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OHIO DEPARTMENT OF MEDICAID
Request for Information (RFI)

Ohio Medicaid Managed Care Program
Feedback from Individuals and Providers
June 13, 2019

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Section I – Introduction

The Ohio Department of Medicaid (ODM) is planning to conduct a competitive managed care procurement and is interested in hearing from individuals and providers about their experience with the current managed care system and ideas for improving member and provider experience, service quality and system accountability to inform that effort.[1]

Through this Request for Information (RFI), ODM is seeking responses specifically from individuals who are receiving Medicaid services *(individuals)* and their families, advocates for individuals, providers, provider associations, partner state agencies, and other persons or organizations with relevant information about Ohio's Medicaid managed care program.[2]

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Overview of Ohio's Medicaid Managed Care Program

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Approximately 90% of persons insured by Ohio Medicaid are enrolled in a managed care plan.[3] ODM contracts with five managed care plans that were selected through a competitive procurement process seven years ago. The managed care plans are responsible for covering all medical benefits *(including behavioral health services and prescription drugs)* for individuals who are enrolled in the managed care plan. Managed care plans also must provide additional benefits, such as member services and care management.

In addition, other partner state agencies, including the Ohio Department of Aging, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, the Ohio Department of Job and Family Services, and the Ohio Department of Developmental Disabilities, help ODM with administering certain parts of the Medicaid program. Many individuals in the Medicaid program who may be enrolled with a managed care plan also receive services delivered in coordination with one or more of these agencies or their local counterparts.

Note: 1 Assistance to interested parties with a disability or Limited English Proficiency (LEP): Individuals with a disability may request accommodation to participate in responding to this RFI. Individuals who speak a non-English language may request language assistance relating to this RFI. Individuals may contact the ODM Consumer Hotline at 800-324-8680 (TTY: Dial 711) to request a reasonable accommodation or language assistance.
2 Individuals or others who choose to respond to this RFI may be referred to in this document as "interested parties" or "respondents."
3 Approximately 120,000 clients are enrolled in MyCare Ohio, which is a managed care program designed for Ohioans age 18 and older who are eligible for both Medicaid and Medicare. These clients are enrolled in MyCare Ohio Plans (MCOPs), which coordinate their physical, behavioral, and long-term care services. This RFI is focused on the traditional Medicaid managed care program, not MyCare Ohio. There is no anticipated impact to the MyCare program.

Section II – Request for Information

ODM is asking for your input and suggestions in the following general topic areas:

- Communication and engagement with individuals: How easy is it for individuals to access health care and find a provider, and stay engaged in their health care efforts?
- Grievances and appeals: There are times an individual or provider may disagree with a decision made by the individual's managed care organization; ODM is seeking first-hand experience and ideas regarding the grievance and appeals process.
- Provider support: What administrative processes or functions make it easier or more difficult to do business in a managed care environment? How might sharing data be improved?
- Benefits and delivery system: In what ways can the managed care program improve access to services, and what unique arrangements should ODM consider in place of a one-size-fits-all model of managed care?
- Care coordination and case management: As ODM focuses on improving outcomes for individuals with complex health needs, how can managed care organizations and partners work to ensure appropriate care coordination and case management?
- Population health: How can the managed care program improve health outcomes such as infant mortality, adult smoking, and cardiovascular disease?
- Performance measurement and management: How should ODM be measuring the performance of the managed care program and the individual managed care plans regarding both processes and outcomes?
- General feedback: At the end of this RFI you have an opportunity to offer your thoughts about anything not addressed specifically in our questions.

Specific questions for each of these general topics are below; refer to the question number with each response you submit. Also, note that while you are encouraged to submit narrative responses to any or all the following questions, **you are not required to respond to every question**. You may choose to respond to only those questions that are of interest to you.[4]

*For instructions on how to format and deliver your response, see **Section V** on the last page of this document.*

Note: *4 ODM is planning to issue a separate RFI to collect feedback from current managed care plans and potential applicants for the managed care procurement, and ODM will not review responses to this RFI from current managed care plans or potential applicants for the managed care procurement.*

Communication and Engagement with Individuals Enrolled in Managed Care Plans

Access to care

As an individual enrolled in a managed care plan, how often do you have difficulty obtaining access to services? ☐ Less than one time a year   ☐ Approximately once a year ☐ More frequently than once a year   ☐ More frequently than one time a month
What kinds of difficulties do individuals enrolled in managed care plans have in being able to access health care?
What would make it easier for individuals to access health care?
How could managed care plans help individuals resolve problems with accessing care?

