OPEN MINDS

Ohio Health & Human Services Market Profile: 2024

Health & Human Services Market Profile Overview

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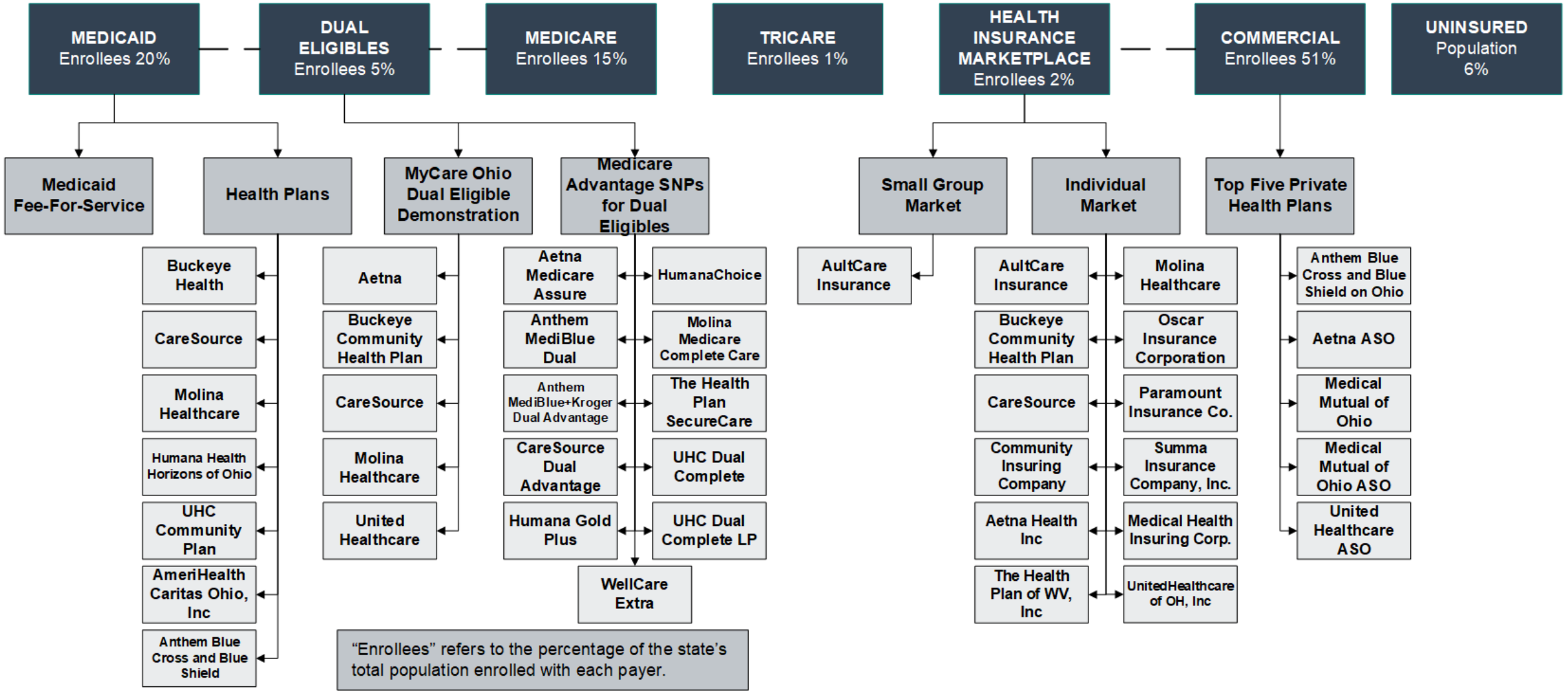
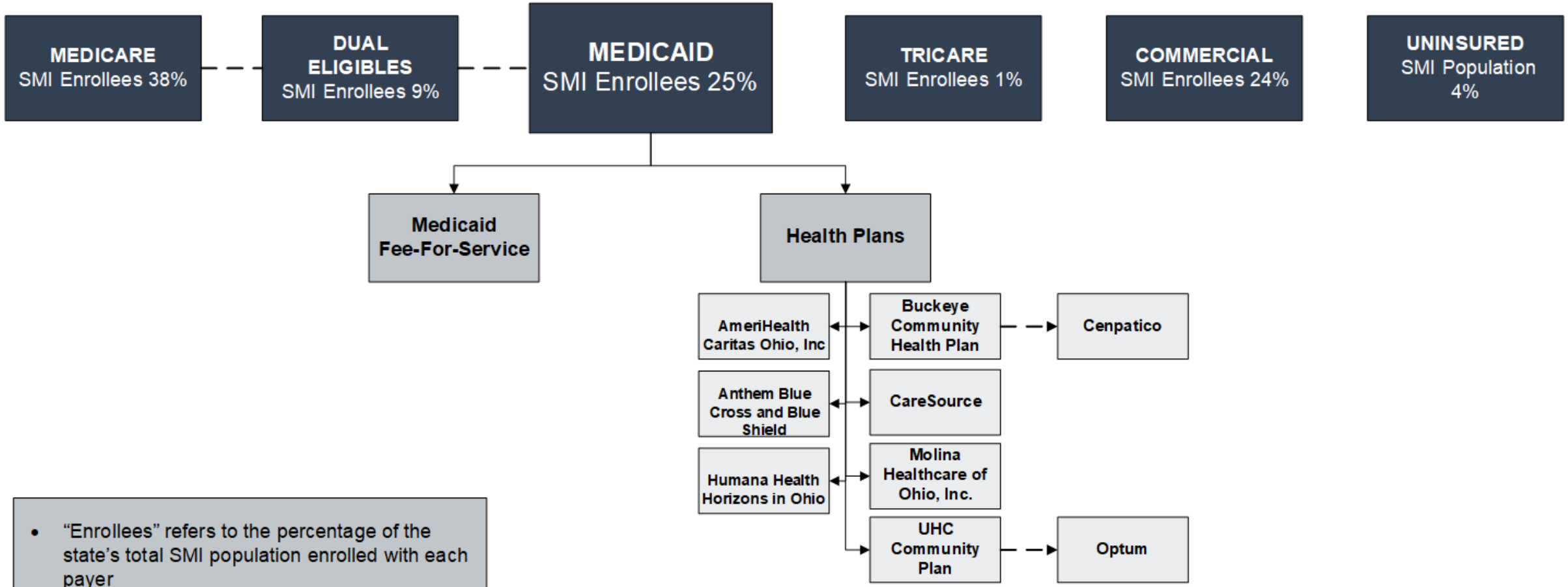
A. Executive Summary

A.1. Ohio Physical Health Care Coverage by Payer

Total Ohio Population- 11,756,058
Estimated SMI Population- 940,485



A.1. Ohio Behavioral Health Care Coverage by Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- — — → Denotes a behavioral health subcontractor

*Totals may not equal 100% due to rounding.

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	✓	The state currently operates fifteen CCBHCs.
Other Care Coordination Initiative		The state put a hold on implementation of the Behavioral Health Care Coordination program 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.

