



What's on the horizon for Ohio Medicaid?

Innovation, equity and unwinding the Public
Health Emergency

May 3, 2022



Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.



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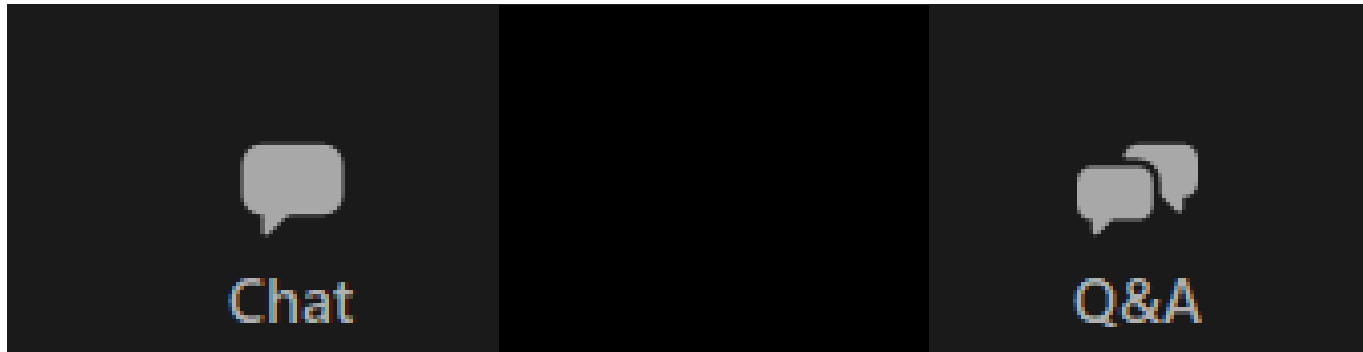


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Ohio Medicaid Basics Update

Trends in enrollment and expenditures during the COVID-19 pandemic

Background

The Medicaid program is a partnership between federal and state government that pays for healthcare services for approximately 3.37 million Ohioans with low incomes (see figure 1), including more than 1.32 million children.

Many Ohioans enroll in Medicaid because private or employer-sponsored health insurance coverage is unavailable, too expensive or provides inadequate coverage for necessary services, such as long-term support services (LTSS), nursing facility care, adult day programs and home healthcare services.¹ In state fiscal year (SFY) 2021, expenditures on Medicaid accounted for about 38% of Ohio's budget.²

As the payor of healthcare services for nearly three out of every 10 Ohioans, Medicaid can be leveraged to make large-scale policy changes that improve health, advance equity, and lead to sustainable healthcare spending.

Since the COVID-19 pandemic began in March 2020, enrollment in, spending on and federal funding for Ohio Medicaid have increased significantly. Drawing from the foundational information provided in HPIO's *Ohio Medicaid Basics 2021* policy brief, this fact sheet provides information on:

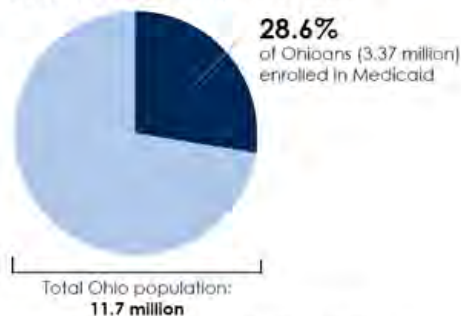
- Changes to Medicaid due to the COVID-19 pandemic
- Enrollment changes during the COVID-19 pandemic
- Ohio Medicaid spending during the COVID-19 pandemic

Changes to Medicaid due to the COVID-19 pandemic

On Jan. 31, 2020, the U.S. Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE)³, allowing the federal government to divert federal funds, personnel and services in response to the COVID-19 pandemic.⁴

Additionally, the Families First Coronavirus Response Act (FFCRA), passed in March 2020, provided states with a 6.2 percentage point increase in their federal share of Medicaid funding. This increase, which amounts to approximately \$300 million per quarter, is in effect until the end of the quarter in which

Figure 1. Estimated percent of Ohioans enrolled in Medicaid, March 2022



Sources: HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure Dashboard (accessed April 11, 2022) and U.S. Census Bureau, American Community Survey.

the PHE expires.⁵ The increase in the federal share of Medicaid funding is contingent on a "maintenance of eligibility" (MOE) provision in the FFCRA, which prohibits state Medicaid programs from terminating coverage for current enrollees or changing eligibility criteria or requirements during the PHE.⁶

The federal government has announced that it will provide states 60 days' notice prior to the end of the PHE.⁷ On April 12, 2022, the federal government renewed the PHE, meaning that it will be in effect through mid-July 2022.⁸

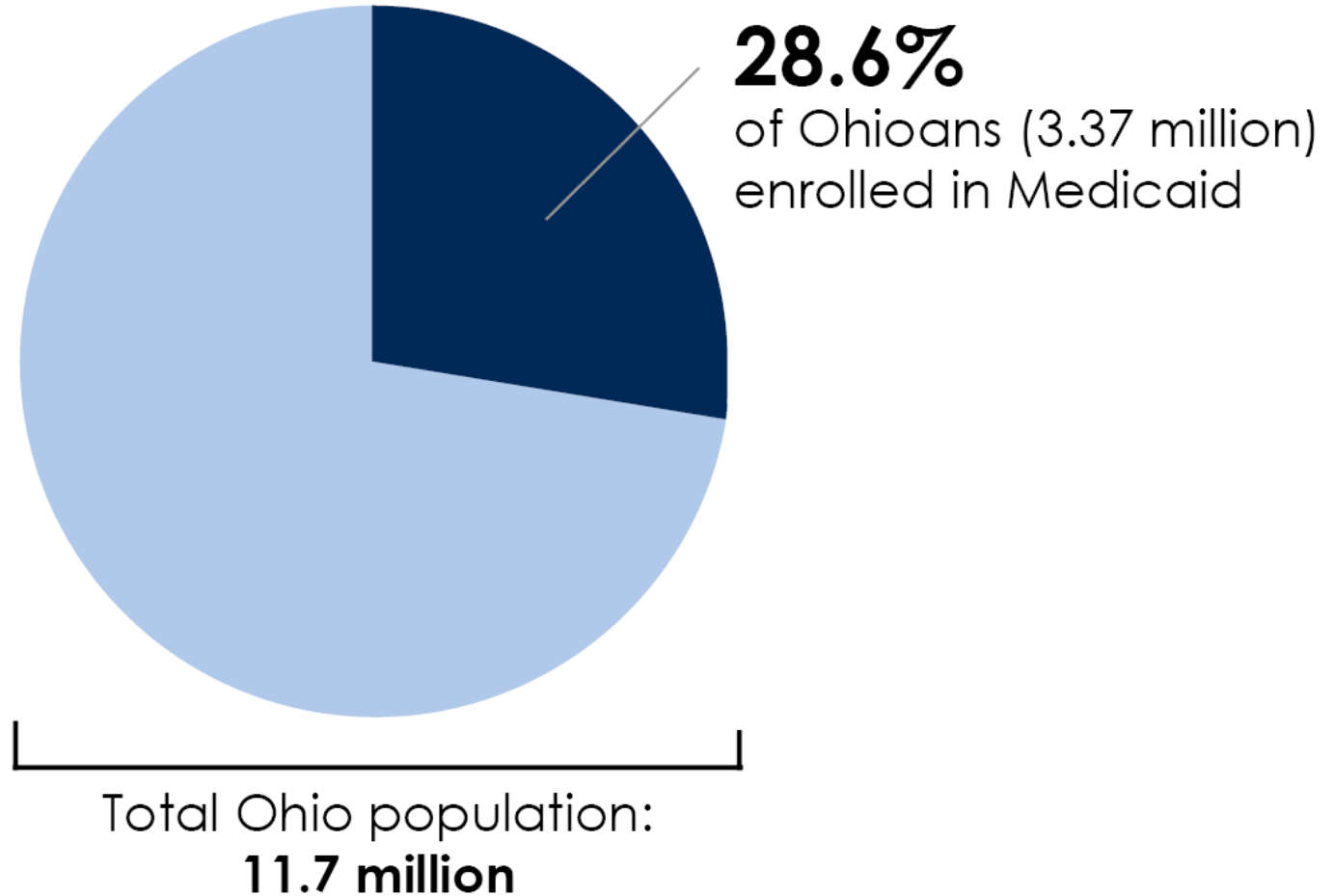
Redetermination and renewal on the horizon

