Ohio | Governor's Office of Health Transformation

Health Transformation Budget Priorities

House Finance Committee Testimony
February 14, 2013

Ohio's Health Transformation Team

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Jobs Budget 2.0 Medicaid Plan

- Obamacare is not the path Governor Kasich would have chosen for Ohio, but it is – for now – the law of the land
  - In March 2010, Congress mandated that every state expand Medicaid to adults with annual income below $15,415 (138% of poverty)
  - In June 2012, the United States Supreme Court ruled the federal government cannot penalize a state that chooses not to expand
- After weighing the options, Governor Kasich decided that extending coverage to more low-income Ohioans makes sense
  - Ohio has the legal authority and will automatically roll back the extension if the federal government changes the rules

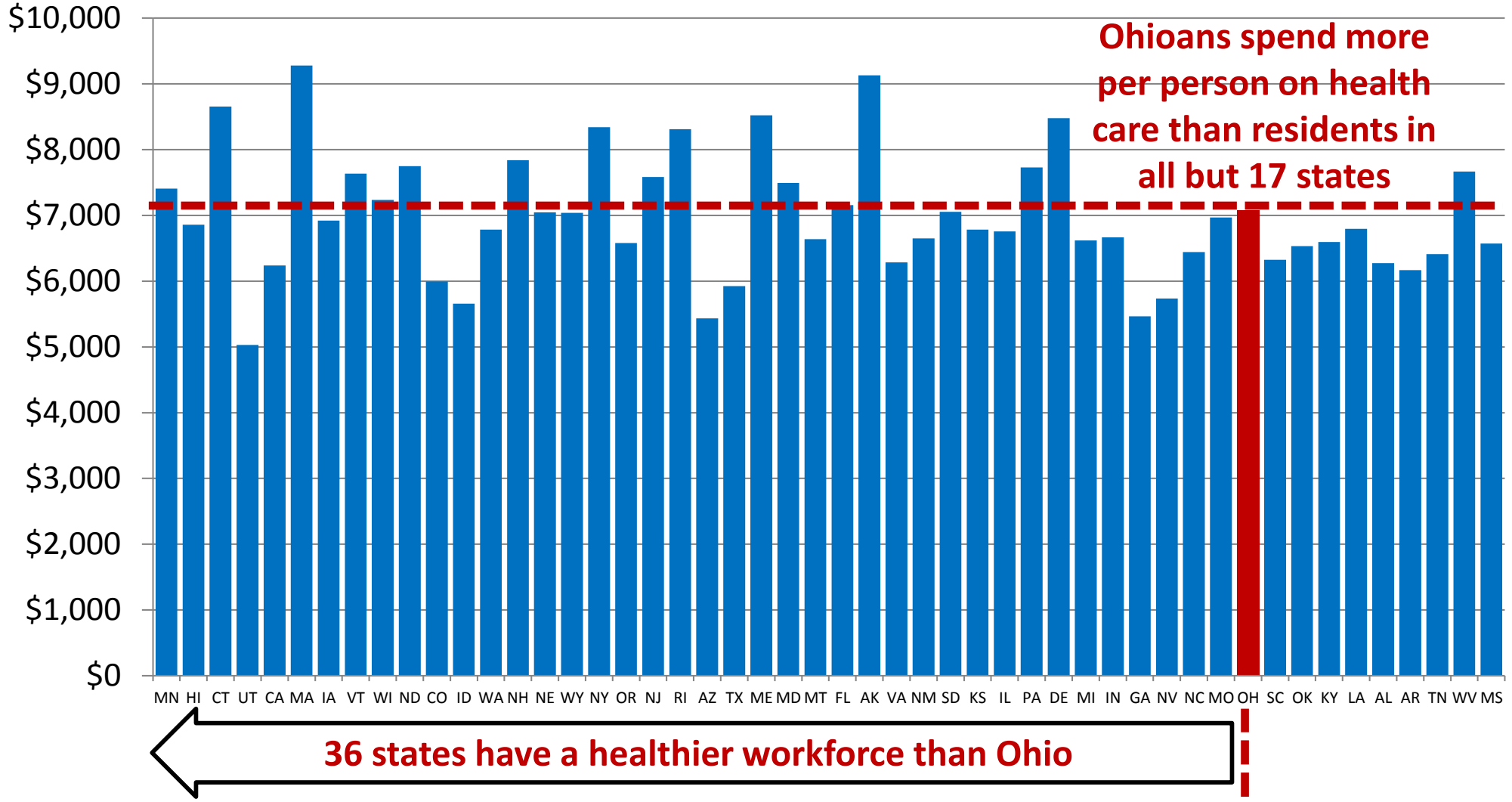
Extending Coverage Makes Sense for Ohio

- Right care, right place, right time – not the emergency room
  - 275,000 more low-income Ohioans covered
- Keep Ohioans' federal tax dollars in Ohio
  - $2.4 billion over 2 years; $13 billion over 7 years
- Strengthen local mental health and addiction services
  - Free up $100+ million in local levy dollars
- Protect local hospitals from federal cuts
  - Medicaid uncompensated care payments will be cut in half by 2019
- Provide immediate taxpayer relief in Ohio's budget
  - Free up $690 million – $404 million in state spending – over 2 years

Today's Topics

- Challenges we face in Ohio
- Health Transformation Priorities
  - Rebalance Long-Term Care
  - Streamline Health and Human Services
  - Modernize Medicaid
  - Extend Medicaid Coverage
  - Overall Budget Impact
- Questions

Health Care Spending per Capita by State (2011) in order of resident health outcomes (2009)



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Sources: CMS *Health Expenditures by State of Residence* (2011); The Commonwealth Fund, *Aiming Higher: Results from a State Scorecard on Health System Performance* (October 2009).

Governor Kasich's First Jobs Budget:

"Repeal and Replace" Old Medicaid

Inherited a program that grew 33% over 3 prior years

- Created the Office of Health Transformation
- Linked nearly 10% of nursing home reimbursement to quality
- Increased access to home and community based services
- Freed local behavioral health from Medicaid match
- Created health homes for people with serious mental illness
- Consolidated health plan regions to be more efficient
- Linked 1% of health plan payments to performance
- 3rd state approved to integrate Medicare-Medicaid services
- Implemented a new Medicaid claims payment system

