How Ohio Medicaid is Utilizing Data to Improve Health

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Ohio Medicaid

• Medicaid is Ohio’s largest health payer.

• Over 90,000 hospitals, nursing homes and other providers deliver services for over 3 million individuals insured by Medicaid.

• Over 2.4 million Medicaid enrollees are served by the five statewide managed care plans (MCPs)
Ohio Medicaid Group VIII Assessment
Group VIII Assessment Overview

ABOUT
The Ohio General Assembly required the Ohio Department of Medicaid to analyze potential benefits of the 2014 Medicaid expansion for new Group VIII enrollees.

RESEARCH TEAM

FINAL PRODUCT
A statutory report on health care access and utilization, health status, employment and financial hardship for Ohio’s newly eligible Group VIII Medicaid expansion population.
Percentage of All Adults 19-64 Years of Age Enrolled in the Group VIII Expansion, October 2016

[Map showing the percentage of adults enrolled in Group VIII expansion by county in Ohio, with color coding for different percentage ranges: 3.7 - 6.6, 6.7 - 8.2, 8.3 - 9.6, 9.7 - 11.5, 11.6 - 14.4]
Analytic Considerations

**Group VIII Enrollees:**
participants in the ACA Group VIII Medicaid expansion.

**Pre-Expansion Medicaid Enrollees:**
participants in other Medicaid programs who serve as a comparison group in the Group VIII assessment.

The eligibility cutoff for Group VIII, 138% of the Federal Poverty Level, was $16,394 a single person in 2016.
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<tr>
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<tbody>
<tr>
<td>Telephone Survey (includes retrospective questions)</td>
<td>N = 7,508</td>
<td>N = 696,860</td>
<td>N = 886</td>
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<tr>
<td>Medical Records Extraction</td>
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<td>Medicaid Claims</td>
<td>N = 696,860</td>
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<td>Biometric Screening</td>
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<td>Participant Focus Groups</td>
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<td>Stakeholder Interviews</td>
<td>N = 10</td>
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Demographic Characteristics of Group VIII Telephone Survey Respondents

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<thead>
<tr>
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<th>Group VIII</th>
<th>Pre-Expansion</th>
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<tbody>
<tr>
<td>Male</td>
<td>55.8%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-44 years</td>
<td>49.6%</td>
<td>76.3%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>50.4%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>71.5%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Black</td>
<td>24.8%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Other</td>
<td>3.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Currently Employed</td>
<td>43.2%</td>
<td>41.5%</td>
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</table>
Percentage of adult Ohioans with family income at or below 138% of the federal poverty level without insurance from 1998-2015

- 1998: 29.7%
- 2004: 30.9%
- 2008: 36.1%
- 2010: 32.8%
- 2012: 32.4%
- 2015: 14.1%
Key Findings: Access and Utilization

56% Reduction in uninsured rate among low-income Ohio adults

94% Report improved or the same access to care

59% Without a usual source of care obtained one since enrollment

34% Report visiting the emergency department less since enrollment

89% had no health insurance at the time of enrollment
Key Findings: Behavioral Health and Employment

- **62%** With depression diagnoses received antidepressants
- **48%** Report improvements in self-rated health
- **59%** Found it easier to afford food
- **48%** Found it easier to afford housing
- **52%** Found it easier to continue working
- **75%** Found it easier to look for a job
- **45%** Reductions of individuals with medical debt
- **44%** Found it easier to pay off debt

**Group VIII Enrollees: What Does Medicaid Mean To You?**

More freedom. Less worries. I was an addict for 3 years before getting Medicaid. Because of Medicaid I'm not an addict
MyCare Ohio Dual Demonstration

248,000 “dual eligibles” account for approximately 7 percent of Medicaid enrollment, but 30 percent of Medicaid costs.

106,000 dual eligibles (43 percent) are currently enrolled in MyCare Ohio.
Ohio’s Program is Nationally Recognized for Strong Transitions of Care

• *MyCare* plans scored in the 90th percentile on nearly half of the nationally-reported quality measures (HEDIS 2016)

• *MyCare* plans outpace national averages on care plan completion (74% vs. 71%), documented care plan goals (91% vs. 88%), and follow-up care visits (75% vs. 71%)

• Ohio’s Medicare “opt in” rate (70%) leads the nation

• *MyCare* plans reduced nursing facility days by 4% from 2014-2015
MyCare Ohio has Demonstrated Better Care and Cost Savings

• MyCare capitation rates decreased 6.8% from Jan. 2015 to Dec. 2016 while fee-for-service spending remained flat over the same period

• MyCare plans are saving Ohio Medicaid $2.4 million per month by shifting utilization from nursing facilities to community based services

• MyCare plans approve more than 90% of prior authorization requests
MyCare Ohio Three Year Progress Report

Ohio Medicaid, in partnership with the Centers for Medicare and Medicaid Services (CMS), launched the MyCare Ohio demonstration to bring better health outcomes to dual-eligible individuals who have Medicare and Medicaid benefits. Ohio was the third state to earn federal approval for a dual demonstration program and has been a national leader in its efforts.

Member Satisfaction.

Ohio’s Medicare “opt-in” rate leads the nation among duals programs.

Nearly 70%

of members have elected for their MyCare plan to coordinate both their Medicare and Medicaid benefits.

Member Independence and Choice

MyCare Ohio plans reduced the number of nursing facility resident days by 4% from 2014-2016.

MyCare Ohio plans are saving Ohio Medicaid $2.4 million per month by shifting utilization from nursing facilities to home and community-based services.

Quality of Care.

MyCare Ohio plans scored in the 90th percentile on nearly half of the nationally-reported quality measures (HEDIS 2016).

MyCare Ohio plans outpace national averages on:

- care plan completion (74% vs. 71%)
- documented care plan goals (91% vs. 88%)
- and follow-up care visits (75% vs. 71%)

Member Safety.

Since 2015, MyCare Ohio plans have been involved in the closure of seven poor-performing nursing facilities, assisting to safely move 325 residents.