Once the PHE expires, the Ohio Department of Medicaid (ODM) is responsible for conducting redeterminations of Medicaid eligibility for the 3.37 million enrollees in Ohio to assess whether or not enrollees still meet eligibility requirements.

Guidance from HHS gives states up to 12 months after the end of the PHE to complete eligibility redeterminations, as well as renewals, pending applications and all other eligibility and enrollment actions.⁹ However, Ohio state law creates a shorter

Medicaid enrollment in Ohio

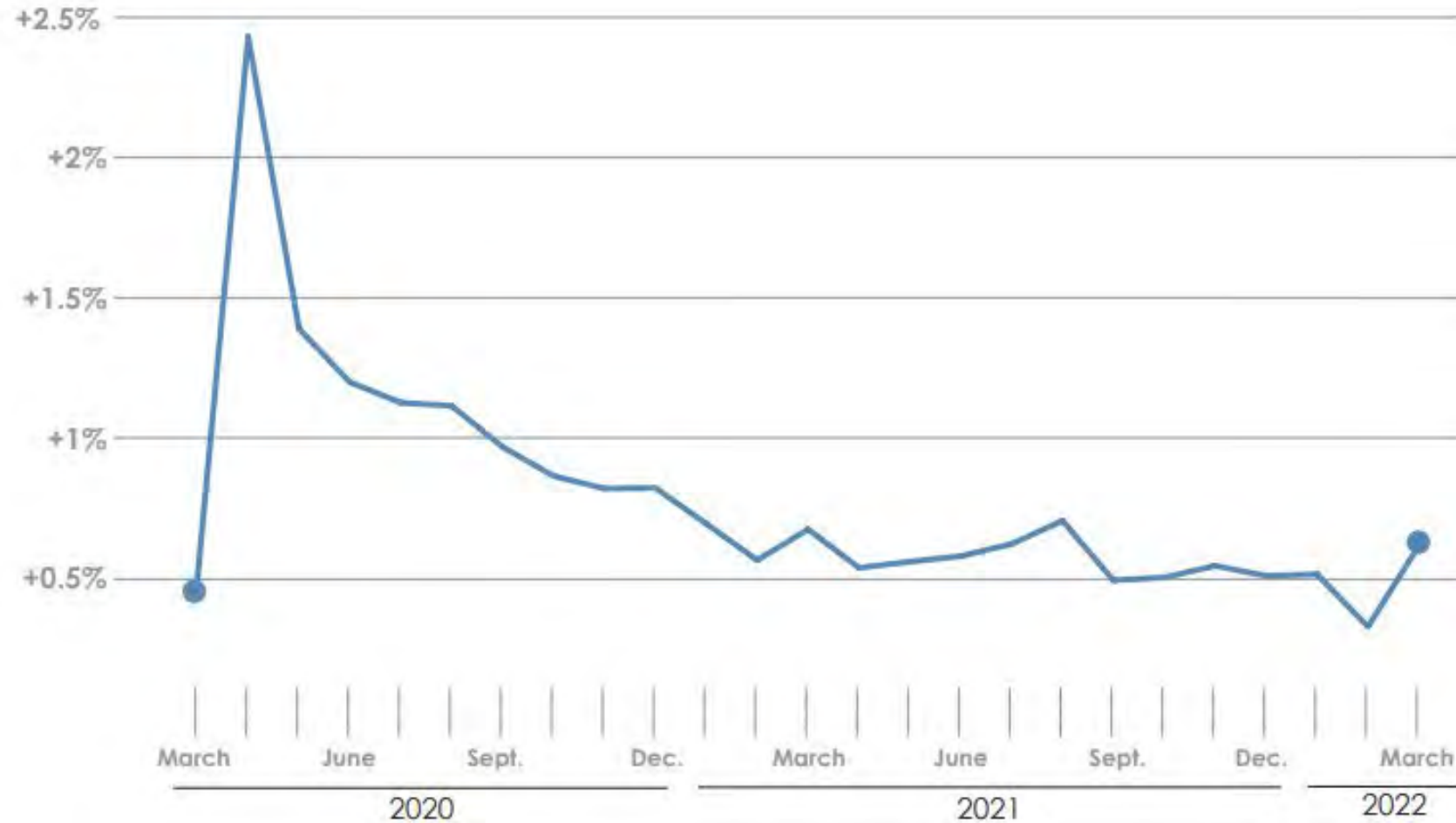
Estimated percent of Ohioans enrolled in Medicaid, March 2022



Sources: Health Policy Institute of Ohio "Ohio Medicaid Basics Update: Trends in enrollment and expenditures during the COVID-19 pandemic." Data from Ohio Department of Medicaid

