant	\$65,865,756	7%
Addiction Services Partnership with Corrections	\$34,409,472	4%
Menta Health Facilities Lease Rental Bond Payment	\$27,000,000	3%
Mental Health Block Grant	\$22,058,470	2%
Statewide Treatment and Prevention	\$20,600,000	2%
Criminal Justice Services	\$17,805,937	2%
Central Administration	\$17,555,983	2%
Residential State Supplement	\$16,000,000	2%
Total Budget: \$942,091,458		

G.2. Department Of Mental Health & Addiction Services: Spending Over Time



G.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	Location	Beds	Year To Date Admissions As of January 2023	Year To Date Discharges As of January 2023
Appalachian Behavioral Healthcare	Athens	92	124	120
Heartland Behavioral Healthcare	Massillon	156	245	239
Northcoast Behavioral Healthcare	Northfield	258	449	432
Northwest Ohio Psychiatric Hospital	Toledo	114	130	132
Summit Behavioral Healthcare	Cincinnati	291	181	178
Twin Valley Behavioral Healthcare	Columbus	178	332	322
Total		1,089	1,461	1,423

G.3. State Psychiatric Institutions

State Psychiatric Institution Catchment Areas

- Appalachian Behavioral Healthcare
- Heartland Behavioral Healthcare
- Northcoast Behavioral Healthcare
- Northwest Ohio Psychiatric Hospital
- Summit Behavioral Healthcare
- Twin Valley Behavioral Healthcare



G.4. Behavioral Health Safety-Net Delivery System

- Ohio delivers behavioral health services to the safety-net population through 51 alcohol, drug addiction, and mental health service districts administered by boards at the county or multi-county level.
 - The boards are established by county commissioners.
 - The Ohio MHAS oversees and distributes state and federal funds to the boards.
 - The boards may also be financed with local funds.
- The county and multi-county districts may choose to offer combined services through Alcohol, Drug Addiction and Mental Health (ADAMH) boards, or they may separate the two service lines, offering mental health services through Community Mental Health (CMH) boards and addiction treatment services through Alcohol and Drug Addiction Services (ADAS) boards.
- The boards enter contracts with public and private facilities and provider organizations for the provision of addiction and mental health services, including the following:
 - Prevention and wellness management
 - Outreach and engagement
 - Assessment
 - Care coordination
 - Residential services
 - Outpatient services
 - Inpatient services
 - Addiction services and recovery supports
 - Opioid treatment services

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	38.2% of adults age 18 to 64, not dually eligible for Medicare, who qualify for Medicaid based on a disability	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicare-and-chip/
	8.1% of persons in the Medicaid expansion population	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. 2021 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved January 2023 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. 2021 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved January 2023 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. 2021 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved January 2023 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau 2021 Population Distribution by Race/Ethnicity. Retrieved January 2023 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

B.2. Population Centers

1. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved January 2023 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
2. U.S. Census Bureau. (2019). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved January 2023 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2019). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved January 2023 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
4. United States Census Bureau. (2019, July 1). Metropolitan and Micropolitan Statistical Areas Population Totals and Components of Change: 2019. Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>
5. Federal Reserve Bank of St Louis. (2022, March, 31) MSA Resident Population. Retrieved December 2022 from fred.stlouisfed.org

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2022). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2022 Beneficiaries. Retrieved January 2023. <https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2021). Retrieved January 2023. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics>
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2021). Retrieved January 2023. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2022). Serious Mental Illness Prevalence Estimates.

