Ohio Department of Medicaid

Ohio Department of Medicaid
Population Health and Quality Strategy Draft
2026-2028

As Required by 42 CFR 438.340

ODM reviews and updates the Quality Strategy (QS) as needed,

but no less than once every three years

Designed to Assess and Improve the Quality of Health Care and Services

Provided by Managed Care Entities

(MCOs, OhioRISE, SPBM, MyCare)

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April 14, 2025

Ohio Department of Medicaid

Agenda

1. Introduction to the Quality Strategy
2. Overview – Population Health Stream Goals, Objectives & Quality Measures
3. Quality Strategy Timeline

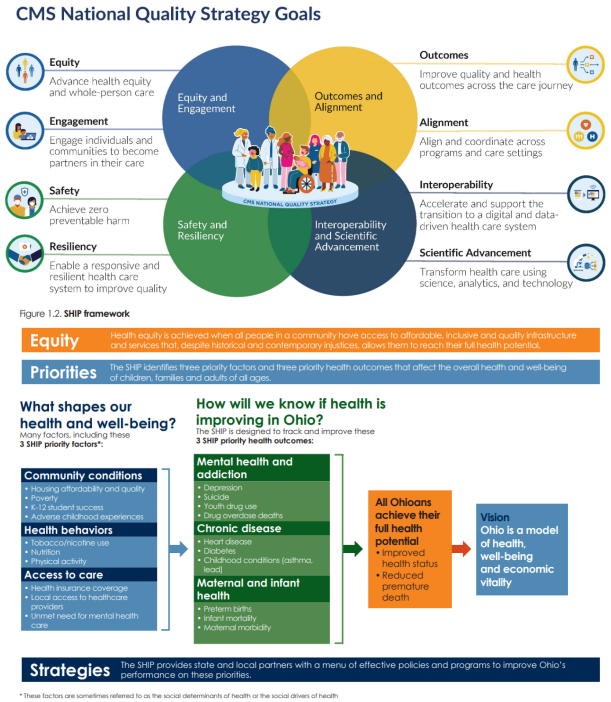
Population Health & Quality Strategy → **Three-Year Vision 2026-2028** → **Further Next Generation Managed Care Quality Goals**

- Provide a comprehensive roadmap for ODM and its MCEs to align and collaborate for collective impact to advance Next Gen goals through population health management and quality improvement

- Align with
  - Centers for Medicare and Medicaid Services' (CMS') National Quality Strategy
  - Ohio's State Health Improvement Plan (SHIP)

- Ensures all managed care program activities are aligned to meet ODM's quality goals

- Implement quality improvement strategies and monitoring to ensure Medicaid beneficiary experience of care is positive, appropriate, and timely



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Previous Quality Strategy Successes

Alternative Payment Models

Innovative payment structure creating financial opportunities for providers to improve the health and well-being of Medicaid members and their families

Comprehensive Primary Care (CPC)

Delivery model led by a primary care practice that must provide:

- team-based, comprehensive care delivery
- 24/7 and same-day access to care
- community services & supports
- care coordination
- behavioral health integration
- tests and specialist referrals

Comprehensive Maternal Care (CMC)

Maternal care providers address patient and family needs during prenatal, birth, and postnatal care, practices:

- develop community connections and culturally aligned supports for women
- engage with patients and families through advisory councils
- customized interventions to support women and families who've historically lacked ready access to high-quality responsive care
- link patients to resources that address social-related health needs

MCO Cross-System Collaboration

Collective Impact:

MCOs joined resources and worked collaboratively to improve outcomes for their members

Quality Improvement Projects:

- COVID Vaccines
- Antipsychotic Metabolic Monitoring
- Diabetes
- Hypertension
- OAK

Programs:

- Regional QI Hubs
- School-MCE Collaborative
- Community Reinvestment
- CICIP

OAK

Outcomes Acceleration for Kids

Core Structure of OAK

OAK divides Ohio into six regions. Teams of Children's Hospitals, Managed Care Entities, and families are collaborating to deliver improved outcomes in priority focus areas:

Asthma
Improving Controller Medication Use

Behavioral Health
Improving ED follow-up care for mental health and substance use visits

Sickle Cell Disease (SCD)
Improving transcranial ultrasound, a routine screening for SCD

Well Child
Increase well child visit attendance and preventative care

Children's Hospitals

Accountable Care Organizations

- Akron Children's Hospital — *Akron Children's Health Collaborative*
- Nationwide Children's Hospital — *Partners for Kids*
- Cincinnati Children's Hospital — *HealthVine*
- ProMedica Russel J. Embeid Children's Hospital
- Dayton Children's Hospital — *Partners for Kids*
- University Hospitals Rainbow Babies & Children's Hospital

Managed Care Entities

Aetna, Anthem, AmeriHealth, CareSource, Buckeye, Humana, Molina, United Healthcare

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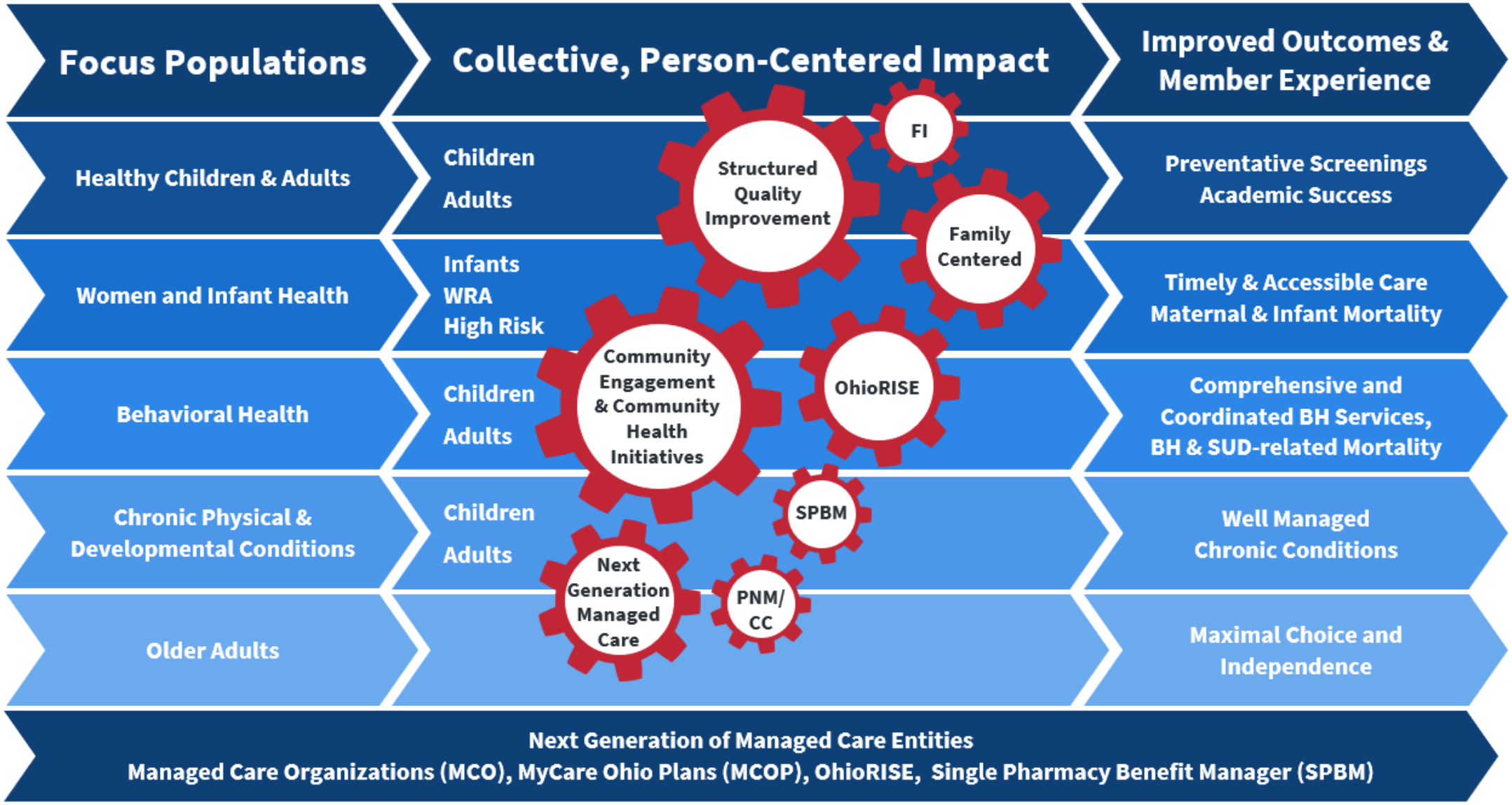
Ohio Medicaid's Population Health and Quality Strategy



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Population Health & Quality Strategy Draft Background

Evaluation of 2022 Quality Strategy

External Quality Review (EQR) Evaluation

&

Stakeholder Input of 2022 Quality Strategy

Quality Strategy 2026-2028 Interdisciplinary Input

Internal ODM Program Areas

- Clinical Operations
- Health Innovation & Quality
- Managed Care
- Health Plan Policy
- Behavioral Health Policy
- Long-Term Services & Supports
- Care Coordination & Review
- Integrated Care Policy
- Pharmacy/Dental
- Data & Integrated Systems

Quality Strategy 2026-2028 Considerations

Reduce the Number of Measures & Align Across Programs for Collective Impact

Quality Strategy 2026-2028 Draft Development

Developed Quality Strategy Goals, Objectives, & Measures Organized by Population Stream

Quality Strategy Draft 2026-2028 Public Comment

Stakeholder Input of Quality Strategy 2026-2028 Draft

Population Health & Quality Strategy Draft Organization
(Following CMS Requirements)

Step 1

ODM Overarching Programmatic Goals for All Populations
(Next Generation Goals)

→ **Prioritized Strategies**
To Achieve Overarching Programmatic Goals for All Populations

→ **Demonstrate how Prioritized Strategies Align** with CMS National Strategy

Step 2

- **Healthy Children & Adults**
  Goals & Objectives
- **Women & Infants**
  Goals & Objectives
- **Behavioral Health Children & Adults**
  Goals & Objectives
- **Chronic Physical & Developmental Conditions Children & Adults**
  Goals & Objectives

→ **Prioritized Strategies** to Achieve Population-Specific Goals

Population-Specific

Improved Outcomes for Medicaid Beneficiaries

→ **Priority Measures with Baselines & Targets**
(e.g., HEDIS, CAHPS, ODM Developed)

- Population-Specific
- Targeted Improvement
- Monitor & Track
- Continuous Quality Improvement

Older Adults
*Note: ODM will develop its Older Adults Strategy in 2026 for 2027

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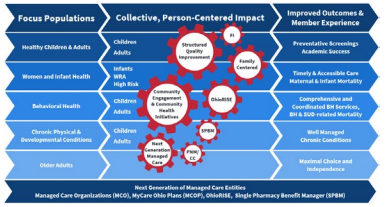
Population Health & Quality Strategy Draft Organization
(Following CMS Requirements)



Alignment with CMS Core Measure Sets and Quality Rating System for State Medicaid and CHIP Programs

Alignment Across ODM Programs For Collective Population Health Management

Priority Measures with Baselines & Targets (e.g., HEDIS, CAHPS, ODM Developed)

QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
	ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
Child and Adolescent Well-Care Visits, 3-11 Years (NCQA/HEDIS)		✓		✓	✓			✓	✓			
Child and Adolescent Well-Care Visits, 12-17 Years (NCQA/HEDIS)		✓		✓	✓			✓	✓		✓	

QW-PIP Governor's Initiative: Governor's Priority Initiative SMART AIM measure tied to a 2026 Quality Withhold Performance Project

Minimum Performance Standard: ODM minimum performance standard to be set in the near future

