Ohio | Governor's Office of Health Transformation

Health Transformation in Ohio: What's Next?

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Ohio Association of Community Action Agencies
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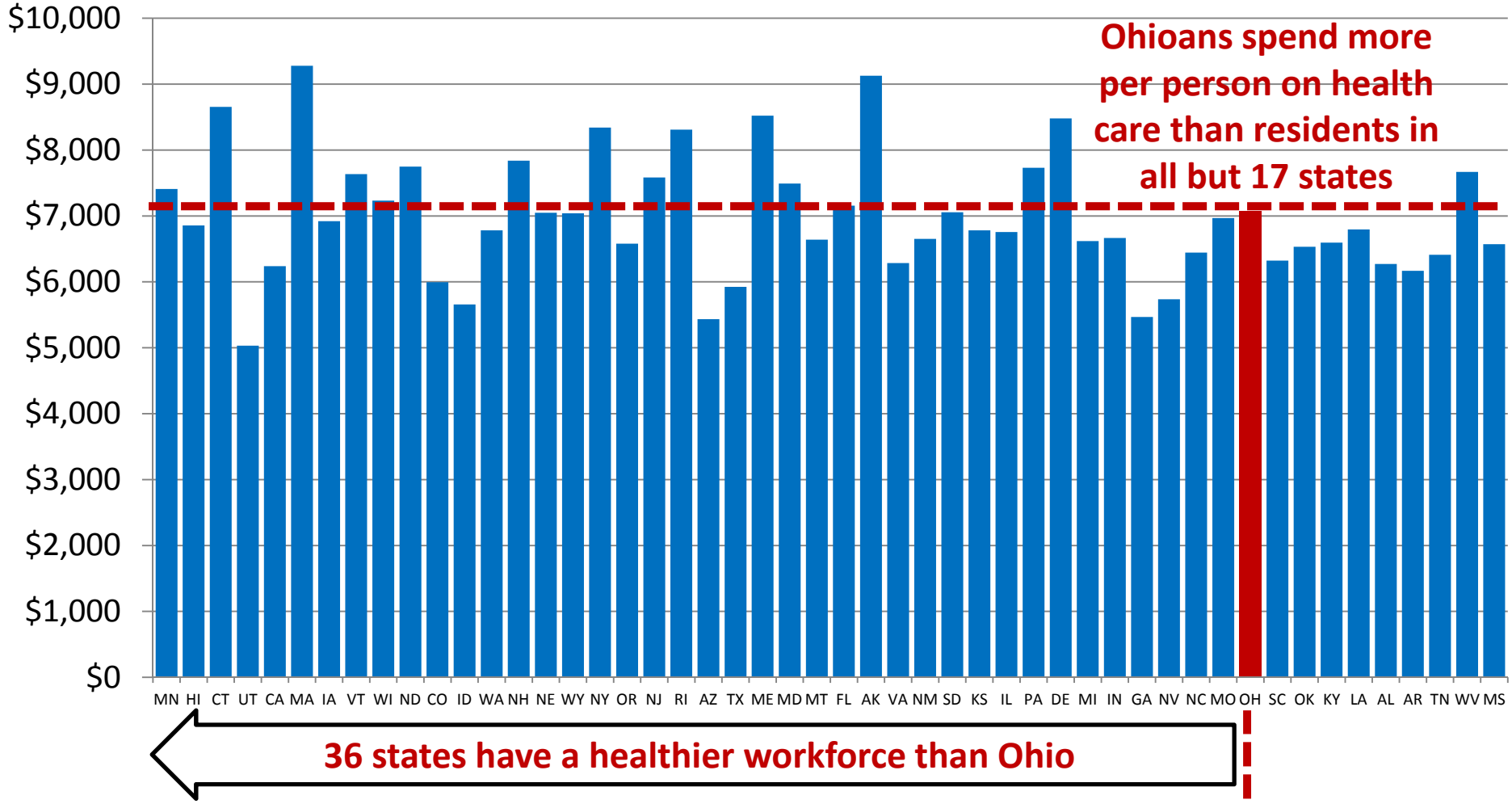
www.HealthTransformation.Ohio.gov

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).