H.3. Sources

B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2022, December). Health Plans Database.
2. TRICARE. (2020, July 9). Beneficiaries by Location. Retrieved January 2023 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2022). Subscription Database. www.markfarrah.com

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2022, December). Health Plans Database.
2. TRICARE. (2020, July 9). Beneficiaries by Location. Retrieved January 2023 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2022). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. Health Insurance (2021, December 16). Ohio health insurance marketplace: history and news of the state's exchange. Retrieved January 2023 from <https://www.healthinsurance.org/ohio-state-health-insurance-exchange/>

B.6. ACOs

1. OPEN MINDS. (2021). ACO Database.

C.1. Medicaid Governance: Organizational Chart

1. Ohio Department of Health. (2020, August). Organizational Chart. Retrieved January 2023 from https://odh.ohio.gov/wps/wcm/connect/gov/bb783059-ba6a-4042-9276-21eac064e9e6/Visio-ODH+TO_8-10-2020_with+names+only+%281%29.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-bb783059-ba6a-4042-9276-21eac064e9e6-nfftYTs

C.1. Medicaid Governance: Key Leadership

1. Ohio Department of Medicaid. (2019, March 28). Medical Care Advisory Committee January 2023. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Resources/Workgroups/AdvisoryCommittee/2019-MCAC-Meeting-Materials.pdf>
2. Ohio Department of Medicaid. Director's Biography. Retrieved January 2023 from <https://medicaid.ohio.gov/MEDICAID-101/Directors-Biography>
3. Ohio Department of Medicaid. (2020, October 6). Medicaid Enrollment of Group Practices. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/PolicyGuidance/102020-Group-Practice-Enrollment-Memo.pdf>

H.3. Sources

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>
2. Kaiser Family Foundation. (2020). Federal Medical Assistance Percentages FY 2023. Retrieved January 2023 from <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
3. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>
3. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
4. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved January 2023 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved January 2023 from <https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf>

H.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2019, November). Medicaid Enrollment Data Collected Through MBES 2018 Q4. Retrieved January 2023 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved January 2023 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
2. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>

D.1. Medicaid Financing & Service Delivery System

1. Derived from information found throughout Section D.
2. Ohio Department of Medicaid. (2022, December). Ohio Enrollment Dashboard. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe-Timeline?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>
2. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
3. Ohio Department of Medicaid. (2020, April). Ohio Special Needs Children's Waiver (OH-13). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24357>

D.2. Medicaid FFS Program: Overview

1. Ohio Department of Medicaid. (2022, December). Ohio Enrollment Dashboard. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe-Timeline?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

H.3. Sources

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Ohio Department of Medicaid. (2021, January 15). Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual. Retrieved January 2023 from https://bh.medicaid.ohio.gov/Portals/0/Providers/Manual/1-15-2021%20BH%20Manual%20FV%201_16.pdf?ver=Us3ztX8kkFTPWWI1Z4AXkQ%3d%3d
2. Ohio Department of Medicaid. (2019, December 17). State Plan Amendment 19-021. Retrieved January 2023 from <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-19-0021.pdf>

D.2. Medicaid FFS Program: Specialized Recovery Services

1. Ohio Department of Medicaid. (2017, September 20). Ohio State Plan Amendment (SPA) TN 17-017. Retrieved January 2023 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-17-017.pdf>
2. Ohio Department of Medicaid. (2018, February). Recovery Management Services under the Specialized Recovery Services Program (1915i HCBS Program) (OH-15). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=38833>
3. Ohio Department of Medicaid. (2017, July 10). Specialized Recovery Services Program: Diagnosed Chronic Conditions. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/SRS/Provider-Toolkit.pdf>
4. Ohio Department of Medicaid. (2021, January). The Ohio Department Of Medicaid Ohio Medical Assistance Provider Agreement For Managed Care Plan. Retrieved January 2023 from https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/2021_01_MMC_Final_V2.pdf?
5. Ohio Department of Medicaid. (2021). Specialized Recovery Services. Retrieved January 2023 from <https://medicaid.ohio.gov/Provider/SRS>
6. Ohio Department of Medicaid. (2021). Specialized Recovery Services Eligibility Checklist. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/SRS/SRS-Eligibility-Checklist.pdf>
7. Ohio Department of Medicaid. (2020, July). Specialized Recovery Services Consumer Handbook. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/SRS/ConsumerHandbook.pdf>
8. Ohio Department of Medicaid. (2021). Specialized Recovery Services. Retrieved January 2023 from <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Specialized-Recovery-Services>

