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The PsychU Guide To
The Ohio Mental Health System

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This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of November 2016.

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Appendix A: Sources

ACOs = Accountable Care Organizations
BH = Behavioral Health
FFS = Fee-For-Service
MCOs = Managed Care Organizations
MHAS = Department Of Mental Health & Addiction Services
SMI = Serious Mental Illness

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A. OHIO HEALTH CARE MARKETPLACE OVERVIEW

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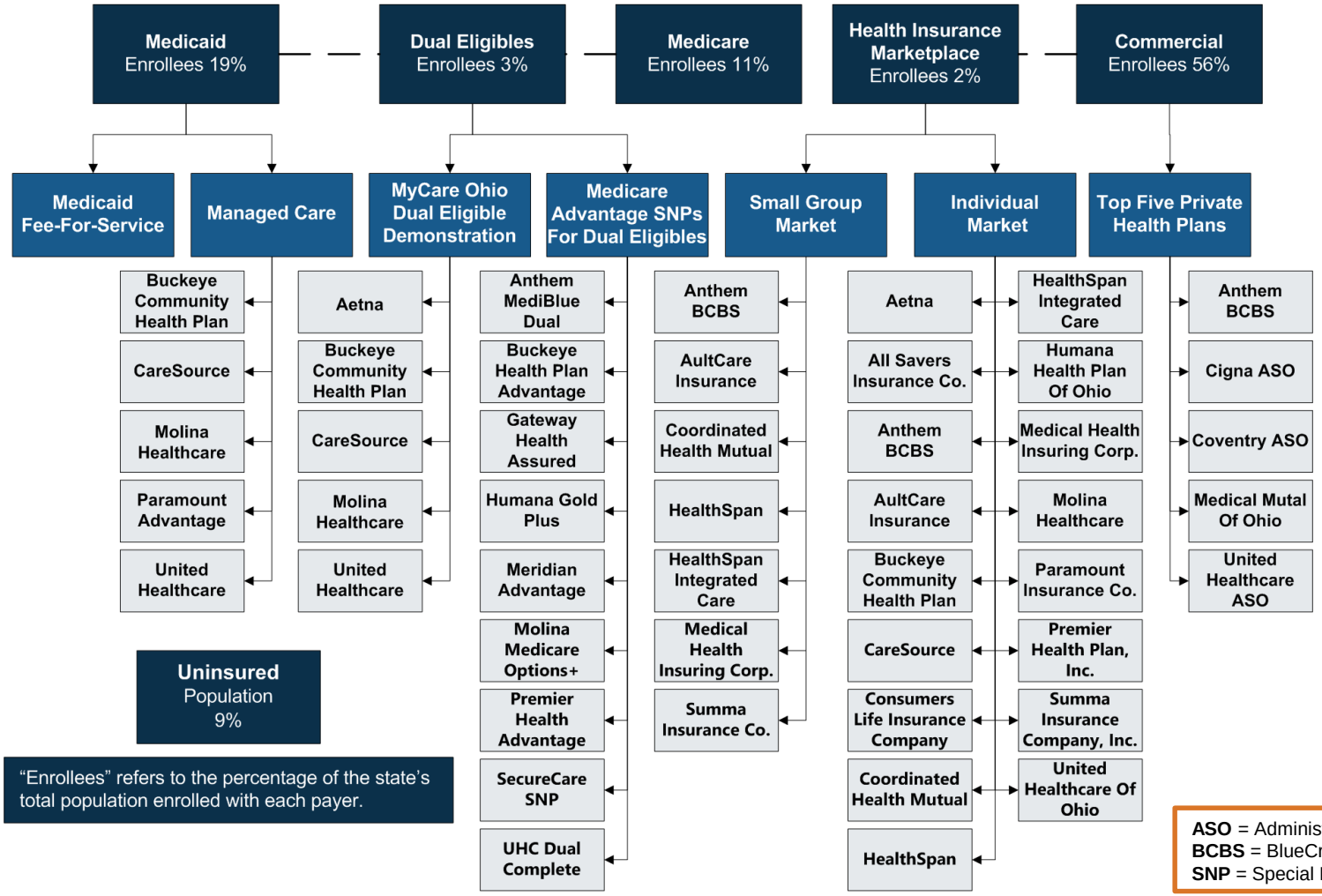
1. Physical Health Care Coverage Map



ASO = Administrative Services Only
BCBS = BlueCross BlueShield
SNP = Special Needs Plan

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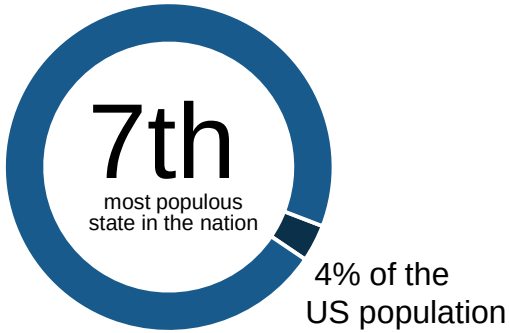
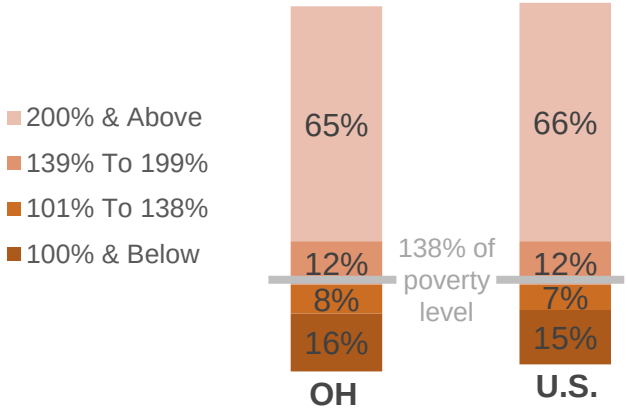
2. Population Demographics