Communication

How often do you receive communications from your managed care plan regarding your health care needs? ☐ Less than one time a year ☐ Approximately once a year ☐ Monthly ☐ Never
How do you think communication with individuals enrolled in managed care plans could be improved? *(Please provide any specific feedback for the following groups)* Individuals who primarily speak a non-English language • Individuals with cognitive or intellectual disabilities • Individuals with physical disabilities • Individuals who may not understand health care terminology
How could managed care plans use technology *(such as web-based applications and mobile phones)* to assist individuals with their health care needs?
How could managed care plans improve communication with individuals who do not have a mobile phone or computer or do not have reliable internet service?
What could ODM and managed care plans do to communicate with individuals enrolled in managed care plans and their families to regularly provide input and feedback?

Engagement

What are some ways that managed care plans and providers could encourage or assist individuals to be involved in their health care and promote healthy behaviors, such as seeing a doctor regularly, quitting smoking, and eating healthier?

Provider Search

How could managed care plans make it easier for individuals to search for providers? In particular:

What tools and resources would be most helpful (*e.g., calling member services, online provider directory, hard copy provider directory, mobile application*)?

Within those resources, what type of information should be provided to help an individual choose a provider?

Are there ways to make these resources more accessible and easier to use?

Access to information about your health

How do individuals get information about health or medical topics *(e.g., their doctor, their managed care plan, friends or family, the internet*)? What could the state or managed care plans do to help individuals get the information they need to understand their health care condition and treatment options to make health care decisions?

Grievances and Appeals

How can managed care plans and the state obtain feedback and be accountable for addressing member concerns over time? Is there a proactive approach (*as opposed to a complaint-based system*) that should be explored?

How could managed care plans improve their appeal processes for individuals and providers?

How could the state and managed care plans use data about appeals to improve utilization management and access to care?

If you have direct experience using the appeal or grievance procedures, can you share information about your experience?

Provider Support

Standardization across managed care plans

Provide suggestions about how ODM could promote greater consistency of prior authorization requirements across managed care plans (*e.g., requiring all managed care plans to use the same state-developed prior authorization form, or having the state establish which services can/cannot be prior authorized*), including the pros and cons, potential barriers, and ideas for addressing those barriers.

Standardization across managed care plans *(continued)*

Are there certain other functions or processes *(e.g., provider oversight, quality measures, reporting)* that should be standardized across managed care plans? If so, please identify:

- The function and how the function should be standardized
- The pros and cons of standardizing the function
- The potential barriers to standardizing the function and ideas for addressing them

Communication about policy updates

Describe your ideas for improving managed care plan communication with network providers about updates and changes to plan policies.

Support for administrative requirements

Describe how managed care plans could help providers navigate the plans' administrative requirements, such as submitting clean claims and resolving billing issues. Have you had any experience with a managed care plan assisting you in these areas? If so, what was most helpful?

Data Sharing

How could data sharing between the state, managed care plans and providers be improved? In particular:

- What data do providers want access to that they do not have access to today; how would providers use that data?

- What is the most effective way of providing data to providers?

- Are there barriers to providing the requested data; how could those barriers be overcome?

- How could data be shared and used by providers that have limited resources and technology?

Supporting primary care providers

Describe how managed care plans could support primary care providers in integrating care for individuals enrolled with them. In particular:

- What kind of primary care infrastructure may be needed?

- What kind of training or coaching may be needed?

- How could the state/managed care plans incentivize primary care providers to improve access to care?

- What kind of primary care models should be encouraged by the state/managed care plan?

Workforce development

How could the state/managed care plans support workforce development for different types of providers, including dentists, pediatric psychiatrists, primary care providers, in-home providers and licensed or unlicensed behavioral health providers?