Medicaid enrollment change in Ohio

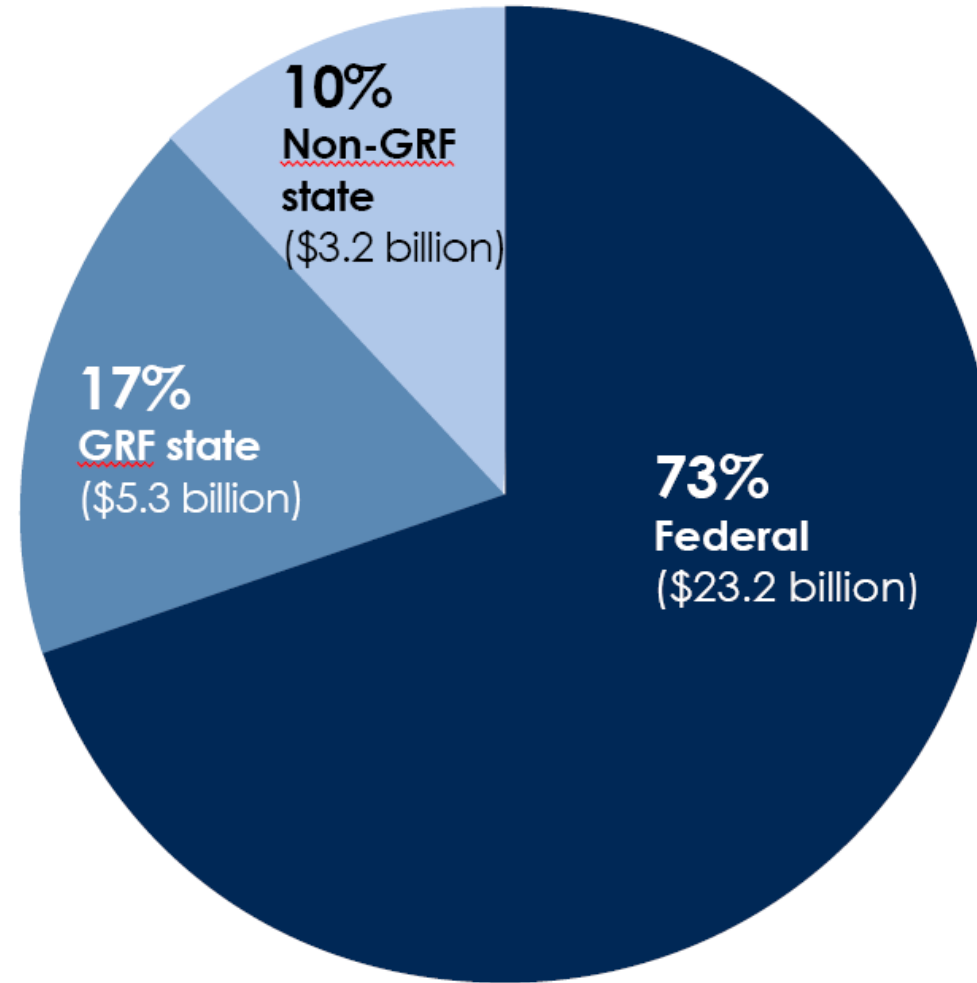
Percent change in Ohio Medicaid enrollment by month, March 2020 to March 2022



Sources: Health Policy Institute of Ohio "Ohio Medicaid Basics Update: Trends in enrollment and expenditures during the COVID-19 pandemic." Data from Ohio Department of Medicaid

Medicaid spending in Ohio

Ohio Medicaid spending, by revenue source, SFY 2021



Sources: Health Policy Institute of Ohio "Ohio Medicaid Basics Update: Trends in enrollment and expenditures during the COVID-19 pandemic." Data from Ohio Legislative Services Commission



What's on the horizon for Ohio Medicaid?

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Health Emergency

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Learning objectives

As a result of this forum, participants will...

- Have increased awareness of upcoming changes to Ohio's Medicaid program as part of the upcoming launch of the "Next Generation of Ohio Medicaid Managed Care" on July 1, 2022.
- Have increased awareness of challenges Ohio's Medicaid program and county Job and Family Services offices will face when the Public Health Emergency ends
- Understand how Managed Care Organizations (MCOs) are promoting health equity for Ohio Medicaid enrollees.
- Be informed of best practices to strengthen the Medicaid program.
- Be equipped to educate and communicate with policymakers about the value of the Medicaid program and on strategies and policy options that improve outcomes for enrollees.



Download slides and resources from today's forum
on the event page at

<http://bit.ly/HPIOevents>

Maureen Corcoran
Director
Ohio Department of Medicaid

HPIO Medicaid Forum

May 3, 2022

Maureen Corcoran, Director

Ohio Department of Medicaid

Agenda

- ‘Unwinding’ from the Public Health Emergency (PHE)
- Ohio’s Next Generation of Managed Care Program
 - Ohio Medicaid Enterprise System (OMES)
 - July 1st OhioRISE & Staggered Implementation
- Closing/Questions?

'Unwinding' from the PHE

Federal Public Health Emergency: Enhanced FMAP, Flexibilities and Conditions

Temporary Authorities to Sunset

Temporary authorities adopted by states to respond to the PHE are scheduled to **automatically sunset** upon termination of the PHE or another specified date.

Increase in Federal Medical Assistance Percentages (FMAP)
Effective **January 1, 2020**, states may claim a **6.2 percentage point increase** in FMAP if they meet certain requirements.

Additional Corona Relief and American Rescue Plan Act (ARPA) Funding

Ohio Medicaid directly **provided approx. \$475m in additional funding** to hospitals and other Medicaid providers.