Ohio Department of Medicaid

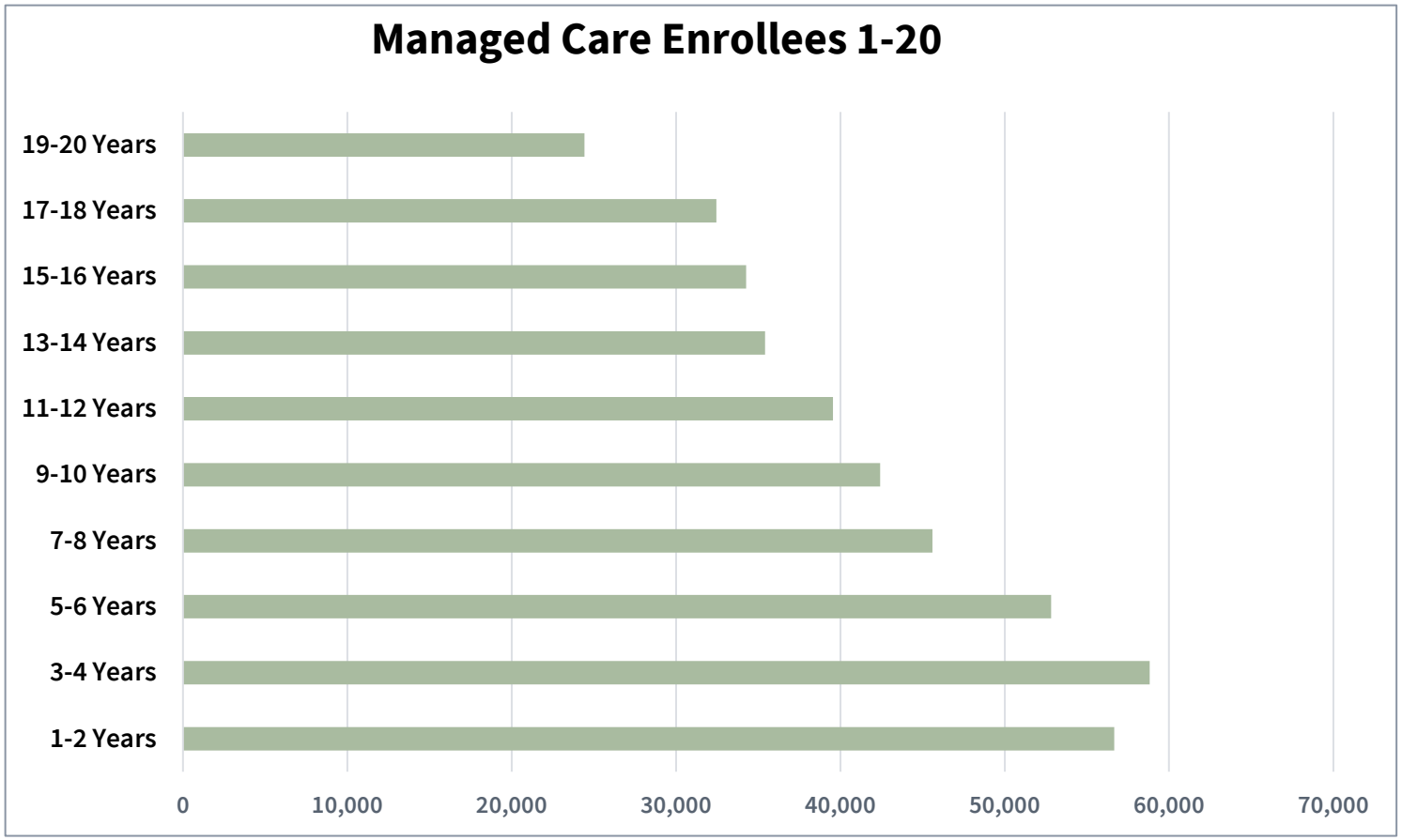
Healthy Children

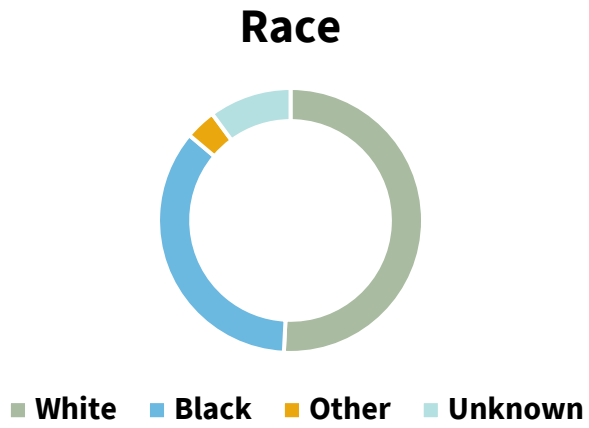
Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

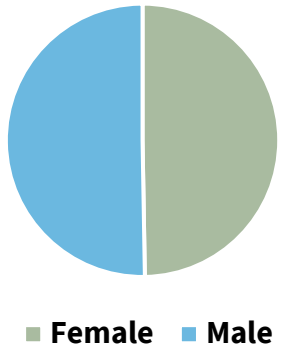
Department of Medicaid

Healthy Children Medicaid Managed Care Population

Healthy Children | Preventative Screenings Academic Success







422,475 Members

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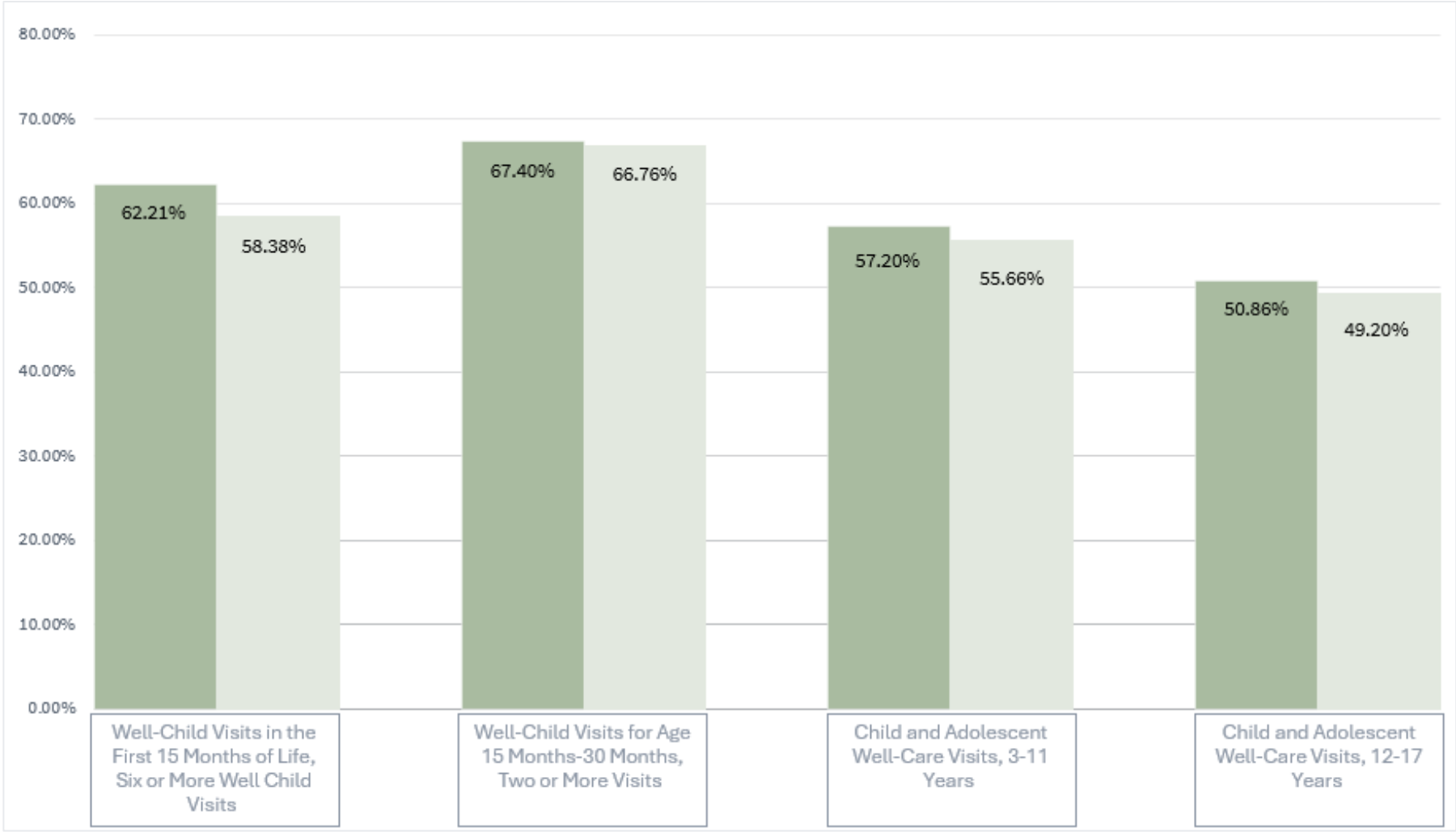
Healthy Children – All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks

Healthy Children | Preventative Screenings Academic Success



Department of Medicaid

Healthy Children

Healthy Children → Preventative Screenings Academic Success

Goals

Increase Well-Child Visits

Improve Academic Success

Well-Child Objectives

- Increase infant well-care visits with a primary care provider
- Increase well-child visits among children 0-15 months of age
- Increase well-child visits among children 15-30 months of age
- Increase well-care visits among children 3-11 years of age
- Increase well-child visits among adolescent children 12-17 years of age
- Increase well-care visits among adolescent children 18-21 years of age

Academic Success Objectives

- Increase kindergarten readiness
- Decrease chronic absenteeism

Ohio Department of Medicaid

Healthy Children

Prioritized Strategies to Achieve Population-Specific Goals

Policy

- Continuous coverage of children from birth through age three (ages 0-3)
- Healthchek: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Program

- Alternative Payment Model: Comprehensive Primary Care (CPC) and CPC Kids
- Minium Performance Standards (MPS) for well-child visits
- Medicaid in Schools Program (MSP)
- Managed Care Organizations (MCO) Population Health Management Strategy for Healthy Children
- State Directed Payments
- Next Gen Care Coordination Model
- Addressing Health-Related Social Needs (HRSN) and ensure connections to community resources are made to address member needs

State

- Ohio Governor's expansion of School-Based Health Centers
- Ohio Governor's Initiative: The Outcomes Acceleration for Kids (OAK) Learning Network

Healthy Children Quality Strategy Measures

Healthy Children | Preventative Screenings Academic Success

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
	Infant Well-Care Visit with a Primary Care Provider (ODM)					✓					✓		
✚ ✚	Well-Child Visits in the First 15 Months of Life, Six or More Well Child Visits (NCQA/HEDIS)		✓		✓	✓			✓	✓		✓	
	Well-Child Visits for Age 15 Months-30 Months, Two or More Visits (NCQA/HEDIS)		✓		✓	✓			✓				
	Child and Adolescent Well-Care Visits, 3-11 Years (NCQA/HEDIS)		✓		✓	✓			✓	✓			
✚ ✚	Child and Adolescent Well-Care Visits, 12-17 Years (NCQA/HEDIS)		✓		✓	✓			✓	✓		✓	
	Child and Adolescent Well-Care Visits, 18-21 Years (NCQA/HEDIS)				✓	✓			✓	✓			
	Screening for Depression and Follow-Up Plan (Ages 12-17) (NCQA/HEDIS)		✓		✓	✓							
	Oral Evaluation, Dental Services (NCQA/HEDIS)		✓		✓	✓							
	Kindergarten Readiness (ODM)					✓							
✚	Chronic Absenteeism (ODM)					✓							

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✚ **QW-PIP Governor's Initiative**: Governor's Priority Initiative SMART AIM measure tied to a 2026 Quality Withhold Performance Project