Saved Ohio taxpayers $2 billion over two years

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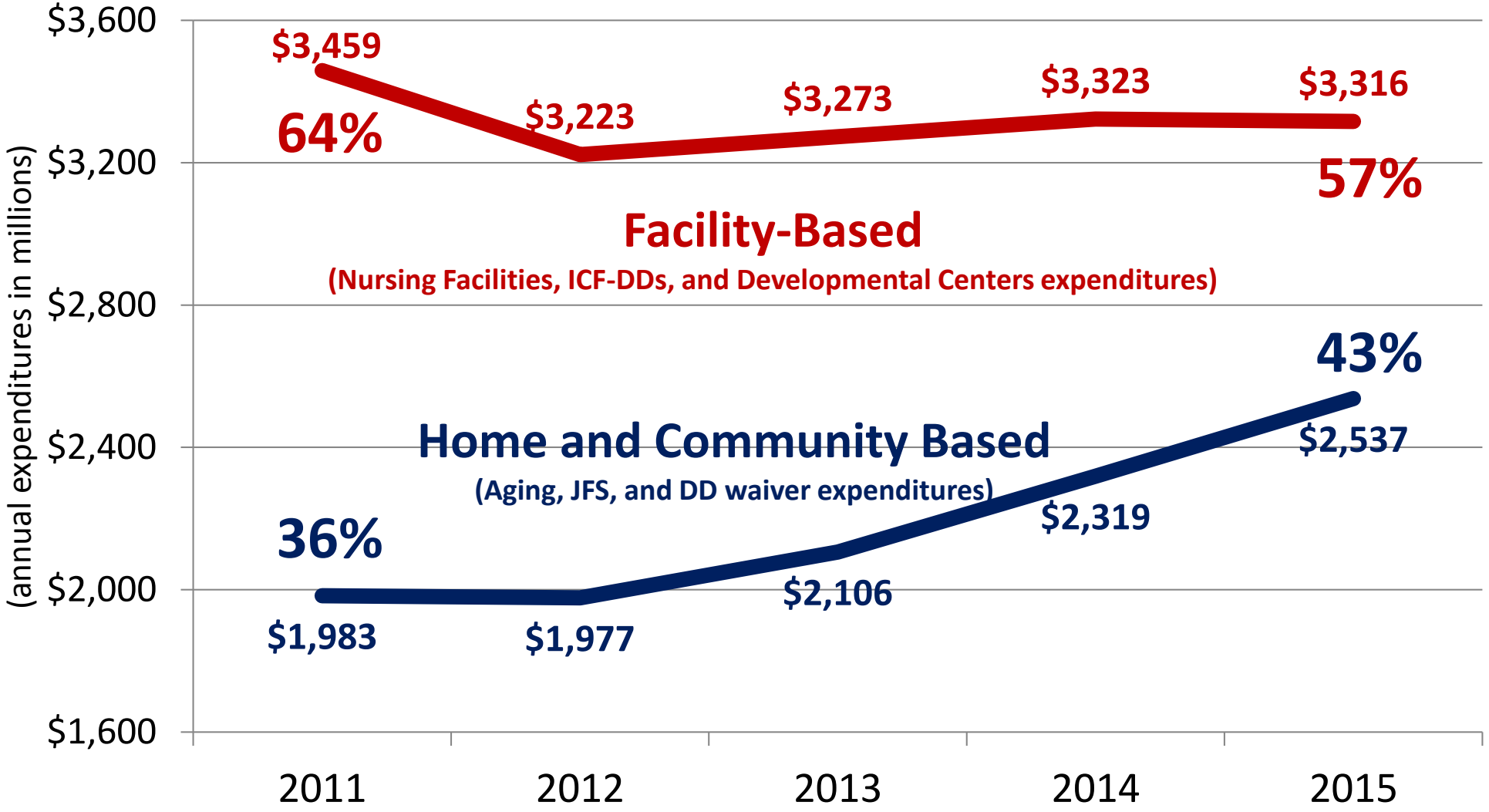
Rebalance Long-Term Care:

Prioritize Home and Community Services

Jobs Budget 2.0

- Medicaid payment changes
  - Increase rates for aide & nursing services, adult day care, assisted living
  - Increase the nursing home resident personal needs allowance
  - Limit the daily rate for a caregiver living with a consumer
  - Implement a shared savings initiative for home health
  - Medicaid net cost is $31 million ($11 million state) over two years
- Join the Balancing Incentive Program
  - Commit to 50/50 institutional vs. community long-term care spending
  - No wrong door, standard assessments, conflict-free case management
  - Enhanced federal funds free up $120 million state share over two years
- Ensure core competencies in the direct care workforce

Ohio Medicaid Spending on Institutions Compared to Home and Community Based Services



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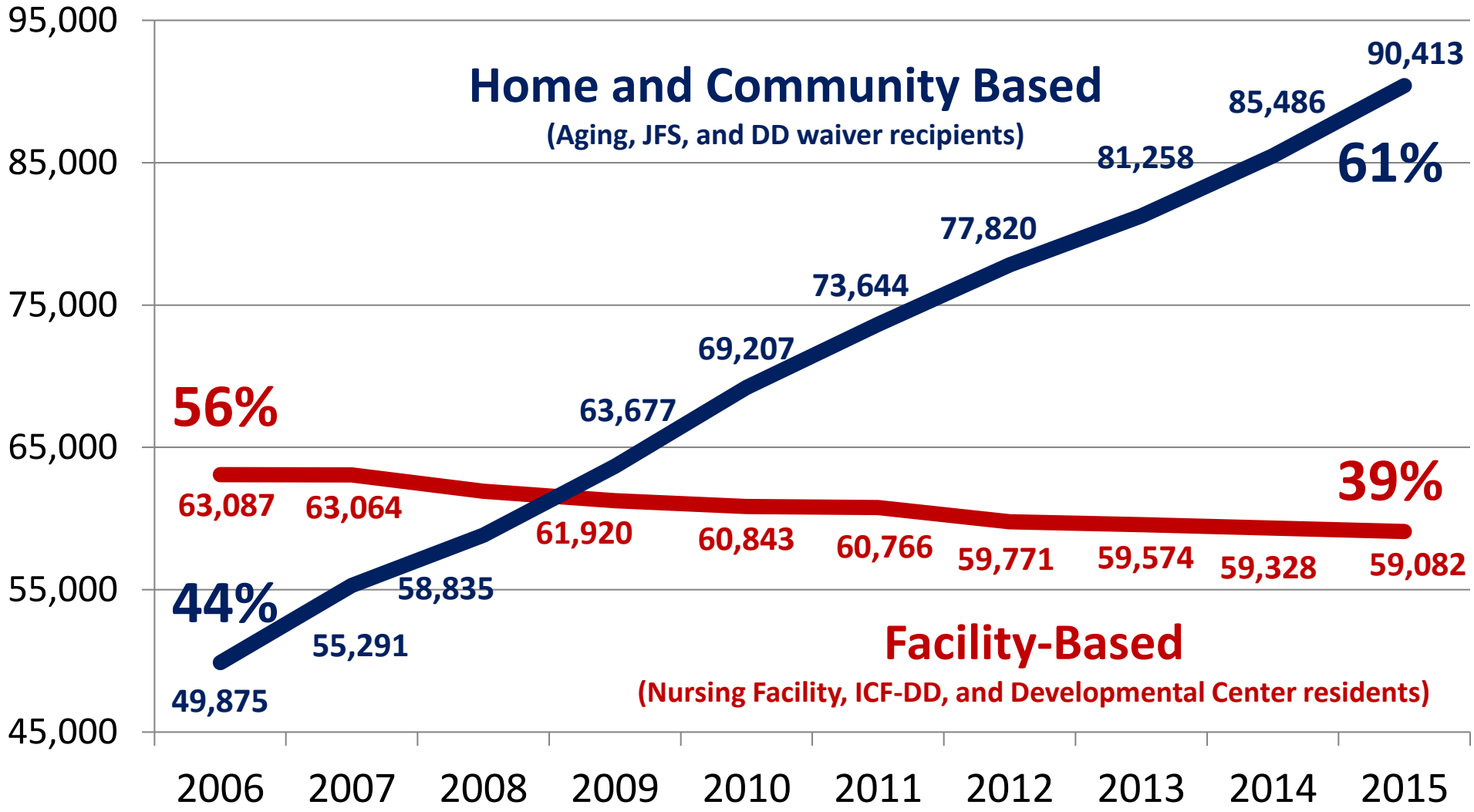
Source: Ohio Medicaid based on agency surveys; 2011-2012 actual and 2013-2015 estimated.

Ohio Medicaid Residents of Institutions Compared to Recipients of Home and Community Based Services



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Source: Ohio Medicaid based on agency surveys; 2006-2012 actual and 2013-2015 estimated.