D.2. Medicaid FFS Program: SRS Regions

1. Ohio Department of Medicaid. (2017, July 10). Specialized Recovery Services Program: Diagnosed Chronic Conditions. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/SRS/Provider-Toolkit.pdf>

D.2. Medicaid FFS Program: SMI Population

1. OPEN MINDS. (2022). Serious Mental Illness Prevalence Estimates.
2. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>

H.3. Sources

D.2 Medicaid FFS Program: Pharmacy Benefits

1. Ohio Department of Medicaid. (2021, January 1). Unified Preferred Drug List. Retrieved January 2023 from <https://pharmacy.medicaid.ohio.gov/sites/default/files/New%20UPDL%20Format%20.pdf#overlay-context=>
2. State of Ohio. (2019, January). 5160-20-01 Coordinated services program. Retrieved January 2023 from <http://codes.ohio.gov/oac/5160-20-01v1>
3. Ohio Department of Medicaid. (2020, November 17). Pharmacy Provider Manual Billing Procedure Guide. Retrieved January 2023 from https://pharmacy.medicaid.ohio.gov/sites/default/files/Provider_Manual_FINAL.pdf#overlay-context=pharmacy-billing-information
4. Ohio Department of Medicaid. (2019). Coordinated Services Program FAQ. Retrieved January 2023 from <https://pharmacy.medicaid.ohio.gov/sites/default/files/2019%20CSP%20FAQ.pdf>

D.3. Medicaid Managed Care Program: Overview

1. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>
2. Ohio Department of Medicaid. (2021, January). The Ohio Department Of Medicaid Ohio Medical Assistance Provider Agreement For Managed Care Plan. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/Medicaid-Managed-Care-Generic-PA.pdf>
3. Ohio Department of Medicaid. (2019, May 23). Ohio Group VIII Work Requirement and Community Engagement Section 1115 Demonstration. Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=48084>
4. Ohio Department of Medicaid. (2020, December). Ohio Enrollment Dashboard. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe-Timeline?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

D.3. Medicaid Managed Care Program: Managed Care Plan Characteristics

1. Ohio Department of Medicaid. (2020, February 18). Ohio Medicaid Pharmacy Reference Guide. Retrieved January 2023 from https://pharmacy.medicaid.ohio.gov/sites/default/files/MCP_Pharmacy_Reference_Guide_20200218.pdf
2. Ohio Department of Medicaid. (2020, December). Medicaid Managed Health Care Monthly Enrollment Reports. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>
3. Buckeye Health Plan. (2020). Provider Manual. Retrieved January 2023 from https://www.buckeyehealthplan.com/content/dam/centene/Buckeye/medicaid/pdfs/BHP-OH_ProviderManual_2020.pdf
4. CareSource. (2020). Provider Manual. Retrieved January 2023 from <https://www.caresource.com/documents/oh-provider-manual/>
5. Molina Healthcare. (2021, January). Provider Manual. Retrieved January 2023 from https://www.molinahealthcare.com/~/_media/Molina/PublicWebsite/PDF/providers/oh/medicaid/manual/oh-combined-provider-manual.pdf
6. Paramount. Provider Manual. Retrieved January 2023 from <https://www.paramounthealthcare.com/assets/documents/provider/advantage-provider-manual.pdf>
7. UnitedHealthcare. (2021). Care Provider Manual. Retrieved January 2023 from <https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home/oh-cp-manual.html>

H.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>
2. Ohio Department of Medicaid. (2021, January). The Ohio Department Of Medicaid Ohio Medical Assistance Provider Agreement For Managed Care Plan. Retrieved January 2023 from https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/2021_01_MMC_Final_V2.pdf?
3. Ohio Department of Medicaid. (2019, March 23). Ohio Group VIII Work Requirement and Community Engagement Section 1115 Demonstration. Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=48084>