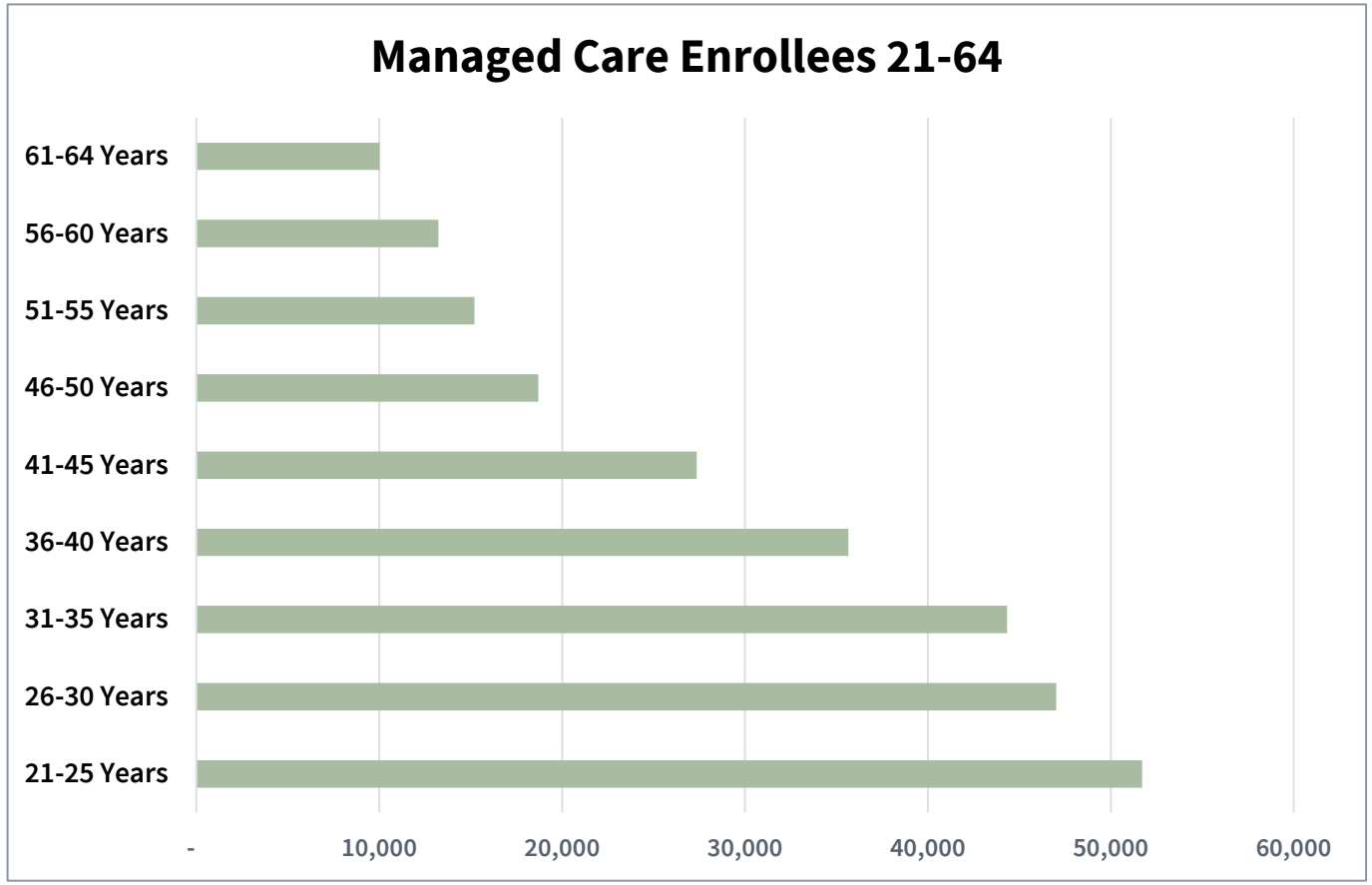
✚ **Minimum Performance Standard**: ODM minimum performance standard to be set in the near future

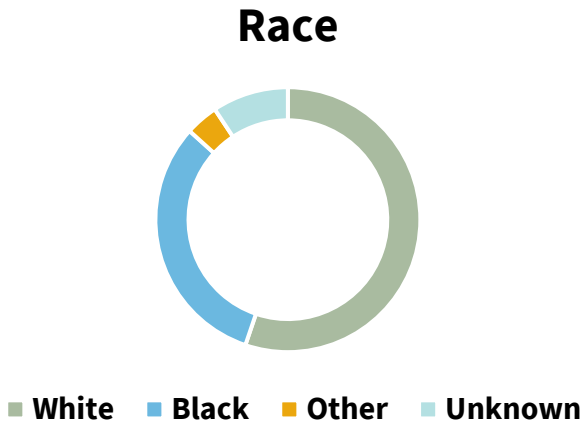
Healthy Adults

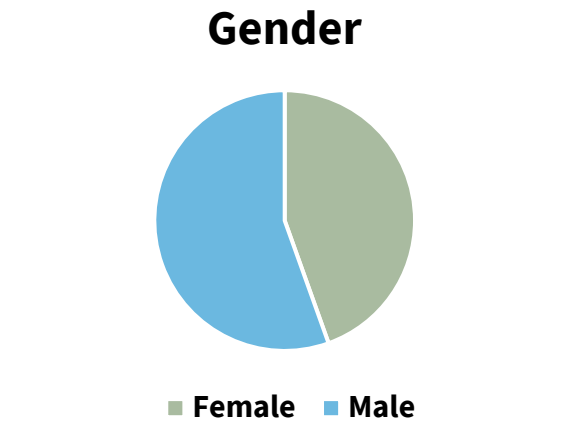
Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

Department of Medicaid

Healthy Adults Medicaid Managed Care Population





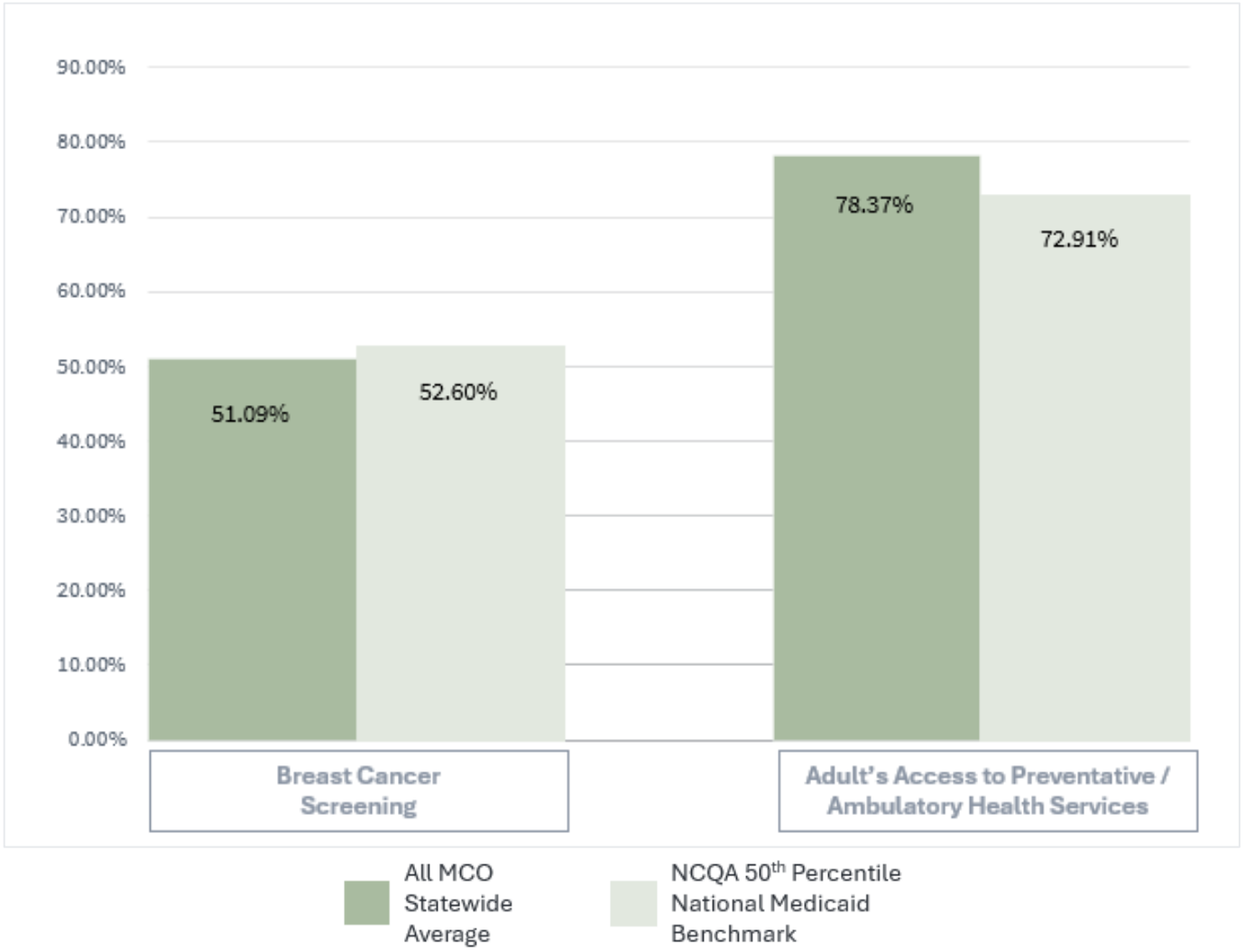


263,227 Members

Department of Medicaid

Healthy Adults – All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks

Healthy Adults | Preventative Screenings



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Healthy Adults

Goals

Increase Preventative Screenings

Preventative Screenings Objectives

- Increase adults' access to preventive / ambulatory health services
- Increase breast cancer screening among adults
- Increase colorectal cancer screening among adults

Healthy Adults

Prioritized Strategies to Achieve Population-Specific Goals

- Alternative Payment Models: Comprehensive Primary Care (CPC)
- State Directed Payments
- Minium Performance Standards (MPS) for preventative screenings and rating of health plan
- Next Gen Care Coordination Model
- MCO Population Health Management Strategy for Healthy Adults
- Addressing Health-Related Social Needs (HRSN) and ensure connections to community resources are made to address member needs
- Promotion of the integration of physical and BH healthcare
- Promotion of the use of health information technology and information exchange among physical and behavioral health providers, payers, and programs to optimize member outcomes

Healthy Adults Quality Strategy Measures

Healthy Adults → Preventative Screenings

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
✚	Adults' Access to Preventive / Ambulatory Health Services – Total (NCQA/HEDIS)					✓	✓						
✚	Breast Cancer Screening (BCS-E) (NCQA/HEDIS)	✓			✓	✓	✓			✓			
	Colorectal Cancer Screening (COL-E), Ages 45-75 (NCQA/HEDIS)	✓			✓	✓							

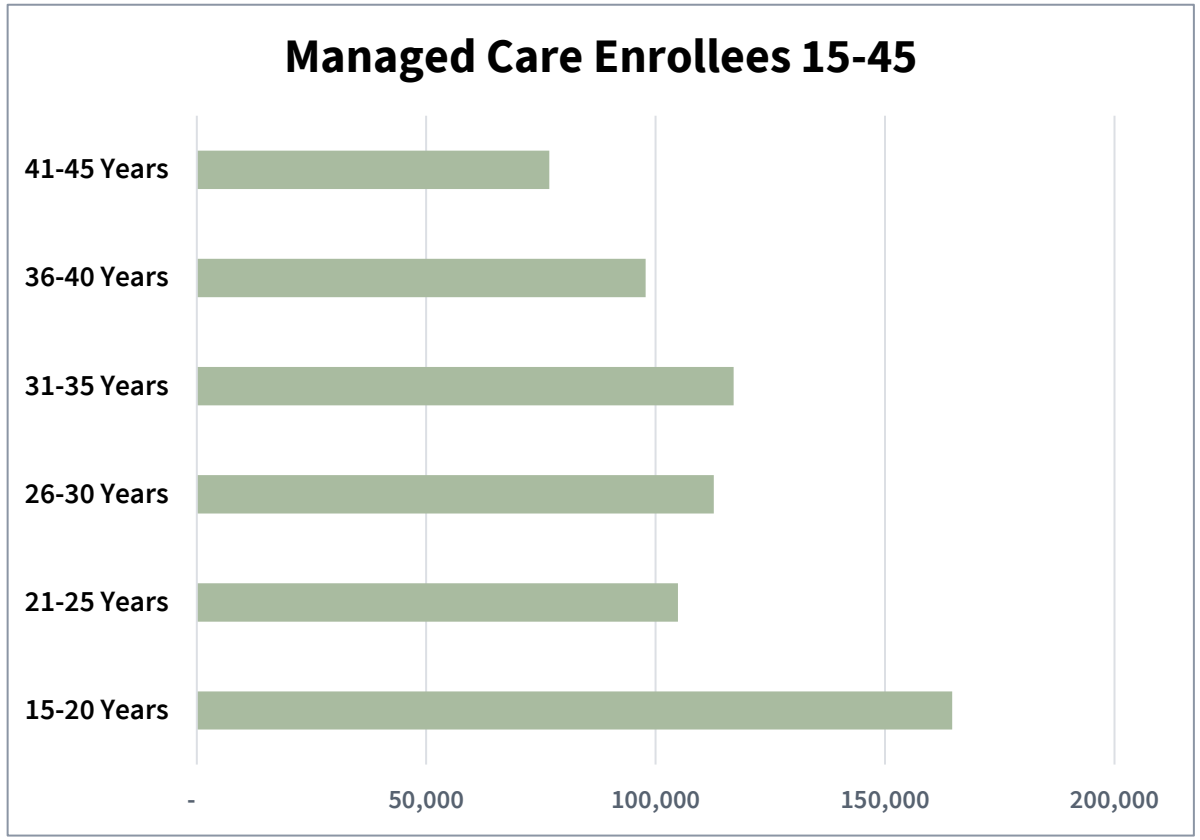
✚ **Minimum Performance Standard**: ODM minimum performance standard to be set in the near future