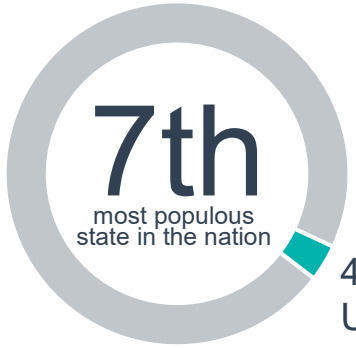
Addiction Treatment Services

- 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

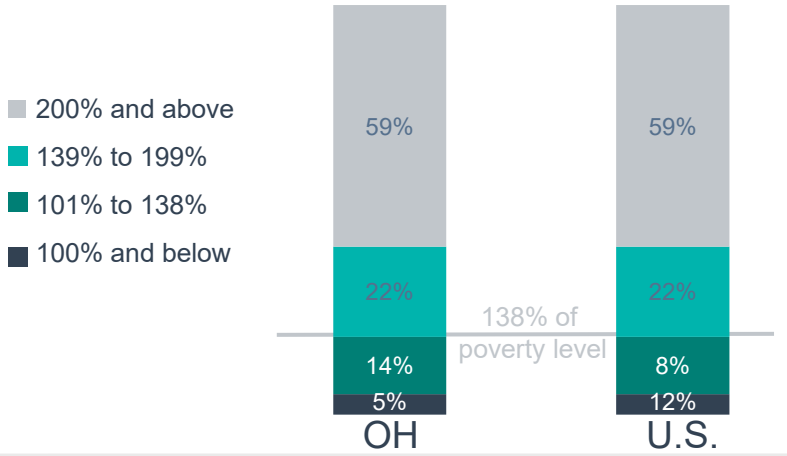
B.1. Population Demographics

Total Ohio Population-11,756,058
Estimated SMI Population- 940,485



4% of the
U.S. population

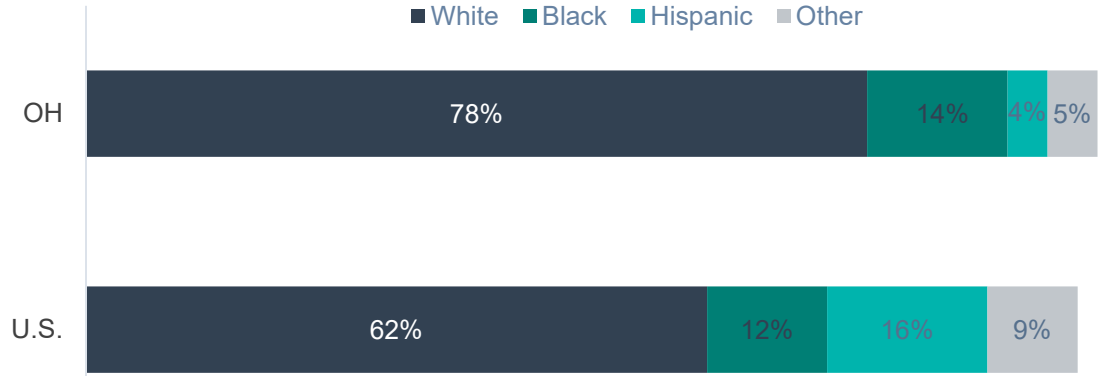
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Ohio	$65,720
U.S.	$74,755

Population Distribution By Age

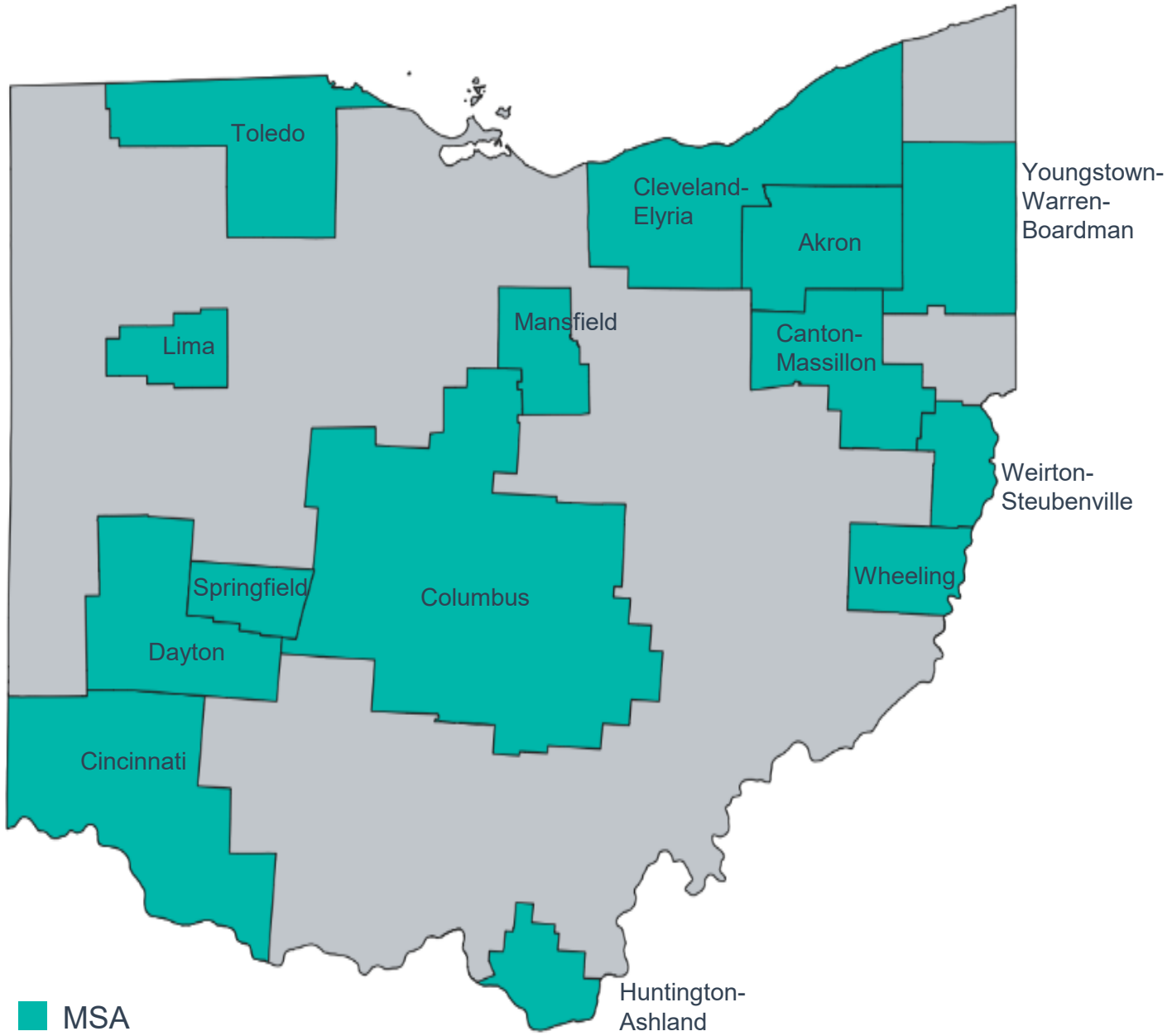
Ohio & U.S. Racial Composition



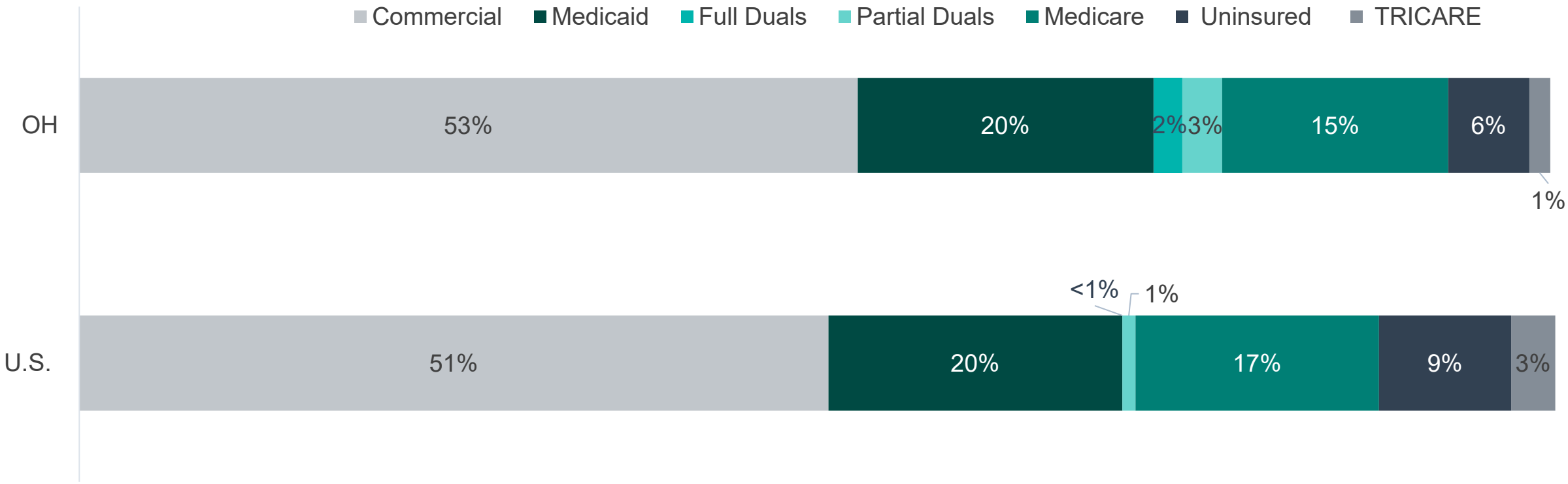
Totals may not equal 100% due to rounding.