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Ohio Department of Medicaid. (2021, January). The Ohio Department Of Medicaid Ohio Medical Assistance Provider Agreement For Managed Care Plan. Retrieved January 2023 from https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/2021_01_MMC_Final_V2.pdf?
2. State of Ohio. (2018, January). Chapter 5160-27 Community Mental Health Agency Services. Retrieved January 2023 from <http://codes.ohio.gov/oac/5160-27>

D.3. Medicaid Managed Care Program: SMI Population

1. OPEN MINDS. (2022). Serious Mental Illness Prevalence Estimates.
2. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>

D.3. Medicaid Managed Care Program: Pharmacy Benefit

1. Ohio Department of Medicaid. (2021, January). The Ohio Department Of Medicaid Ohio Medical Assistance Provider Agreement For Managed Care Plan. Retrieved January 2023 from https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/2021_01_MMC_Final_V2.pdf?
2. Ohio Department of Medicaid. (2019, April 2). Modernizing Medicaid's Pharmacy Program. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Resources/Budget/ModernizingPharmacy.pdf>
3. Ohio Department of Medicaid. (2021, January 1). Ohio Unified Preferred Drug List. Retrieved January 2023 from <https://pharmacy.medicaid.ohio.gov/sites/default/files/New%20UPDL%20Format%20.pdf#overlay-context=>
4. Ohio Pharmacists Association. Governor DeWine signs Ohio budget bill overhauling Medicaid pharmacy program. Retrieved January 2023 from https://www.ohiopharmacists.org/aws/OPA/pt/sd/news_article/242872/_PARENT/layout_interior_details/false
5. Ohio Department of Medicaid. (2018). Ohio Medicaid Pharmacy Program. Retrieved January 2023 from <https://pharmacy.medicaid.ohio.gov/>
6. Ohio Department of Medicaid. (2021, January 11). Ohio Medicaid Single Pharmacy Benefit Manager (SPBM). Retrieved January 2023 from <https://managedcare.medicaid.ohio.gov/wps/portal/gov/manac/managed-care/single-pharmacy-benefit-manager>

H.3. Sources

D.4. Medicaid Program: Care Coordination Initiatives

1. Ohio Department of Medicaid. (2018, July 10). OH-18-0014. Retrieved January 2023 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-18-0014.pdf>
2. Ohio Department of Medicaid. Behavioral Health Care Coordination Program. Retrieved January 2023 from <https://bh.medicaid.ohio.gov/Provider/BHCC>

D.4. Medicaid Program Care Coordination Initiatives: PCMH Program

1. Ohio Department of Medicaid. (2020, December 31). Ohio Comprehensive Primary Care. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/CPC/CPC-Program-Updates.pdf?ver=2019-06-20-131208-510>
2. Ohio Department of Medicaid. Total Cost of Care Shared Savings Methodology. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/CPC/SharedSavingsMethodology.pdf?ver=2017-12-12-101215-823>
3. Ohio Department of Medicaid. (2018, December 20). Ohio CPC – 2019 Program Year Kickoff. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/CPC/CPC-Practive-Webinar-12202018.pdf>
4. Ohio Department of Medicaid. (2020, February 11). CPC for Kids. Retrieved January 2023 from https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-19-0025_0.pdf

D.4. Medicaid Program Care Coordination Initiatives: PCMH Program Requirements

1. Ohio Department of Medicaid. (2020, December 31). Ohio Comprehensive Primary Care. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/CPC/CPC-Program-Updates.pdf?ver=2019-06-20-131208-510>

D.4. Medicaid Program Care Coordination Initiatives: Behavioral Health Care Coordination Entities

1. Ohio Department of Medicaid. (2019, March 18). MITS BITS- Behavioral Health Care Coordination. Retrieved January 2023 from https://bh.medicaid.ohio.gov/Portals/0/Providers/MITS%20Bits/2019/BH-MITS-Bits_3-18-2019_Behavioral_Health_Care_Coordination.pdf
2. Ohio Department of Medicaid. (2019, January 15). Behavioral Health Care Coordination. Retrieved January 2023 from <https://bh.medicaid.ohio.gov/Portals/0/BHCC/01152019%20Re-opening%20of%20enrollment%20webinar%20vF.pdf>
3. Ohio Department of Medicaid. Behavioral Health Care Coordination Program. Retrieved January 2023 from <https://bh.medicaid.ohio.gov/Provider/BHCC>