Women & Infants

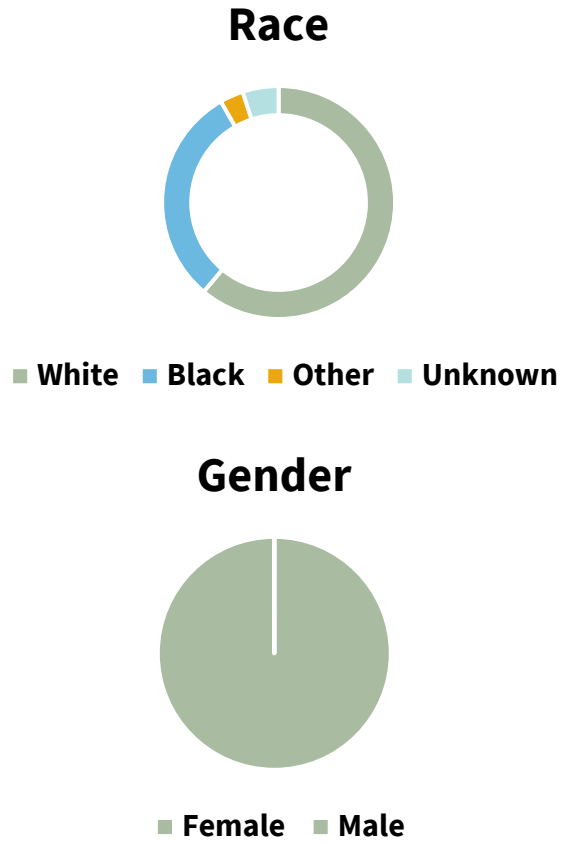
Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

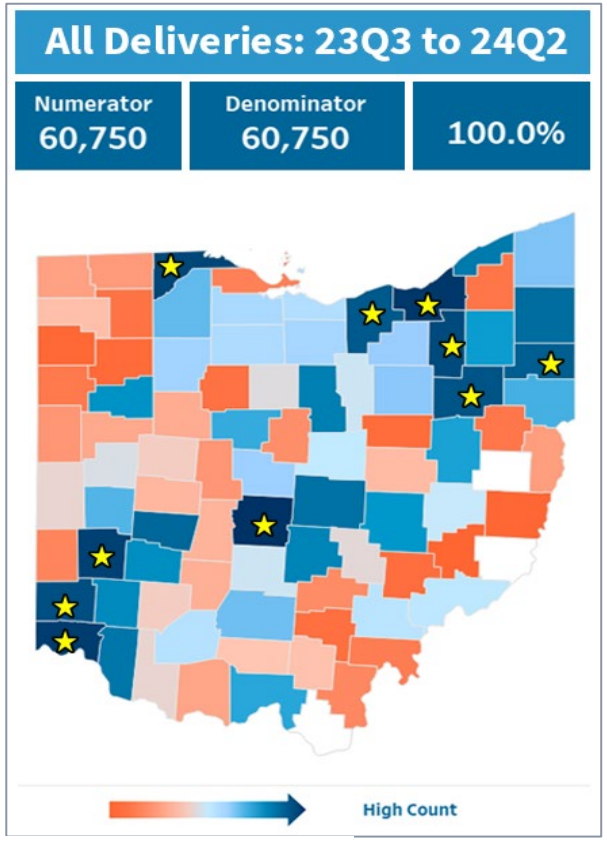
Department of Medicaid

Women of Reproductive Age Medicaid Managed Care Population



673,810 Members





★ Designates Ohio Equity Institute (OEI) Communities

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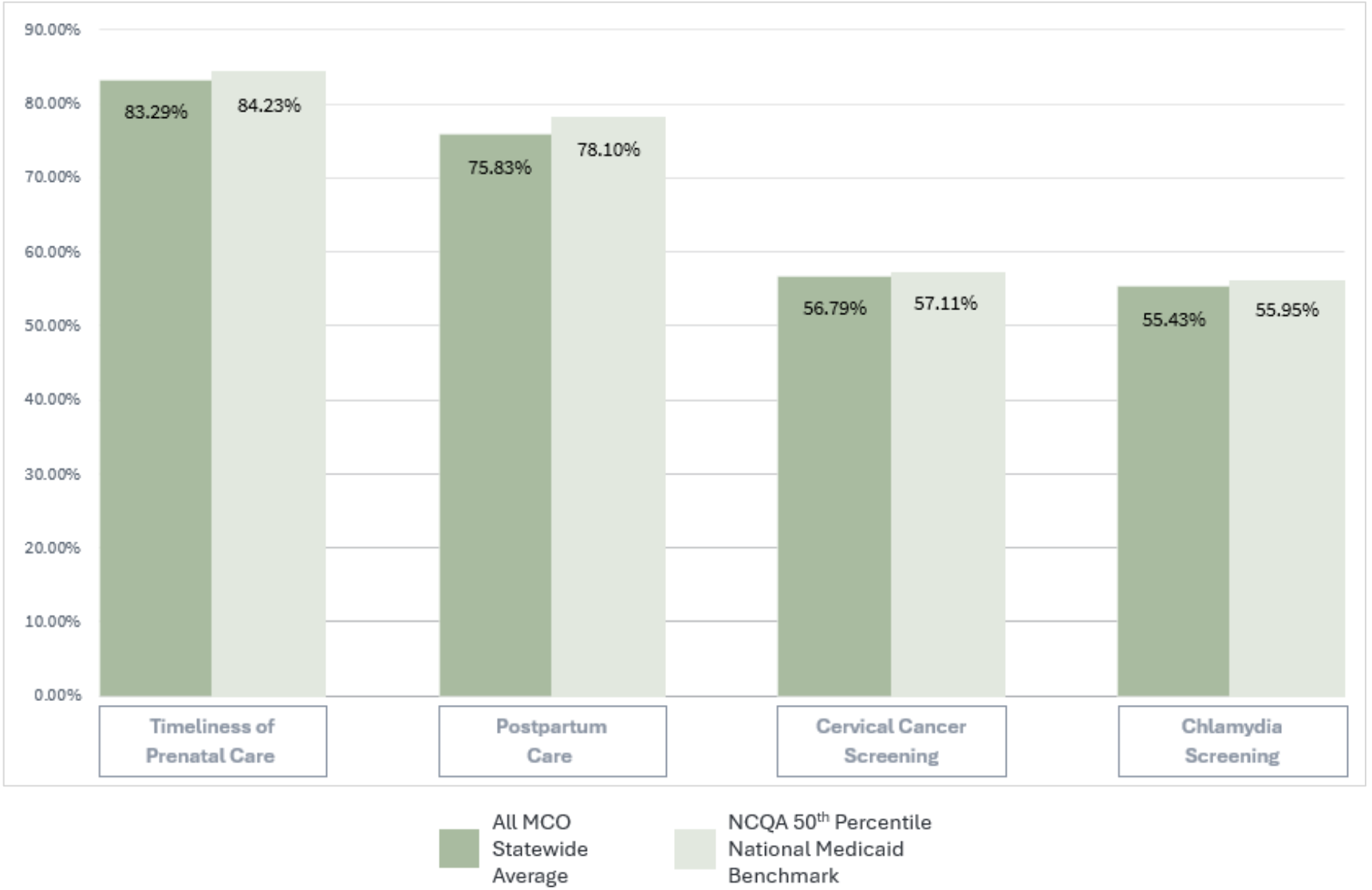
Women & Infants – All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks

Women and Infant Health

Timely & Accessible Care
Maternal & Infant Mortality



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Women & Infants

Women and Infant Health → Timely & Accessible Care Maternal & Infant Mortality

Goals

Timely & Accessible Care

Decrease Maternal & Infant Mortality

Maternal Care Objectives

- Increase the timeliness of prenatal care
- Increase the number of women who have a prenatal visit by nine weeks gestation
- Reduce Preterm Births
- Increase postpartum care
- Increase contraceptive care for postpartum women

Preventative Screenings Objectives

- Increase primary care visits for mother
- Increase primary care visits for women of reproductive age
- Increase chlamydia screening among women ages 21 to 24
- Increase cervical cancer screening among women

Women & Infants

Women and Infant Health | Timely & Accessible Care Maternal & Infant Mortality

Prioritized Strategies to Achieve Population-Specific Goals

Policy

- Day one enrollment in Medicaid managed care for pregnant women
- Extended postpartum coverage to 12 months
- Continuous coverage of children from birth through age three (ages 0-3)
- Coverage of Doula Services
- Coverage of Lactation Consulting Services
- Coverage of Nurse Home Visiting (NHV) Services
- Healthchek: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Program

- Alternative Payment Model: Comprehensive Maternal Care (CMC)
- Maternal and Infant Support Program (MISP)
- State Directed Payments
- Next Gen Care Coordination Model
- Minium Performance Standards (MPS) for preterm birth, timeliness of prenatal care
- MCO Population Health Management Strategy for Women & Infants
- ODM Infant Mortality Community Partnership: ODM, MCOs, and local community-based partners in Ohio Equity Institute (OEI) communities with the largest disparities in infant mortality
- Addressing Health-Related Social Needs (HRSN) and ensure connections to community resources are made to address member needs

State

- Ohio Governor's Initiative: All MCO collaborative Performance Improvement Project - Preterm Birth and Related Population Health Build Work

Women & Infants Quality Strategy Measures

Women and Infant Health | Timely & Accessible Care Maternal & Infant Mortality

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
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✚	Prenatal and Postpartum Care-Timeliness of Prenatal Care (NCQA/HEDIS)	✓	✓		✓	✓				✓		✓	
	Prenatal Visit by Nine Weeks Gestation (ODM)					✓					✓	✓	
✚ ✚	Preterm Birth (PTB) (ODM)					✓					✓	✓	
✚	Prenatal and Postpartum Care-Postpartum Care (NCQA/HEDIS)		✓		✓	✓				✓	✓	✓	
	Contraceptive Care-Postpartum Women Ages 15-44 (OPA)	✓	✓		✓	✓							
	Primary Care Visits for Mother (ODM)					✓					✓	✓	
	Primary Care Visits for Women of Reproductive Age (ODM)					✓						✓	
✚	Chlamydia Screening (NCQA/HEDIS)	✓			✓	✓						✓	
✚	Cervical Cancer Screening (NCQA/HEDIS)	✓			✓	✓				✓		✓	

Ohio Department of Medicaid

✚ **QW-PIP Governor's Initiative**: Governor's Priority Initiative SMART AIM measure tied to a 2026 Quality Withhold Performance Project

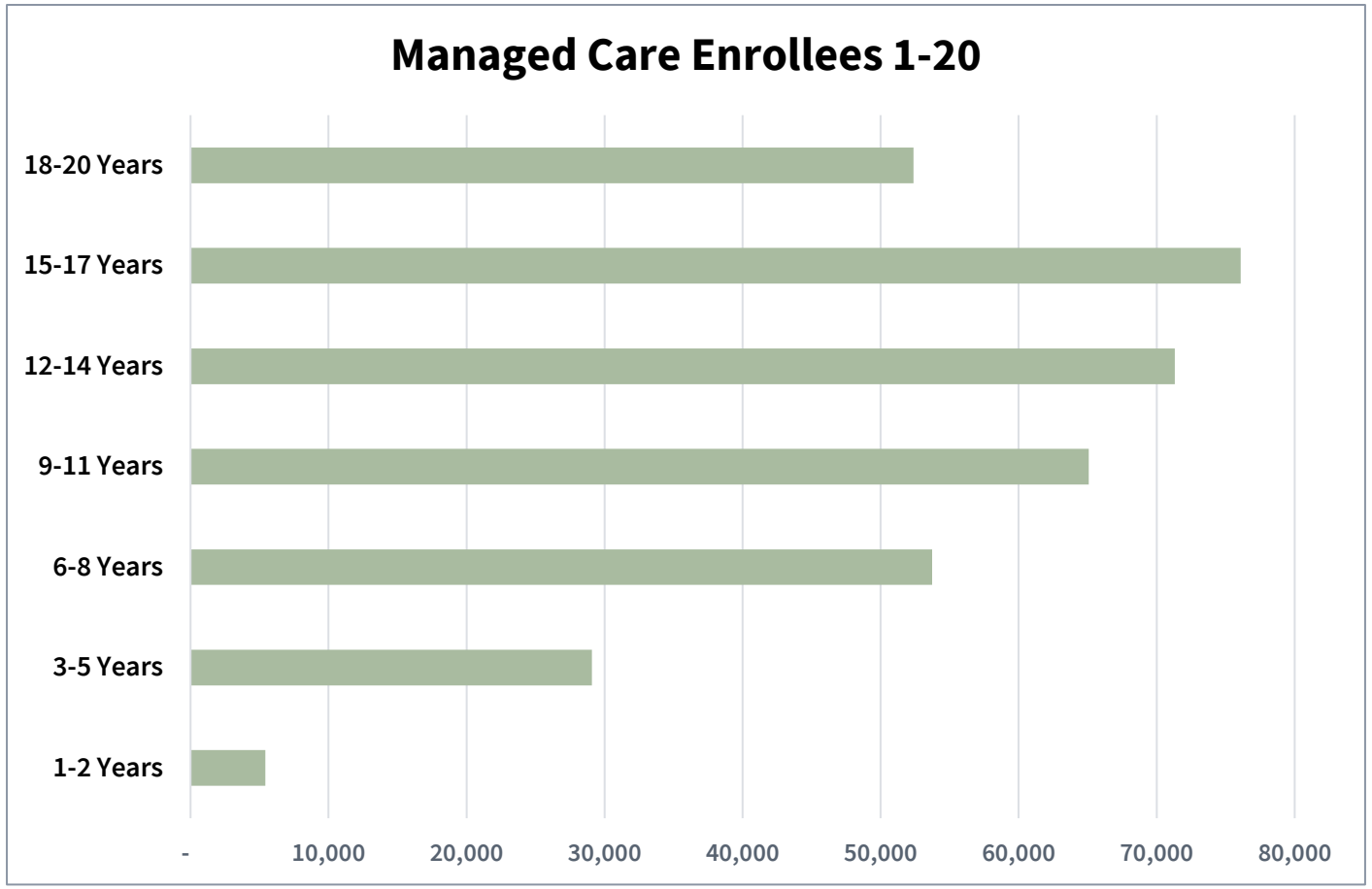
✚ **Minimum Performance Standard**: ODM minimum performance standard to be set in the near future