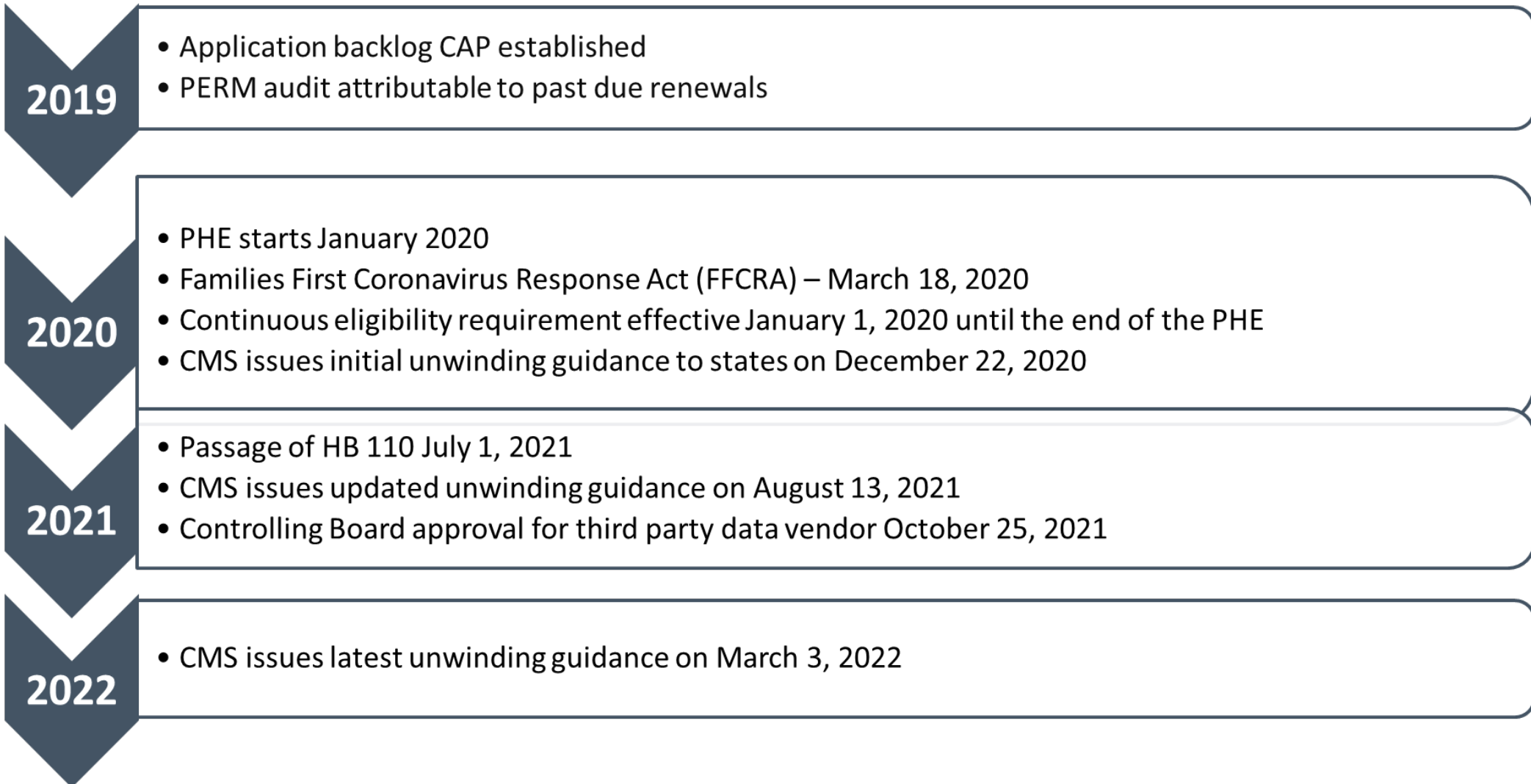
Unwinding



After the PHE Ends

The state will need to **process the backlog** of pending COVID-related eligibility and enrollment actions & undo the flexibilities.

Historical Timeline



PHE: Timeframes

- Current PHE was renewed on 1/6/22. Subsequent 90-day PHE renewal dates are:

PHE Expiration or Renewal Dates	60 Day Notice of Non-Renewal of PHE & ODM Start Unwinding
4/16/22	RENEWED
7/15/22	Likely: on ~5/16 states will be notified that the PHE will end on 7/15
10/13/22	8/14/22

- ODM will start eligibility unwinding activities 60 days before the PHE expiration date
- If end of PHE is 7/15, begin unwinding on 5/16

Goals & Principles: Ohio's Plan

- ODM and county partners will work together to redetermine individuals as required, after the PHE ends --as quickly as possible-- balancing the directives of HB 110 and federal requirements to the best of our ability.
- Keep eligible individuals enrolled and reduce churn.
- Identify those 'most likely to be ineligible; prioritize the processing of these cases and assist, as possible, the transition to other coverage.
- Make efficient, accurate decisions within prescribed timelines *and*
- Achieve a sustainable renewal schedule.
- Maintain timeliness with new applications and change of circumstance; as well as SNAP and other county responsibilities.
- Comply Ohio CAPS and state/federal law and CMS requirements.

Components of Unwinding Plan

- Forward date renewals for anniversary **month**.
- **Each month ODM:** Run ex parte process on past-due renewals and pending renewals.
- If ex parte renewal is successful-notify the individual of renewal.
- If ex parte renewal not successful- begin manual process (mail forms & renewal packet) and provide fallout to data analytics vendor to test “likeliness of INeligibility”
- **Each month CDJFS:**
 - Caseworker can use data from likely eligible to conduct administrative ex parte
 - If likely ineligible (vendor findings & individuals previously found ineligible), caseworker will process priority cases (request info, use PCG info as lead, but must verify in order to terminate)
 - » Maintain processing of new applications.
- Data cannot be older than 3 months to be actionable
- Maintain processing of renewal fallout cases

We know that any confusion or questions causes people to ask their providers for guidance or call the counties. We need your help.

→ ODM is committed to working with stakeholder associations to keep them apprised and get their input