B.2. Population Centers

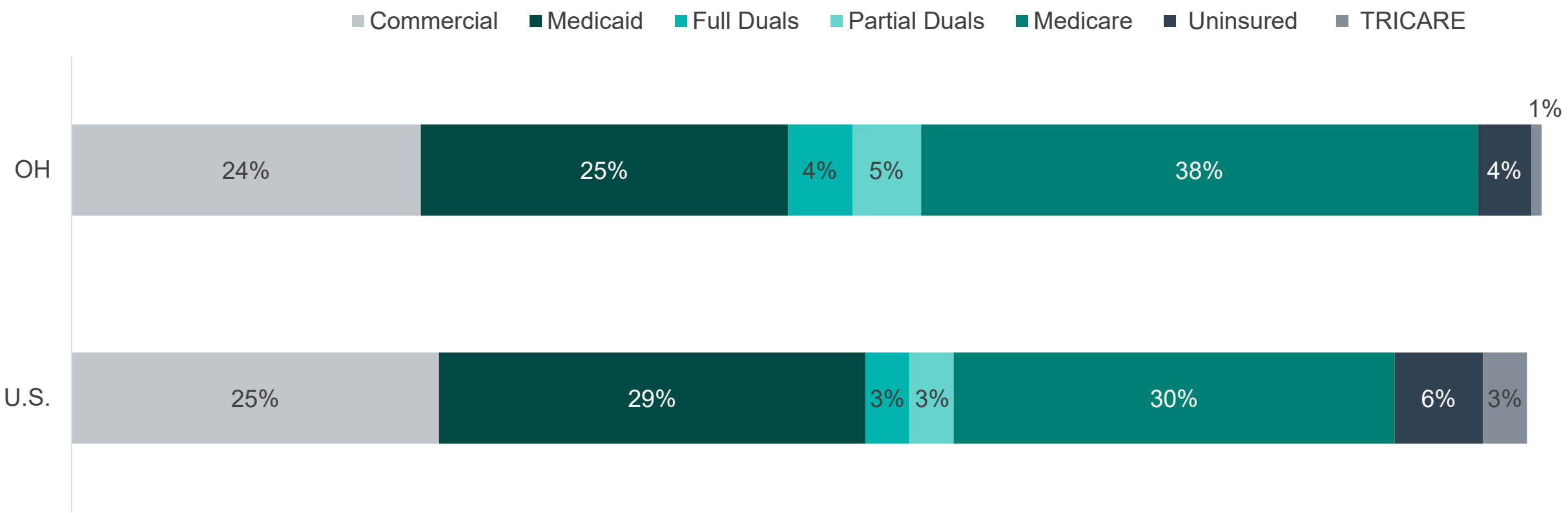
Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent of Population**
Total MSA Population	**10,618,590**	**90%**
Cincinnati, OH-KY-IN	2,265,051	19%
Columbus	2,161,511	18%
Cleveland-Elyria	2,063,132	18%
Dayton	812,595	7%
Akron	697,627	6%
Toledo	640,384	5%
Youngstown-Warren-Boardman, OH-PA	535,499	5%
Canton-Massillon	399,316	3%
Huntington-Ashland, WV-KY-PH	354,304	3%
Wheeling, WV-OH	136,708	1%
Springfield	134,831	1%
Other MSAs	417,632	4%



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



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



Totals may not equal 100% due to rounding.

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)	3,267,288
CareSource	Medicaid managed care	1,480,056
Medicare Fee-For-Service (FFS)	Medicare	1,104,813
Medica Mutual of Ohio ASO	Commercial ASO	703,138
UnitedHealthcare ASO	Commercial ASO	604,338
Coventry ASO	Commercial ASO	554,998
Medicaid FFS	Medicaid	549,089
Buckeye Health	Medicaid managed care	442,254
UnitedHealthcare Community Plan of Ohio	Medicaid managed care	388,517
Molina Healthcare of Ohio	Medicaid managed care	361,405

* Medicaid enrollment as of March 2023; TRICARE enrollment as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,104,813	250,793
CareSource	Medicaid managed care	1,480,056	171,686
Anthem Blue Cross Blue Shield of Ohio	Commercial ASO	3,267,288	133,959
Medicaid FFS	Medicaid	549,089	63,694
Anthem MediBlue Dual Advantage	Medicare Advantage	274,743	62,367
Buckeye Health	Medicaid managed care	442,254	51,301
Aetna Medicare	Medicare Advantage	225,778	51,252
UnitedHealthcare Community Plan of Ohio	Medicaid managed care	388,517	45,068
Molina Healthcare of Ohio	Medicaid managed care	361,405	41,923
AARP MedicareComplete	Medicare Advantage	176,043	39,962

* Medicaid enrollment as of March 2023; TRICARE enrollment as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

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
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. 11. The Health Plan of West Virginia, Inc 12. UnitedHealthcare of Ohio, Inc