The Challenge

Target Hot Spots: A few people account for most spending

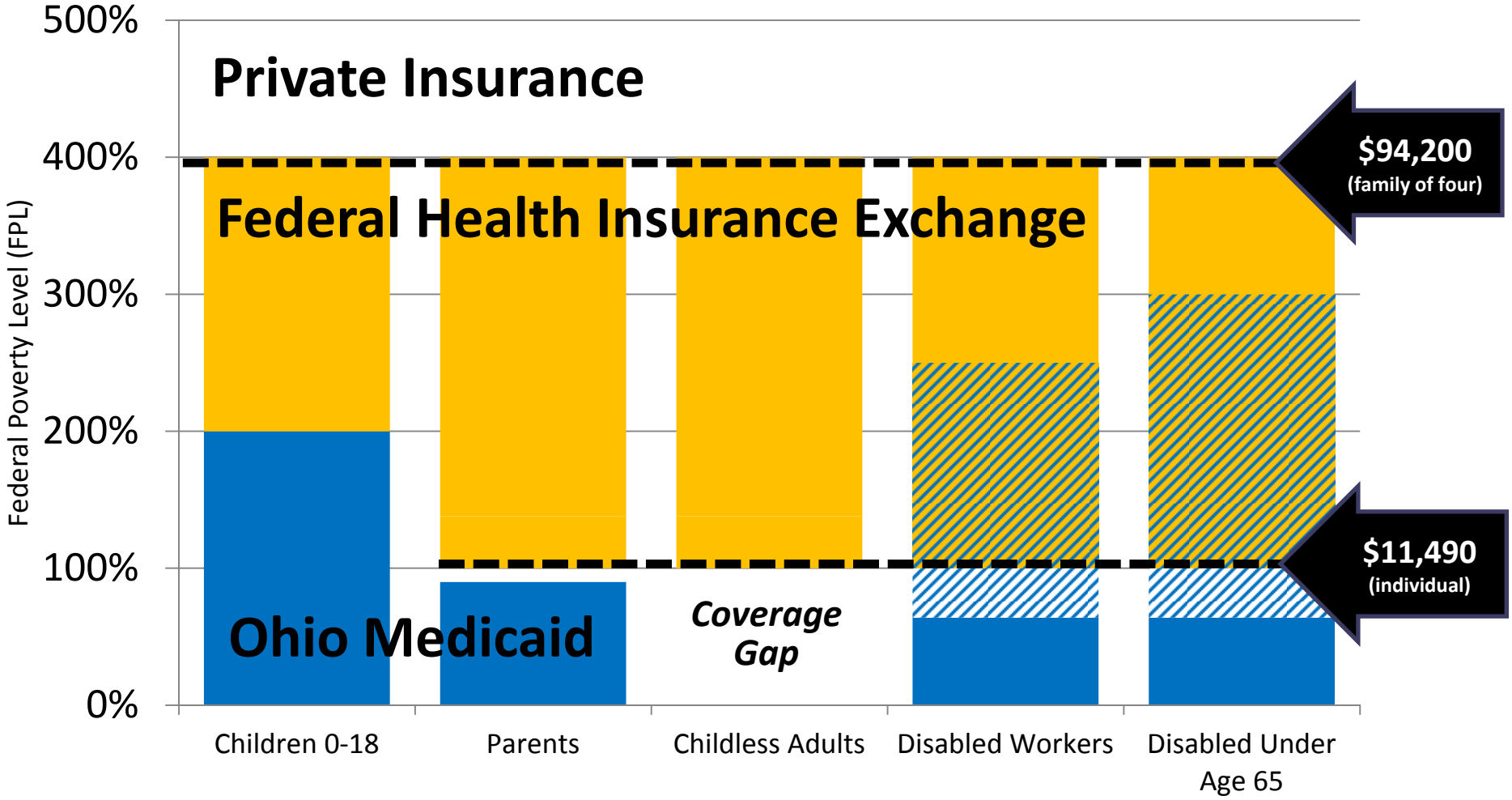
Align Programs: The system is fragmented and things go wrong as a result