Next Generation

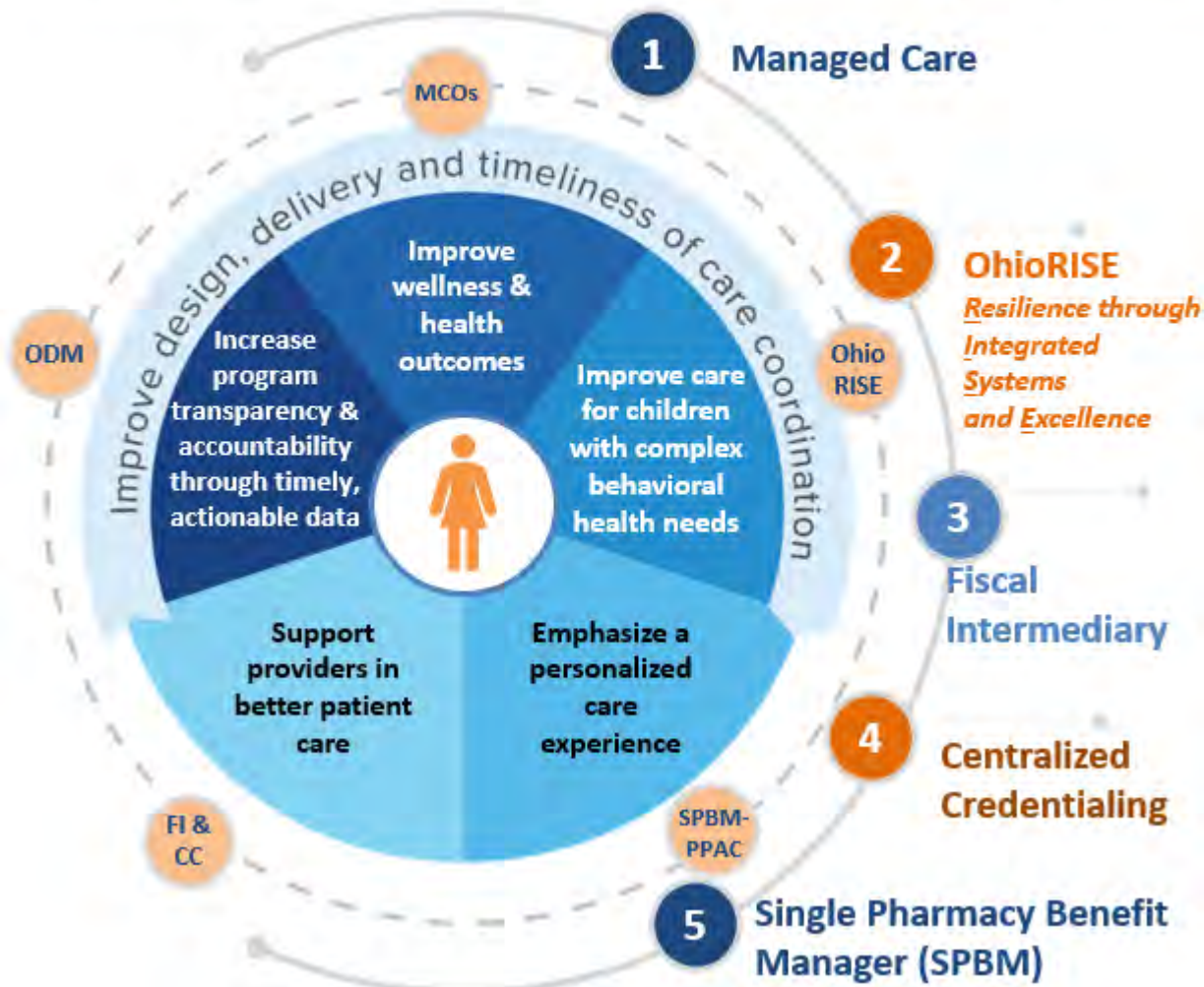


“Next Generation” of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.

“Next Generation” of Managed Care in Ohio

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Ohio Medicaid's Next Generation Managed Care Entities (MCEs)



OhioRISE
Aetna Better Health® of Ohio

Single Pharmacy Benefit Manager (SPBM)



gainwell
Gainwell Technologies



AmeriHealth Caritas
Care is the heart of our work
AmeriHealth Caritas Ohio, Inc.



Anthem
Anthem Blue Cross and Blue Shield



buckeye health plan.
Buckeye Health Plan



CareSource
CareSource Ohio, Inc.



Humana
Humana Health Plan of Ohio, Inc.



MOLINA HEALTHCARE
Molina Healthcare of Ohio, Inc.



UnitedHealthcare
Community Plan
United Healthcare Community Plan of Ohio, Inc.

Managed Care Provider Agreement Changes: Themes



**Where does Ohio Medicaid Enterprise System (OMES)
fit into the Next Gen program?**

What is OMES?

OMES will be the **modernized replacement** of most functionalities in the Medicaid Information Technology System (MITS) and other supporting systems. OMES is made up of all the systems that are used in the delivery of Medicaid services.

How is OMES related to ODM's Strategic Initiatives?

OMES encapsulates all new modules and can be thought of as a **"gear."** The various modules and components, including some of ODM's strategic initiatives, are the pinions or **smaller gears**.

OMES and the Next Generation Ohio Medicaid Program

Single Pharmacy Benefit Manager (SPBM)

This module will help ODM administer Ohio Medicaid's prescription drug program.

Pharmacy Pricing Auditing Consultant (PPAC)

The PPAC will support ODM and SPBM in pharmacy program oversight and auditing.

Centralized Credentialing

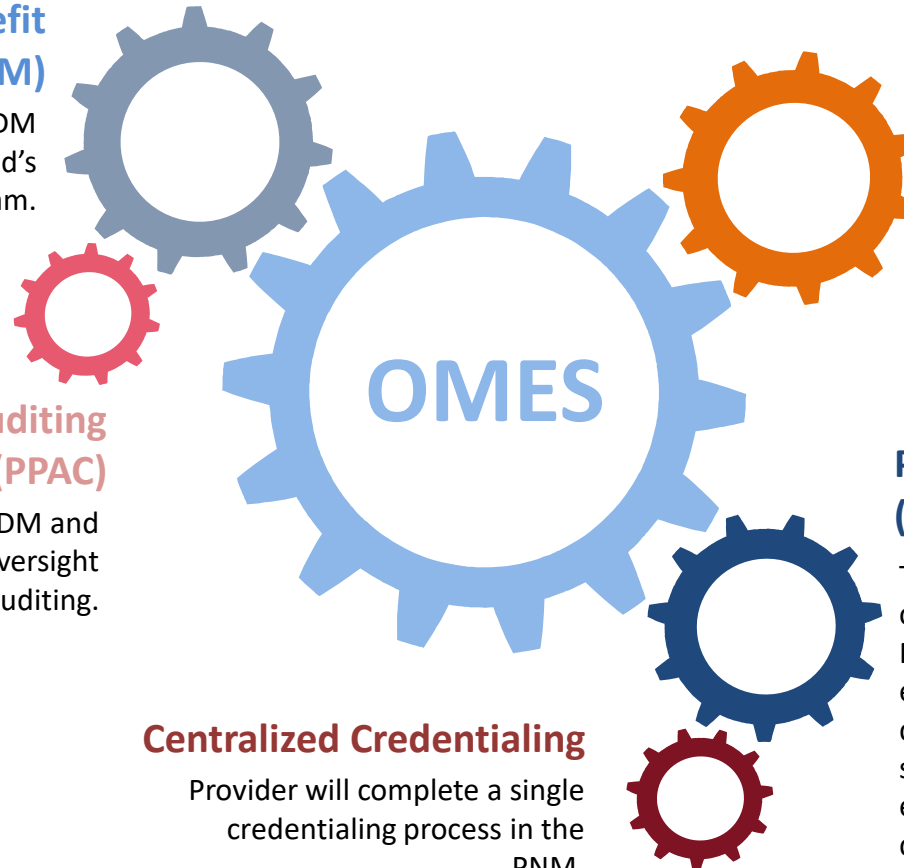
Provider will complete a single credentialing process in the PNM.

Fiscal Intermediary (FI)

The FI will serve as a single point of entry for all provider claims and prior authorization requests.

Provider Network Module (PNM)*

The PNM will facilitate provider credentialing for all MCOs. The PNM will receive provider enrollment applications, contain demographic information self-service management, and enhance a more robust provider directory to include MCP affiliation/network.



*PNM is the portal used to facilitate the Centralized Credentialing process.

July 1st OhioRISE & Staggered Implementation

Path-to-Launch Plan Summary

Staggered Implementation Approach | Next Generation of Ohio Medicaid

Goals

- Ensure no disruption in members' care, continue through transition
- Ensure ample time and stability for providers to test and adapt operations
- Ensure a collaborative, successful, and sustainable MCO implementation

Context

- Testing
- Readiness
- Unwinding the PHE: July 15th ...May 16th begin
 - Programmatic flexibilities
 - Reinstate renewal processes

Path-to-Launch Plan Summary

Staggered Implementation Approach | Next Generation of Ohio Medicaid

Next Generation Go-Live begins on July 1, 2022

MCE Rollout / Roadmap

- **Stage 1:** OhioRISE live on July 1, 2022 to meet immediate needs of children and families.
- **Stage 2:** Centralized Provider Credentialing goes live October 2022 to lessen the administrative burden on providers and increase time available to deliver services to members.
- **Stage 2:** Single Pharmacy Benefit Manager (SPBM) goes live in October 2022 to provide a transparent single pharmacy service and network across all plans and members.
- **Stage 3:** Complete the OMES implementation and full MCO cutover in 4th quarter 2022 to fulfill the vision.