Total Ohio Population - 11,594,163
SMI Population - 559,565

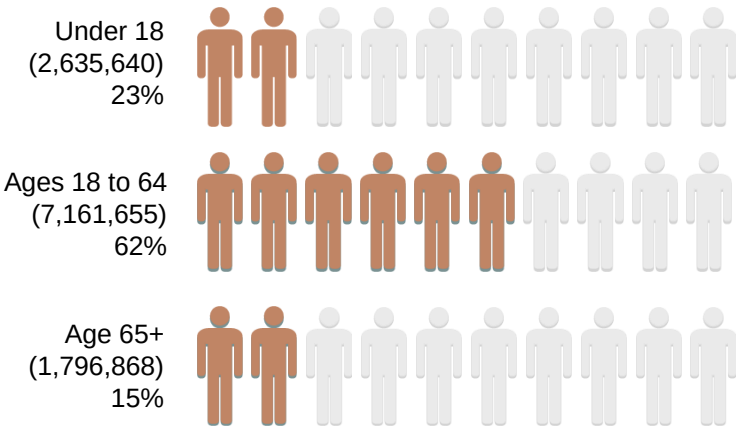


Population Distribution By Income To Poverty Threshold Ratio

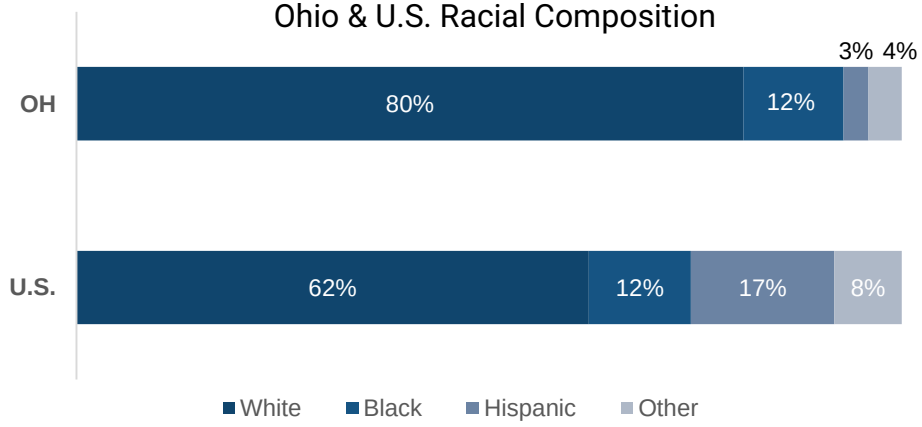


Median Income	
Ohio	$49,644
U.S.	$53,657

Population Distribution By Age



Ohio & U.S. Racial Composition



SMI = Serious Mental Illness

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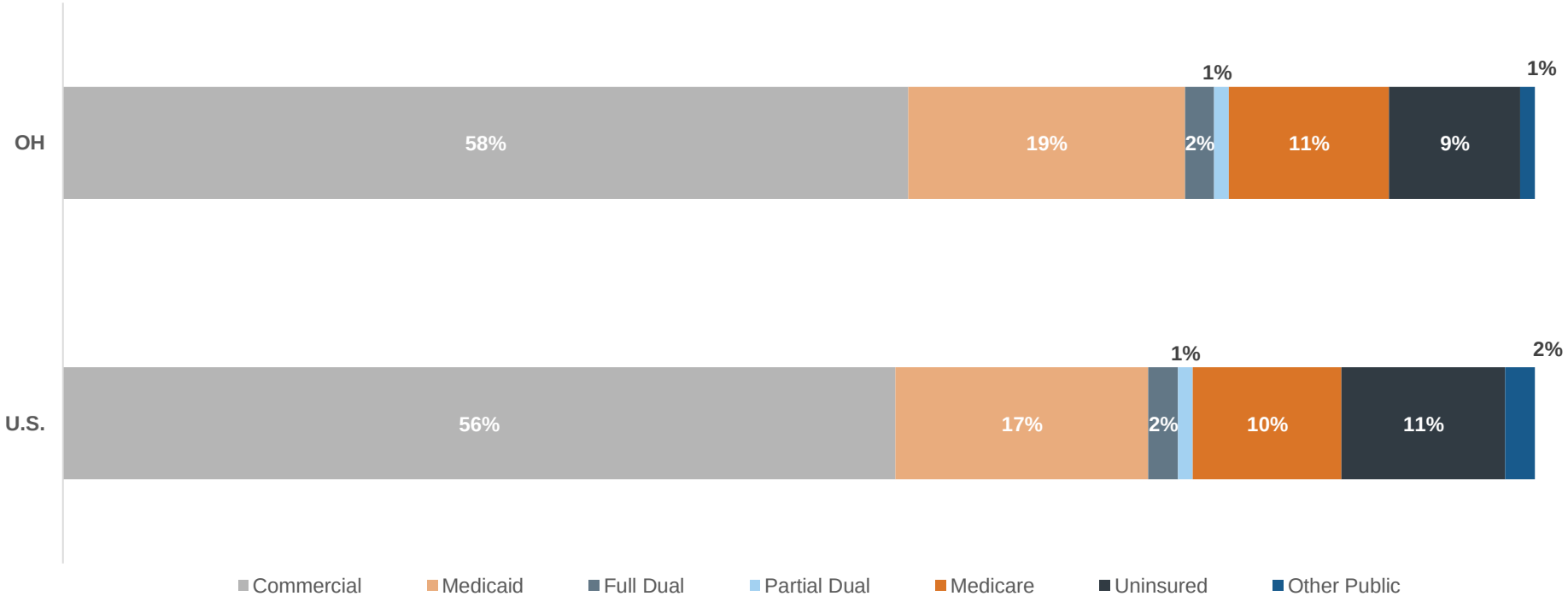
3. Population Distribution By Payer:
United States v. Ohio