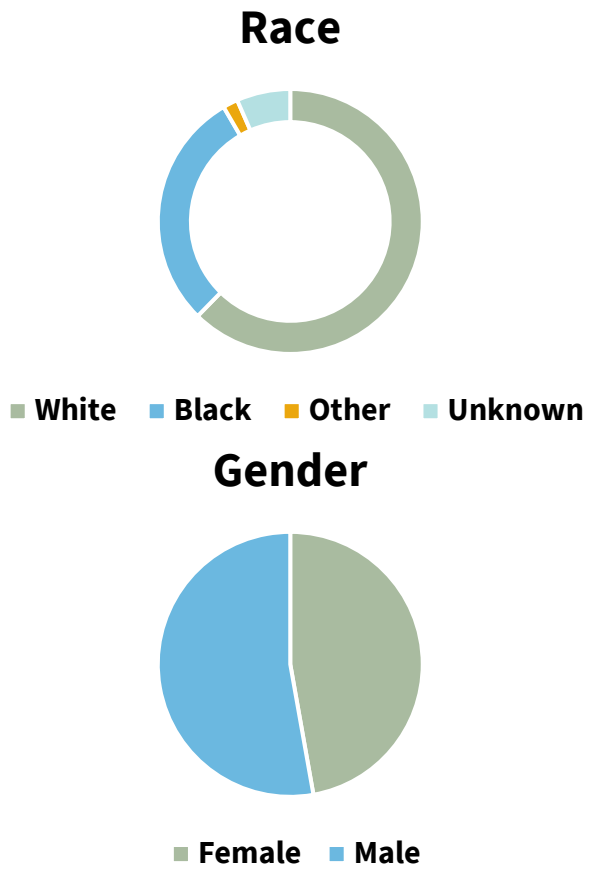
Behavior Health Children

Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

Ohio Department of Medicaid

Behavioral Health Children Medicaid Managed Care Population

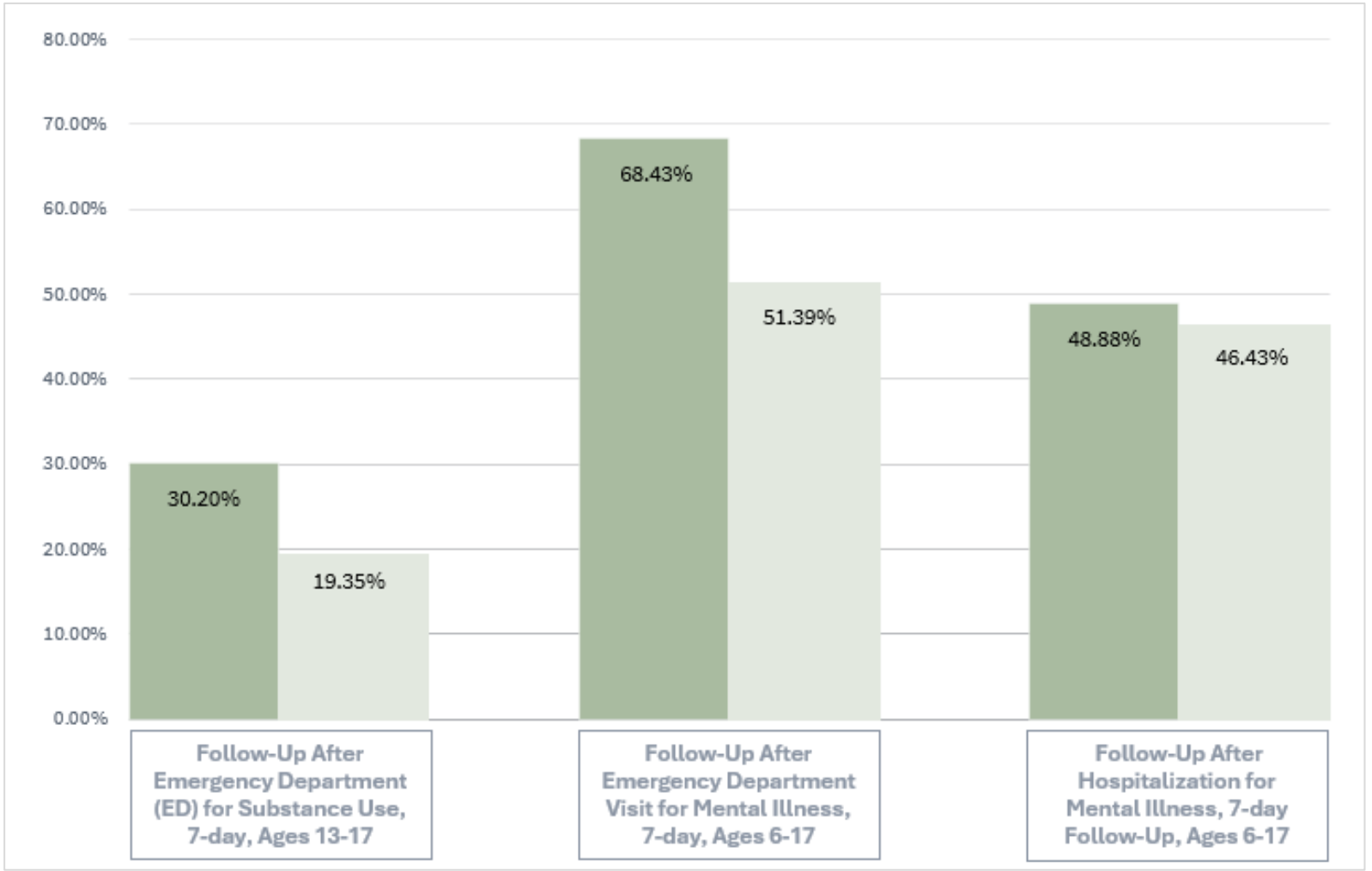




353,088 Members

(46,391 are enrolled in OhioRISE)

Behavior Health Children– All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks



Behavior Health Children

Behavioral Health Children → Comprehensive and Coordinated BH Services, BH & SUD-related Mortality

Goals

Increase Availability of Comprehensive & Coordinated BH Services

Reduce BH & SUD Related Mortality

Behavior Health Services Objectives

- Increase 7-day follow-up after emergency department (ED) visits for substance abuse among children & adolescents
- Increase 7-day follow-up after an ED visit for mental health among children and adolescents
- Increase 7-day & 30-day follow-up after hospitalization for mental illness for children and adolescents
- Increase initiation & engagement of substance use disorder treatment among adolescents
- Increase the use of psychosocial care for children and adolescents on antipsychotics
- Increase the use of age-appropriate standardized depression screening tools and follow-up among adolescents

Behavior Health Children

Behavioral Health Children | Comprehensive and Coordinated BH Services, BH & SUD-related Mortality

Prioritized Strategies to Achieve Population-Specific Goals

Policy

- Rate increases for community behavioral health services including hospital delivered BH services
- Healthchek: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Program

- OhioRISE (Resilience through Integrated Systems and Excellence)
- Alternative Payment Models: Comprehensive Primary Care (CPC)
- State Directed Payments
- Mobile Response Stabilization Services (MRSS) for de-escalation of BH crisis
- SUD Waiver-Access to critical Levels of Care for OUD and other SUDs
- Minium Performance Standards (MPS) for behavioral health measures
- Addressing Health-Related Social Needs (HRSN) and ensure connections to community resources are made to address member needs
- MCO Population Health Management Strategy for Behavioral Health Children
- Promotion of the use of health information technology and information exchange among physical and behavioral health providers, payers, and programs

State

- Ohio Governor's expansion of School-Based Health Centers
- Ohio Governor's Initiative: The Outcomes Acceleration for Kids (OAK) Learning Network

Behavior Health Children Quality Strategy Measures

Behavioral Health Children

Comprehensive and Coordinated BH Services, BH & SUD-related Mortality

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
	Follow-Up After Emergency Department (ED) for Substance Use, 7-day, Ages 13-17 (NCQA/HEDIS)		✓	✓		✓			✓				✓
✚	1-7 Day Follow-Up Visit After ED Encounter for Substance Use, Ages 10 – 17 (ODM)					✓			✓			✓	
	Follow-Up After Emergency Department Visit for Mental Illness, 7-day, Ages 6-17 (NCQA/HEDIS)		✓	✓		✓			✓				✓
✚	1-7 Day Follow-Up Visit After ED Encounter for Mental Illness, Ages 0 -17 (ODM)					✓			✓			✓	
	Follow-Up After Hospitalization for Mental Illness, 7 –day & 30-day Follow-Up, Ages 6- 17 (NCQA/HEDIS)		✓	✓	✓	✓			✓				✓
	Initiation and Engagement of Substance Use Disorder Treatment, Ages 13-17 (NCQA/HEDIS)				✓	✓			✓	✓			
	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics, Ages 1-17 (NCQA/HEDIS)		✓	✓	✓	✓			✓				✓
	Preventive Care and Screening: Screening for Depression and Follow-Up Plan, Ages 12-18 (CMS)				✓	✓							

✚ **QW-PIP Governor's Initiative**: Governor's Priority Initiative SMART AIM measure tied to a 2026 Quality Withhold Performance Project

✚ **Minimum Performance Standard**: ODM minimum performance standard to be set in the near future