Rebalance Long-Term Care:

Reform Nursing Facility Payments

Jobs Budget

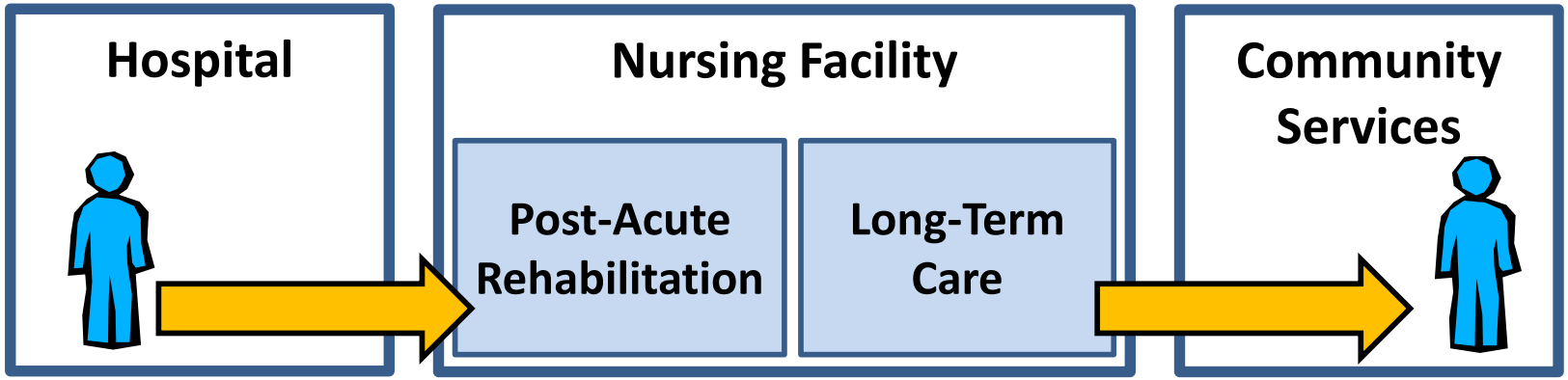
- Convert from cost-based to price-based reimbursement
- Link nearly 10% of reimbursement to quality outcomes
- Integrate care delivery for Medicare-Medicaid enrollees

Jobs Budget 2.0

- Flat funding with some exceptions
  - Update peer groups (reclassify Stark and Mahoning Counties)
  - Link 5% rate add-on for “critical access” facilities to quality
  - Remove custom wheelchairs from the nursing facility rate
  - Medicaid net cost is $36 million ($13 million state) over two years
- Strengthen quality measures for incentive payments
- Terminate special focus facilities and other regulatory changes
- Provide post-acute rehabilitation in nursing facilities

Rebalance Long-Term Care:

Framework for Payment Innovation



Provide post-acute rehabilitation in nursing facilities, not hospitals

- $1,388 per patient day in a Long-Term Acute-Care Hospital (LTACH)
- $740 per patient day at the highest Medicare rate for “ultra-high rehabilitation services”
- Opportunity to save $648 per patient day

Assist nursing home residents who want to move back into the community

- Medicaid spends $102,500 per year in a nursing home for residents under age 60 who are reasonably physically healthy but have mental illness
- Moving these individuals to a community setting saves $35,250 per year*

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*Savings estimate is based on an analysis of 400+ successful HOME Choice placements in 2011.

Rebuild Community Behavioral Health

Jobs Budget

- Free local systems from Medicaid match responsibilities
- Create health homes for people with serious mental illness
- Target investments to restore community capacity

Jobs Budget 2.0

- Leverage Medicaid to rebuild community recovery services
- *Recovery Requires Community*
  - Allow money to follow 1,200 nursing home residents who want to move back to the community
  - Increase access to safe and affordable housing
  - Prevent inappropriate admissions into nursing homes
- Consolidate Mental Health and Addiction Services (July 2013)

Rebalance Long-Term Care:

Enhance Developmental Disabilities Services

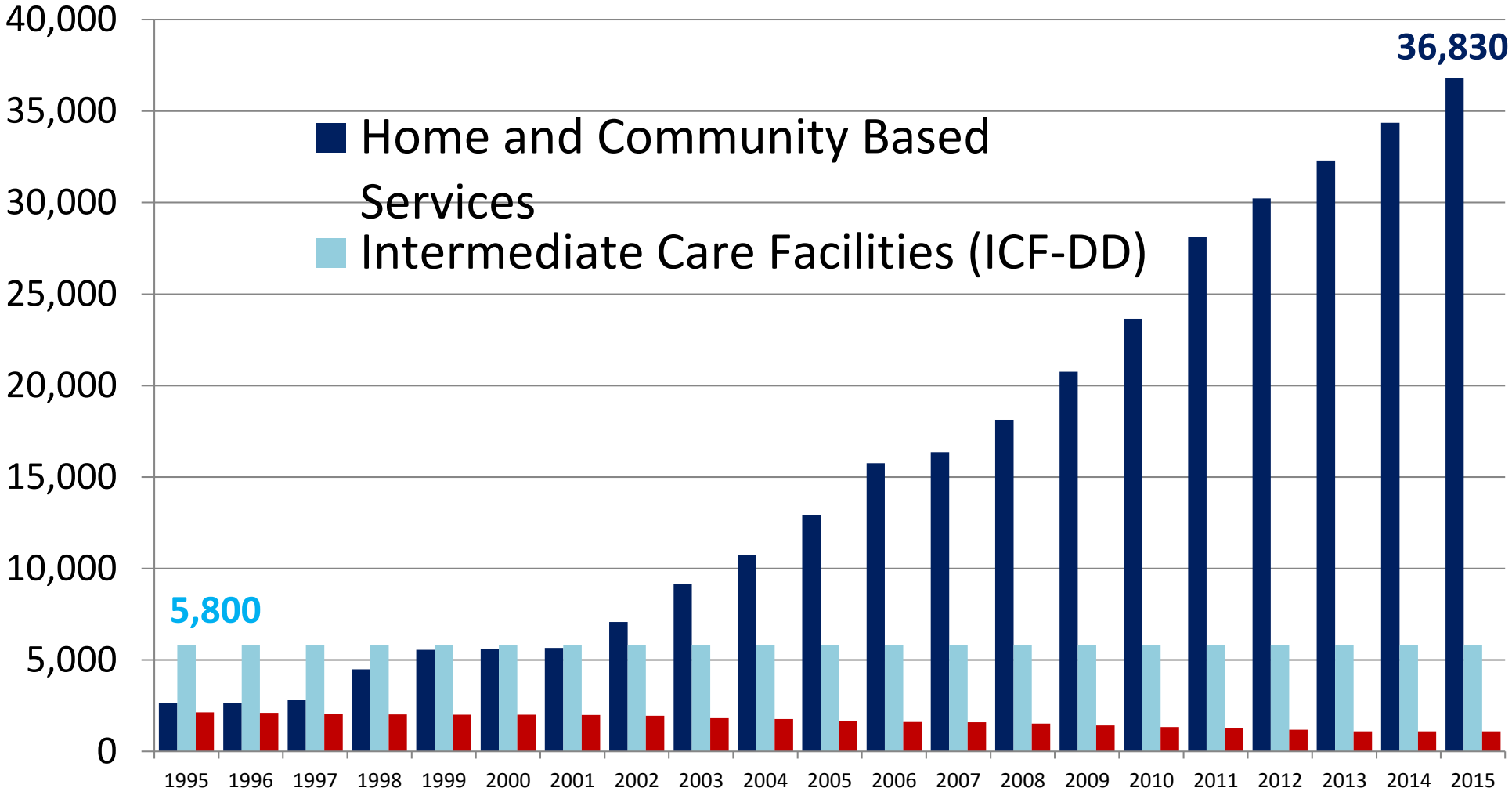
Jobs Budget

- Expanded home and community based services options
- Continued downsizing state-run developmental centers

Jobs Budget 2.0

- Convert institutional placements into community settings
  - Flat rate for residents who are less profoundly disabled
  - Financial incentive to convert institutional beds to community services
  - Increase rates for providers serving former residents of institutions
- Support Employment First
- Increase access to autism services

Ohio Department of Developmental Disabilities Residents of Institutions and Recipients of Community Services



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SOURCE: Ohio Department of Developmental Disabilities; 1995-2012 actual, 2013-2015 estimated.