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4. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Anthem BlueCross & BlueShield	Commercial	3,300,000
Medicare FFS	Medicare	1,276,165
CareSource	Medicaid Managed Care	1,264,815
Medical Mutual Of Ohio	Commercial	1,065,705
Coventry	Commercial ASO	731,462
UnitedHealthcare	Commercial ASO	630,338
Medicaid FFS	Medicaid	594,150
Cigna	Commercial ASO	410,135
Molina Healthcare Of Ohio, Inc.	Medicaid Managed Care	308,665
Buckeye Community Health Plan	Medicaid Managed Care	289,006

*Commercial enrollment as of 4th quarter 2014; Medicaid enrollment as of July 2016; Medicare enrollment as of January 2016.

ASO = Administrative Services Only
FFS = Fee-For-Service

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5. Health Insurance Marketplace Overview

Health Insurance Marketplace	
Type Of Marketplace	• Federal
Individual Enrollment Contact	• www.healthcare.gov • 1-800-318-2596
Small Business Enrollment Contact	• www.healthcare.gov/small-businesses • 1-800-706-7893

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6. Health Insurance Marketplace Plans

Individual Market Health Plans

- Aetna Life Insurance Company
- All Savers Insurance Company
- AultCare Insurance Company
- Buckeye Community Health Plan
- CareSource
- Anthem BlueCross BlueShield
- Consumers Life Insurance Company
- Coordinated Health Mutual, Inc.
- HealthSpan
- HealthSpan Integrated Care
- Humana Health Plan Of Ohio, Inc.
- Medical Health Insuring Corporation Of Ohio
- Molina Healthcare Of Ohio
- Paramount Insurance Company
- Premier Health Plan, Inc.
- Summa Insurance Company, Inc.
- UnitedHealthcare Of Ohio, Inc.

Small Group Market Plans

- AultCare Insurance Company
- Anthem BlueCross BlueShield
- Coordinated Health Mutual, Inc.
- HealthSpan
- HealthSpan Integrated Care
- Medical Health Insuring Corporation Of Ohio
- Summa Insurance Company, Inc.

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B. OHIO MEDICAID SYSTEM OVERVIEW

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7. Delivery System, Risk, & Federal Participation

Medicaid Financial Delivery System	
Is Managed Care Mandatory For Populations With SMI?	Yes
Is Managed Care Mandatory For Dual-Eligibles?	Enrollment in managed care is mandatory in dual eligible demonstration counties only.
Total Medicaid Population Distribution	• 16% in FFS • 84% in managed care
Medicaid Beneficiaries With SMI: ***Primary Service System***	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.
Medicaid Financing & Risk Arrangements: Behavioral Health	
Traditional Behavioral Health Services	• Most services are covered FFS by the state through community behavioral health agencies and other state-certified agencies
Specialty Behavioral Health Services	
Pharmaceuticals	• Fee-for-service population: Covered FFS by the state • Managed care population: Included in the MCOs' capitation rate
Federal Financial Participation	
FY 2017 FMAP	62.32%
CY 2016 Newly Eligible FMAP (Expansion Population)	100%

FFS = Fee-For-Service
FMAP = Federal Medical Assistance Percentage
MCOs = Managed Care Organizations
SMI = Serious Mental Illness

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8. Expansion Decision

State Medicaid Expansion Decision	
Participating In Expansion?	Yes
Date Of Expansion	January 1, 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of FPL Note: The PPACA requires that 5% of income be disregarded with determining eligibility
Legislation Used To Expand Medicaid	• None; Governor Kasich issued a line-item veto in 2013, striking language explicitly prohibiting Medicaid expansion from the FY 2014-2015 state budget legislation. • At the request of Governor Kasich, the Office Of Budget & Management (OBM) Controlling Board, an appropriations oversight body composed of the OBM director and six state legislators, voted to appropriate FY 2014-2015 funds for Medicaid expansion. • The legislature has appropriated funds for the expansion to continue via subsequent state budgets.