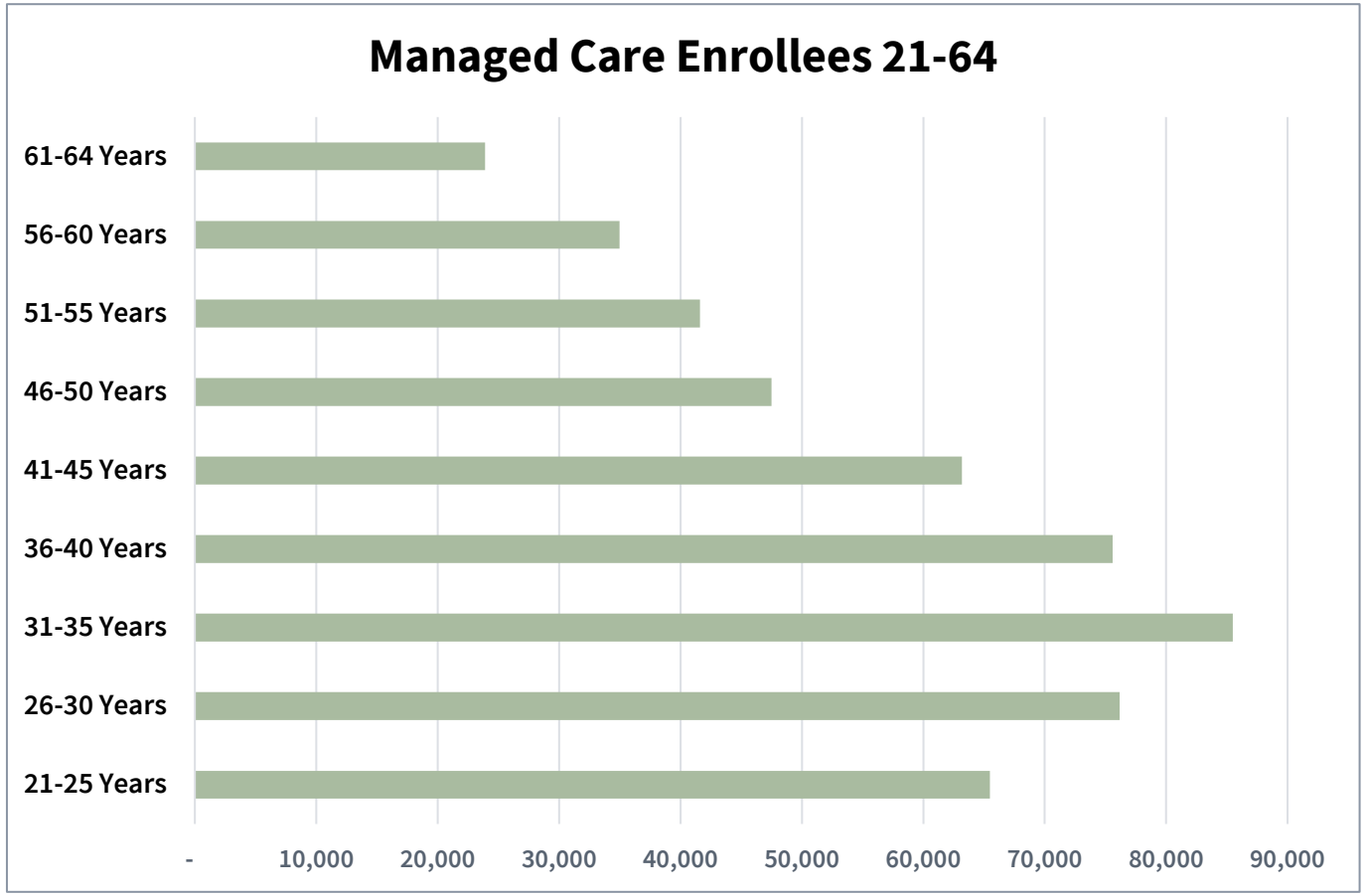
Ohio Department of Medicaid

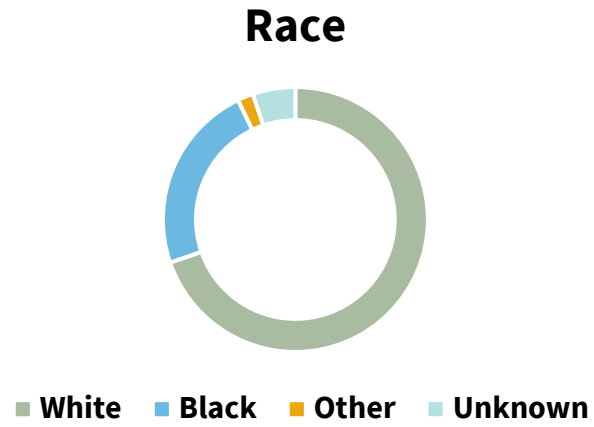
Behavior Health Adults

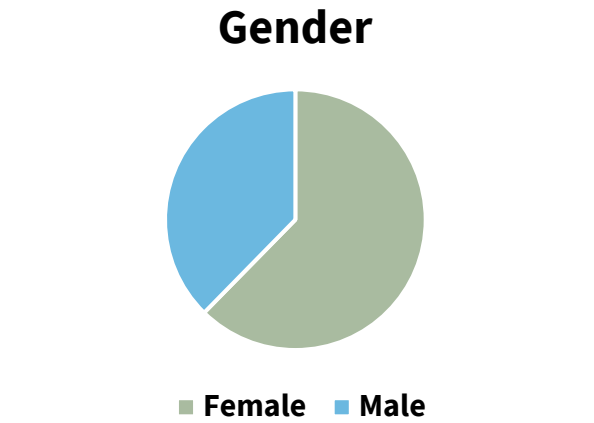
Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

Ohio Department of Medicaid

Behavioral Health Adults Medicaid Managed Care Population







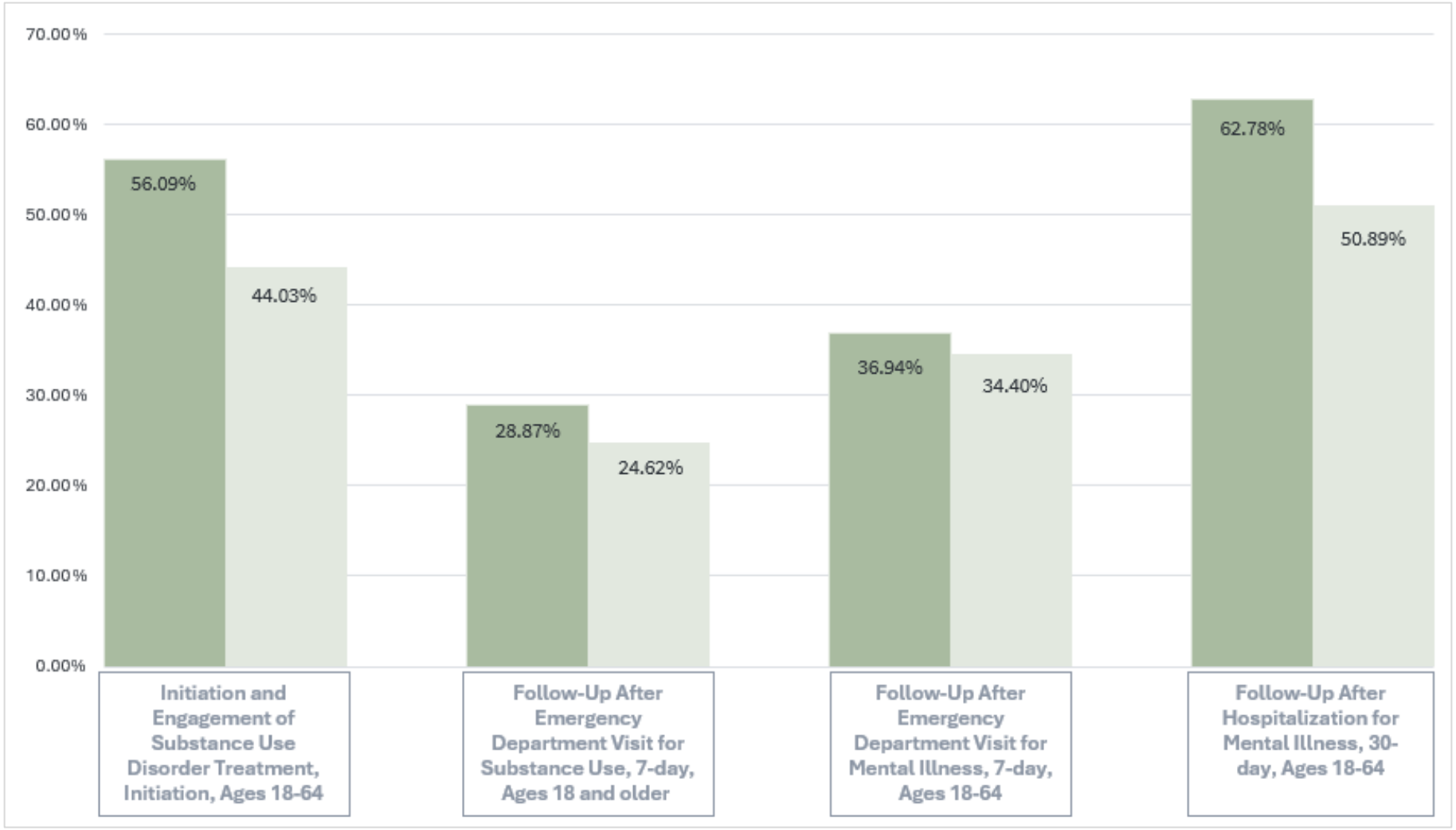
513,934 Members

Department of Medicaid

Behavior Health Adults – All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks

Behavioral Health Adults

Comprehensive and Coordinated BH Services, BH & SUD-related Mortality



Department of Medicaid

Behavior Health Adults

Behavioral Health Adults

Comprehensive and Coordinated BH Services, BH & SUD-related Mortality

Goals

Increase Availability of Comprehensive & Coordinated BH Services

Reduce BH & SUD Related Mortality

Behavior Health Services Objectives

- Increase 7-day follow-up after emergency department (ED) visits for substance abuse among adults
- Increase 7-day follow-up after emergency department visit for mental illness for adults
- Increase 7-day & 30-day follow-up after hospitalization for mental illness for adults
- Increase initiation & engagement of substance use disorder treatment among adults
- Increase the use of pharmacotherapy for opioid use disorder for adults
- Increase depression screening and follow-up for adults

Behavior Health Adults

Behavioral Health Adults | Comprehensive and Coordinated BH Services, BH & SUD-related Mortality

Prioritized Strategies to Achieve Population-Specific Goals

Policy

- Rate increases for community behavioral health services including hospital delivered BH services

Program

- Alternative Payment Models: Comprehensive Primary Care (CPC)
- State Directed Payments
- Mobile Response Stabilization Services (MRSS) for de-escalation of BH crisis
- SUD Waiver-Access to critical Levels of Care for OUD and other SUDs
- Minium Performance Standards (MPS) for behavioral health measures
- Addressing Health-Related Social Needs (HRSN) and ensure connections to community resources are made to address member needs
- MCO Population Health Management Strategy for Behavioral Health Adults
- All MCO collaborative Quality Withhold Performance Improvement Project to increase the rate of 7-day follow up after ED visit for substance use
- Promotion of the integration of physical and BH healthcare
- Promotion of the use of health information technology and information exchange among physical and behavioral health providers, payers, and programs

State

- Governor's Initiative: All MCO collaborative Performance Improvement Project to increase Follow-Up After Mental Health (MH) Emergency Department (ED) Visit for Adults

Behavior Health Adults Quality Strategy Measures

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
✚	Initiation and Engagement of Substance Use Disorder Treatment, Ages 18-64 (NCQA/HEDIS)	✓		✓	✓	✓	✓					✓	
✚	Follow-Up After ED Visit for Substance Use, 7-day, Ages 18+ (NCQA/HEDIS)	✓		✓		✓	✓					✓	✓
✚✚	**Central Region:** Follow-Up After ED Visit for Substance Use, 7-day, Ages 18+ (NCQA/HEDIS)	✓		✓		✓							
✚✚	**Northwest Region:** Follow-Up After ED Visit for Substance Use, 7-day, Ages 18+ (NCQA/HEDIS)	✓		✓		✓							
	Follow-Up After Hospitalization for Mental Illness, 7-day & 30-day, Ages 18-64 (NCQA/HEDIS)	✓		✓	✓	✓	✓			✓		✓	✓
	Follow-Up After Emergency Department Visit for Mental Illness, 7-day, Ages 18-64 (NCQA/HEDIS)	✓		✓		✓	✓					✓	✓
✚✚	**Central Region:** 1-7 Day Follow-Up After ED Encounter for Mental Illness, Ages 18+ (EDM-A) (ODM)					✓							
✚✚	**Northwest Region:** 1-7 Day Follow-Up After ED Encounter for Mental Illness, Ages 18+ (EDM-A) (ODM)					✓							
	Pharmacotherapy for Opioid Use Disorder (NCQA/HEDIS)	✓		✓		✓		✓					✓
✚	Screening for Depression and Follow-Up plan: Age 18+ (NCQA/HEDIS)	✓		✓	✓	✓						✓	

Department of Medicaid

✚✚ **QW-PIP Governor's Initiative**: Governor's Priority Initiative SMART AIM measure tied to a 2026 Quality Withhold Performance Project