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Streamline Health and Human Services:

Organize Government to be More Efficient

Jobs Budget

- Created the Office of Health Transformation
- New Medicaid claims payment system (MITS)
- Reorganized Medicaid programs and budgets

Jobs Budget 2.0

- Consolidate Mental Health and Addiction Services (July 2013)
- Create a unified Medicaid budgeting/accounting system
- Create a Cabinet-Level Department of Medicaid (July 2013)
- Replace Ohio's 34-year-old eligibility system (CRIS-E)
- Coordinate health sector workforce programs

Streamline Health and Human Services:

Implement *Public Health Futures*

Background

- Currently 125 county and city health departments
- 1960, 1993, 2011 reports recommended greater efficiency

Jobs Budget 2.0

- Consolidate 180 separate grants into 47 regional awards
- Require continuing education for board of health members
- Require sanitarians to be certified by the USFDA
- Share services to improve efficiency
- Require local health departments to be accredited by 2018

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Modernize Medicaid:

Fight Fraud and Abuse

Jobs Budget 2.0

- Conduct more on-site reviews
- Increase audit recoveries
- Better manage hospital utilization
- Involve providers in third-party recoveries
- Revalidate providers every five years
- Track trusts as part of recovery
- Terminate special focus nursing facilities
- Access to Ohio Automated Rx Reporting System (OARRS)
- Saves $74.3 million ($27.4 million state) over 2 years

Modernize Medicaid:

Reform Health Plan Payments

Jobs Budget

- Consolidate health plan regions to be more efficient
- Link 1% of health plan payments to performance
- 3rd state approved to integrate care for Medicare-Medicaid

Jobs Budget 2.0

- Reduce administrative overhead 1%, based on economies of scale from expansion/woodwork enrollment
- Give plans more tools to manage drug formularies and reduce the Rx component of the rate 5%
- Cap overall health medical utilization growth at 3% annually
- Withhold up to 2% of payment to earn back through performance
- Saves $646 million ($239 million state) over 2 years

Modernize Medicaid:

Reform Hospital Payments

- Hospital franchise fee and related payment programs

All funds in millions	FY 2014	FY 2015	FY 2014-15
Hospital Baseline	**$3,999**	**$4,235**	**$8,235**
Franchise fee assessment	*($524)*	*($524)*	*($1,048)*
Upper payment limit	*$502*	*$502*	*1,003*
Managed care incentive	*$162*	*$162*	*$324*
5% rate add-on	*$177*	*$177*	*$353*
Franchise fee net impact	***$317***	***$317***	***$633***
Baseline + Franchise Fee Net	**$4,316**	**$4,552**	**$8,868**
Percent Change	*7.9%*	*7.5%*	*7.7%*

NOTE: May not sum to total due to rounding.

Modernize Medicaid:

Reform Hospital Payments

- Budget savings and cost avoidance

All funds in millions	FY 2014	FY 2015	FY 2014-15
Baseline + Franchise Fee Net	**$4,316**	**$4,552**	**$8,868**
*Eliminate 5% rate add-on**	*($83)*	*($177)*	*($260)*
Reduce admissions 25%	*($34)*	*($69)*	*($103)*
*Cap capital at 85%**	*($19)*	*($38)*	*($58)*
Non-DRG at 90% of cost	*($4)*	*($8)*	*($12)*
Adjust outpatient fees	*($22)*	*($44)*	*($67)*
Savings and cost avoidance	***($163)***	***($337)***	***($500)***
Estimated Reimbursement	**$4,153**	**$4,215**	**$8,368**
Percent Change	*- 3.8%*	*- 7.4%*	*- 5.6%*

*These cuts are made possible by increased enrollment through woodwork/expansion
May not sum to total due to rounding

Modernize Medicaid:

Reform Hospital Payments

- Executive budget overall impact on hospitals

All funds in millions	FY 2014	FY 2015	FY 2014-15
Hospital Baseline	**$3,999**	**$4,235**	**$8,235**
Franchise fee net impact	*$317*	*$317*	*$633*
Savings and cost avoidance	*($163)*	*($337)*	*($500)*
Woodwork now enrolled	*$218*	*$408*	*$627*
Expansion now enrolled	*$211*	*$788*	*$999*
Executive Budget	**$4,582**	**$5,411**	**$9,993**
Dollar change from baseline	*$583*	*$1,176*	*$1,759*
Percent Change	*14.6%*	*27.8%*	*21.4%*

NOTE: May not sum to total due to rounding.

Modernize Medicaid:

Reform Other Provider Payments

Jobs Budget 2.0

- Medicaid payment changes
  - Reduce physician overhead in hospital settings
  - Close payment loopholes for physician services (Holzer Clinic)
  - Reduced rate for multiple radiology procedures
  - Manage utilization of specialty pharmaceuticals
  - Provide drug coverage information through e-prescribing
  - Reimburse only up to the Medicaid maximum rate for all Medicare Part B cost sharing categories except physician services
  - Saves $165 million ($61 million state) over two years
- Primary care rate increase
  - Federal requirement that Medicaid pay Medicare rates for two years
  - 82% increase worth $623 million over two years 100% federally funded

Modernize Medicaid:

Require Greater Personal Responsibility

Jobs Budget 2.0

- New cost sharing requirements above 100% of poverty
- $8 copayment for using an emergency room for non-emergency conditions
- $8 copay for non-preferred drugs, $3 for preferred drugs, and no copay for long-term maintenance drugs (such as insulin)
- Allow a provider to deny a services if the person does not pay the copay, per new proposed federal regulations

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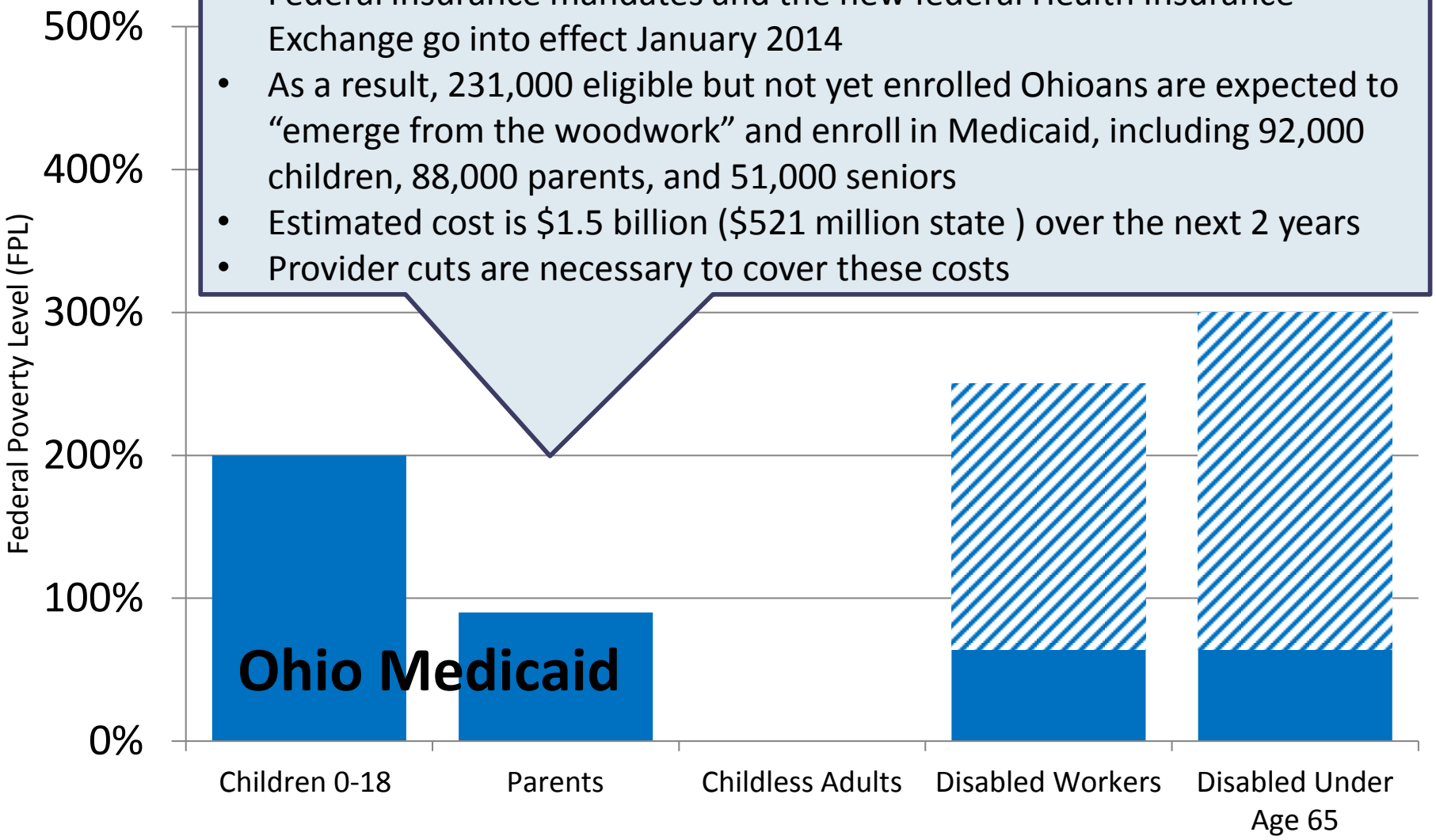
Woodwork Effect

