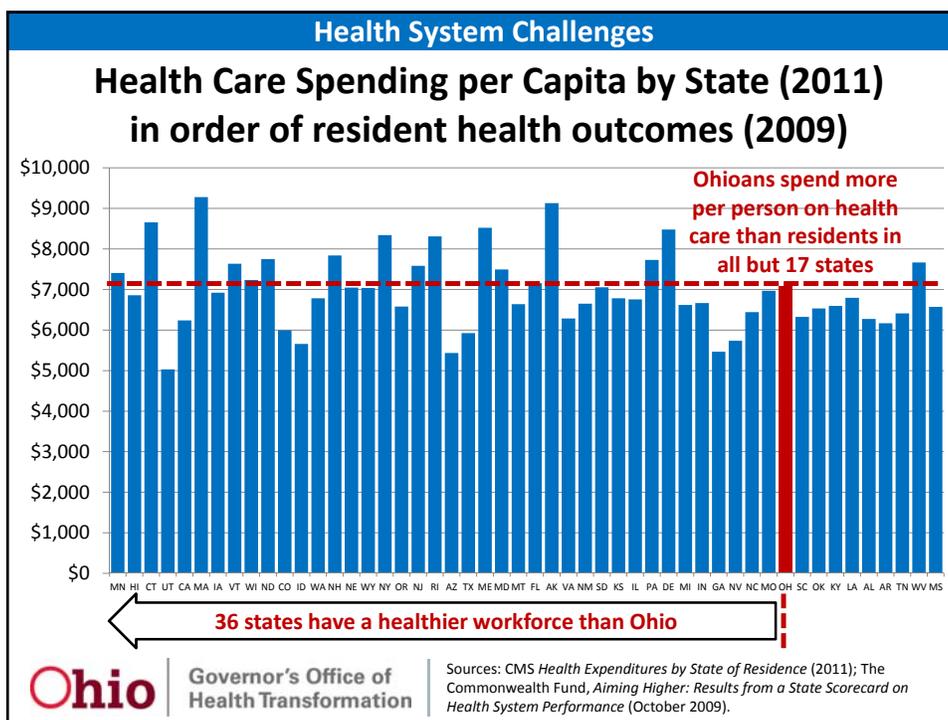




## Ohio's Health Transformation

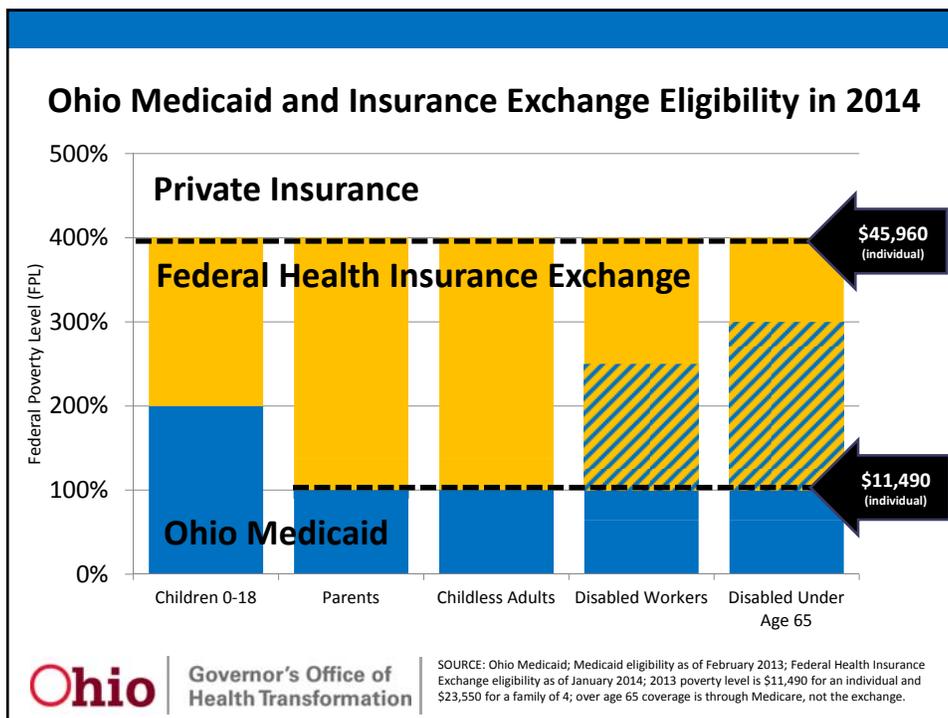
Greg Moody, Director  
 Governor's Office of Health Transformation  
 Ohio Commission on Minority Health  
 January 17, 2014