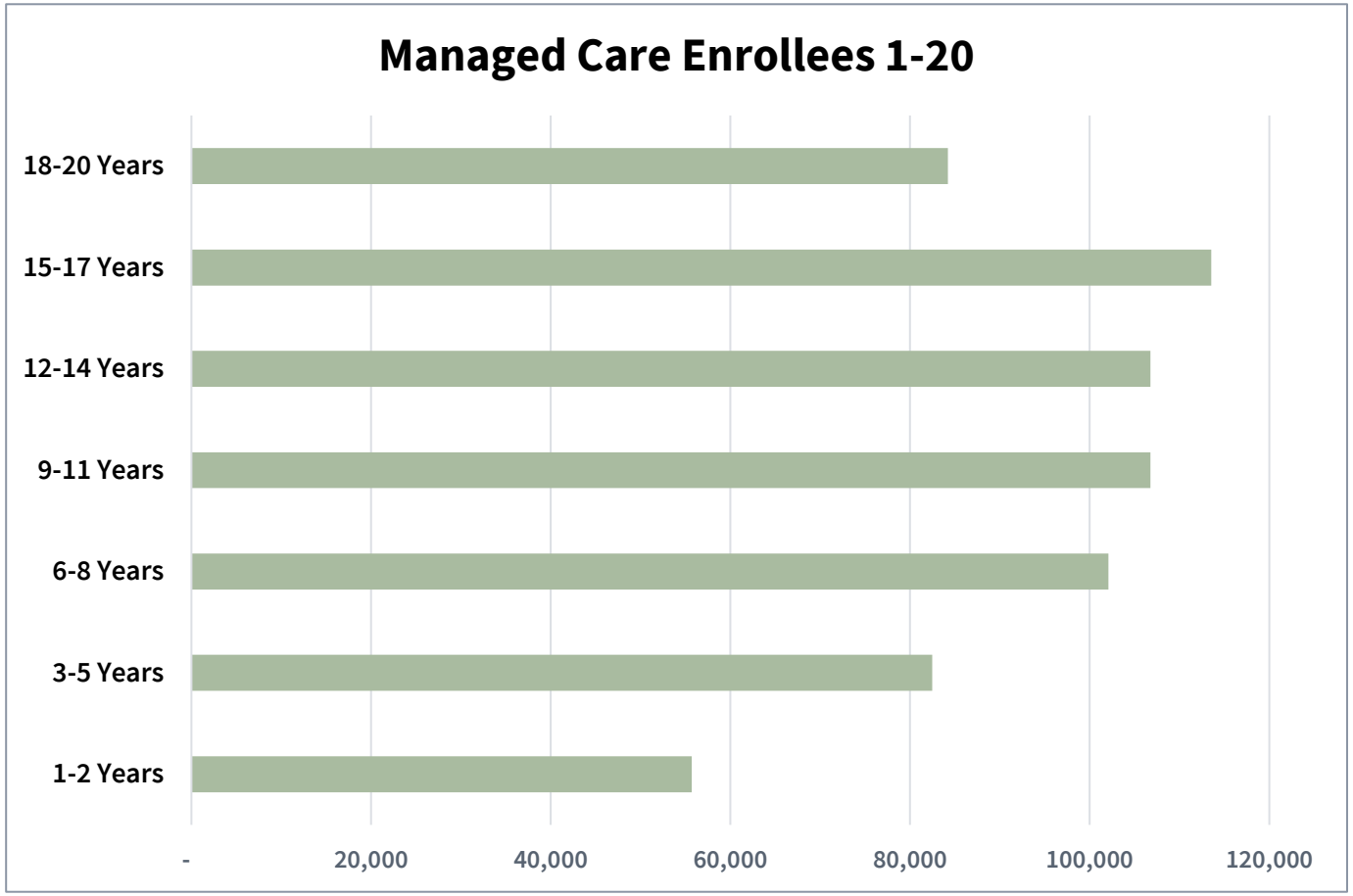
✚ **Minimum Performance Standard**: ODM minimum performance standard to be set in the near future

Chronic Physical & Developmental Conditions Children

Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

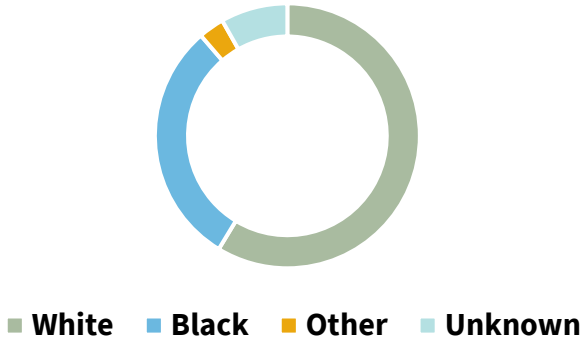
Department of Medicaid

Chronic Physical & Developmental Conditions Children Medicaid Managed Care Children Population

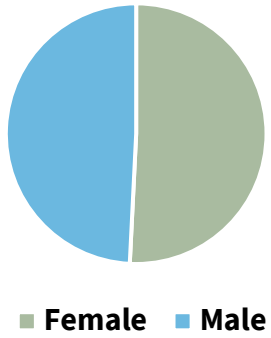


651,556 Members

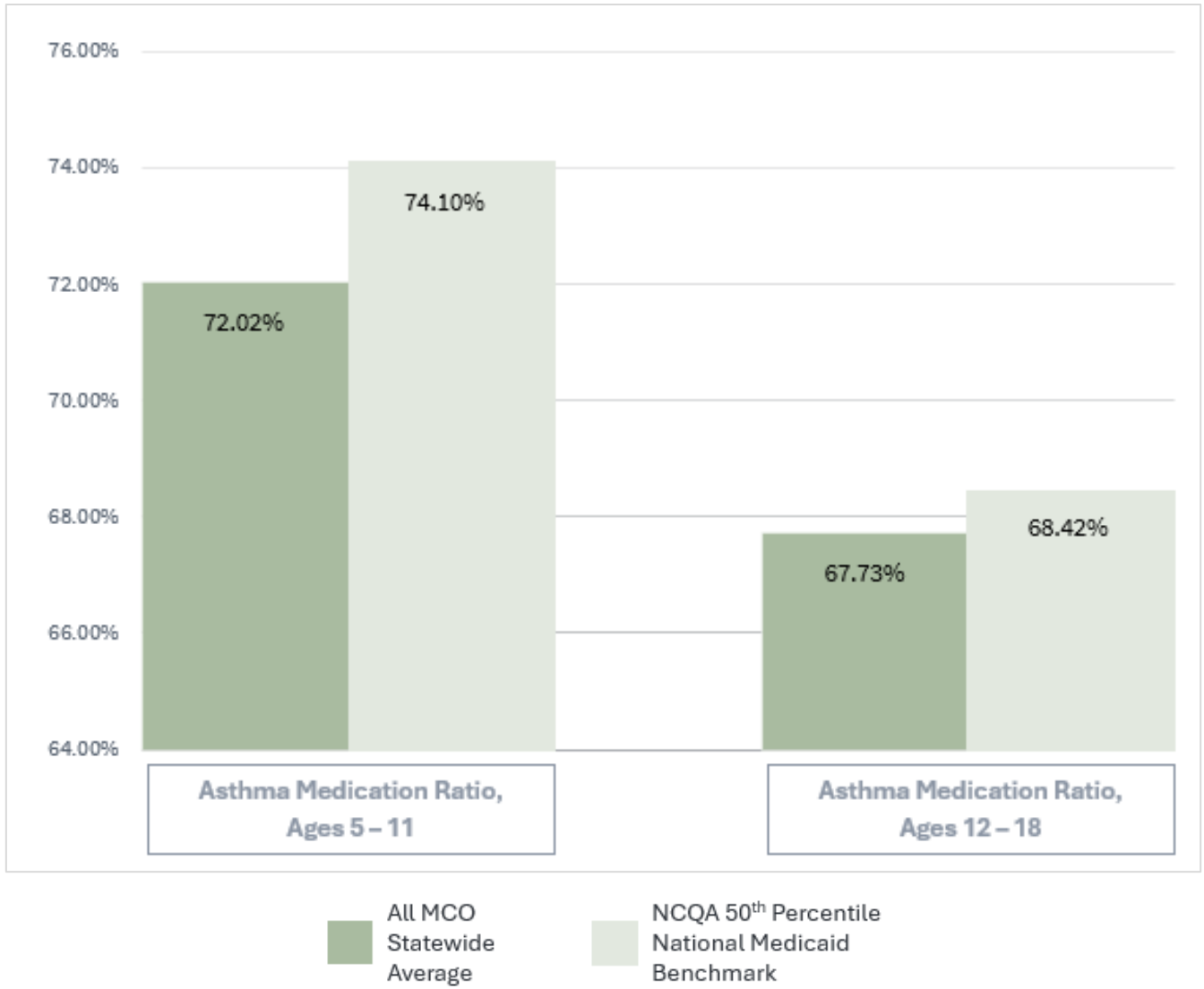
Race



Gender



Chronic Physical & Developmental Conditions Children– All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks



Chronic Physical & Developmental Conditions Children

Goals

Increase Well Managed Chronic Conditions

Management of Chronic Conditions Objectives

- Increase the percentage of children on Medicaid aged 5-11 years old who have an Asthma medication ratio greater than 50%
- Increase the percentage of children on Medicaid aged 12-18 years old who have an Asthma Medication ratio greater than 50%
- Increase the Transcranial Ultrasound completion rate of all children on Medicaid with sickle cell disease

Chronic Physical & Developmental Conditions Children

Chronic Physical & Developmental Conditions Children → Well Managed Chronic Conditions

Prioritized Strategies to Achieve Population-Specific Goals

Policy

- Healthchek: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Program

- Alternative Payment Model: Comprehensive Primary Care (CPC) and CPC Kids
- State Directed Payments
- Medicaid in Schools Program (MSP)
- Long-Term Services & Supports (LTSS)
- MCO Population Health Management Strategy for Chronic Physical & Developmental Conditions Children
- Minium Performance Standards (MPS) for asthma measures
- New Care Coordination Model

State

- Ohio Governor's expansion of School-Based Health Centers
- Ohio Governor's Initiative: The Outcomes Acceleration for Kids (OAK) Learning Network

Chronic Physical & Developmental Conditions Children Quality Strategy Measures

Chronic Physical & Developmental Conditions Children → Well Managed Chronic Conditions

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
✚✚	Asthma Medication Ratio, Ages 5 – 11 (NCQA/HEDIS)		✓		✓	✓		✓	✓			✓	
✚✚	Asthma Medication Ratio, Ages 12 – 18 (NCQA/HEDIS)		✓		✓	✓		✓	✓			✓	
✚✚	Sickle Cell Disease: Transcranial Ultrasound (ODM)					✓						✓	

✚ **QW-PIP Governor's Initiative**: Governor's Priority Initiative SMART AIM measure tied to a 2026 Quality Withhold Performance Project

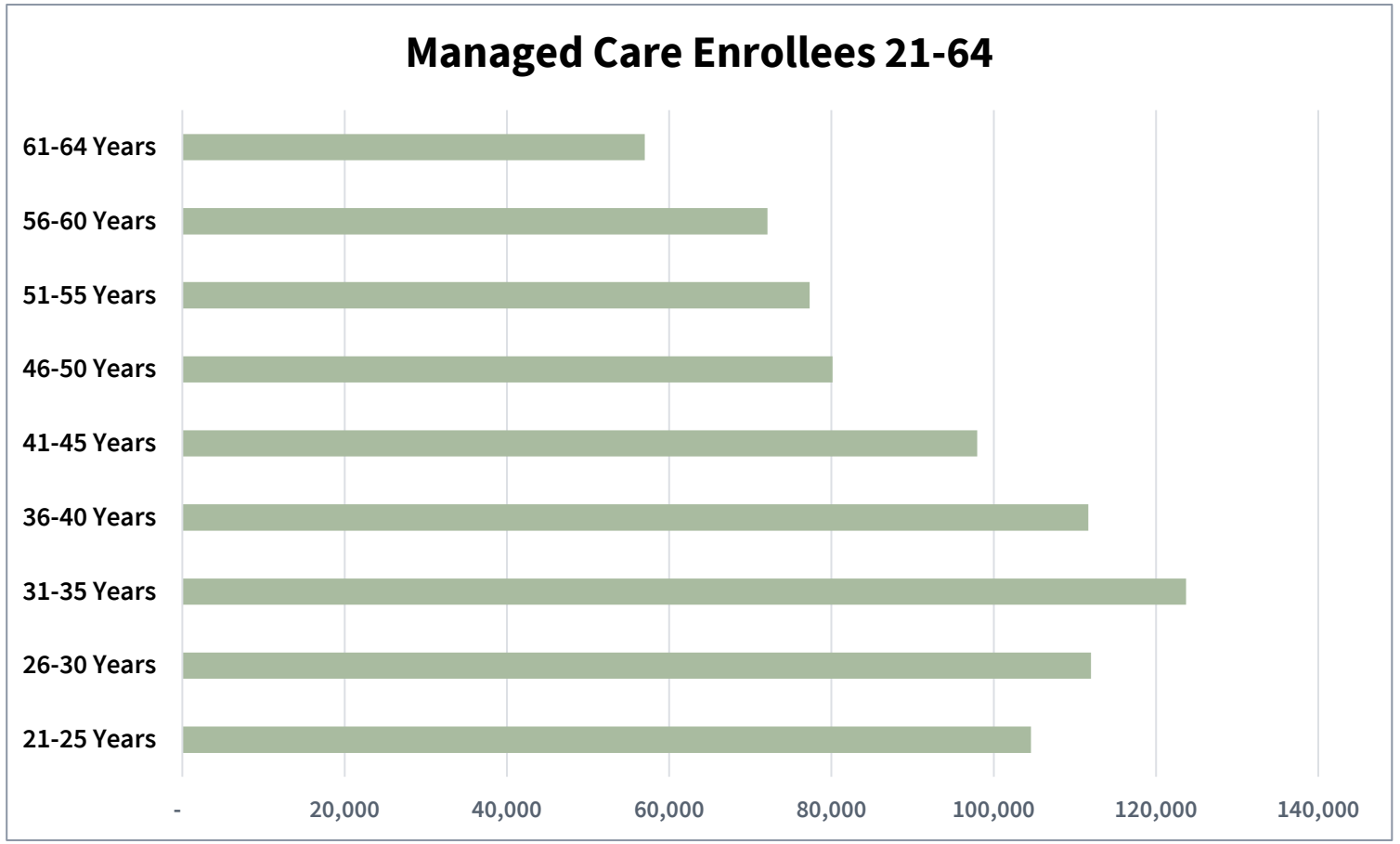
✚ **Minimum Performance Standard**: ODM minimum performance standard to be set in the near future

