

Ohio Medicaid Health Homes:

BEACON

September 20, 2011

Ohio

Department of
Job and Family Services

Affordable Care Act 2703

State Option to Provide Health Homes for Enrollees with Chronic Conditions

- Supports enhanced integration and coordination of
Primary,
Acute,
Behavioral and
Long-term services and supports
for persons across the lifespan with chronic illness

What are Medicaid Health Home services?

ACA defines Medicaid Health Home services as:

- (1) comprehensive care management;
- (2) care coordination and health promotion;
- (3) comprehensive transitional care/follow-up;
- (4) patient and family support;
- (5) referral to community and social support services;
and
- (6) use of HIT to link services

- May or may not be provided within the walls of a primary care practice

Who Can Receive Medicaid Health Home services?

- Medicaid consumers with:
 - Two or more of the following chronic conditions
 - mental health
 - substance abuse
 - asthma
 - diabetes
 - heart disease
 - being overweight (BMI >25)
 - One chronic condition and at risk for a second; or
 - Serious and persistent mental health condition;
- Additional conditions considered by the HHS Secretary

Targeted Population

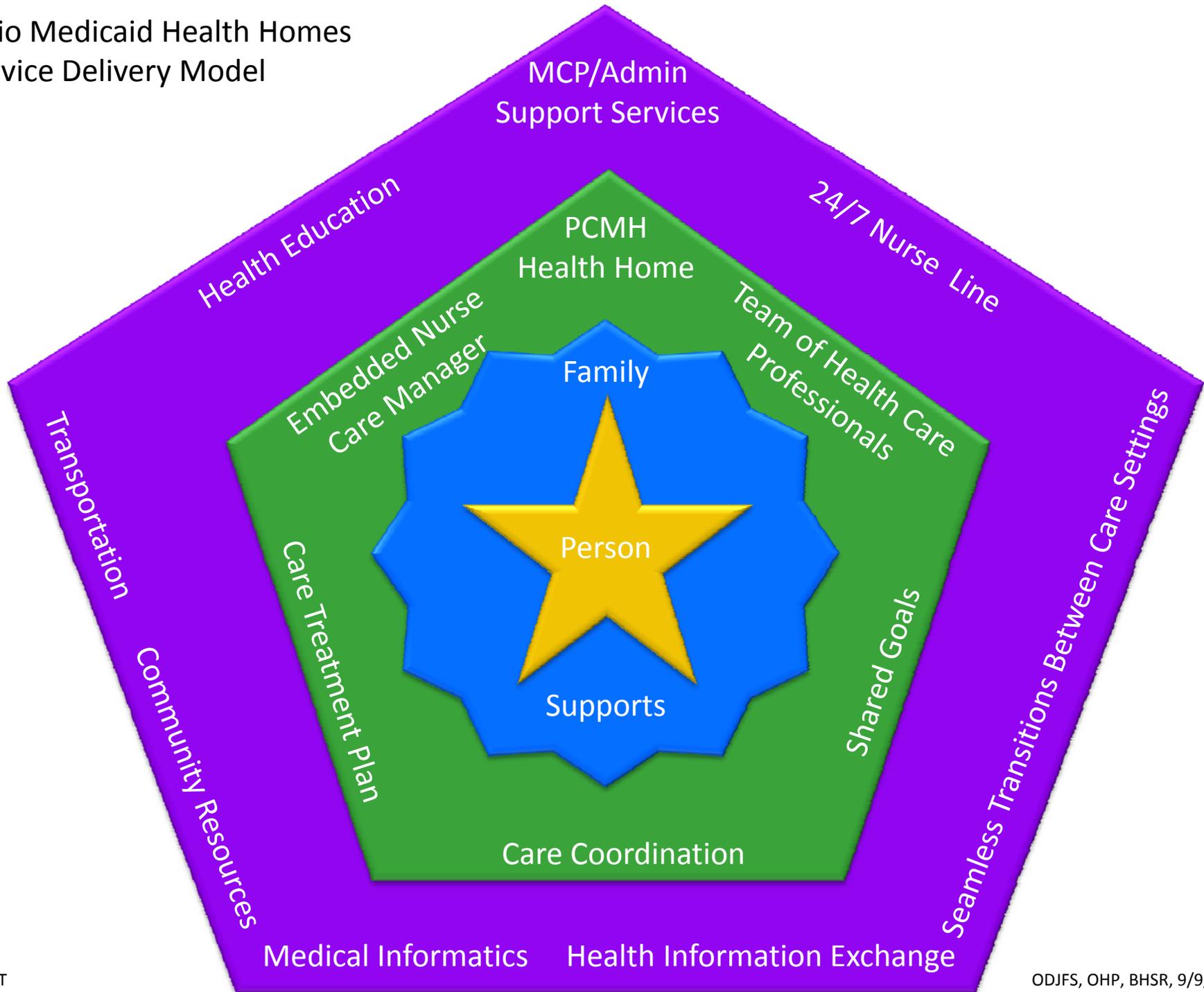
- Program designed to target all Medicaid individuals with the listed chronic conditions
- Cannot exclude dual eligibles
- Cannot target specific ages
e.g., cannot target only children or only adults

How Will CMS and States Measure Success?

CMS has significant evaluation expectations:

- Improve Outcomes
- Savings / ROI Calculation

Ohio Medicaid Health Homes Service Delivery Model



Ohio Medicaid HH Stats

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- Source: Medicaid Claims/Encounter Data
- Seven Conditions: heart disease, substance abuse, asthma, diabetes, heart disease, overweight, serious & persistent mental health condition
- Ohio Medicaid's Preliminary Findings:
 - SPMI Only:
 - Total: 186,000 Children: 125,000 (67%)
 - SPMI + Chronic Condition:
 - Total: 71,000 Children: 15,300 (22%)
 - Consumers with two conditions on list (non SPMI):
 - Total: 87,000 Children: 15,400 (18%)
 - Total: 344,000 Children: 155,700 (45%)

(Counts do not include consumers with one condition and at-risk for another)

(Obesity undercounted due to data source)

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HH Population / Provider Statistics

- Just under Half of Health Home eligibles live in one of the six largest metro counties
- Large Volume Providers (providers treating 75 health home eligibles or more) delivered care to 80% of Health Home eligibles

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HH Population / Provider Statistics

- Cuyahoga County
 - 45,000 HH eligibles, 843 Large Volume Providers
- Franklin County
 - 31,000 HH eligibles, 488 Large Volume Providers
- Hamilton County
 - 23,000 HH eligibles, 320 Large Volume Providers

Challenges

- Physical Health / Behavioral Health Integration
- CMS: Can't pay for care coordination twice
 - MCP Care management requirements
 - CPST overlap with Health Home Services
- Provider Interest & Readiness
 - Rate of Adoption of Patient-Centered Medical Home Model
 - Keeping Qualifying Core Elements Simple
 - Up-front investment needed
 - Region must have capacity to serve all Health Home eligibles
- EHR & HIE
 - Must have capacity to exchange health information
 - Sharing of Care Treatment Plan electronically
- Financing – Must achieve ROI to sustain program

Next Steps

- Select Regions
 - Looking at
 - Regions with large numbers of Health Home Eligibles
 - Regions with PCMH initiatives underway
 - BH Practice Sites with PH/BH integration efforts underway
- Assess level of Interest and readiness of potential Health Home Practices in selected regions
- Develop program details, e.g., reimbursement, consumer identification, assessment, enrollment, measurement methods
- Meet with stakeholders for input on a topic-by-topic basis