FPL = Federal Poverty Level
PPACA = Patient Protection & Affordable Care Act

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9. Care Coordination Entities

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Managed Care Plan	✓	• MCOs are required to coordinate physical and behavioral health services. • 50% of net aggregate payments to providers must be value-oriented by 2020.
Accountable Care Organization (ACO) Program		None
Health Home	✓	Ohio's health homes program for persons with SMI will continue through June 2017.
Medical Home	✓	Ohio will begin early entry into its multi-payer patient-centered medical home program in January 2017.
Primary Care Case Management Model (PCCM)		None

MCOs = Managed Care Organizations
SMI = Serious Mental Illness

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10. The Uninsured

State Agency Responsible For Uninsured Citizens & Delivery System Model	
Physical Health Services	The Primary Care Office within the Ohio Department Of Health is responsible for providing physical health care services to the safety-net population.
Mental Health Services	The Ohio Department Of Mental Health & Addiction Services (MHAS) oversees and distributes funds to 51 local mental health systems that are operated by a single county or group of counties for the provision of mental health and addiction treatment services to the safety-net population.
Addiction Treatment Services	

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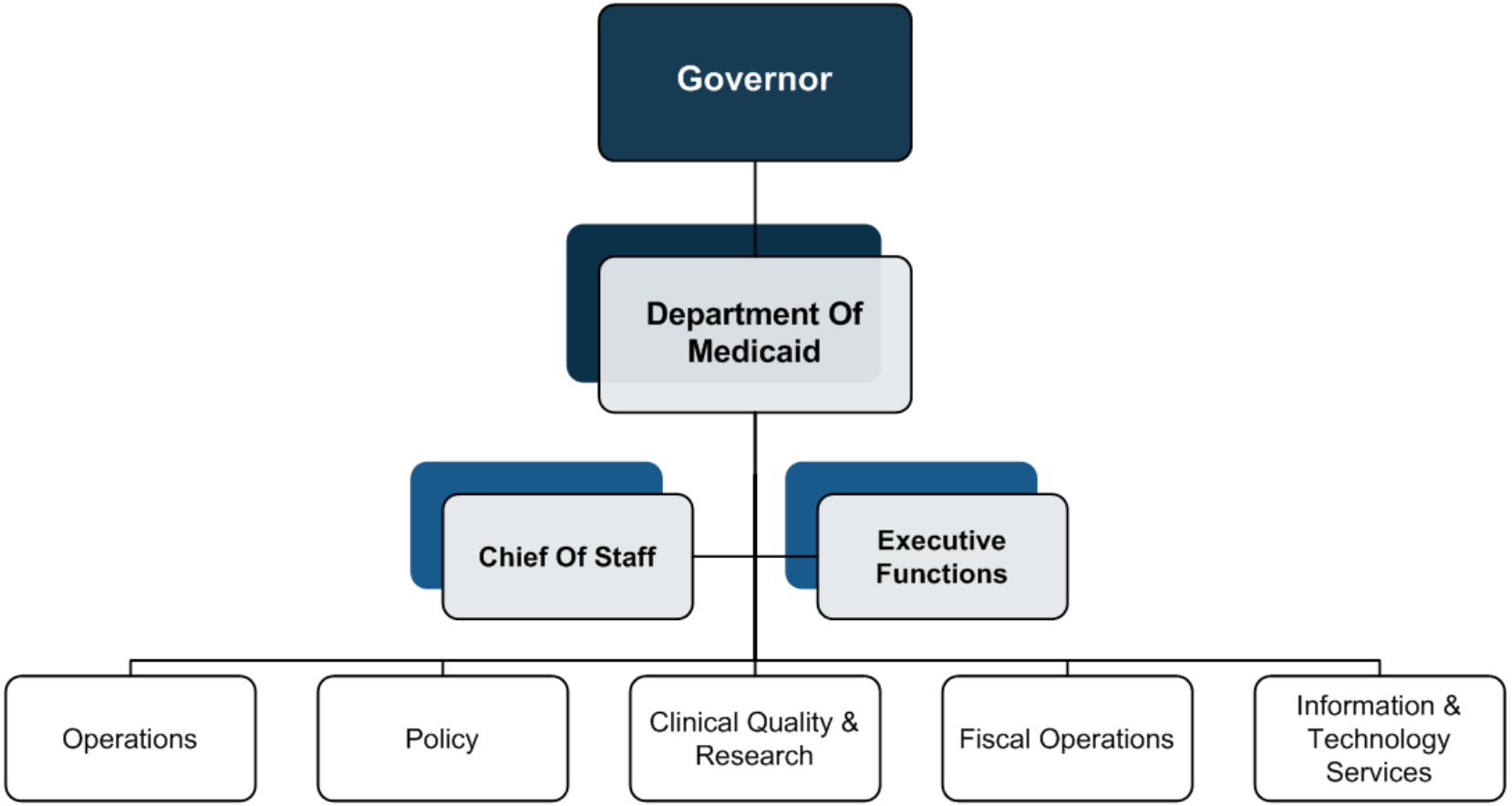
11. Organizational Chart