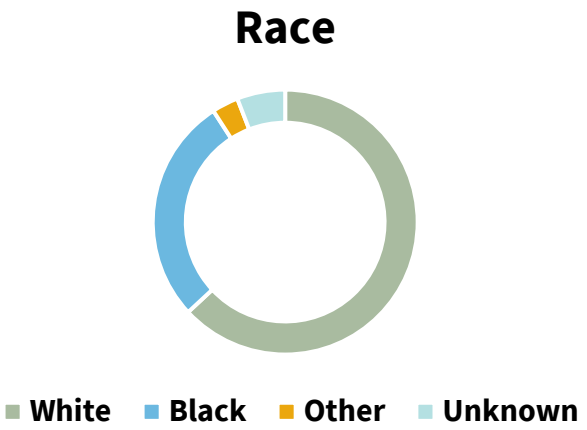
Chronic Physical & Developmental Conditions Adults

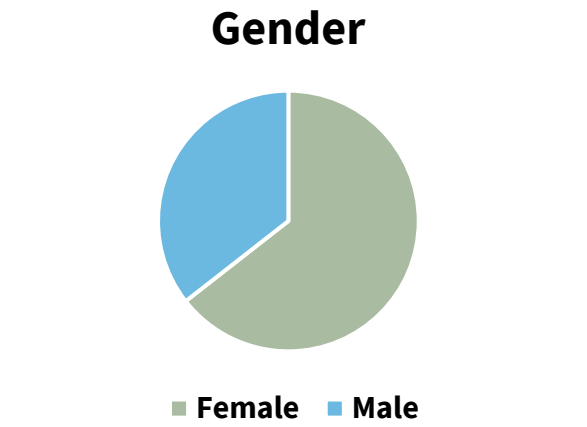
Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

Ohio Department of Medicaid

Chronic Physical & Developmental Conditions Adults Medicaid Managed Care Population







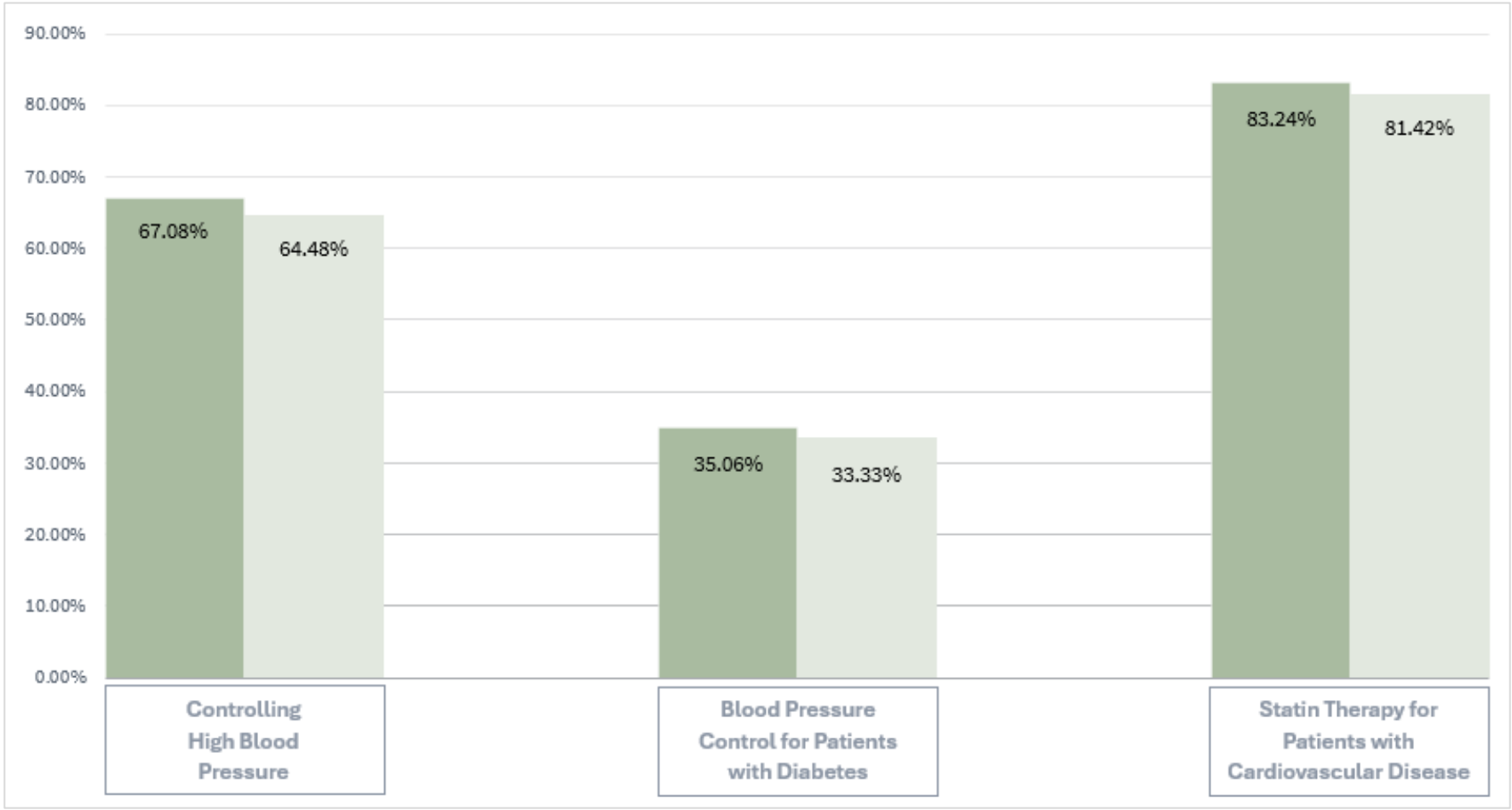
836,474 Members

Department of Medicaid

Chronic Physical & Developmental Conditions Adults– All MCO HEDIS 2023 Statewide Performance and National Quality Compass Benchmarks

Chronic Physical & Developmental Conditions Adults

Well Managed Chronic Conditions



Department of Medicaid

Chronic Physical & Developmental Conditions Adults

Goals

Increase Well Managed Chronic Conditions

Management of Chronic Conditions Objectives

- Increase the number of adults with well-managed asthma
- Increase the number of adults with well-managed, controlled high blood pressure
- Decrease the number of adults with poorly controlled diabetes
- Increase the number of adults receiving statin therapy for cardiovascular disease

Chronic Physical & Developmental Conditions Adults

Prioritized Strategies to Achieve Population-Specific Goals

Policy

- Removal of prior authorization for continuous glucose monitors (CGM) in pharmacy benefit

Program

- Alternative Payment Model: Comprehensive Primary Care (CPC)
- State Directed Payments
- Long-Term Services & Supports (LTSS)
- Addressing Health-Related Social Needs (HRSN) and ensure connections to community resources are made to address member needs
- MCO Population Health Management Strategy for Chronic Physical & Developmental Conditions Adults
- New Care Coordination Model
- Minium Performance Standards (MPS) for diabetes and high blood pressure measures

Chronic Physical & Developmental Conditions Adults Quality Strategy Measures

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
	Asthma Medication Ratio – Ages 19 to 50 & 51-64 (NCQA/HEDIS)	✓			✓	✓	✓	✓		✓		✓	
✚	Controlling High Blood Pressure (NCQA/HEDIS)	✓			✓	✓	✓			✓		✓	✓
✚	Glycemic Status Assessment for Patients with Diabetes – HbA1c Poor Control (>9.0%) (NCQA/HEDIS)	✓			✓	✓	✓			✓		✓	
✚	Statin Therapy for Patients with Cardiovascular Disease, received Statin Therapy (NCQA/HEDIS)					✓	✓			✓		✓	

✚**Minimum Performance Standard:** ODM minimum performance standard to be set in the near future

All Populations Member Experience

Goals & Objectives
Prioritized Strategies
Quality Strategy Measures

Ohio Department of Medicaid

All Populations

Goals

Improve Member Experience

Member Experience Objectives

- Increase general child & adult rating of their health plan
- Increase general child & adult rating of their health plan's customer service
- Increase general child & adult rating of getting care quickly
- Increase general child & adult rating of getting needed care
- Increase general child & adult rating of how well doctors communicate

All Populations

Prioritized Strategies to Achieve Goals Program

ODM Next Generation Contractual Requirements for Managed Care Organizations (MCOs)

- Support members' maximal choice and independence
- Provider network access requirements
- Time and distance standards
- Quality Withhold Program – Quality Improvement Projects
- Quality measures and performance standards
- Addressing Health-Related Social Needs (HRSN)
- MCO population health management
- MCO Member and Family Advisory Council
- MCO value-added services
- MCO grievance and appeal system
- MCO customer service standards

All Populations Member Experience for Children & Adults

Consumer Assessment of Health Care Providers and Systems (CAHPS)

	QUALITY STRATEGY METRIC	CMS CORE MEASURE SETS & QUALITY RATING SYSTEM (QRS)				PROGRAM ALIGNMENT FOR TARGETED IMPROVEMENT							
		ADULT CORE	CHILD CORE	BH CORE	QUALITY RATING SYSTEM	MANAGED CARE	MYCARE	SPBM	OHIORISE	COMPREHENSIVE PRIMARY CARE	COMPREHESIVE MATERNAL CARE	STATE DIRECTED PAYMENTS	CERTIFIED COMMUNITY BH CENTERS
✚	Rating of Health Plan (CAHPS Health Plan Survey)	✓	✓		✓	✓	✓		✓				
✚	Customer Service Composite (CAHPS Health Plan Survey)	✓	✓		✓	✓	✓						
	Getting Care Quickly (CAHPS Health Plan Survey)	✓	✓		✓	✓							
	Getting Needed Care (CAHPS Health Plan Survey)	✓	✓		✓	✓							
	How Well Doctors Communicate (CAHPS Health Plan Survey)	✓	✓		✓	✓							

✚**Minimum Performance Standard:** ODM minimum performance standard to be set in the near future

Quality Measures

ODM uses a wide selection of quality performance measures to monitor, trend, and assess member outcomes and MCE performance

Managed Care: For a complete list of the metrics ODM uses to monitor and evaluate the Managed Care Organizations (MCO) performance see Next Generation Managed Care Provider Agreement: Appendix I – Quality Measures Managed Care Agreements

MyCare: For a complete list of the metrics ODM uses to monitor and evaluate the MyCare Ohio Plans (MCOP) performance, including Care Coordination; Long-Term Care; and Ohio's Home and Community-Based Services (HCBS) waivers measures, see MyCare Ohio Provider Agreement: Appendix M – Quality & Waiver Performance Measures and Standards MyCare Ohio Agreements

External Stakeholder Public Review & Comment

APRIL	APRIL 14- MAY 13	MAY 13-15	May 16	JULY 9
• **External Stakeholder Presentations** (Managed Care Entities (MCEs), Medical Care Advisory Committee (MCAC), Beneficiaries and other Key Stakeholders)	• **30-day Public Draft Review & Comment** (Make available for public review & comment before draft submission to CMS)	• **ODM Revisions**	• **Submit Draft to CMS**	• **Post Final to ODM Web Site by July 9, 2025**

End