2024 Small Group Market Health Plans
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

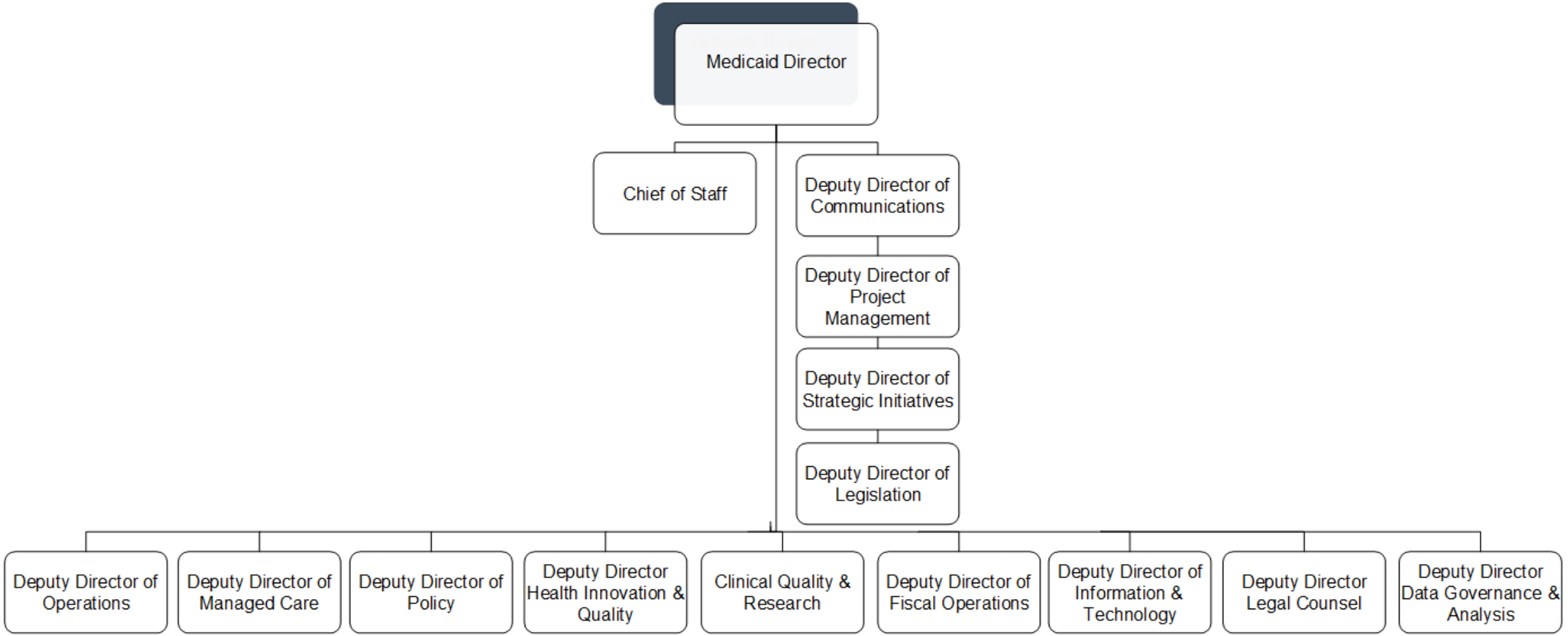
Medicare Shared Savings ACOs

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

*Next Generation ACO

C. Medicaid Administration, Governance & Operations

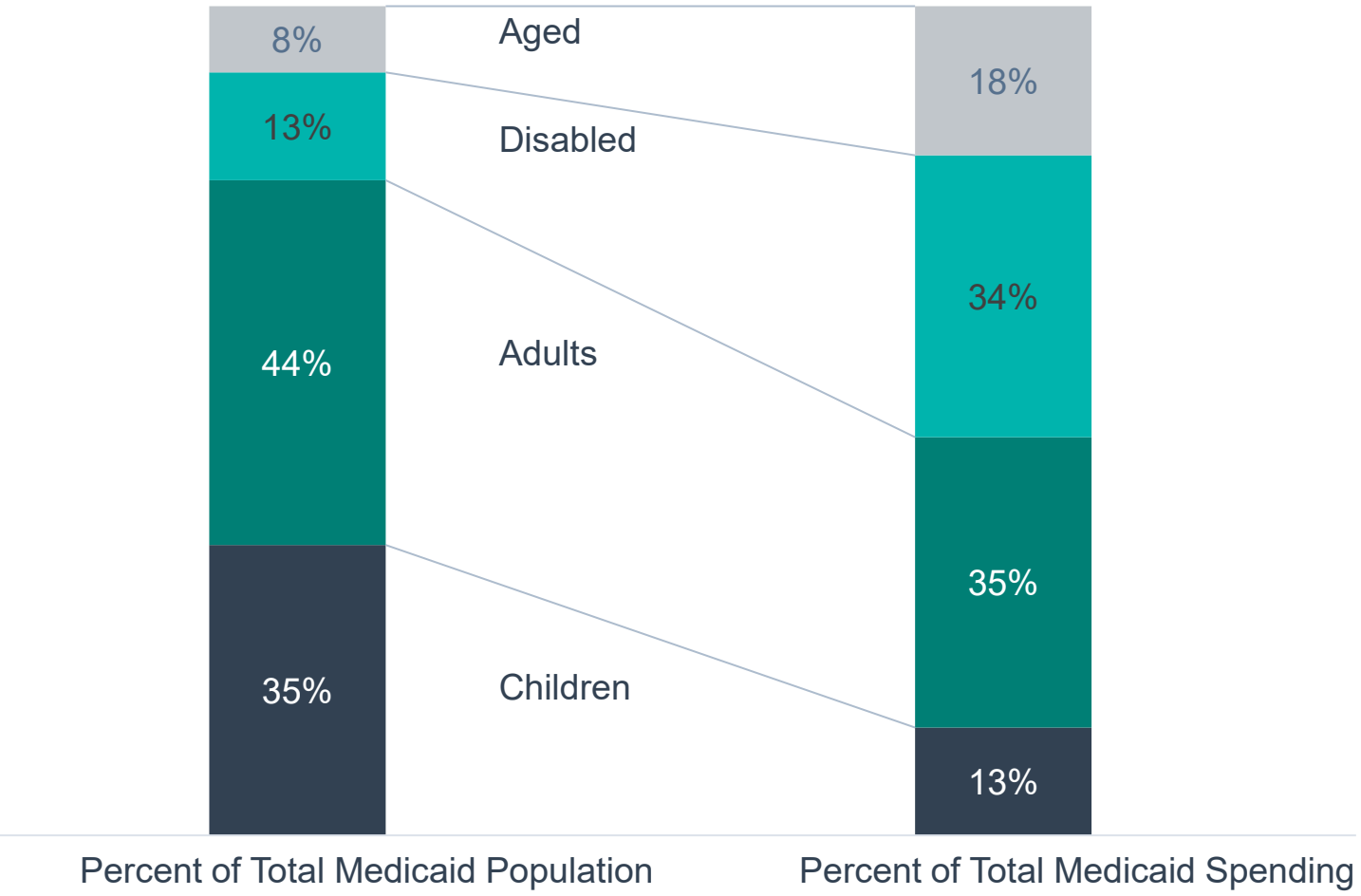
C.1. Medicaid Governance: Organization Chart



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	Chief Information Officer	Department of Medicaid	darlean.cummings@medicaid.ohio.gov
Joan Schlagheck	Deputy Director, Rate Setting	Department of Medicaid	Joan.Schlagheck@medicaid.ohio.gov
Jim Tassie	Deputy Director, Managed Care	Department of Medicaid	James.Tassie@medicaid.ohio.gov
Lynne Lyon	Deputy Director, 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 2021 data

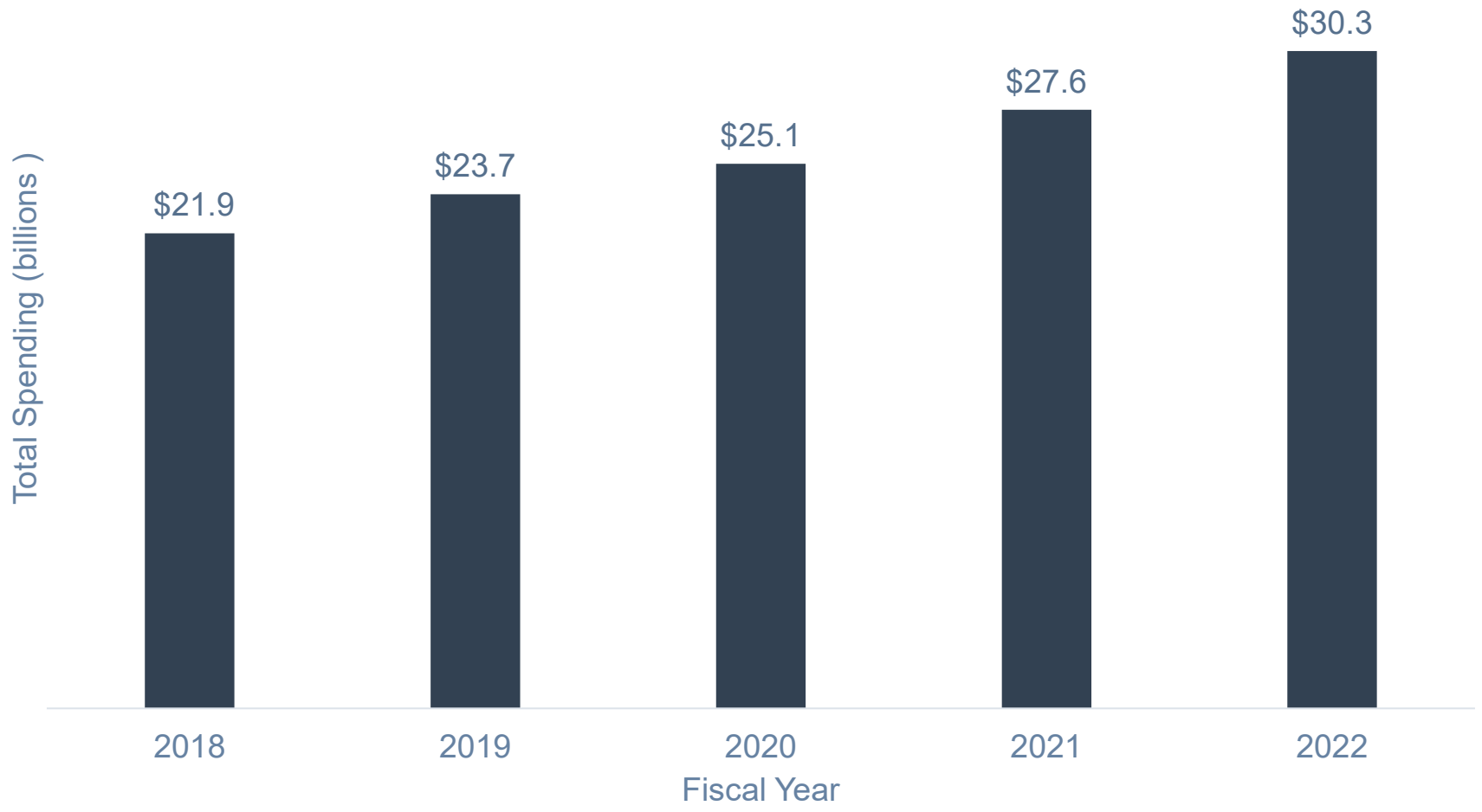
Medicaid Spending Per Enrollee, FY 2021		
	U.S.	OH
All populations	$8,651	$9,202
Children	$3,584	$3,560
Adults	$5,462	$6,163
Expansion adults	$7,486	$7,980
Blind and disabled	$23,935	$23,281
Aged	$18,514	$21,753

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Managed care and premium assistance	$19,843,000,000	66%
Home- and community-based LTSS	$4,676,000,000	15%
Institutional LTSS	$2,656,000,000	9%
Hospital	$924,000,000	3%
Medicare premiums and coinsurance	834,000,000	3%
Other acute	$824,000,000	3%
Clinic and health center	$166,000,000	1%
Physician	$155,000,000	1%
Drugs	$135,000,000	<1%
Dental	$29,000,000	<1%
Other practitioner	$15,000,000	<1%
Budget Total: $30,257,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	64.3%
CY 2024 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	1. None; Governor John 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 (October 2023)	918,900
Number Of Enrollees Newly Eligible Due To Expansion	918,652
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 aged 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 (December 2023)	554,112	3,018,255
SMI Enrollment	• Ohio does not specifically preclude individuals with SMI from enrolling in managed care, therefore most of the SMI population is enrolled in managed care • Estimated 16% of the SMI population in FFS, 84% in managed care	
Management	Department of Medicaid	Seven Health Plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 3,572,367 | Total Medicaid With SMI: 414,394

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of December 2023: 16% in fee-for-service (FFS), 84% in managed care
SMI population inclusion in managed care	• Ohio does not specifically preclude individuals with SMI from enrolling in managed care, therefore most of the SMI population is enrolled in managed care • Estimated 16% of the SMI population in FFS, 84% in managed care
Dual eligible population inclusion in managed care	• 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	• 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	• 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	• Individuals eligible for HCBS waiver services administered by the Department of Medicaid • Retroactive eligibility • Individuals in a PACE program	• American Indians • Individuals eligible for developmental disability HCBS waiver services	• 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 December 2023 was 554,112.