- Federal insurance mandates and the new federal Health Insurance Exchange go into effect January 2014
- As a result, 231,000 eligible but not yet enrolled Ohioans are expected to "emerge from the woodwork" and enroll in Medicaid, including 92,000 children, 88,000 parents, and 51,000 seniors
- Estimated cost is $1.5 billion ($521 million state) over the next 2 years
- Provider cuts are necessary to cover these costs



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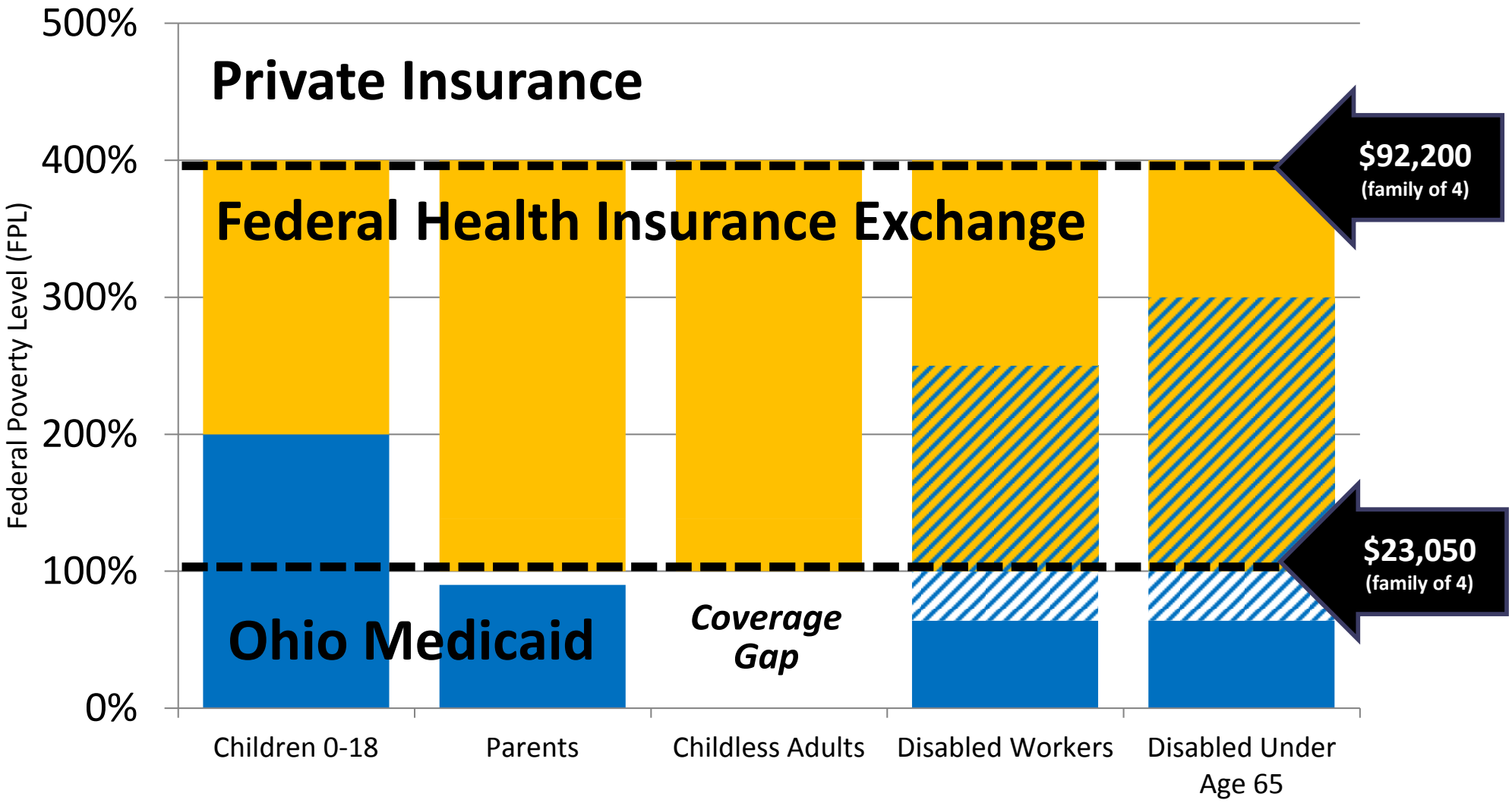
SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4.

Ohio Medicaid and Insurance Exchange Eligibility in 2014



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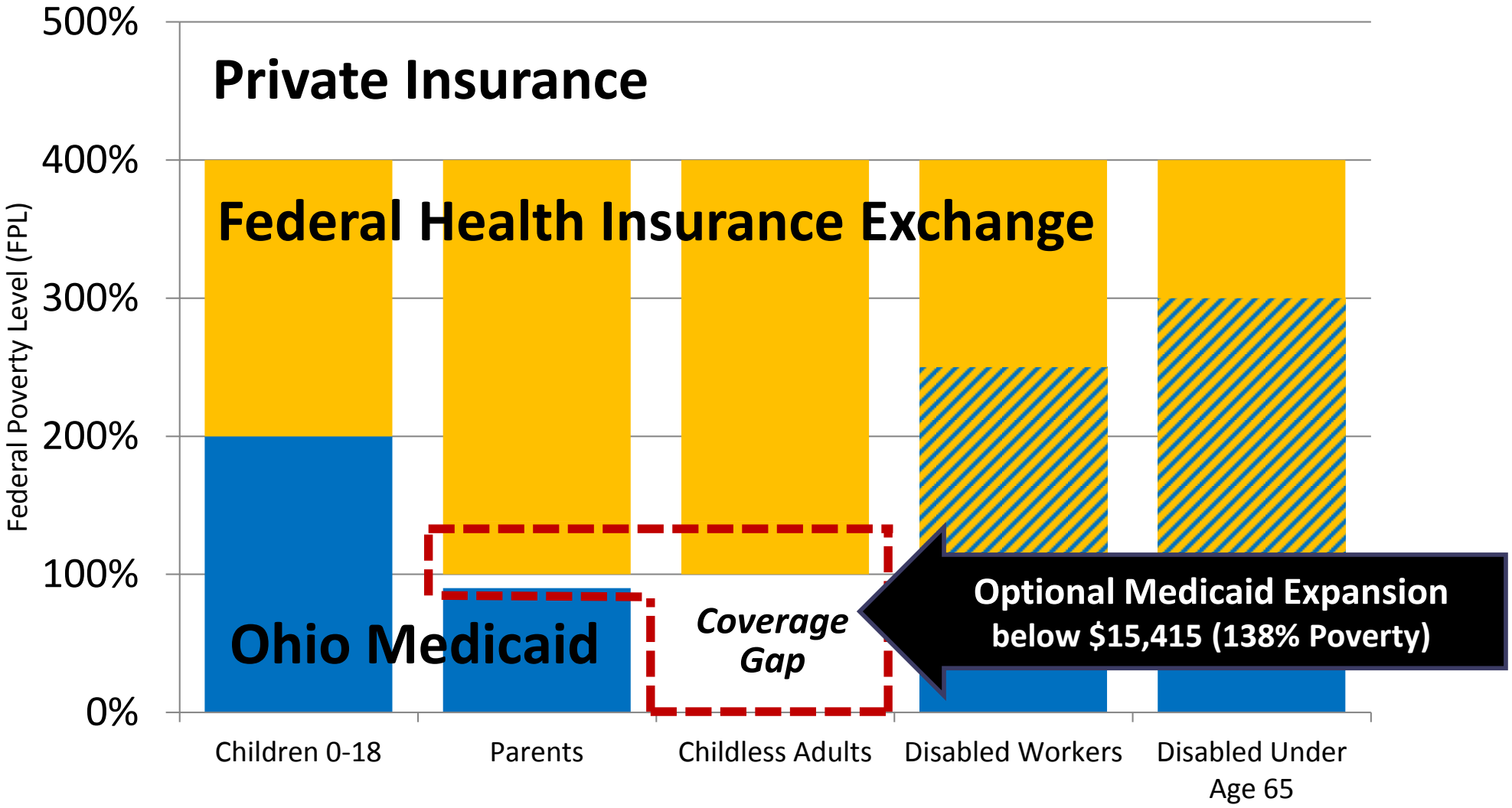
SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4; over age 65 coverage is through Medicare, not the exchange.

