

Ohio

**Governor's Office of
Health Transformation**

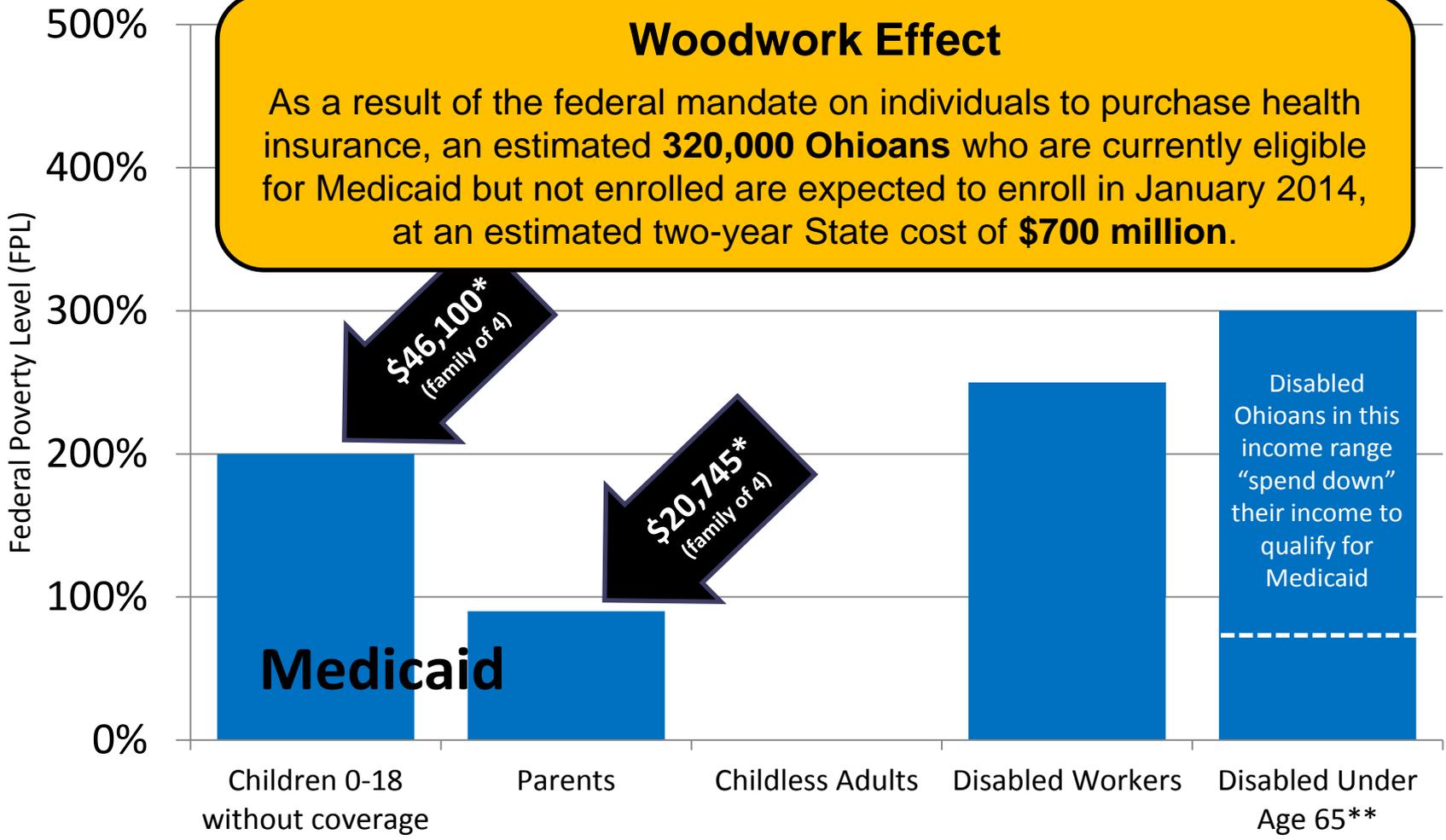
Building Momentum: Improving Overall Health System Performance