Payment innovation

What are some ways the state/managed care plans could prepare and assist providers to move through the continuum of shared accountability models that reward providers for quality and improved health care outcomes? In particular:

- How could the state or managed care plans support and increase the establishment of comprehensive primary care practices and/or accountable care organizations?

- Are there other payment innovations that the state should consider incorporating into the Medicaid managed care program?

Other

What other suggestions do you have for ways the state/managed care plans could better support providers?

Benefits and Delivery System

Value-added services

Managed care plans can provide services not included in the managed care benefit package as "value-added" or "extra" services, such as dental or vision services for adults. What "extra" services do you think are the most valuable to individuals enrolled in managed care plans and why?

Delivery system model

The state is considering a managed care model that could uniquely administer services for a particular population *(e.g., children and youth in foster care, individuals with behavioral health needs)*, benefit *(e.g., behavioral health)* or function *(e.g., claims payment)* from the existing managed care plan structure. Is this a good idea? For which populations, benefits or functions? Based upon your experience, what are some of the potential pros and cons of this approach?

Access to pharmacy benefits

One area that has resulted in national attention and is of significant concern is the administration of pharmacy benefits.

- What problems have individuals enrolled in managed care plans had with accessing pharmacy benefits? Has that included, for example, challenges with getting certain kinds of medications?

- What challenges have providers encountered with prescribing and getting approval for certain kinds of medications?

Pharmacy benefit managers

What are your suggestions for ways the state/managed care plans could improve the transparency, efficiency, and accountability of pharmacy benefit managers?

Integration of behavioral health and physical health services

The state understands that coordination and integration of service delivery improves the experience and overall health of individuals enrolled in managed care plans, yet providing well-coordinated and holistic health care can be challenging to individuals and providers alike. Discuss any suggestions you have for improving the integration of services, particularly the delivery of behavioral health and physical health care. Include your ideas about:

- Improving communication and consultation across providers
- Shared assessment and service planning
- Data and information exchanges

How can managed care plans provide better access to evidence-based behavioral health practices, such as medication assisted treatment for opioid use disorder, multi-systemic therapy, supportive housing, and supported employment?

Care Coordination/Care Management

Care coordination/care management

Individuals enrolled in managed care plans with chronic or complex health conditions may have multiple agencies involved in the management and coordination of their care, such as the managed care plan, the primary care provider, a behavioral health provider, or another state agency.

- What are ways the state/managed care plans could improve the management and coordination of care for individuals with chronic or complex health conditions?

- Who would be in the best position to help individuals with chronic or complex health conditions manage and coordinate their care:

☐ Their managed care plan ☐ Their primary care provider ☐ A provider other than the primary care provider

☐ Other (please identify)

What expectations should the state have for managed care plans in performing care management activities to help individuals enrolled in managed care plans and providers manage chronic and complex health conditions? Consider the following in your response:
- Provider reimbursement strategies when the provider has a role in care management
- Managed care plan surveillance of data *(e.g., admission/discharge, utilization of crisis services)* and sharing information with providers
- Whether there should there be higher expectations for certain populations *(if so, which ones and why)*

Special populations

Are there barriers to the delivery and coordination of care for any of the populations listed below; if so, provide suggestions on how to improve the coordination and communication among providers and systems to prevent gaps in care or duplication of services.

- Children in foster care
- Multi-system youth
- Veterans
- People with disabilities
- Justice-involved individuals
- Other individuals whose needs present special or unique considerations in a managed care system

Cross-system collaboration

How could coordination of services/programs managed by partner state agencies be improved? Include your recommendations for the role of the state agency, state agency case manager, managed care plan, provider, and individual enrolled in an managed care plan.

Population Health Considerations

What population health measures *(e.g., infant mortality, smoking, cardiovascular disease)* could the state target in its procurement to have the greatest impact?

Which entity or entities *(e.g., managed care plan, primary care provider, other providers)* are best suited to work on improving performance on population health measures? Does it vary by measure?