Ohio Health Transformation Plan

Modernize Medicaid	Streamline Health and Human Services	Pay for Value
Initiate in 2011	***Initiate in 2012***	***Initiate in 2013***
Medicaid Cabinet: OHT (sponsor); AGE, ODH, ADA, MH, DD, Medicaid; with connections to JFS	**HHS Cabinet:** DAS, OBM, OHT (sponsors); JFS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX	**Payment Innovation Task Force:** OHT (sponsor); Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OPERS, ODI, TAX
• Eliminate fraud and abuse • Prioritize home and community services • Reform nursing facility payment • Enhance community DD services • Integrate Medicare and Medicaid benefits • Rebuild community behavioral health system capacity • Create health homes for people with mental illness • Restructure behavioral health system financing • Improve Medicaid managed care plan performance • Extend Medicaid coverage to more low-income Ohioans	• Create the Office of Health Transformation (2011) • Implement a new Medicaid claims payment system (2011) • Create a unified Medicaid budget, accounting system • Create a cabinet-level Medicaid Department (July 2013) • Consolidate mental health and addiction services (July 2013) • Simplify and replace Ohio's 34-year-old eligibility system • Coordinate workforce programs • Share services across local jurisdictions • Recommend a permanent HHS structure (coming soon)	• Participate in Catalyst for Payment Reform • Provide access to medical homes for most Ohioans • Use episode-based payments for acute medical events • Coordinate health sector workforce and training programs • Accelerate electronic health information exchange • Report and measure performance • Promote insurance market competition and affordability • Support regional payment innovation

Ohio Medicaid and Insurance Exchange Eligibility

(as of January 2014 without Medicaid expansion)



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SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2013 poverty level is $11,490 for an individual and $23,550 for a family of 4; over age 65 coverage is through Medicare, not the exchange.