[www.HealthTransformation.Ohio.gov](http://www.HealthTransformation.Ohio.gov)



### Ohio Health Transformation Plan

Modernize Medicaid	Streamline Health and Human Services	Pay for Value
Initiate in 2011	Initiate in 2012	Initiate in 2013
<b>Medicaid Cabinet:</b> OHT (sponsor); AGE, ODH, ADA, MH, DD, Medicaid; with connections to JFS	<b>HHS Cabinet:</b> DAS, OBM, OHT (sponsors); JFS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX	<b>Payment Innovation Task Force:</b> OHT (sponsor); Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OPERS, ODI, TAX
<ul style="list-style-type: none"> <li>• <u>Extend Medicaid coverage to more low-income Ohioans</u></li> <li>• Eliminate fraud and abuse</li> <li>• <u>Prioritize home and community based services</u></li> <li>• Enhance community DD services</li> <li>• <u>Integrate Medicare and Medicaid benefits</u></li> <li>• <u>Rebuild community behavioral health system capacity</u></li> <li>• <u>Create health homes for people with mental illness</u></li> <li>• <u>Restructure behavioral health system financing</u></li> <li>• <u>Improve Medicaid managed care plan performance</u></li> </ul>	<ul style="list-style-type: none"> <li>• Create the Office of Health Transformation (2011)</li> <li>• Implement a new Medicaid claims payment system (2011)</li> <li>• Create a unified Medicaid budget, accounting system</li> <li>• <u>Create a cabinet-level Medicaid Department (July 2013)</u></li> <li>• <u>Consolidate mental health and addiction services (July 2013)</u></li> <li>• <u>Simplify and integrate eligibility determination</u></li> <li>• <u>Refocus existing services to promote self sufficiency</u></li> <li>• <u>Coordinate programs for children</u></li> </ul>	<ul style="list-style-type: none"> <li>• Participate in Catalyst for Payment Reform</li> <li>• <u>Provide access to medical homes for most Ohioans</u></li> <li>• Use episode-based payments for acute medical events</li> <li>• <u>Coordinate health sector workforce and training programs</u></li> <li>• <u>Accelerate electronic health information exchange</u></li> <li>• <u>Report and measure performance</u></li> <li>• <u>Support regional payment innovation</u></li> </ul> <p style="font-size: small; color: green;"><i>Initiatives in green and underlined directly contribute to reducing health disparities</i></p>



## Transformation Priorities

<b>Health</b>	<i>Continue to modernize Medicaid and improve overall health system performance</i>	<b>Target Hot Spots Align Programs Share Services</b>
<b>Education</b>	<i>Coordinate programs that support the best possible start for Ohio's children</i>	
<b>Workforce</b>	<i>Create a unified workforce system that supports business in meeting its workforce needs</i>	
<b>Job and Family Supports</b>	<i>Improve the well-being of Ohio's workforce and families by promoting economic self-sufficiency</i>	

## Existing State Resources

<b>Health</b>	<b>\$22.2B</b>	<b>Programs for Children = \$18B</b>
<b>Education</b>	<b>\$13.9B</b>	
<b>Workforce</b>	<b>\$2.0B</b>	
<b>Other Job and Family Support</b>	<b>\$6.0B</b>	

Notes: Includes federal and state funding, not local; Health Care includes Medicaid, BWC, DRC, DAS and PERS; Education includes ODE and Regents; Workforce includes Supplemental Security Income, not Unemployment Compensation; Other Social Services includes JFS non-workforce plus Supplemental Nutrition Assistance Program benefits.

## The Vision

<b>Independence</b>	<b>not</b>	<b>Dependence</b>
<b>Prosperity</b>	<b>not</b>	<b>Poverty</b>
<b>Person-Centered</b>	<b>not</b>	<b>Program-Centered</b>
<b>Innovation</b>	<b>not</b>	<b>Bureaucracy</b>