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

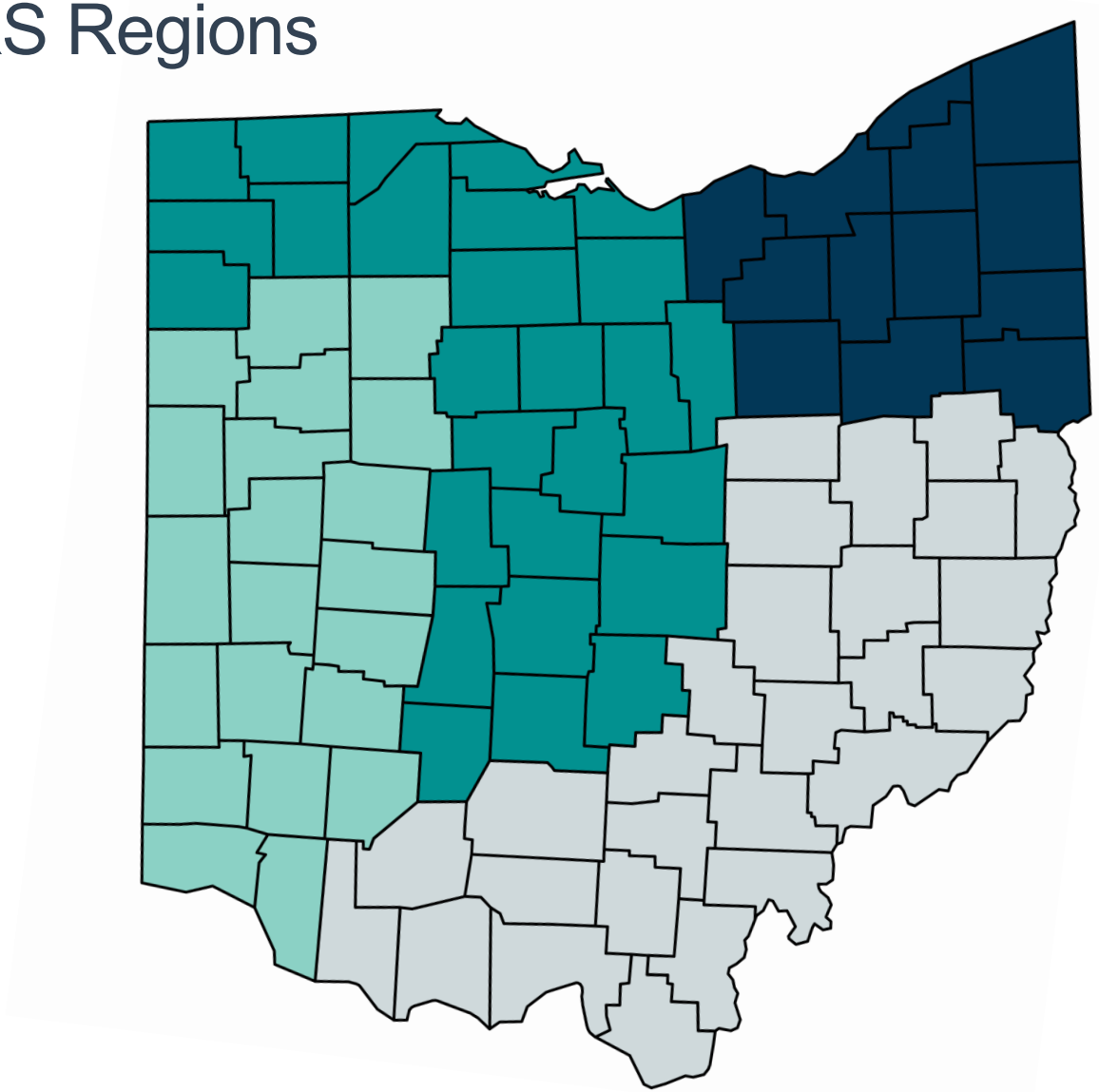
FFS Addiction Treatment Benefits
1. Screening, brief intervention, and referral to treatment
2. Assessment and diagnostic evaluation
3. Counseling and therapy
4. Intensive outpatient
5. Partial hospitalization
6. Residential
7. Inpatient services
8. Withdrawal management
9. Nursing services
10. Opioid 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 February 2024 was 149,813.

D.2. Medicaid FFS Program: SRS Regions

Specialized Recovery Services Region		Recovery Management Agencies
	Cleveland Region	• CareSource • CareStar
	Columbus Region	
	Marietta Region	
	Cincinnati Region	• Council on Aging • CareStar



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 December 2023, *OPEN MINDS* estimates that 16% 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	• 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 February 2024 was 3,018,255.
- 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 Pharmacy Services
5. Managed care programs: Managed care
6. Enrollment share: 1%

Buckeye Community Health Plan

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

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: Gainwell Pharmacy Services
5. Managed care programs: Managed care
6. Enrollment share: 6%

CareSource

1. Profit status: Non-profit
2. Parent company: CareSource
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Gainwell Pharmacy Services
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 51%

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: 1%

Molina Healthcare of Ohio, Inc.

1. Profit status: For-profit
2. Parent company: Molina
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Gainwell
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 12%

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: Gainwell
5. Managed care programs: Managed care, MyCare
6. Enrollment share: 13%

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.
- 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

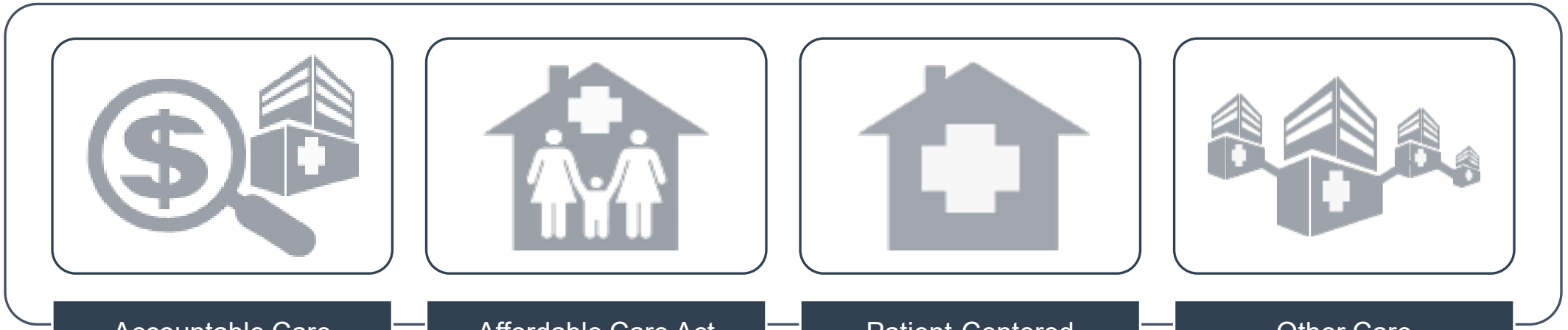
D.3. Medicaid Managed Care Program: SMI Population

- 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 2023, *OPEN MINDS* estimates that 84% 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	• 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



Accountable Care Organization (ACO) Program	Affordable Care Act (ACA) Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiative
None	None	The state Medicaid PCMH program is called Comprehensive Primary Care.	The state is developing a statewide care coordination program for behavioral health. Originally supposed to launch in late 2018, the program was delayed until July 2019. In March 2019, the implementation was delayed again. As of February 2024, there is still no start date.