Governor Kasich's policy team preparing for Controlling Board, Oct. 16, 2013

Controlling Board testimony to extend Medicaid coverage, Oct. 21, 2013

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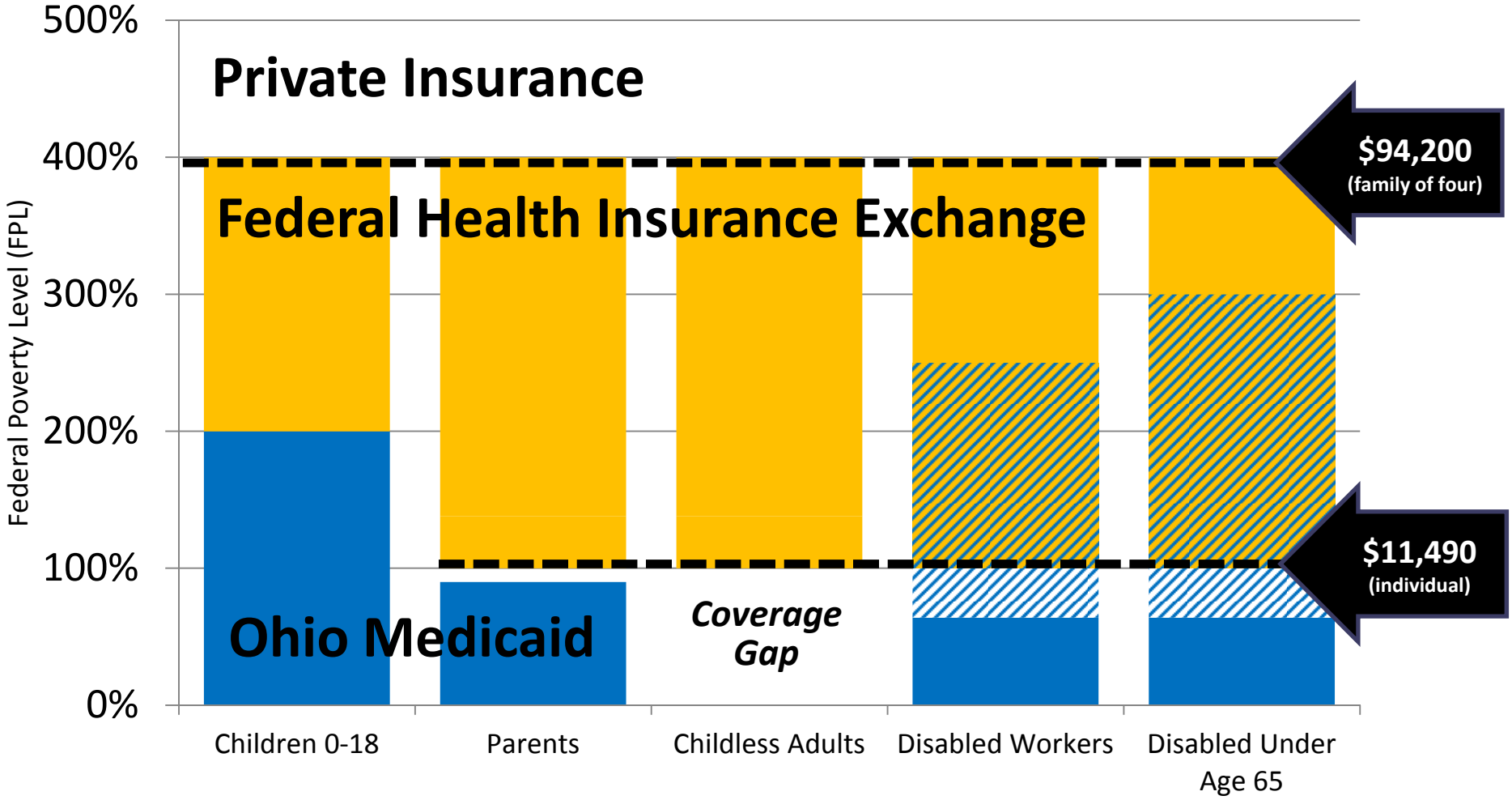