OhioRISE is underway...

Full implementation of OhioRISE is well underway. Since selecting Aetna Better Health of Ohio as our OhioRISE managed care partner, milestones we've met include:

- Selection and launch of a statewide network of community-based Care Management Entities (CME)
- Transition grant funding made available to CMEs and MRSS providers (Mobile Response and Stabilization Services) to launch new OhioRISE services and support provider and workforce development
- Enhancements introduced to intensive home-based treatment (IHBT)
- The design and build of the child assessment tool (Child and Adolescent Needs and Strengths) information technology platform – on target for a May deployment. Each child will only need to have one assessment that will be used for a variety of purposes, rather than multiple assessments.
- Completion of two extensive community and provider trainings sessions supporting more than 1,650 participants.
- Preparation for CMEs to begin providing early services in June to a priority subset of MSY youth, youth in the child protection system.
- The OhioRISE Advisory group and workgroups continue regular and ongoing work
- OhioRISE is on track for a July 1 go-live of the full program and services.

OhioRISE Update

Staggered Implementation Approach | Next Generation of Ohio Medicaid

OhioRISE – Kids and Families at Center of Implementation Approach

Underway Now

- Care Management Entities (CMEs, 20 ‘catchment’ areas statewide)
- Started enhanced intensive home-based treatment (IHBT) on 3/1/22
- \$25m transition grants to support providers’ readiness and workforce development

7/1/2022 Program – Go As Planned

- CMEs fully functional, provide care coordination → new wraparound model, person level, tiers
- Start all new services (mobile response, BH respite, flex funds, new waiver services)
- 1915c waiver: new eligibility and services to prevent custody relinquishment
- Based on a year of Next Gen implementation work, integrate and coordinate w/current MCOs
 - Will amend current MCO Provider agreement to ensure OhioRISE needs are met
- Work toward program goals: improve BH outcomes and family satisfaction, reduce out of home and out of state placements, reduce moves between foster homes, reduce juvenile justice recidivism



Continue grounding and growing the system of care, focusing on community-based services

Prevent Custody Relinquishment

Unwinding: Member Contact Information

Ohio Medicaid Member Contact Information Update

Member Transition & Enrollment

The most important action for Ohio Medicaid members right now is to update their contact information to make sure they do not miss any information about the next generation of Ohio Medicaid

Members Have Three Options to Update Their Contact Information



Call (844) 640-6446. After selecting the option for their preferred language, they should select option 2 and will be prompted to enter their zip code



Individuals with an existing Self-Service Portal (SSP) account can **report changes online at <https://ssp.benefits.ohio.gov>**. After logging in, they should click the Access my Benefits tile, then click Report a Change to my Case from the drop down and follow the prompts



Contact their County Department of Job and Family Services (CDJFS). Ohio Medicaid members can find their CDJFS by viewing the County Directory at https://jfs.ohio.gov/County/County_Directory.stm

Contact Information Includes:

- Name
- Residential Address
- Mailing Address (if different than residential address)
- Phone Number (cell and landline, if applicable)
- Email Address

Closing/Questions?

Panel discussion

Medicaid as a vehicle for health equity

Panel discussion

Moderator

Loren Anthes, Senior Fellow and William C. and Elizabeth M. Treuhaft Chair for Health Planning, The Center for Community Solutions

Panelists

- **Corazon Eaton**, Director of Health Equity, Buckeye Community Health Plan
- **Christina Kalnicki**, Director Population Health, OhioRISE, Aetna
- **Patricia Lyons**, Market Health Equity Program Director, AmeriHealth Caritas of Ohio
- **Kate Tullio**, Director of Health Equity, CareSource Ohio

Questions

Rachel Cahill

Visiting Fellow

The Center for Community Solutions

Health Policy Institute of Ohio Forum
What's on the horizon for Ohio's Medicaid program?
May 3, 2022

Navigating the Medicaid Eligibility & Redetermination Process

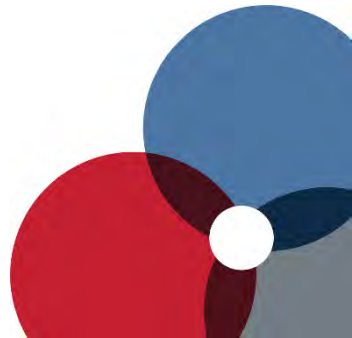
Rachel Cahill, MPA

Visiting Fellow, Center for Community Solutions

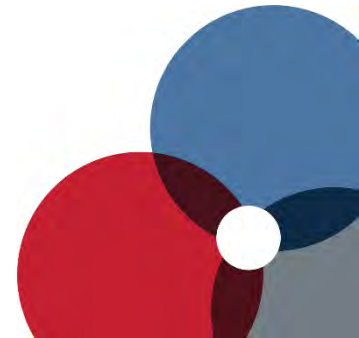


Presentation Overview

1. Medicaid and SNAP caseload changes during the pandemic
2. Counties are already experiencing high call volumes
3. End of federal public health emergency (PHE) will impact SNAP too
4. Expected surge in volume for county call centers; Limited utility of online options
5. Ways to minimize risks to access and integrity across programs