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

- The Comprehensive Primary Care (CPC) initiative is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Medicare works with commercial and state health insurance plans and offers bonus payments to primary care doctors who better coordinate care for their patients.
- The Ohio & Kentucky: Cincinnati-Dayton Region is one of seven U.S. markets in the CPC initiative
  - **Ohio counties:** Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Greene, Hamilton, Highland, Miami, Montgomery, Preble, and Warren
  - **Kentucky counties**: Boone, Campbell, Grant, Kenton
- In February 2020, the state started the voluntary program for individuals under 21 called CPC for Kids.
- As of January 2024, there were more than 400,000 Medicaid enrollees attributed to a PCMH and 290 practices in the Ohio & Kentucky region
  - 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.

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

- Medicaid provider organizations are enrolled in the program through the Ohio Department of Medicaid. For participation in the program, 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, $6.33 PMPM: Persons with two minor to significant chronic diseases in multiple organ systems
  - Tier three, $10.20 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: OhioRISE

- On July 1, 2022, Ohio Governor Mike DeWine 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.
  - About 5,500 children and youth were expected to have access to services immediately.
- Aetna Better Health of Ohio services named 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, individuals ages birth through 20 must be eligible for Medicaid (either managed care or FFS) 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 (MyCare Ohio) (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	01/01/2024	01/01/2029
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)	None	10/01/2022	09/30/2024

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

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
OH Passport (0198.R07.00)	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.R02.00)	• 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	40,921	Department of Medicaid	1915 (b) waiver
OH Individual Options (0231.R05.00)	Individuals of any age with I/DD	30,500	Department of Developmental Disabilities (DODD)	None
OH Home Care (0337.R05.00)	Individuals who are physically disabled ages 0 to 59	12,480	Bureau of Long-Term Care Services and Supports	None
OH Assisted Living (0446.R03.00)	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.R02.06)	Individuals of any age with I/DD	5,000	DODD	None
OH Level One (0380.R04.00)	Individuals who would normally be institutionalized who have a developmental disability.	21,609	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.	1,446	Department of Medicaid	1915 (b) waiver

D.6. Medicaid Program New Initiatives:

- No new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (March 2023)	1,104,813	1,601,521
SMI Enrollment	• *OPEN MINDS* estimates 59% of the population in Medicare Advantage, 41% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 2,706,334 | Total Medicare With SMI: 614,338

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of March 2023: 41% in traditional Medicare, 59% in Medicare Advantage.
SMI population inclusion in managed care	• Estimated 41% of population in traditional Medicare, 59% in Medicare Advantage.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	• Estimated that less than 1% of population is enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	• Estimated that less than 1% of population is enrolled in a I-SNP plan.

E.2. Medicare Financing & Service Delivery System: Overview

- Medicare enrollment as of March 2023 was 2,706,334.
- As of June 2023, about 21% of the state's total population was enrolled in a Medicare plan.
  - Medicare beneficiaries account for about 19.5% of the U.S. population, which totals over 65 million Medicare recipients.
- In Ohio, 12% of Medicare beneficiaries are under age 65. Nationwide, almost 12% of Medicare beneficiaries are under age 65.
- For 2023, Ohio Medicare beneficiaries can select from among at least 31 Medicare Advantage plans. Residents in most Ohio counties have access to 50+ Medicare Advantage plans. There are 87 plans in Summit County.
- In Ohio, there are 59 insurers offering Medigap plans.
- There are 24 stand-alone Medicare Part D plans in Ohio for 2023, with premiums that start at $5.10/month.
  - As of April 2023, more than 2 million beneficiaries of Medicare in Ohio had Part D coverage.
  - More than a million had Part D coverage integrated with a Medicare Advantage plan, and just under 900,000 had stand-alone Part D coverage.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

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	

E.4. Medicare System: New Initiatives

- There are currently no new Medicare initiatives in the state.

F. Dual Eligible Financing & Service Delivery System

F.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 (March 2023)	127,992	143,814	717
Estimated SMI Enrollment	26,878	30,200	150
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: 272,523 | Total Dual Eligible Enrollment With SMI: 57,228

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

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

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete LP	UnitedHealthcare	Medicare Advantage D-SNP	61,121	13,874
Anthem MediBlue Dual Advantage	Anthem Blue Cross and Blue Shield In Ohio	Medicare Advantage D-SNP	39,425	8,949
Aetna Medicare Assure	Aetna Better Health	Medicare Advantage D-SNP	11,928	2,708
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	11,732	2,663
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	7,456	1,693
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	5,832	1,324
Anthem MediBlue + Kroger Dual Advantage	Anthem Health Plans, Inc	Medicare Advantage D-SNP	2,984	677
CareSource Dual Advantage	CareSource	Medicare Advantage D-SNP	2,583	586
Molina Medicare Complete Care	Molina Healthcare of South Carolina	Medicare Advantage D-SNP	2,165	491
WellCare Extra	Meridian Health Plan of Michigan, Inc	Medicare Advantage D-SNP	976	222

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

- Dual eligible enrollment (excluding D-SNP) as of March 2023 was 272,523.
- 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 March 2023 was 150,469. Total SMI enrollment for D-SNP plans as of December was 33,771.

F.3. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio

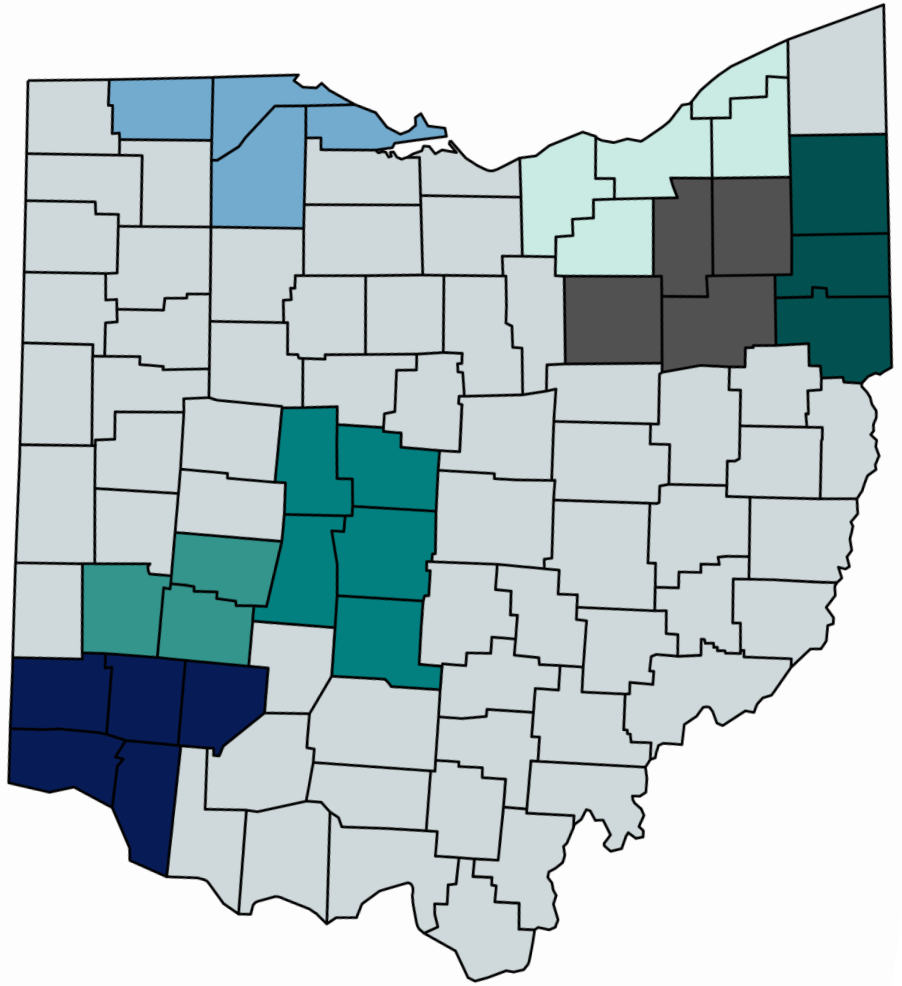
- MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits.
  - This program has a team approach to coordinating care based on individual needs.
- As of December 2023, there are 143,814 individuals enrolled in the program.
- The program was scheduled to expire on December 31, 2023; however, the contract has been extended through 2029.
- The MyCare Ohio plan chosen will provide the same benefits that Medicare and Medicaid offer, including long-term care services and behavioral health.
  - Additionally, MyCare Ohio plans may include additional services. There is no additional cost to participate in this program.
- There are two choices for receiving MyCare Ohio benefits:
  - Dual-Benefits: A MyCare Ohio plan provides both the Medicare and Medicaid benefits for members. Members are eligible to receive added benefits of the plan, such as $0 copayments for prescription drugs covered by Medicare, additional transportation services, etc.
  - Medicaid-Only Benefits: A MyCare Ohio plan only covers Medicaid-covered services. Members will continue to receive prescription drugs through their Part D plans and any associated co-payments. Medicare benefits would be provided through traditional Medicare or through a private insurance company, commonly referred to as a “Part C” plan.