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12. Key Leadership

Name	Position	Department
John McCarthy	State Medicaid Director	Department Of Medicaid
Roger Fouts	Chief Operating Officer	Department Of Medicaid
Michelle Horn	Chief Financial Officer	Department Of Medicaid
James Tassie	Assistant Director	Department Of Medicaid

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13. Program Benefits

Federally Mandated Services

- Inpatient hospital services other than services in an institution for mental disease (IMD)
- Outpatient hospital services
- Rural Health Clinic services
- Federally Qualified Health Center (FQHC) services
- Laboratory and X-ray services
- Nursing facilities for individuals 21 and over
- Early & Periodic Screening & Diagnosis & Treatment (EPSDT)
- Family planning services and supplies for individuals of child-bearing age
- Physician services
- Medical and surgical services of a dentist
- Home health services
- Nurse midwife services
- Nurse practitioner services
- Pregnancy services, including tobacco cessation programs
- Free standing birth centers
- Non-emergency transportation to medical care

Ohio's Optional Services

- Podiatrists', chiropractors', and other practitioners' services
- Private duty nursing
- Clinic services
- Dental services
- Physical and occupational therapy
- Services for individuals with speech, hearing, and language disorders
- Prescribed drugs
- Dentures, prosthetic devices, and eyeglasses
- Diagnostic, preventive, and rehabilitative services
- Inpatient, nursing, and intermediate care institutions for mental diseases for persons age 65
- Intermediate care facility services for other than mental illnesses
- Public institution services for intellectual and developmental disabilities (I/DD)
- Inpatient psychiatric facility services for individuals under 22
- Hospice care
- Case management
- Services in a religious, non-medical institution
- Nursing facility services for patients under 21

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C. OHIO MEDICAID FINANCING & SERVICE DELIVERY SYSTEM

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14. Overview

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (July 2016)	594,150	2,462,364
SMI Enrollment	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.	
Management	Department Of Medicaid	Five Managed Care Organizations
Payment Model	FFS	Full-risk Capitation
Geographic Service Area	Statewide	Statewide

Total Medicaid Beneficiaries: 3,056,514 | Total Medicaid With SMI Beneficiaries: 195,594

SMI = Serious Mental Illness

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15. Enrollment By Eligibility Group

Mandatory Fee-For-Service (FFS) Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
1. Persons residing in institutions 2. Persons enrolled in HCBS waiver programs 3. Retroactive eligibility 4. Persons residing in intermediate care facilities for I/DD 5. Dual eligibles (non-demonstration counties)	1. American Indians/Alaskan Natives 2. Children in foster care	1. Children 2. Adults 3. Former foster children 4. ABD adults 5. Blind and disabled children 6. Pregnant women 7. Dual eligibles (demonstration counties)

ABD = Aged, Blind, Disabled
HCBS = Home & Community Based Services
I/DD = Intellectual & Developmental Disabilities

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16. Fee-For-Service (FFS) Program:
Program Overview

Fee-for-service enrollment as of July 2016 was 594,150.

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17. Fee-For-Service (FFS) Program: Behavioral Health Benefits

1. Behavioral health benefits are provided by community behavioral health agencies certified by the Ohio Department Of Mental Health & Addiction Services.
2. Certain services may also be delivered by other Medicaid provider organizations.

FFS Mental Health Benefits
1. Community psychiatric supportive treatment
2. Crisis intervention
3. Health home comprehensive care coordination
4. Individual and group counseling*
5. Medication injections*
6. Mental health assessment
7. Partial hospitalization
8. Pharmacological management*
9. Psychiatric diagnostic review*

FFS Substance Abuse Treatment Benefits
1. Alcohol and drug screening
2. Ambulatory detoxification
3. Assessment
4. Case management
5. Crisis intervention
6. Individual and group counseling
7. Buprenorphine-based oral formulations*
8. Naltrexone injection*
9. Intensive outpatient
10. Medical somatic
11. Methadone administration

*Denotes service that may be delivered by other Medicaid provider organizations.

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18. Fee-For-Service (FFS) Program: Serious Mental Illness (SMI) Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- The state has implemented the Specialized Recovery Services program to preserve Medicaid eligibility for persons with SMI who previously needed to spend down to be eligible for Medicaid.

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19. Fee-For-Service (FFS) Program: Specialized Recovery Services (SRS)

- In August 2016, the state implemented its SRS program. The program creates a new category of Medicaid eligibility for persons with SMI who meet certain needs-based and financial criteria and provides three additional section 1915 (i) home and community-based services for persons with SMI:
  - Recovery management
  - Peer recovery support
  - Individualized placement and support-supported employment (IPS-SE)
- The state estimates that 5,500 persons with SMI will meet the eligibility requirements annually.
  - Persons must require home and community-based services to remain in the community
  - Income must not exceed 150% of FPL for persons eligible for Medicaid under the state plan
  - Income must not exceed 300% of the SSI federal benefit rate for persons not otherwise eligible for Medicaid
- The state is conducting outreach to identify potential beneficiaries, who are referred to recovery managers for an assessment and collection of supporting documentation. ODM makes final eligibility determinations.
- The SRS program is carved out of traditional managed care. For FFS enrollees and persons enrolled in the traditional managed care program, the state contracts with two recovery management agencies in each of four regions established statewide to deliver SRS benefits. Services are reimbursed on a FFS basis.
- Persons enrolled in the MyCare Ohio dual demonstration receive SRS services through their MCOs. The MCOs negotiate service rates with their own provider networks.