IMPACTOHIO POST ELECTION
CONFERENCE

2012

Current Ohio Medicaid Coverage

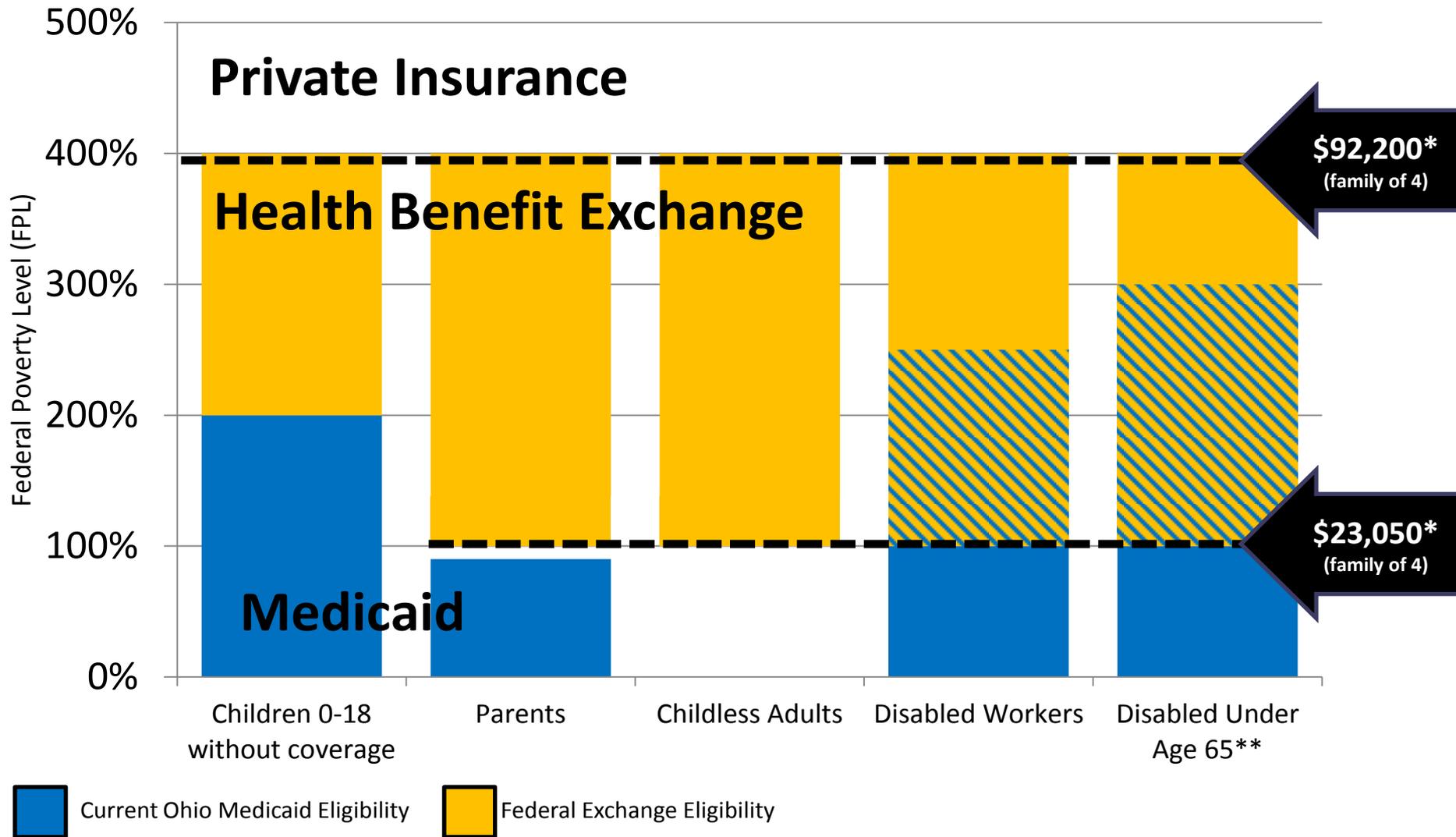
Woodwork Effect
 As a result of the federal mandate on individuals to purchase health insurance, an estimated **320,000 Ohioans** who are currently eligible for Medicaid but not enrolled are expected to enroll in January 2014, at an estimated two-year State cost of **\$700 million**.



 Current Ohio Medicaid Eligibility

* The 2012 poverty threshold is \$11,170 for an individual and \$23,050 for a family of four.