Performance Measurement and Management

Provide your ideas about what measures should be used to evaluate the Medicaid managed care program and/or individual managed care plans. In particular:

What are the most important indicators of system/managed care plan performance?

What measures *(current or proposed)* have the highest value for measuring system/managed care plan performance? Identify the measures and why they are valuable.

What measures have the least value? Identify the measures and why they have limited value.

What recommendations do you have for measures that go beyond process to measure outcomes?

If you could change one thing about the current Medicaid managed care program, what would it be?
What additional suggestions do you have for the state to improve the Medicaid managed care program?

Section III – Timeline Information

This RFI will be posted to the Ohio Department of Medicaid website on June 13, 2019. Responses submitted in accordance with Section V of this RFI will be accepted *on a continuing basis. ODM will provide notice on its website of its intent to close the RFI no less than two weeks before the intended closing date.*[5]

Section IV – Trade Secrets Prohibition; Public Information Disclaimer

Interested parties are prohibited from including any trade secret information, as defined in the Ohio Revised Code (ORC) § 1333.61, in their submissions in response to any RFI. ODM shall consider all responses voluntarily submitted to be free of trade secrets, and such responses if opened by ODM will, in their entirety, be made a part of the public record, and shall become the property of ODM, pursuant to ORC § 149.43. Ohio law provides that information regarding recipients of Medicaid services should not be disclosed for any purpose not directly connected with the administration of programs administered by ODM. Accordingly, any information that would serve to identify an applicant for or recipient of Medicaid services will be withheld from public release.

This RFI is issued solely for information and planning purposes and does not constitute a solicitation. Respondents should note that no contract will be awarded pursuant to this RFI and that responding to, or not responding to, this RFI will neither increase nor decrease any respondent's chance of being awarded a contract from a subsequent solicitation by ODM. As noted above, ODM will not review responses from current managed care plans or potential applicants for the managed care procurement.

The State of Ohio is not liable for any costs incurred by an Interested Party in responding to this RFI.

Note: *5 Note: On July 26, 2019, ODM announced that it was going to leave the RFI open on an indefinite basis, as described in this section. The previously-stated deadline of July 31, 2019 is no longer in effect.*

Section V – How to Submit Your Response

ODM requests responses to be submitted in electronic format and e-mailed to MCProcurement@medicaid.ohio.gov . ODM requests that all narrative responses submitted in electronic format be provided to ODM in an unprotected *(i.e., no password)* PDF or as a Word document. However, ODM will also accept paper responses submitted via postal mail to the following address:

Ohio Department of Medicaid
Office of Contracts and Procurement
Managed Care Procurement RFI
PO Box 182709
Columbus, Ohio 43218-2709
ATTN: RFP/RLB Unit

If the response is submitted via e-mail, the respondent will receive an automatically generated confirmation e-mail from ODM upon receipt. If the response is submitted by postal mail and includes an e-mail address, ODM will send a confirmation e-mail within a reasonable timeframe of receipt. No confirmation of the receipt of mailed submissions can be provided if the response does not include an e-mail address.

If the response is submitted via email, convert the response into one single, unprotected PDF document attached to the email. If the submission's size necessitates more than the two PDF documents to contain the entire response, use the fewest separate PDF documents possible. Alternatively, you may submit your response as a Word document.

All submissions *(whether paper or electronic)* must be received by ODM on or before the closing date to be announced by ODM in accordance with Section III of this RFI. This will allow enough time for consideration as ODM develops the managed care procurement. Materials received after the deadline will not be added to any previously received submissions. Submissions must contain the respondent's name or the name of a representative of the respondent, the organization's name *(if applicable)*, the RFI title and number, and the submission date. Paper submissions must include an email address if the respondent would like an e-mail confirming receipt. The submission, whether paper or electronic, may be used by ODM for internal discussions, discussions with stakeholders, archiving and public records requests. See Section IV for information that is exempt from public record disclosure.

ODM will accept submissions at any time prior to the posted submission deadline in Section III. ODM cannot guarantee it will consider submissions incorrectly addressed or sent to any email other than the address specified above.

Thank you for your efforts to provide ODM with your suggestions, comments, and relevant information to assist with this project.