Ohio Health and Human Services Innovation Plan

	MODERNIZE MEDICAID	STREAMLINE HEALTH AND HUMAN SERVICES	PAY FOR VALUE
Executive Order	Advance the Governor's Medicaid modernization and cost containment priorities	Recommend a permanent health and human services organizational structure and oversee transition to that structure	Engage private sector partners to set clear expectations for better health, better care, and lower costs through improvement
Problem	Our current health care system is fragmented in a way that leads to disrupted relationships, poor information flows, and misaligned incentives that combine to degrade quality and increase cost	Ohio HHS policy, spending and administration is split across multiple state and local government jurisdictions, and this inefficient structure impedes innovation and lacks a clear point of accountability	Ohioans spend more per person on health care than residents in all but 17 states, yet higher spending is not resulting in better health outcomes for Ohio citizens (Ohio ranks 37 in health outcomes)
Policy Priorities	• Improve care coordination • Integrate behavioral and physical health care • Rebalance long-term care	• Share services to increase efficiency • Right-size state and local service capacity • Streamline governance	• Pay for value instead of volume • Make health care price and quality information transparent • Get the right information in the right place at the right time
Initiatives	**Phase I: Enact Medicaid Modernization Authority** • Enact common-sense Medicaid modernization and cost containment proposals **Phase II: Implement Medicaid Modernization Initiatives** • Oversee program design, rules process, and implementation • Secure federal support to implement reforms **Phase III: Evaluate Medicaid Modernization Initiatives** • Evaluate program improvements • Recommend additional innovation priorities	**Phase I: Streamline Health and Human Service Operations** • Restructure and consolidate HHS operations to be more efficient (e.g., integrated eligibility determination) **Phase II: Streamline Health and Human Service Governance** • Reorganize state agencies to be more efficient **Phase III: Coordinate HHS Priorities Across Agency Boundaries** • Transform education, workforce, health care, and job and family services to promote economic self sufficiency	**Phase I: Leverage Medicaid Purchasing Power** • Reward best practices in health care delivery system reform (e.g., health homes, accountable care organizations) **Phase II: Align Public/Private Health System Priorities** • Engage private sector partners to improve health care quality and reduce health care costs by changing how we pay **Phase III: Leverage Public/Private Purchasing Power** • Standardize and publicly report performance measures • Implement health care payment system innovations
Governance	**Medicaid Cabinet** AGE, MHAS, DD, ODH, Medicaid with connections to JFS	**Health and Human Services Cabinet** DAS, OBM, OHT (executive sponsors); JFS, RSC, AGE, MHAS, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX	**Payment Innovation Task Force** DAS, DEV, ODH, ODI, OHT, JobsOhio, Medicaid, DRC, TAX, BWC, DYS, PERS, BOR; Governor's External Advisory Council

Current Work Teams	• Extend Medicaid coverage to more low-income Ohioans
	• Eliminate fraud and abuse
	• Prioritize home and community based services
	• Enhance community developmental disabilities services
	• Integrate Medicare and Medicaid benefits
	• Rebuild community behavioral health system capacity
	• Restructure behavioral health system financing
	• Include behavioral health benefits in Medicaid managed care
	• Improve Medicaid managed care plan performance
		• Implement a new Medicaid claims payment system
		• Create a unified Medicaid budgeting and accounting system
		• Create a Department of Medicaid
		• Consolidate mental health and addiction services
		• Implement a new online eligibility determination system
		• Replace two disability determination systems with one
		• Refocus existing services to promote economic self sufficiency
		• Coordinate priorities across education, workforce, health care, job and family services to promote economic self sufficiency
			• Participate in Catalyst for Payment Reform
			• Support regional payment reform initiatives
			• Pay for value instead of volume (State Innovation Model)
			  − Provide access to medical homes for most Ohioans
			  − Use episode-based payments for acute medical events
			  − Coordinate health sector workforce, training programs
			  − Coordinate health information technology infrastructure
			  − Align population health planning and priorities