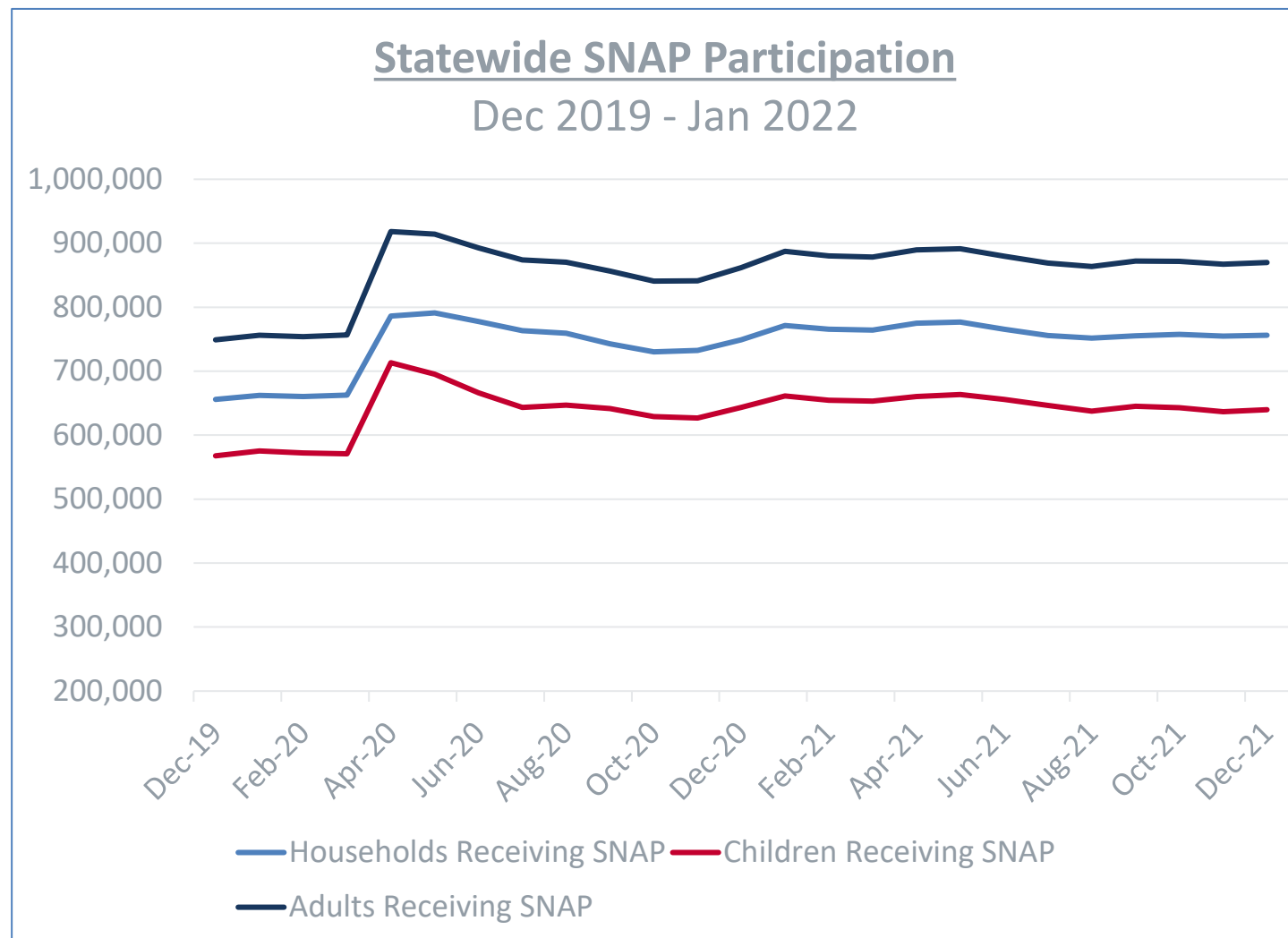


Medicaid & SNAP Recipients are People



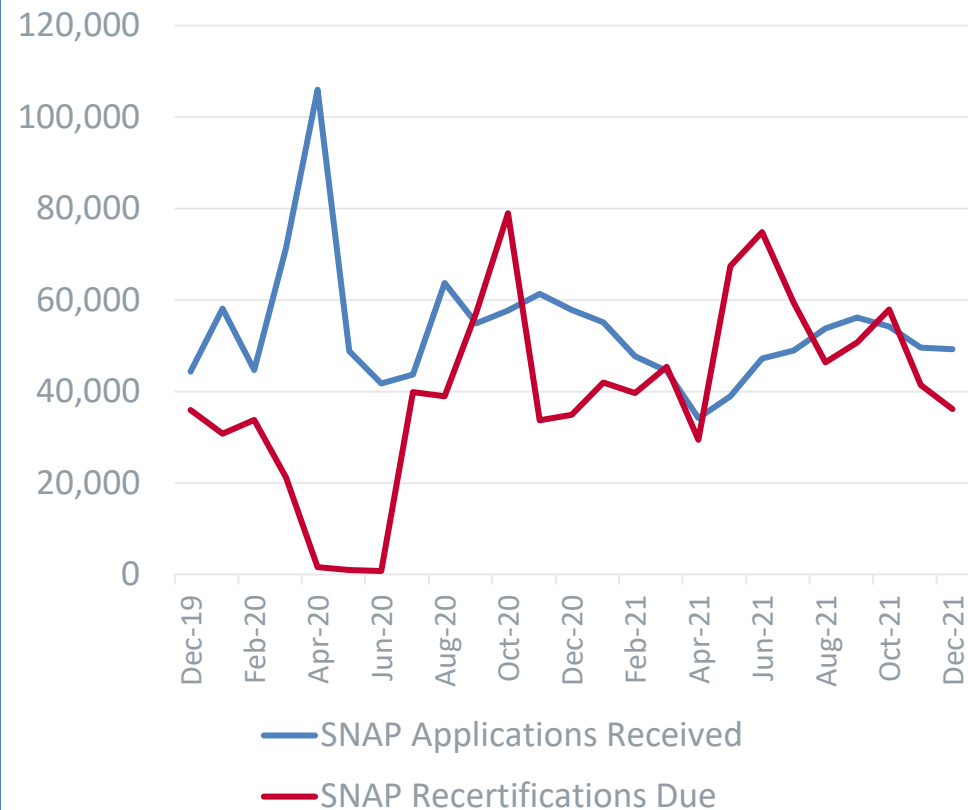
Medicaid vs. SNAP Caseload Changes

- Throughout the pandemic, Medicaid had a continuous coverage provision, but SNAP did not.
- Between January 2020 and January 2022, Medicaid participation increased ~20% vs. 13% increase for SNAP
- SNAP caseload remained relatively steady after initial pandemic spike
- Need for assistance remains elevated