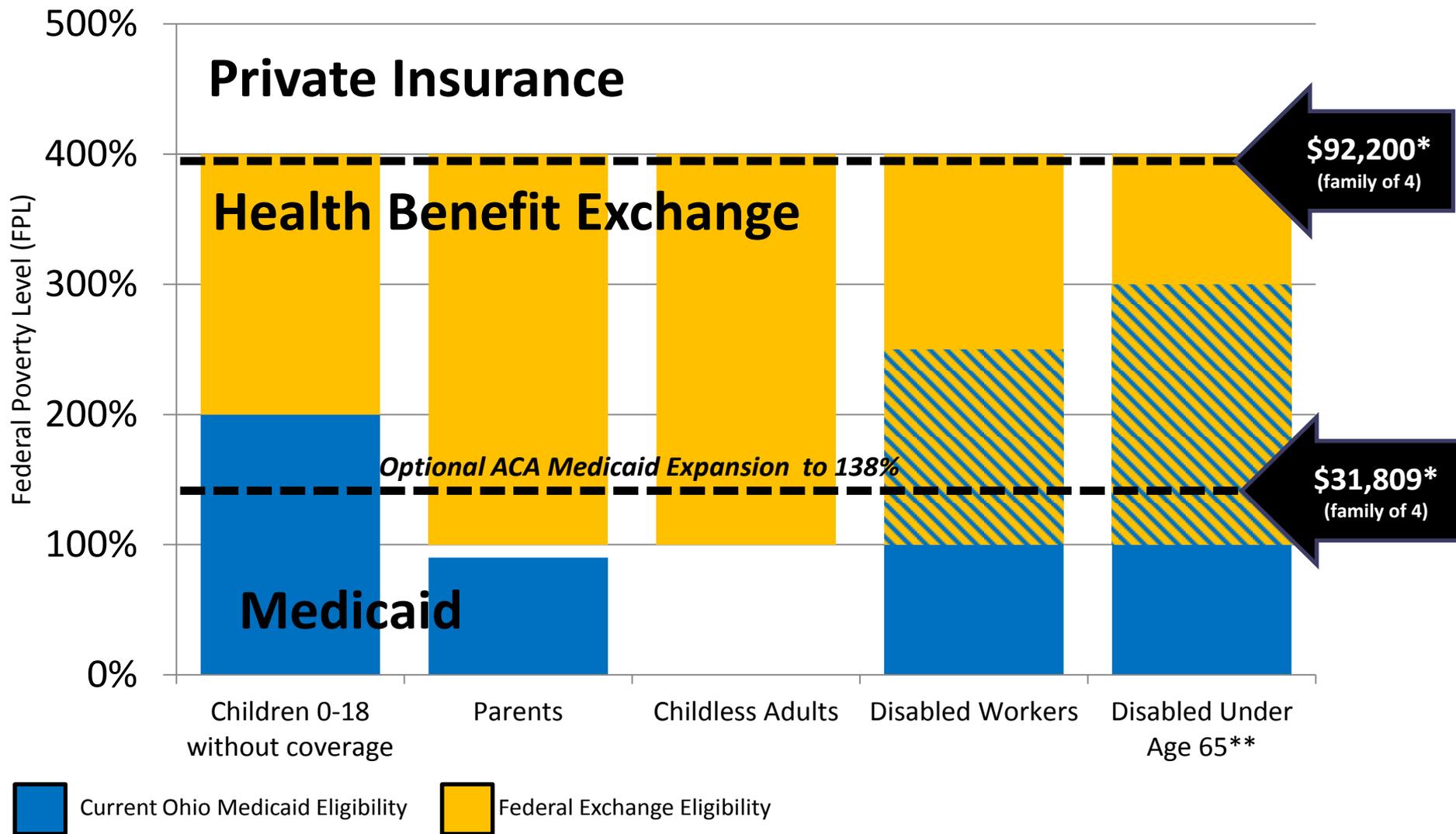
Affordable Care Act: Federal Income Eligibility Levels in 2014



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**Over age 65 coverage is provided through Medicare, not the Exchange.

Affordable Care Act: Federal Income Eligibility Levels in 2014



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After the Supreme Court Decision: Key Health Policy Questions for Ohio

- Can Ohio further reform its insurance market to promote competition and affordability?
- Should Ohio build a state-run health benefit exchange or coordinate with a federal exchange?
 - *Ohio's exchange "blueprint" is due November 16, 2012*
 - *Leaning toward federal-run but retain plan oversight*
- Should Ohio expand Medicaid eligibility or not?

Ohio Health and Human Services Innovation Plan

| Modernize Medicaid | Streamline Health and Human Services | Improve Overall Health System Performance |
|--|--|--|
| <p>Medicaid Cabinet: Aging, ODADAS, ODMH, DODD, Medicaid; with connections to JFS</p> | <p>HHS Cabinet: DAS, OBM, OHT (sponsors); JFS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX</p> | <p>Payment Reform Task Force: Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OHT, OPERS, ODI, TAX</p> |
| <ul style="list-style-type: none"> • Reform nursing facility payment • Update provider regulations to be more person-centered • Integrate Medicare and Medicaid benefits • Create health homes for people with mental illness • Restructure behavioral health system financing • Improve Medicaid managed care plan performance • Transfer ICF program to DD • Coordinate Medicaid with other state programs | <ul style="list-style-type: none"> • Create a unified Medicaid budget, accounting system • Create a cabinet-level Medicaid department • Consolidate ODMH/ODADAS • Integrate HHS information capabilities, incl. eligibility • Coordinate housing and workforce programs • Coordinate programs for children • Share services across local jurisdictions • Recommend a permanent HHS structure (coming soon) | <ul style="list-style-type: none"> • Participate in Catalyst for Payment Reform • Provide access to medical homes for most Ohioans • Use episode-based payments for acute medical events • Pioneer accountable care organizations • Accelerate electronic health information exchange • Decide Ohio's role in creating a Health Insurance Exchange • Promote insurance market competition and affordability • Support local payment reform initiatives |

WELCOME

CURRENT INITIATIVES

BUDGETS

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Current Initiatives

Modernize Medicaid

- Reform nursing facility reimbursement
- Integrate Medicare and Medicaid benefits
- Rebalance spending on long-term services and supports
- Create health homes for people with mental illness
- Restructure behavioral health system financing
- Improve Medicaid managed care plan performance

Streamline Health and Human Services

- Consolidate mental health and addiction services
- Create a cabinet-level Medicaid department
- Modernize eligibility determination systems
- Integrate HHS information capabilities
- Coordinate programs for children
- Share services across local jurisdictions

Improve Overall Health System Performance

- Pay for health care based on value instead of volume
- Encourage Patient-Centered Medical Homes
- Accelerate electronic Health Information Exchange

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