FPL = Federal Poverty Level
MCOs = Managed Care Organizations
ODM = Ohio Department Of Medicaid
SMI = Serious Mental Illness
SSI = Supplemental Security Income

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20. Managed Care Program:
Program Overview

- Managed care enrollment as of July 2016 was 2,462,364.
- All Medicaid populations are enrolled in the Medicaid managed care program, unless they meet one of the fee-for-service criteria.
- There are five managed care plans available statewide that provide health coverage. Individuals are encouraged to choose the plan that best suits their needs.
- Managed care plans include:
  - Buckeye Community Health Plan
  - Caresource
  - Molina Healthcare Of Ohio, Inc.
  - Paramount Advantage
  - United Healthcare Community Plan Of Ohio

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21. Managed Care Program:
Behavioral Health Overview

- Individuals enrolled in the managed care program receive most behavioral health benefits from community behavioral health agencies certified by the Ohio Department Of Mental Health & Addiction Services.
  - Services delivered by the community behavioral health agencies are covered FFS by the state.
- MCOs are responsible for behavioral health services provided to individuals who are unable to access community behavioral health agency services in a timely manner or who are unwilling to access services through the community behavioral health system.
  - Services delivered by the MCO networks are the responsibility of the MCOs.
- The MCOs are responsible for care coordination between behavioral health and physical health services.

FFS = Fee-For-Service
MCOs = Managed Care Organizations

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22. Managed Care Program:
Behavioral Health Benefits

Behavioral Health Benefits Provided By The MCOs
1. Medicaid-covered prescription drugs
2. Provider-administered medications
3. Laboratory services
4. Physician services in an institution for mental disease for persons age 21 years and younger or 65 years and older
5. Services provided to individuals who are unable to access community mental health services in a timely manner or who are unwilling to access services through the community behavioral health system*

Behavioral Health Benefits Provided FFS By The State
1. Services provided by community behavioral health agencies or other providers certified Department Of Mental Health & Addiction Services
2. Partial hospitalization
3. Inpatient psychiatric care in a free-standing psychiatric hospital
4. Outpatient detoxification
5. Intensive outpatient addiction programs
6. Methadone maintenance

*A list of services provided by community mental health centers can be found of the following slide.

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23. Managed Care Program:
Behavioral Health Benefits *(Continued)*

- Services provided by community behavioral health agencies are the responsibility of the state.
- The managed care organizations must cover services to individuals who are unable to access community mental health services in a timely manner or who are unwilling to access services through the community behavioral health system.

Community Health Center Mental Health Benefits
1. Community psychiatric supportive treatment
2. Crisis intervention
3. Health home comprehensive care coordination
4. Individual and group counseling
5. Medication injections
6. Mental health assessment
7. Partial hospitalization
8. Pharmacological management
9. Psychiatric diagnostic review

Community Health Center Substance Abuse Treatment Benefits
1. Alcohol and drug screening
2. Ambulatory detoxification
3. Assessment
4. Case management
5. Crisis intervention
6. Individual and group counseling
7. Buprenorphine-based oral formulations
8. Naltrexone injection
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24. Managed Care Program:
Serious Mental Illness (SMI) Population

- The SMI population is mandatorily enrolled in managed care unless they meet fee-for-service criteria for exemption.
- The Medicaid expansion population, if medically frail, must be offered the full array of State Plan benefits. Medically frail individuals include adults with serious mental illness and chronic substance abuse disorders.
- The state has implemented the Specialized Recovery Services program to provide additional benefits to persons with SMI.

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25. Care Coordination Initiatives

- Ohio implemented health homes for the SMI population in 2012 but will discontinue the program in June 2017 due to financial unsustainability.
- Ohio's Medicaid program will participate in the statewide patient-centered medical home program, which begins early entry in January 2017 and fully launches in January 2018.

SMI = Serious Mental Illness

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26. Medicaid Health Home Characteristics

Health Home Services Overview	
Target Population	• Individuals with one or more serious and persistent mental health condition, including adults with serious mental illnesses and children with serious emotional disturbance • Approximately 12,000 enrollees
Enrollment Model	• Opt-in via outreach based on claims data
Geographic Service Area	• Five counties (Adams, Butler, Lawrence, Lucas, Scioto)
Care Delivery Model	• Six community behavioral health centers (CBHCs) serve as the designated providers of the core health home services • The CBHCs must have a dedicated health home team, including at least one nurse manager
Payment Model	• Monthly case rate based on costs, ranging from $270 to $400 per member per month
Practice Performance & Improvement	• Healthcare Effectiveness Data & Information Set (HEDIS) measures for emergency room (ER) visit, hospital admission, and skilled nursing facility (SNF) admission rates • Chronic condition management performance evaluated based on claims data

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27. Patient-Centered Medical Homes (PCHMs)

