

ODJFS Learns from Regional Managed Care Listening Sessions

Five regional listening sessions on Medicaid managed care held during August 2008 attracted nearly 400 individuals to hear possible improvements to Ohio's Medicaid managed care program. The sessions were held in Athens, Cleveland, Columbus, Toledo, and Cincinnati. ODJFS staff and managed care plan representatives heard many suggestions to improve cost efficiency, consumer access and health care outcomes for Medicaid consumers.

Ohio Medicaid Director John Corlett, who attended the sessions along with members of the ODJFS Medical Care Advisory Committee, will consider these and other suggestions as part of the agency's proposals for the state fiscal year 2010-2011 biennial budget. Director Corlett and his staff offer their sincere thanks to all who attended these sessions and to the regional hosts for making this dialogue possible.

Managed Care Changes Ohio Medicaid

While attendees offered numerous and diverse perspectives, they agreed on one thing: that the enrollment of 1.3 million consumers into Medicaid managed care arrangements in all 88 counties has changed many aspects of Ohio's Medicaid program. Some changes were viewed as positive: several consumers offered testimonials about the dedication of their care managers who assured their access to needed health care services and supports. Consumers also noted that managed care plans offered services (such as care management, a 24-hour nurse advice line, and incentives for seeking preventive care) not available in traditional fee-for-service arrangements. Other consumers expressed their dissatisfaction with managed care because they had to change providers or hospitals and sometimes had difficulty accessing needed services.

Transportation

Consumers, providers, and managed care plan representatives underscored the importance of transportation to and from medical appointments. Many speakers from rural areas noted shortages of pediatricians, OB/GYNs, and hospitals in their counties. They shared that Medicaid consumers must travel across county lines or to nearby urban centers to get care. Some consumers and providers reported positive experiences with Medicaid-funded transportation services. Others suggested using existing, locally operated transportation vendors instead of those located outside the community. They also suggested planning trips to the pharmacy, lab, or medical equipment supplier immediately after a doctor or hospital visit.

Prior Authorization

Many speakers, both consumers and providers, suggested changes to current ODJFS minimum standards for prior authorization of medical services, equipment, and supplies. Some reported long waits for the prior authorization of prescriptions and urged that managed care plans (MCPs) maintain current medication regimens for clinically stable patients. Others suggested reducing the time to render prior

authorization decisions, adopting consistent standards across all Medicaid-contracted MCPs, and eliminating prior authorization altogether. Some speakers noted that consumers may not be aware of their right to appeal prior authorization decisions and suggested that ODJFS and the MCPs work to ensure that consumers were aware of this right.

The Provider Perspective

Provider representatives suggested that Medicaid payment rates should be increased, especially for primary and dental care. Although providers recognized that ODJFS recently increased Medicaid fee-for-service payment rates on July 1, they said their costs still exceed reimbursement levels. Providers noted that they have higher administrative costs when treating Medicaid consumers with complex medical conditions and suggested that they be reimbursed for care coordination activities. Providers and hospital representatives expressed concern about the complexity of serving Medicaid consumers enrolled in seven different MCPs with differing business protocols, payment rates, claims submission forms, and standards for provider credentialing. Speakers asserted that addressing these concerns would result in improved consumer access to medical services, especially primary, dental and hospital care, and that it would reduce the use of emergency room care for non-emergency conditions. They also said it would improve health care outcomes for consumers.

Some speakers suggested new or increased use of services or providers. Home health providers suggested that MCPs begin paying for telemedicine services, such as home-based monitoring equipment to measure daily vital signs of consumers with chronic or serious medical conditions. Some advanced practice nurses and physician assistants suggested that MCPs should make greater use of their services, especially as designated primary care providers (PCPs).

Health Screenings

Speakers emphasized the need for early screening and testing of young children to diagnose and treat medical problems as early as possible. Good health outcomes for newborn infants, many said, rely on early and regular prenatal care. They also strongly endorsed the medical home treatment concept for all Medicaid consumers, but especially infants and children. This concept focuses on continuous, family-centered care coordinated by providers who are familiar with their medical history. Other speakers noted the health benefits of breastfeeding and urged that new mothers receive more education on this issue.

Medicaid Expansions

A number of speakers expressed their support for Governor Strickland's expansions of Medicaid eligibility for pregnant women, adults with disabilities, young adults formerly in foster care, and children in families with higher income levels. It was said that despite these expansions, an estimated 160,000 Ohio children - many of whom may be eligible for Medicaid - are still uninsured. Advocates suggested strategies to increase Medicaid enrollment by streamlining eligibility determination processes; increasing eligibility periods to one year for all enrollment groups; and extending presumptive eligibility to Medicaid populations other than pregnant women. Speakers also advocated that ODJFS provide MCPs with eligibility renewal dates for their enrollees so they can help them renew their eligibility and not lose Medicaid coverage.

For detailed summaries of each session and information on the current status of Ohio Medicaid managed care, please visit OHP online:

<http://jfs.ohio.gov/ohp>