D.5. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

H.3. Sources

D.6. Medicaid Program New Initiatives: Episodes Of Care

1. Ohio Department of Medicaid. (2021, August 27). Episodes of Care Program Updates. Retrieved January 2023 from <https://medicaid.ohio.gov/static/Providers/PaymentInnovation/Episodes/EOC+Updates+Letter+8-27-2021.pdf>
2. Ohio Department of Medicaid. (2019, January). SPA #19-003. Retrieved January 2023 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-19-003.pdf>
3. Ohio Department of Medicaid. (2018, December 5). Updates for performance year 2019. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/Episodes/20181205-EpisodeWebinar.pdf>
4. Ohio Department of Medicaid. (2019, November). Episode of Care Program Update. Retrieved January 2023 from <https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/Episodes-Program-Change-Memo.pdf>
5. Ohio Department of Medicaid. (2020, July 16). Episode of Care Program Suspension for Calendar Year 2020 and 2021. Retrieved January 2023 from https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/EOC_Suspension_Letter.pdf
6. https://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/EOC_Suspension_Letter.pdf
7. Ohio Department of Medicaid. (2020, December 3). SPA #20-0020. Retrieved January 2023 from <https://www.medicaid.gov/medicaid/spa/downloads/OH-20-0020.pdf>

D.6. Medicaid Program New Initiatives: Work & Community Engagement Requirements

1. Ohio Department of Medicaid. (2019, May 23). Ohio Group VIII Work Requirement and Community Engagement Section 1115 Demonstration. Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=48084>
2. MSN. (2020, October 1). Ohio Medicaid Work Requirements, Planned to Begin Jan 1, on Hold. Retrieved January 2023 from <https://www.msn.com/en-us/news/politics/ohio-medicaid-work-requirements-planned-to-begin-jan-1-on-hold/ar-BB19BSou>

D.6. Medicaid Program Initiatives: Timeline

1. Derived from information found throughout Section D.

E.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved January 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved January 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html>

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved January 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved January 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html>

H.3. Sources

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2018, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved January 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
2. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>
3. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
2. Ohio Department of Medicaid. (2019, February). The Ohio Department of Medicaid MyCare Ohio Provider Agreement For MyCare Ohio Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/2019-02-MyCareOhio-PA.pdf>

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives cont.

1. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
2. Ohio Department of Medicaid. (2019, February). The Ohio Department of Medicaid MyCare Ohio Provider Agreement For MyCare Ohio Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/2019-02-MyCareOhio-PA.pdf>
3. Ohio Department of Medicaid. (2020, February). Ohio Demonstration Three-way Contract. Retrieved January 2023 from <https://www.cms.gov/files/document/ohcontractamendment.pdf>
4. Ohio Department of Medicaid. (2020, January). The Ohio Department of Medicaid Mycare Ohio Provider Agreement for Mycare Ohio Plan. Retrieved January 2023 from https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/01_2020_MCOP_Final_Rates.pdf

E.4. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio Demonstration Regions

1. Ohio Department of Medicaid. (2020, March). Medicaid Managed Health Care Monthly Enrollment Reports. Retrieved January 2023 from <https://www.medicaid.ohio.gov/RESOURCES/Reports-and-Research/Medicaid-Managed-Care-Plan-Enrollment-Reports>

E.4. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio Demonstration Regions & Health Plans