- Ohio will begin early entry into its multi-payer statewide PCMH program, called Comprehensive Primary Care (CPC), in January 2017. Full program launch is scheduled for January 2018.
- The state Medicaid program, including its managed care organizations, is a participating payer. The state aims to have 80% Medicaid members attributed to a PCMH by 2018.
- Medicaid providers are enrolled through the Ohio Department Of Medicaid.
  - For participation in the program in 2017, a practice must have at least 500 attributed Medicaid individuals and have either NCQA III accreditation or approval as a Medicare CPC+ practice
  - Practices with 5,000 or more attributed Medicaid individuals must have some level of PCMH accreditation for participation in 2017
  - Beginning in 2018, a practice must have at least 500 attributed Medicaid members, with no accreditation required
- Practices must express a commitment to practice transformation through data sharing and participation in learning activities and to meeting a list of eight PCMH activity requirements within six months.
- To receive per member per month (PMPM) payments, practices must perform all eight PCMH activity requirements, must pass 50% of four efficiency measures, and 50% of 20 clinical measures aligned with CMS/AHIP core standards. Payments are based on continuum of risk tiers.
  - Tier one, $1 PMPM: Healthy individuals to persons with a single chronic minor disease
  - Tier two, $8 PMPM: Persons with two minor to significant chronic diseases in multiple organ systems
  - Tier three, $22 PMPM: Persons with dominant chronic diseases in three or more organ systems to persons requiring catastrophic care
- PCMHs with 60,000 member months will also be eligible to receive shared savings payments based on total cost of care relative to other practices or compared to the practice's own baseline.
- The program was established through a State Innovation Model (SIM) test grant awarded in December 2014.

AHIP = America's Health Insurance Plans
CMS = Center For Medicare Services
NCQA = National Committee For Quality Assurance

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28. Program Waivers Impacting The Serious Mental Illness (SMI) Population

Waiver Title	Waiver Description	Waiver Type	2016 Enrollment Cap	Effective Date	Expiration Date
Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14)	Authorizes mandatory enrollment of dual eligible individuals in select counties in managed care. Operates concurrently with OH Integrated Care Delivery System (1035.R00.00) waiver.	1915 (b)(1)	None	03/01/14	03/31/19
OH Integrated Care Delivery System (1035.R00.00)	Provides HCBS for dual eligible individuals in certain counties requiring a hospital or nursing facility level of care. Operates concurrently with Ohio's Integrated Care Delivery System (ICDS) Demonstration (OH-14).	1915 (c)	41,700	03/01/14	02/28/19
OH Passport (0198.R05.00)	Provides HCBS for physically disabled persons over the age of 60 and all individuals over the age of 65 who require a nursing facility level of care.	1915 (c)	33,753	07/01/13	06/30/18
OH Home Care (0337.R03.00)	Provides HCBS to individuals under age 60 who qualify for a hospital or nursing facility level of care.	1915 (c)	7,400	7/01/16	06/30/21
Recovery Management Services Under The Specialized Recovery Services Program (1915i HCBS Program) (OH-15)	Authorizes the use of management entities to deliver Specialized Recovery Service 1915 (i) benefits to the fee-for-service population enrolled in the program.	1915 (b)(4)	None*	08/01/16	06/30/21
OH Assisted Living Waiver	Pays for costs of care in an assisted living facility for individuals with physical disabilities ages 21 to 64 and individuals over the age of 65 who require a nursing facility level of care.	1915 (c)	4,842	07/01/14	06/30/19

*Estimated 2016 enrollment for the Specialized Recovery Services Program is 5,500.