F.3. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio

MyCare Ohio Dual Eligible Demonstration Overview	
Target Population	Full benefit dual eligibles, ages 18 and above in the selected regions. Excludes: 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	• 29 total counties spread across seven geographic regions • Every county has at least two plans
Enrollment Model	• 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	• 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	• 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.

F.3. Dual Eligible Medicaid Financing & Delivery System: MyCare Ohio Demonstration Regions

Region	Estimated December 2023 Enrollees
Central	21,534
East Central	20,445
Northeast	38,795
Northeast Central	10,333
Northwest	12,280
Southwest	24,409
West Central	16,018
Total	**143,814**



F.3. 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.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new initiatives currently.

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

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (March 2023)	143,814
Estimated SMI Enrollment	45,594
Management	• 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

G.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	• Individuals eligible for HCBS waiver services administered by the Department of Medicaid • Retroactive eligibility • Individuals in a PACE program	• American Indians • Individuals eligible for developmental disability HCBS waiver services	• Individuals eligible for state plan HCBS • Individuals in need of treatment for Breast and Cervical Cancer

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

- LTSS beneficiary enrollment as of March 2023 was 143,814.
- 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 program was scheduled to expire on December 31, 2023; however, the contract has been extended through 2029.
- The MyCare Ohio plan chosen will provide all of the same benefits that Medicare and Medicaid offer, including long-term care services and behavioral health.
  - Additionally, MyCare Ohio plans may include additional services to their members. There is no additional cost to participate in this program.
- There are two choices for receiving MyCare Ohio benefits:
  - Dual-Benefits: A MyCare Ohio plan provides both the Medicare and Medicaid benefits for members. Members are eligible to receive added benefits of the plan, such as $0 copayments for prescription drugs covered by Medicare, additional transportation services, etc.
  - Medicaid-Only Benefits: A MyCare Ohio plan only covers Medicaid-covered services. Members will continue to receive prescription drugs through their Part D plans and any associated co-payments. Medicare benefits would be provided through traditional Medicare or through a private insurance company, commonly referred to as a “Part C” plan.

G.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: Gainwell

Buckeye Community Health Plan

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

CareSource

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

Molina Healthcare of Ohio, Inc.

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

UnitedHealthcare Community Plan

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

G.4. Medicaid LTSS Program: Health Benefits

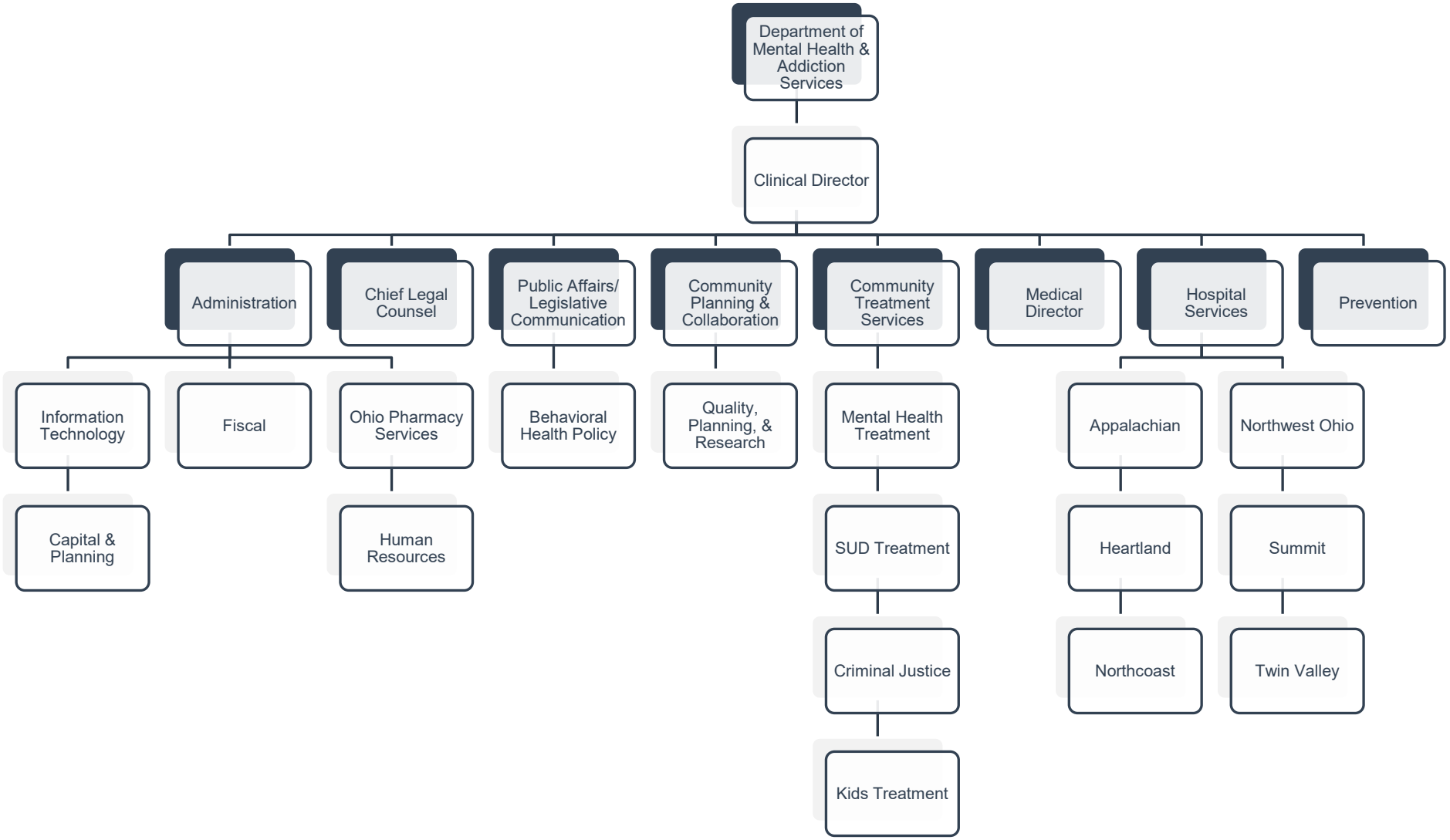
- The MyCare Ohio Dual Eligible Demonstration Benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including waiver-based long-term services and supports (LTSS) and behavioral health.

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

- There are no new or pending initiatives for the LTSS system currently.