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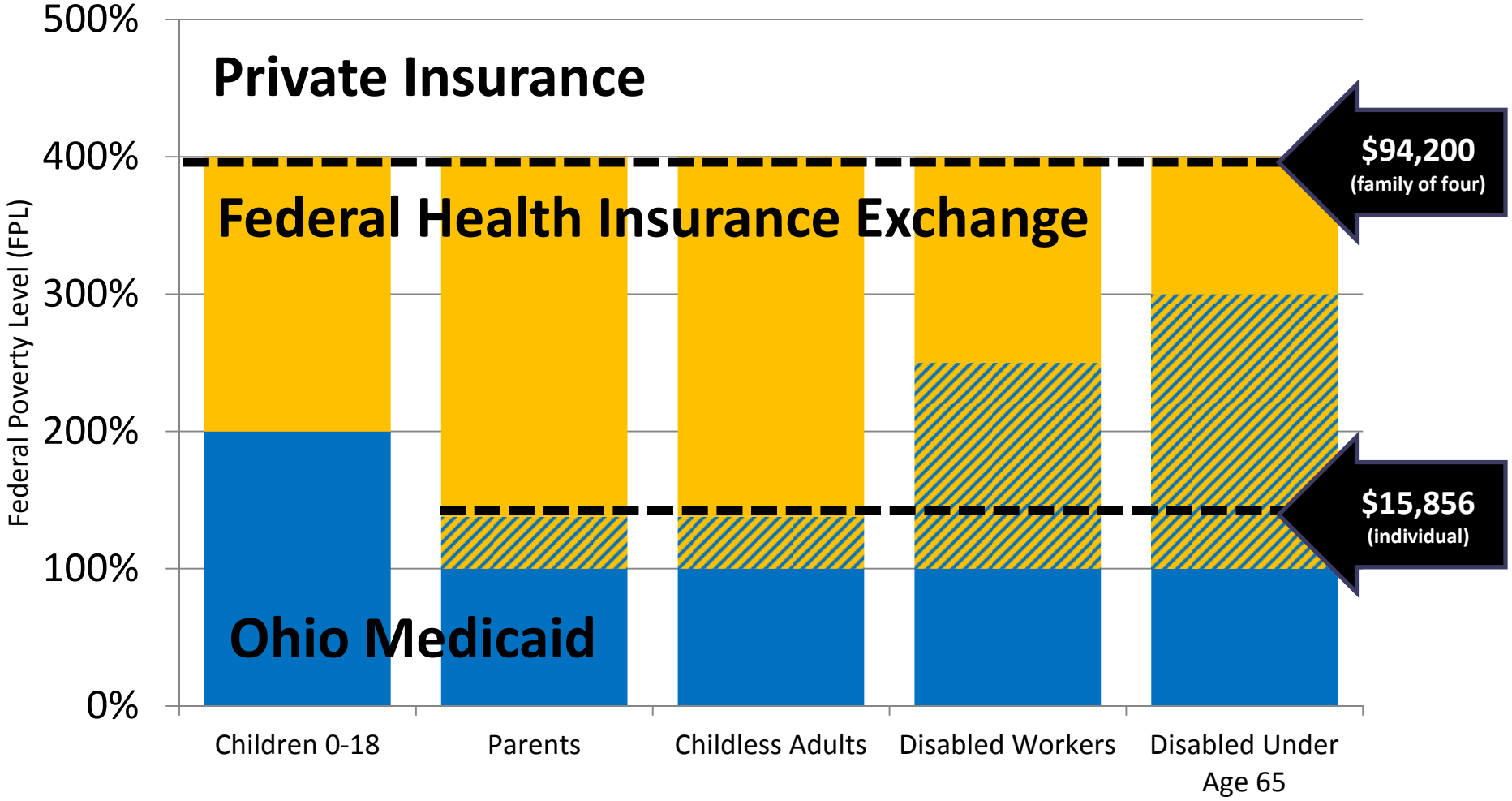

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The Vision

Independence	not	Dependence
Prosperity	not	Poverty
Person-Centered	not	Program-Centered
Innovation	not	Bureaucracy

Existing State Resources

Health	$22.2B
Education	$13.9B
Workforce	$2.0B
Other Job and Family Support	$6.0B

Programs for Children = $18B

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.

Transformation Priorities

Health	*Continue to modernize Medicaid and improve overall health system performance*
Education	*Coordinate programs that support the best possible start for Ohio's children*
Workforce	*Create a unified workforce system that supports business in meeting its workforce needs*
Job and Family Supports	*Improve the well-being of Ohio's workforce and families by promoting economic self-sufficiency*

Target Hot Spots

Align Programs

Share Services

www.healthtransformation.ohio.gov

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CURRENT INITIATIVES | BUDGETS | NEWSROOM | CONTACT | VIDEO

Current Initiatives

Modernize Medicaid
Extend Medicaid coverage to more low-income Ohioans
Reform nursing facility reimbursement
Integrate Medicare and Medicaid benefits
Prioritize home and community based services
Create health homes for people with mental illness
Rebuild community behavioral health system capacity
Enhance community developmental disabilities services
Improve Medicaid managed care plan performance

Streamline Health and Human Services
Implement a new Medicaid claims payment system
Create a cabinet-level Medicaid department
Consolidate mental health and addiction services
Simplify and integrate eligibility determination
Coordinate programs for children
Share services across local jurisdictions

Pay for Value
Engage partners to align payment innovation
Provide access to patient-centered medical homes
Implement episode-based payments
Coordinate health information technology infrastructure
Coordinate health sector workforce programs
Support regional payment reform initiatives
Federal Health Insurance Exchange