HCBS = Home & Community Based Services

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D. OHIO BEHAVIORAL HEALTH ADMINISTRATION & FINANCE SYSTEM

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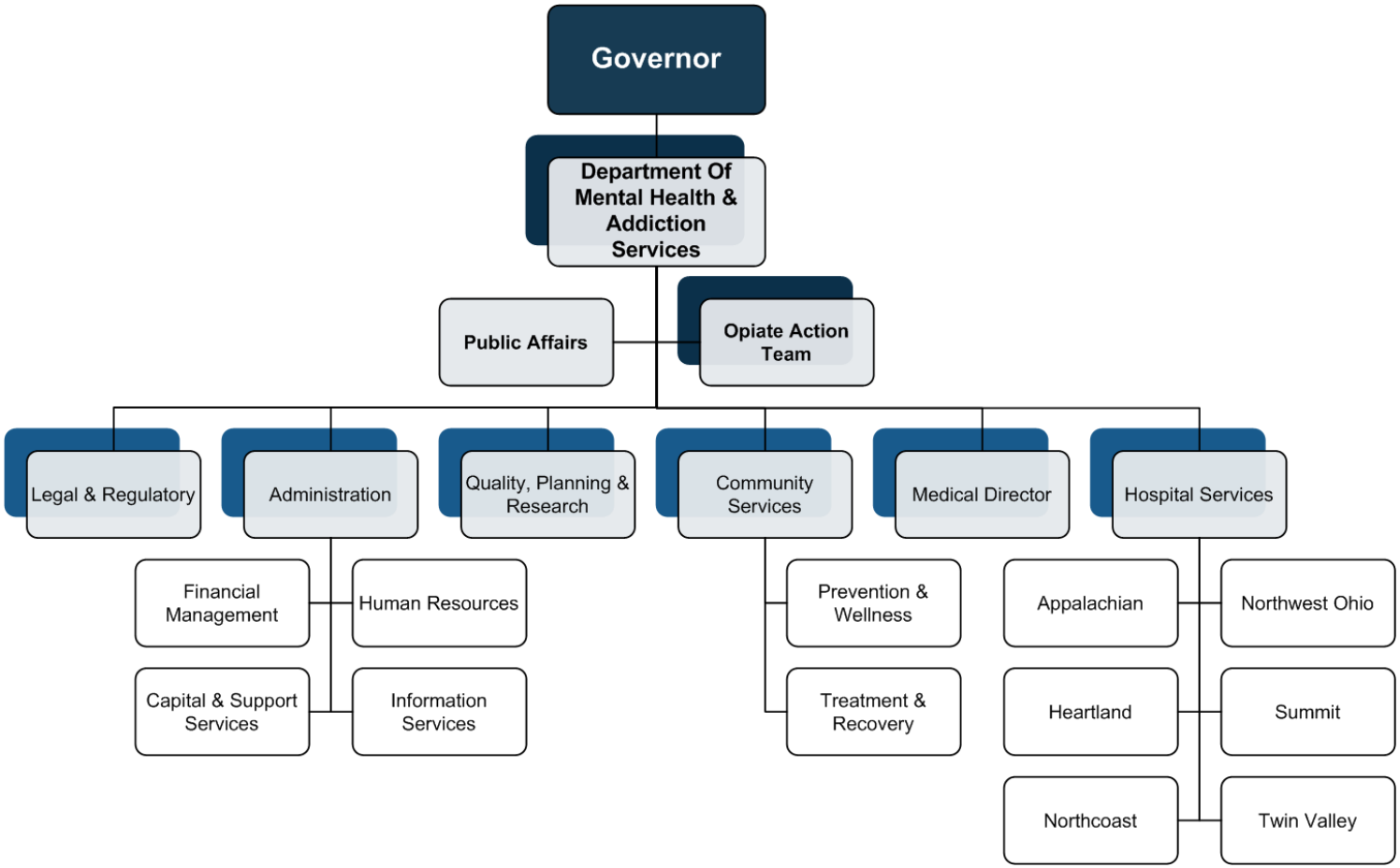
29. MHAS' Organizational Chart



MHAS = Department Of Mental Health & Addiction Services

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30. MHAS' Key Leadership

Name	Position	Department
Tracy Plouck	Director	MHAS
Jim Lapczynski	Assistant Director	MHAS Administration
Sanford Starr	Deputy Director	Office Of Quality Planning & Research
Angie Bergefurd	Assistant Director	MHAS Community Services
Karl Donenwirth	Assistant Director	MHAS Hospital Services
Mark Hurst, M.D.	Medical Director	MHAS
Andrea Boxill	Deputy Director	Opiate Action Team

MHAS = Department Of Mental Health & Addiction Services

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31. State Psychiatric Institutions

Institution	Location	Beds	FY 2015 Admissions	FY 2015 Average Daily Census
Appalachian Behavioral Healthcare	Athens	92	952	74
Heartland Behavioral Healthcare	Massillon	134	1,294	138
Northcoast Behavioral Healthcare	Northfield	260	1,649	227
Northwest Ohio Psychiatric Hospital	Toledo	114	661	107
Summit Behavioral Healthcare	Cincinnati	291	723	270
Twin Valley Behavioral Healthcare	Columbus	178	2,003	212
Total		**1,069**	**7,282**	**1,028**

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32. Accountable Care Organizations (ACOs)

Medicare Shared Savings Program

- Adena Healthcare Collaborative, LLC
- Cleveland Clinic Medicare ACO, LLC
- Cleveland Quality Healthnet
- Integrated Health Collaborative, LLC
- Mercy Health Select, LLC
- MetroHealth System
- New Health Collaborative
- NOMS Accountable Care Organization, LLC
- Northwest Ohio ACO, LLC
- Ohio Integrated Care Providers, LLC
- ProMedica Health Network, Inc.
- University Hospitals Coordinated Care

Medicare Advance Payment Model

- NOMS Accountable Care Organization, LLC

Commercial

ACO	Commercial Insurer
Central Ohio Primary Care Physicians	• Cigna
Cleveland Clinic	• None
Health4	• Aetna • Cigna
HealthSpan Physicians	• Humana
Mercy Health	• Aetna
Mount Carmel Health Partners	• Aetna • Anthem • Cigna • UnitedHealthcare
NewHealth Collaborative	• Humana
University Hospitals Coordinated Care	• Aetna • Anthem BlueCross • Cigna • UnitedHealthcare

NOMS = Northern Ohio Medical Services

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APPENDIX A: SOURCES

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A. Health Care Marketplace Overview

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A. Health Care Marketplace Overview *(Continued)*

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B. Medicaid System Overview

7. Delivery System, Risk, & Federal Participation

- Information compiled from sources provided throughout the profile.

8. Expansion Decision

- Information compiled from sources provided throughout the profile.

9. Care Coordination Entities

- Information compiled from sources provided throughout the profile.

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C. Medicaid Financing & Service Delivery System

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C. Medicaid Financing & Service Delivery System *(Continued)*

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