H. State Behavioral Health Administration & Finance System

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



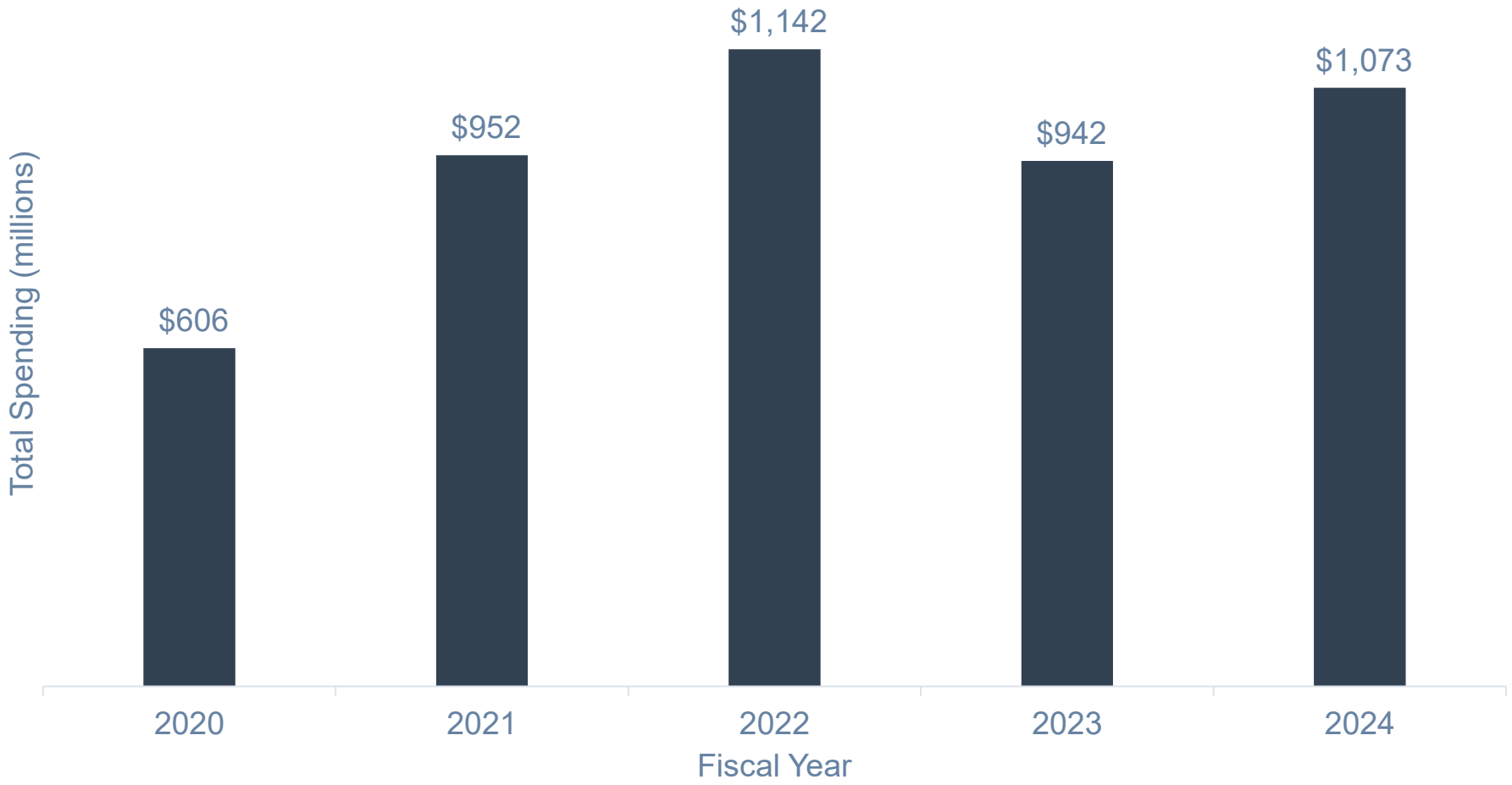
H.1. Department Of Mental Health & Addiction Services: Key Leadership

Name	Position	Department	Email
LeeAnne Cornyn	Director	Department of Mental Health and Addiction Services (Ohio MHAS)	leeanne.cornyn@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	Administration 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
Trova O'Heffernan	Chief Operating Officer	Ohio MHAS	Not available
Merissa McKinstry	Deputy Director for Hospital Services	Ohio MHAS	merissa.mckinstry@mha.ohio.gov

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

Budget Item	2024 Budget	Percent Of Total Spending
Hospital Services	$303,000,000	28%
Other	$161,931,905	15%
Ohio Pharmacy Services	$150,755,000	14%
State Opioid Response	$113,000,000	11%
Continuum of Care Services	$111,489,000	10%
Substance Abuse Block Grant	$86,000,000	8%
Mental Health Block Grant	$45,940,000	4%
Criminal Justice Services	$30,000,000	3%
Residential State Supplement	$24,000,000	2%
Statewide Treatment and Prevention	$22,799,190	2%
Mental Health Operating	$15,000,000	1%
Operating Expenses	$7,350,000	1%
Mental Health Facilities Lease Rental Bond	$2,587,500	<1%
Total Budget: $1,073,852,595		

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



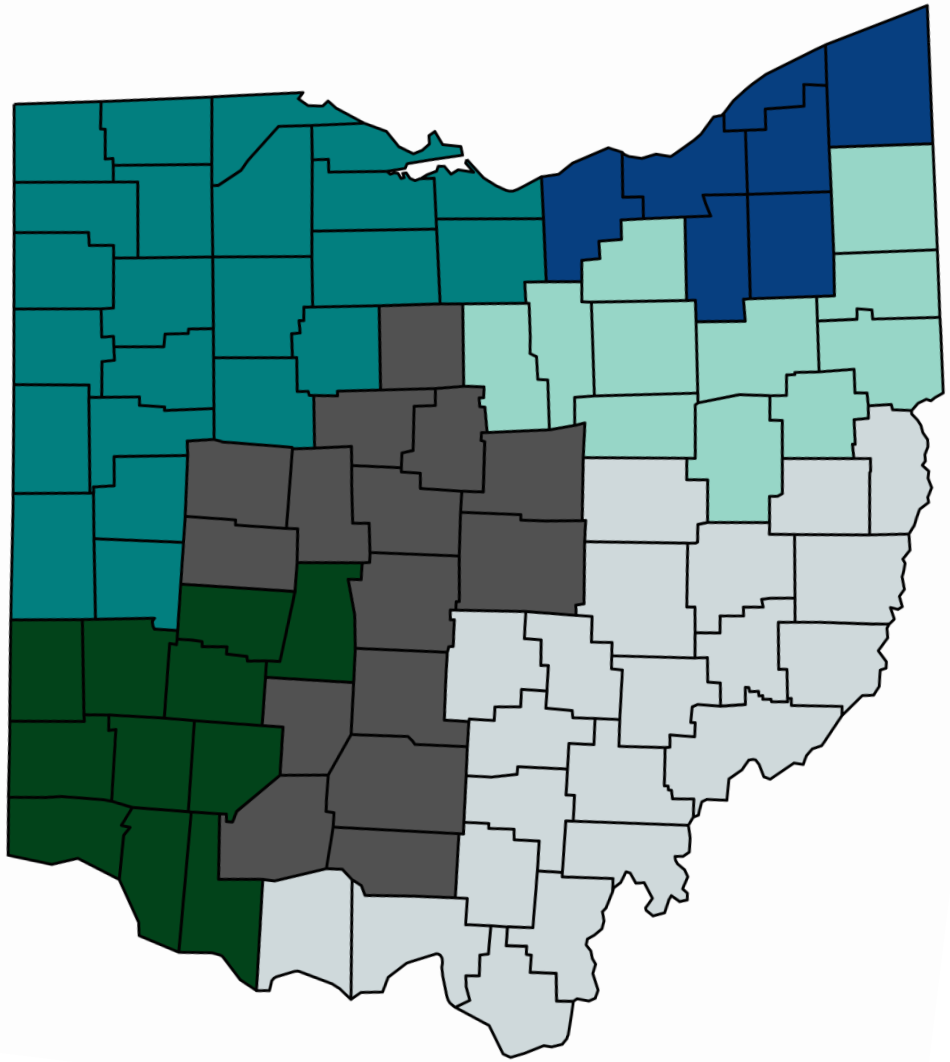
H.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	**Location**	**Beds**	**Year To Date Admissions As of February 2024**	**Year To Date Discharges As of February 2024**
Appalachian Behavioral Healthcare	Athens	92	124	135
Heartland Behavioral Healthcare	Massillon	156	400	387
Northcoast Behavioral Healthcare	Northfield	258	334	326
Northwest Ohio Psychiatric Hospital	Toledo	114	148	145
Summit Behavioral Healthcare	Cincinnati	291	183	186
Twin Valley Behavioral Healthcare	Columbus	178	383	373
Total		**1,089**	**1,585**	**1,552**

H.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



H.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.5. Behavioral Health System: New Initiatives – Behavioral Health Workforce Expansion Program

- The Behavioral Health Workforce Expansion Program is an effort by the Ohio Department of Medicaid, in collaboration with the OhioMHAS and the Ohio Department of Higher Education (ODHE), to boost the number of qualified graduates ready to enter the behavioral healthcare workforce and who are committed to serving in communities across Ohio.
- As an extension of the Great Minds Fellowship program, this program intends to strengthen, grow, or build behavioral health workforce programs, either independently or in a collaborative model, involving educational institutions and health centers that provide home and community based behavioral health services in Ohio Health Improvement Zones or U.S. Human Resources and Services Administration (HRSA) Mental Health Shortage areas.
- An RFP was released in October 2023 for consortia or collaborations of multiple eligible institutions of higher education and individual eligible institutions of higher education.

I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.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.

I.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)(I) 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 2024, the FPL is $14,580 for an individual and $30,000 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.

I.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.

I.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.

I.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.

I.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.

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