Lowest-Income Ohioans Face a Coverage Gap in 2014



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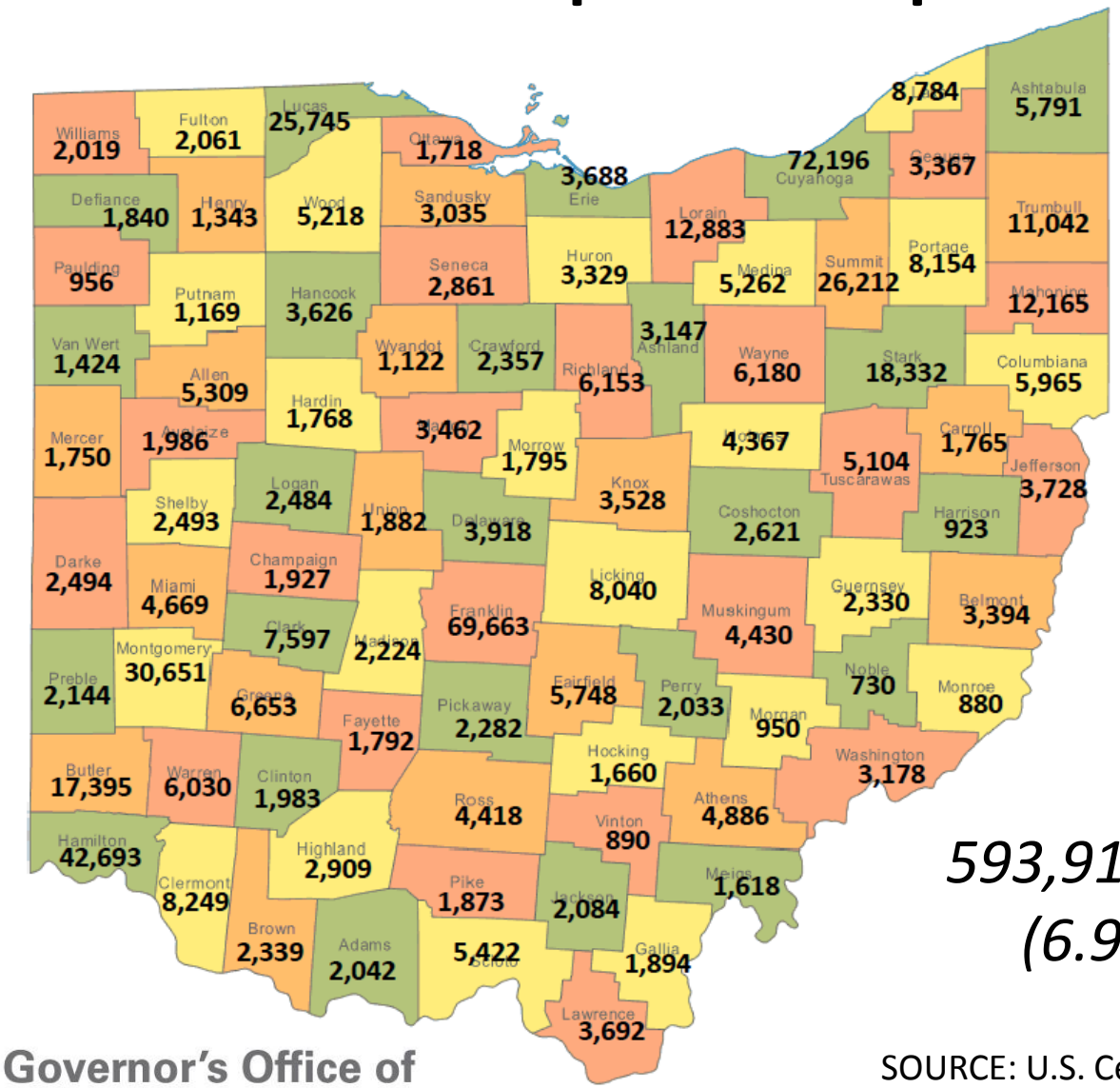
SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4; over age 65 coverage is through Medicare, not the exchange.

Extend Medicaid Coverage:

Who Is Caught in Ohio's Coverage Gap?

- Individuals with income less than 138% of poverty
  - $15,415 for an individual or $23,050 for a family of four
- About half work, but their employer doesn't offer or they can't afford health insurance
- Many work as health care providers for others but don't themselves have coverage
- Some are unable to work because of mental illness or addiction, but have no regular source of care to recover
- 594,000 Ohioans with annual income below 138% of poverty lack health insurance (6.9% of Ohio's total population)

Number of Ohio county residents who were uninsured with income below 138 percent of poverty in 2010



593,912 statewide (6.9 percent)

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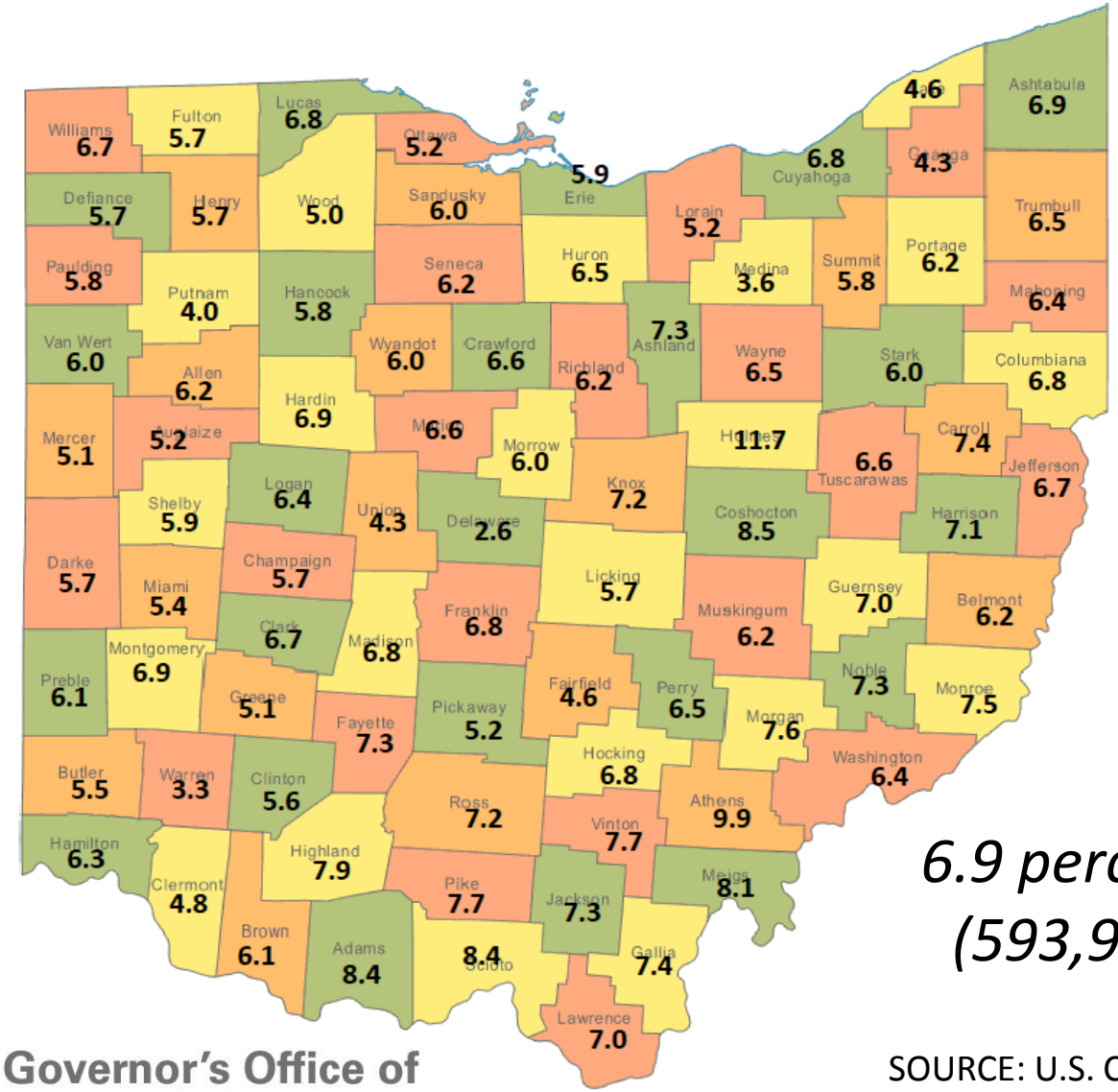
SOURCE: U.S. Census, Small Area Health Insurance Estimates (2010)