1. Ohio Department of Medicaid. (2018, December). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>

H.3. Sources

F.1 LTSS Financing & Service Delivery System

1. OPEN MINDS. (2016, December 20). State Medicaid Programs With MLTSS: The 2016 OPEN MINDS Update. Retrieved January 2023 from <https://www.openminds.com/intelligence-report/state-medicaid-programs-mltss-2016-open-minds-update/>
- OPEN MINDS. (2017, October 19). State Medicaid Programs With MLTSS: The 2017 OPEN MINDS Update. Retrieved January 2023 from <https://www.openminds.com/intelligence-report/state-medicaid-programs-mltss-2017-open-minds-update/>
2. OPEN MINDS. (2019, April 5). State Medicaid Programs With MLTSS: The 2019 OPEN MINDS Update. Retrieved January 2023 from <https://www.openminds.com/intelligence-report/state-medicaid-programs-with-mltss-the-2019-open-minds-update/>
3. OPEN MINDS. (2020, May 1). Medicaid Managed Long-Term Services & Supports: The 2020 OPEN MINDS Update. Retrieved January 2023 from <https://www.openminds.com/intelligence-report/medicaid-managed-long-term-services-supports-the-2020-open-minds-update/>
4. Kaiser Family Foundation. (2019, October 18). A View From The States: Key Medicaid Policy Changes: Results From A 50-State Medicaid Budget Survey For State Fiscal Years 2019 & 2020. Retrieved January 2023 from <https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-long-term-services-and-supports/>
5. Mathematica Policy Research. (2019, January). Managed Long-Term Services & Supports Design Supplement : Final Outcomes Evaluation. Retrieved January 2023 from <https://www.medicaid.gov/medicaid/downloads/final-eval-dsgn-mltss.pdf>
6. Centers for Medicare & Medicaid Services. (2012, July). The Growth Of Managed Long-Term Services & Supports (MLTSS) Programs: A 2012 Update. Retrieved January 2023 from https://www.medicaid.gov/medicaid/downloads/mltssp_white_paper_combined.pdf
7. BallotPedia. (2012). Historical Medicaid Statistics For All 50 States. Retrieved January 2023 from https://ballotpedia.org/Historical_Medicaid_statistics_for_all_50_states
8. Ohio Department of Medicaid. (2020, December). Ohio Enrollment Dashboard. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe-Timeline?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

F.1 Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

1. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
2. Ohio Department of Medicaid. (2019, February). The Ohio Department of Medicaid MyCare Ohio Provider Agreement For MyCare Ohio Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/2019-02-MyCareOhio-PA.pdf>
3. Ohio Department of Medicaid. (2020, March). Medicaid Managed Health Care Monthly Enrollment Reports. Retrieved January 2023 from <https://www.medicaid.ohio.gov/RESOURCES/Reports-and-Research/Medicaid-Managed-Care-Plan-Enrollment-Reports>

H.3. Sources

F.2. LTSS Medicaid Financing & Delivery System: Overview

1. Ohio Department of Medicaid. Ohio Medicaid State Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/MEDICAID-101/Medicaid-State-Plan#161135-30-services-general-provisions>
2. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
3. Ohio Department of Medicaid. (2020, December). Ohio Enrollment Dashboard. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe-Timeline?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

F.3. Medicaid LTSS Program: Health Plan Characteristics

1. Ohio Department of Medicaid. (2020, February 18). Ohio Medicaid Pharmacy Reference Guide. Retrieved January 2023 from https://pharmacy.medicaid.ohio.gov/sites/default/files/MCP_Pharmacy_Reference_Guide_20200218.pdf
2. Ohio Department of Medicaid. (2020, December). Medicaid Managed Health Care Monthly Enrollment Reports. Retrieved January 2023 from <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>
3. Aetna Better Health of Ohio. (2020). Provider Manual. Retrieved January 2023 from <https://www.aetnabetterhealth.com/ohio/assets/pdf/Provider%20News%20and%20Notices/Ohio%20Provider%20Manual%2002282020.pdf>
4. Buckeye Health Plan. (2020). Provider Manual. Retrieved January 2023 from https://www.buckeyehealthplan.com/content/dam/centene/Buckeye/medicaid/pdfs/BHP-OH_ProviderManual_2020.pdf
5. CareSource. (2020). Provider Manual. Retrieved January 2023 from <https://www.caresource.com/documents/oh-provider-manual/>
6. Molina Healthcare. (2021, January). Provider Manual. Retrieved January 2023 from <https://www.molinahealthcare.com/~media/Molina/PublicWebsite/PDF/providers/oh/medicaid/manual/oh-combined-provider-manual.pdf>
7. UnitedHealthcare. (2020). Care Provider Manual. Retrieved January 2023 from <https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home/oh-cp-manual.html>