Percent of Ohio county residents who were uninsured with income below 138 percent of poverty in 2010



6.9 percent statewide (593,912 residents)

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SOURCE: U.S. Census, Small Area Health Insurance Estimates (2010)

Extend Medicaid Coverage:

Cover More Low-Income Ohioans

Enrollment Group	Estimated Enrollment Gain/(Loss) as of June 2015
Newly Eligible below 138%	*365,616*
Previously Eligible above 138%	*(90,863)*[1]
Net New Enrollment at 138%	**274,753**

1. Individuals who would have been eligible for Medicaid under the current rules even though their income is above 138% of poverty will instead seek coverage on the Health Insurance Exchange, including some parents (10,356) and beneficiaries enrolled through family planning (26,378), transitional Medicaid (54,123), or the Ohio Department of Health Breast and Cervical Cancer Program (6).

SOURCE: Ohio Medicaid (February 2013)

Extend Medicaid Coverage:

Put Ohio's Federal Taxes to Work in Ohio

Federal Funds Impact (in millions)	FY 2014	FY 2015	FY 2014-15
Newly eligible populations (100% federal*)	$562	$2,000	$2,561
Previously eligible population (64% federal)	($39)	($116)	($155)
TOTAL FEDERAL FUNDS INTO OHIO	**$523**	**$1,884**	**$2,407**

*

Calendar Year	Federal Match for Newly Eligible Populations
2014, 2015, 2016	100%
2017	95%
2018	94%
2019	93%
2020+	90%

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SOURCE: Ohio Medicaid (February 2013); may not sum to total due to rounding

Extend Medicaid Coverage:

Give Ohio Taxpayers Relief in This Budget

GRF State Share Impact (in millions)	FY 2014	FY 2015	FY 2014-15
Newly eligible enrollees state cost	--	--	--
Previously eligible enrollees state cost	($23)	($68)	($91)
Prison costs that shift to Medicaid	($9)	($18)	($27)
Eliminate hospital 5% rate add-on*	($31)	($65)	($96)
Reduce hospital capital payments*	($7)	($14)	($21)
Health plan administrative savings*	($25)	($27)	($52)
Sales and HIC tax revenue offsets	($18)	($97)	($117)
TOTAL STATE BENEFIT	**$114**	**$290**	**$404**

* These cuts are made possible by increased enrollment through woodwork/expansion and represent GRF state share only (all funds include $220 million in SFY 2014 and $470 million in SFY 2015, or $690 million over two years.

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SOURCE: Ohio Medicaid (February 2013)

Extend Medicaid Coverage:

Give Ohio Taxpayers Relief in This and Future Budgets

GRF State Share Impact (in millions)			FY 2020
Newly eligible enrollees state cost			$230
Previously eligible enrollees state cost			($84)
Prison costs that shift to Medicaid			($18)
Eliminate hospital 5% rate add-on			--
Reduce hospital capital payments			--
Health plan administrative savings			--
Sales and HIC tax revenue offsets			($165)
TOTAL STATE BENEFIT			**$37**

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SOURCE: Ohio Medicaid (February 2013)

Extend Medicaid Coverage:

Free Up Local Funds to Meet Local Needs

Local Funds Impact (in millions)	FY 2014	FY 2015	FY 2014-15
Sales tax revenue	$4	$21	$25
Behavioral health services to Medicaid	$35	$70	$105
TOTAL LOCAL BENEFIT	**$39**	**$91**	**$130**

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SOURCE: Ohio Medicaid (February 2013)

Extend Medicaid Coverage:

Improve Health Outcomes

- Extend life and reduce health disparities – expansion states reduced mortality and improved outcomes, particularly among older adults, non-whites, and residents of poorer counties
- Improve health outcomes for children – children are 3 times more likely to be uninsured if their parents are uninsured
- Help children make a healthy transition to adulthood – young adults are dropped from Medicaid on their 19th birthday
- Restore community mental health capacity – free up at least $70 million annually in local behavioral health funding
- Improve care through better coordination – extend Ohio's nationally-recognized Medicaid reforms to more Ohioans

Extend Medicaid Coverage:

Mitigate the Harmful Effects of Obamacare

- Keep the doors open to Ohio's hospitals – federal payments for uncompensated care shrink as a result of Obamacare
- Hold the line on health insurance premium increases – prevent an uncompensated care cost-shift to private-sector premiums
- Protect Ohio taxpayers from federal decisions – codify an automatic opt-out if the federal government changes the rules
- Protect Ohio employers from Obamacare penalties – avoid employees triggering employer penalties on the Exchange

Extend Medicaid Coverage:

Protect Ohio Jobs

- Put Ohio's federal taxes to work in Ohio – $13 billion over seven years, including $6 billion into hospitals and $2 billion into doctors' offices
- Bring new jobs into Ohio – health plans are required to locate staff in Ohio and already have created 1,000 new jobs
- Keep working Ohioans in jobs – most uninsured Ohioans work and connecting them to coverage means keeping them in jobs, including many who provide health care services to others
- Jobs trump politics – Obamacare is not the path Ohio would have chosen, but it is the path the country is on; don't make a bad situation worse by sending Ohio's money to other states

Modernize Medicaid:

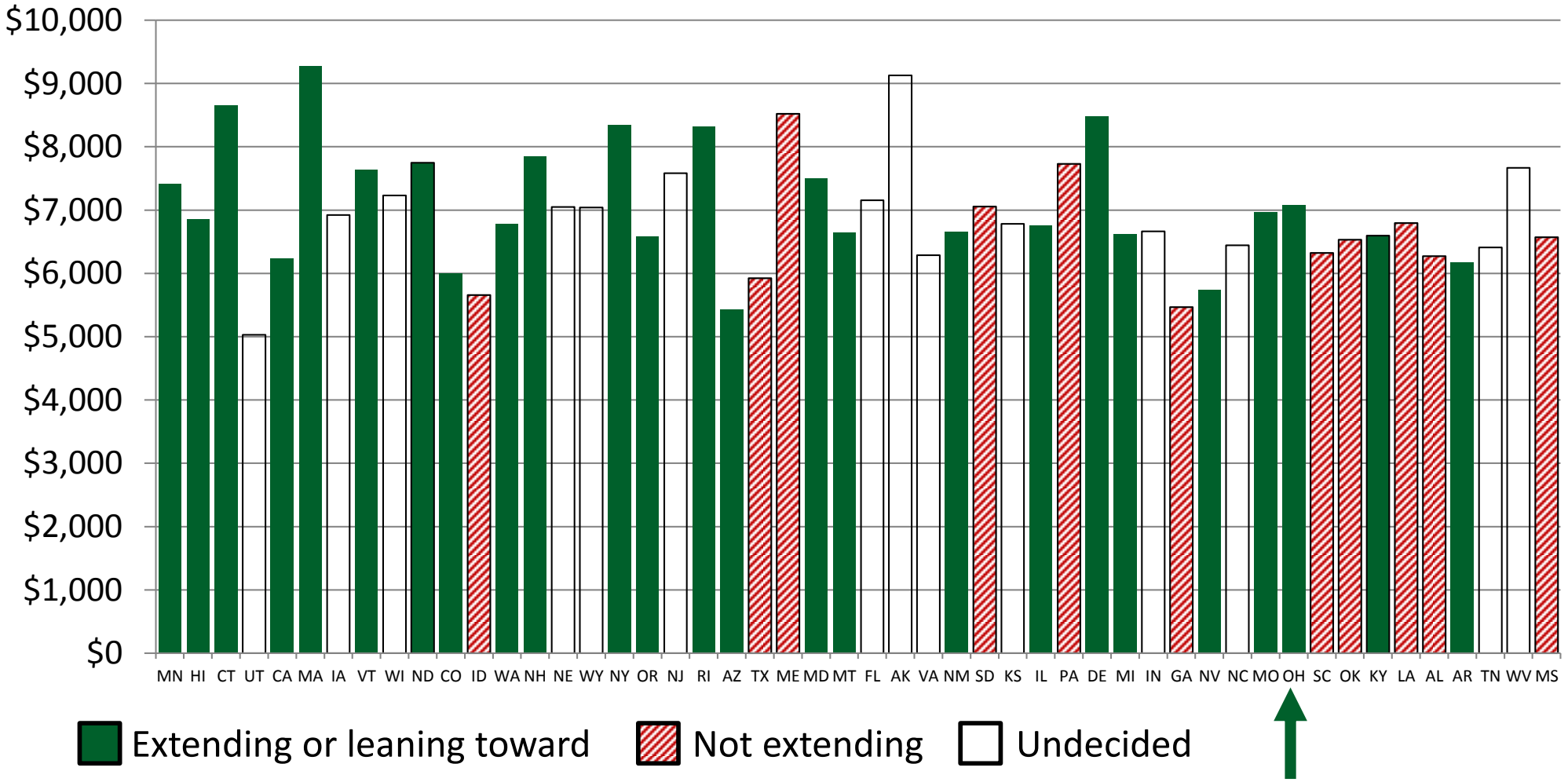
Who Supports Extending Medicaid?

- Ohio Chamber of Commerce
- Ohio Right to Life
- Catholic Conference of Ohio
- County Commissioner's Association of Ohio
- Ohio Hospital Association
- Ohio Children's Hospital Association
- Ohio Association of Health Plans
- National Alliance on Mental Health (NAMI Ohio)
- Ohio State Medical Association
- Columbus Dispatch, Cleveland Plain Dealer, Toledo Blade, Akron Beacon Journal, Cincinnati Enquirer, Youngstown Vindicator

Complete List: www.healthtransformation.ohio.gov/Budget/ExtendMedicaidServices.aspx

States Proposing to Extend Coverage

(spending per capita by state, in order of resident health outcomes)



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Sources: CMS *Health Expenditures by State* (2011); The Commonwealth Fund, *Aiming Higher: Results from a State Scorecard on Health System Performance* (October 2009); The Advisory Board Company, *Where Each State Stands on Medicaid expansion* (2/6/2013).

Extend Medicaid Coverage:

Consequences of Not Extending Coverage

Over the next two years, Ohio taxpayers would need to pay an additional $404 million in state general revenue ($690 million all funds) to:

- NOT extend coverage to 275,000 more low-income Ohioans
- NOT keep $2.4 billion in Ohioans' federal tax dollars in Ohio ($13 billion over seven years)
- NOT strengthen local mental health and addiction services
- NOT free up $130 million in local funds to meet local needs
- NOT protect local hospitals from federal cuts

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Jobs Budget 2.0:

Ohio Medicaid Spending (All Funds)

All Funds in millions	FY 2013	%	FY 2014	%	FY 2015	%	FY 2014-2015
INITIAL TREND	**$19,666[2]**	**6.7%**	**$20,723**	**5.4%**	**$21,477**	**3.6%**	**$42,200**
HB 153 Initiatives[1]	*$25*		*$822*		*$667*		*$1,490*
Woodwork	*--*		*$531*		*$996*		*$1,527*
Physician Fee Increase	*$77*		*$321*		*$262*		*$583*
BASELINE TOTAL	**$19,768**	**7.2%**	**$22,397**	**13.3%**	**$23,402**	**4.5%**	**$45,799**
Savings and Cost Avoidance	*--*		*($517)*		*($801)*		*($1,318)*
Newly Eligible Enrollment	*--*		*$500*		*$1,927*		*$2,426*
EXECUTIVE BUDGET	**$19,768**	**7.2%**	**$22,380**	**13.2%**	**$24,528**	**9.6%**	**$46,907**

NOTE: May not sum to total due to rounding.

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(1) Integrated Care Delivery for Medicare-Medicaid, health homes for mental illness, disabled children into health plans, Balancing Incentive Program

(2) SFY 2013 amount adjusted from $19.8 billion to include the budget for Medicare Part D and UPL Appropriations

Jobs Budget 2.0:

Overall Budget Impact (State Share GRF)

GRF State in millions	FY 2013	%	FY 2014	%	FY 2015	%	FY 2014-2015
INITIAL TREND	**$5,081**	**2.9%**	**$5,520**	**8.6%**	**$5,733**	**3.9%**	**$11,253**
HB 153 Initiatives[1]	*($3)*		*$136*		*$76*		*$212*
Woodwork	*--*		*$186*		*$335*		*$521*
Physician Fee Increase	*--*		*--*		*--*		*--*
BASELINE TOTAL	**$5,079**	**2.9%**	**$5,842**	**15.0%**	**$6,144**	**5.2%**	**$11,986**
Savings and Cost Avoidance	*--*		*($191)*		*($296)*		*($487)*
Newly Eligible Enrollment	*--*		*($23)*		*($68)*		*($91)*
EXECUTIVE BUDGET	**$5,079**	**2.9%**	**$5,629**	**10.8%**	**$5,779**	**2.7%**	**$11,408**

(1) Integrated Care Delivery for Medicare-Medicaid, health homes for mental illness, disabled children into health plans, Balancing Incentive Program

Estimated New Medicaid Enrollment

Enrollment Group	Estimated Enrollment Gain/(Loss) as of June 2015
Newly Eligible below 138%	*365,616*
Previously Eligible above 138%	*(90,863)*[1]
Net New Enrollment at 138%	**274,753**
Currently Eligible not enrolled (Woodwork)	**230,792**[2]
TOTAL NEW ENROLLMENT	**505,545**

1. Individuals who would have been eligible for Medicaid under the current rules even though their income is above 138% of poverty will instead seek coverage on the Health Insurance Exchange, including some parents (10,356) and beneficiaries enrolled through family planning (26,378), transitional Medicaid (54,123), or the Ohio Department of Health Breast and Cervical Cancer Program.
2. As a result of federal insurance mandates and the new Federal Health Insurance Exchange going into effect in January 2014, and estimated 231,000 eligible but not yet enrolled Ohioans are expected to "emerge from the woodwork" and enroll in Medicaid, including 92,000 children, 88,000 parents, and 51,000 seniors.

SOURCE: Ohio Medicaid (February 2013)

Today's Topics

- Challenges we face in Ohio
- Health Transformation Priorities
  - Rebalance Long-Term Care
  - Streamline Health and Human Services
  - Modernize Medicaid
  - Extend Medicaid Coverage
  - Overall Budget Impact
- **Questions**