F.4. MLTSS Program Benefits

1. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
2. Ohio Department of Medicaid. (2019, February). The Ohio Department of Medicaid MyCare Ohio Provider Agreement For MyCare Ohio Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/2019-02-MyCareOhio-PA.pdf>

F.5. MLTSS New Initiatives

1. Ohio Department of Medicaid. (2020, September 15). Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14). Retrieved January 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24359>
2. Ohio Department of Medicaid. (2019, February). The Ohio Department of Medicaid MyCare Ohio Provider Agreement For MyCare Ohio Plan. Retrieved January 2023 from <https://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/2019-02-MyCareOhio-PA.pdf>

H.3. Sources

G.1. Department Of Mental Health & Addiction Services: Organization Chart

1. Ohio Department of Mental Health and Addiction Services. (2020, February 5). Ohio Department of Mental Health and Addiction Services Table Of Organization. Retrieved January 2023 from https://mha.ohio.gov/Portals/0/assets/AboutUs/About%20OhioMHAS/MHAS-TO_020520.pdf?ver=2020-02-05-120802-730

G.1. Department Of Mental Health & Addiction Services: Key Leadership

1. Ohio Department of Mental Health and Addiction Services. (2021). Leadership Biographies. Retrieved January 2023 from <https://mha.ohio.gov/About-Us/About-OhioMHAS/OhioMHAS-Leadership>

G.2. Department Of Mental Health & Addiction Services: Budget

1. Ohio Office of Budget Management. (2022) Open Budget – Expenses By Functional Category. Retrieved January 2023 from <https://checkbook.ohio.gov/State/Budgets/default.aspx>
2. Ohio Office of Budget Management. (2021) Open Budget – Expenses By Functional Category. Retrieved January 2023 from <https://checkbook.ohio.gov/State/Budgets/default.aspx>

G.2. Department Of Mental Health & Addiction Services: Spending Over Time

1. Ohio Office of Budget Management. (2022) Open Budget – Expenses By Functional Category. Retrieved January 2023 from <https://checkbook.ohio.gov/State/Budgets/default.aspx>
2. Ohio Office of Budget Management. (2021) Open Budget – Expenses By Functional Category. Retrieved January 2023 from <https://checkbook.ohio.gov/State/Budgets/default.aspx>

G.3. State Psychiatric Institutions

1. Ohio Department of Mental Health and Addiction Services. (2021, January 14). Hospital Services Midnight Census Report As of January 2023 at Midnight. Retrieved January 2023 from <http://reports.mha.ohio.gov/pcs/dailycensus.pdf>

G.3 State Psychiatric Institution Catchment Areas

1. Ohio Department of Mental Health and Addiction Services. (2020, March). Hospital Catchment Areas. Retrieved January 2023 from <https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/StatePsychiatricHospitals/OhioMHAS-Hospitals-March2020.pdf?ver=2020-03-30-143827-710>

G.4. State Behavioral Health Safety-Net Delivery System

1. State of Ohio. State Code Chapter 340: Alcohol, Drug Addiction, and Mental Health Services. Retrieved January 2023 from <http://codes.ohio.gov/orc/340>
2. Ohio Department of Mental Health and Addiction Services. (2021). ADAMH Boards. Retrieved January 2023 from <https://mha.ohio.gov/Schools-and-Communities/ADAMH-Boards>
3. Ohio Association of County Behavioral Health Authorities. Ohio Association of County Behavioral Health Authorities. Retrieved January 2023 from <https://www.oacbha.org/>