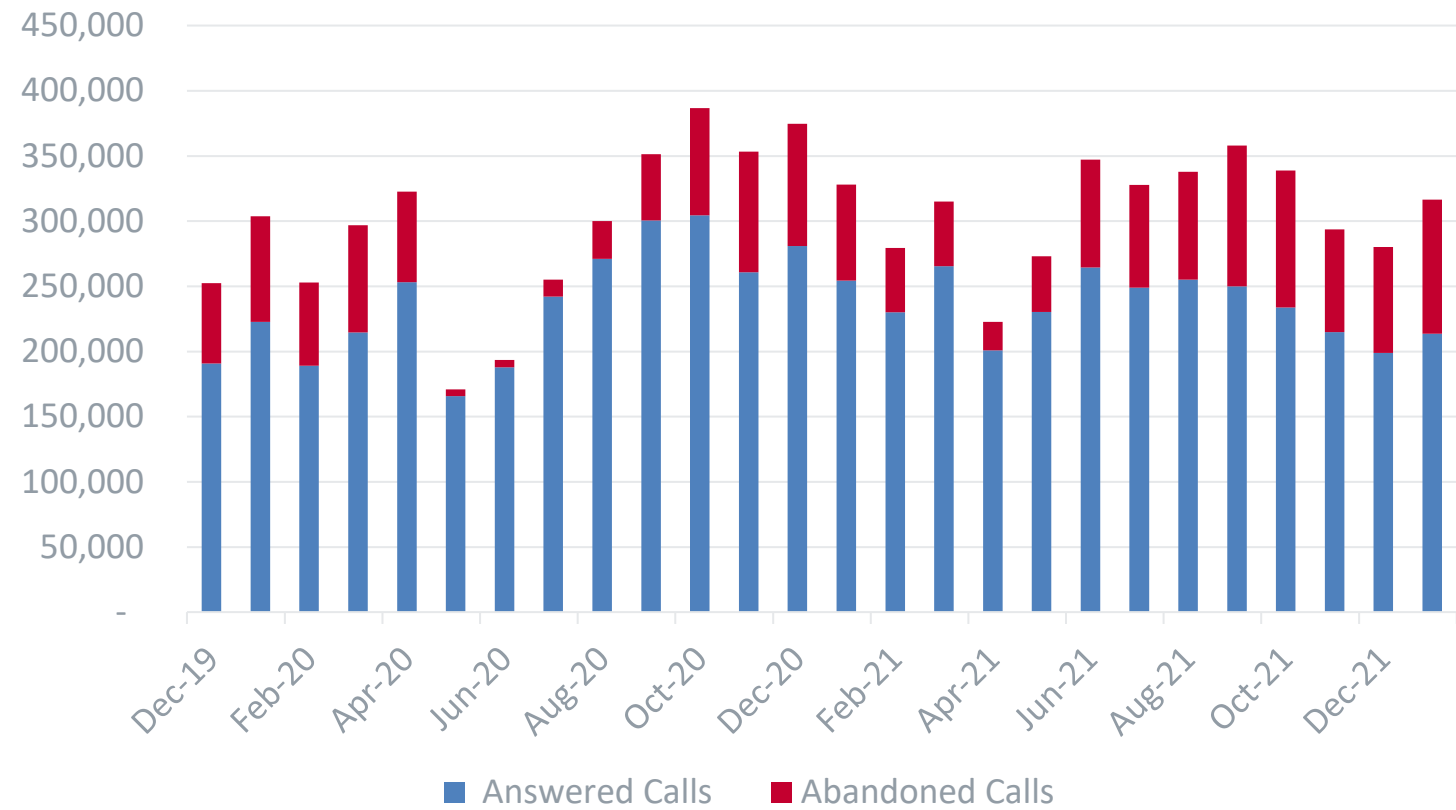


SNAP Renewal Workload Fluctuations Contributed to High Call Volume

SNAP Applications Received vs. Recertifications Due
Dec 2019-Dec 2021

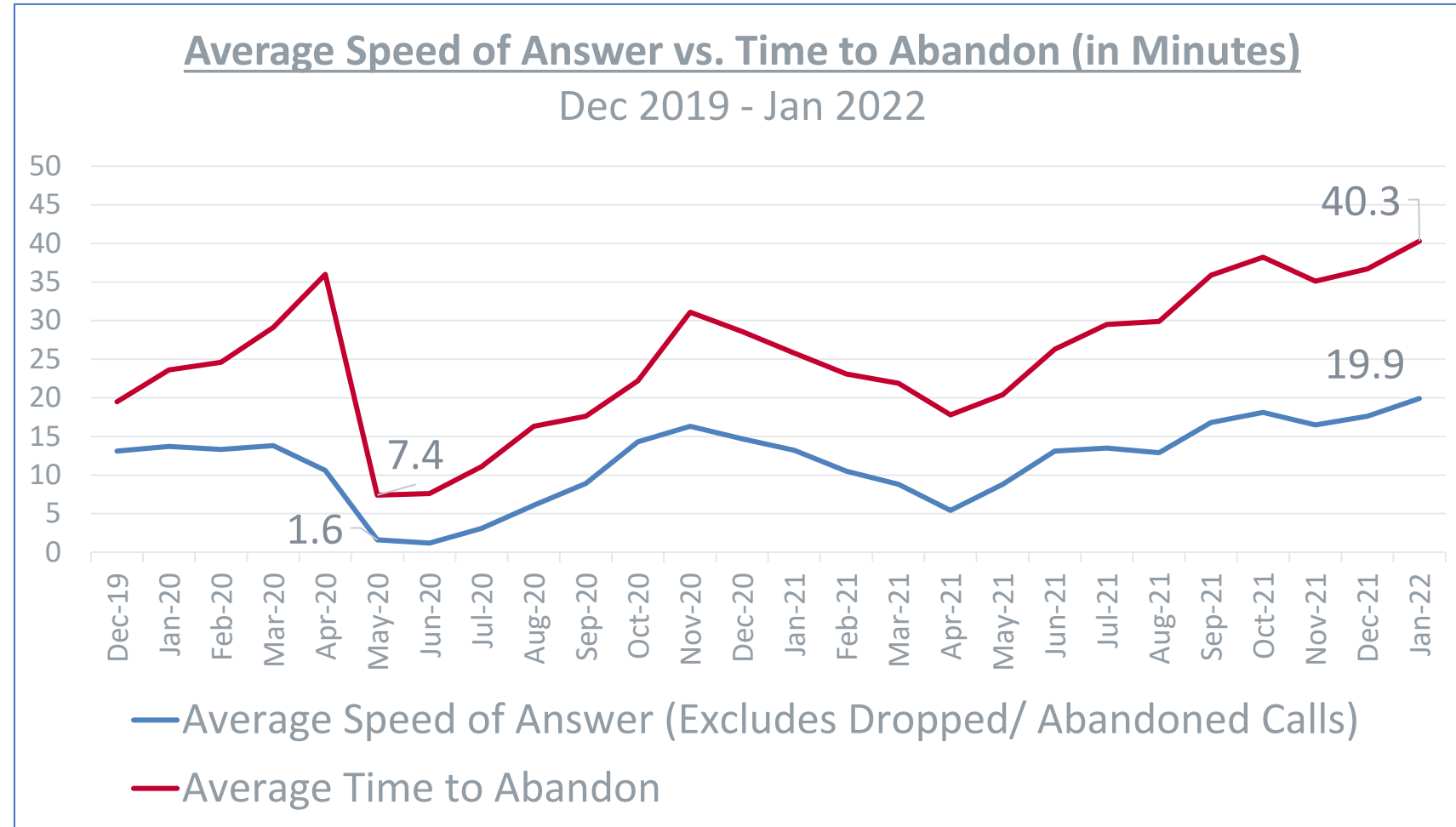


County Shared Services Call Centers
Answered vs. Abandoned Calls
Dec 2019 - Jan 2022

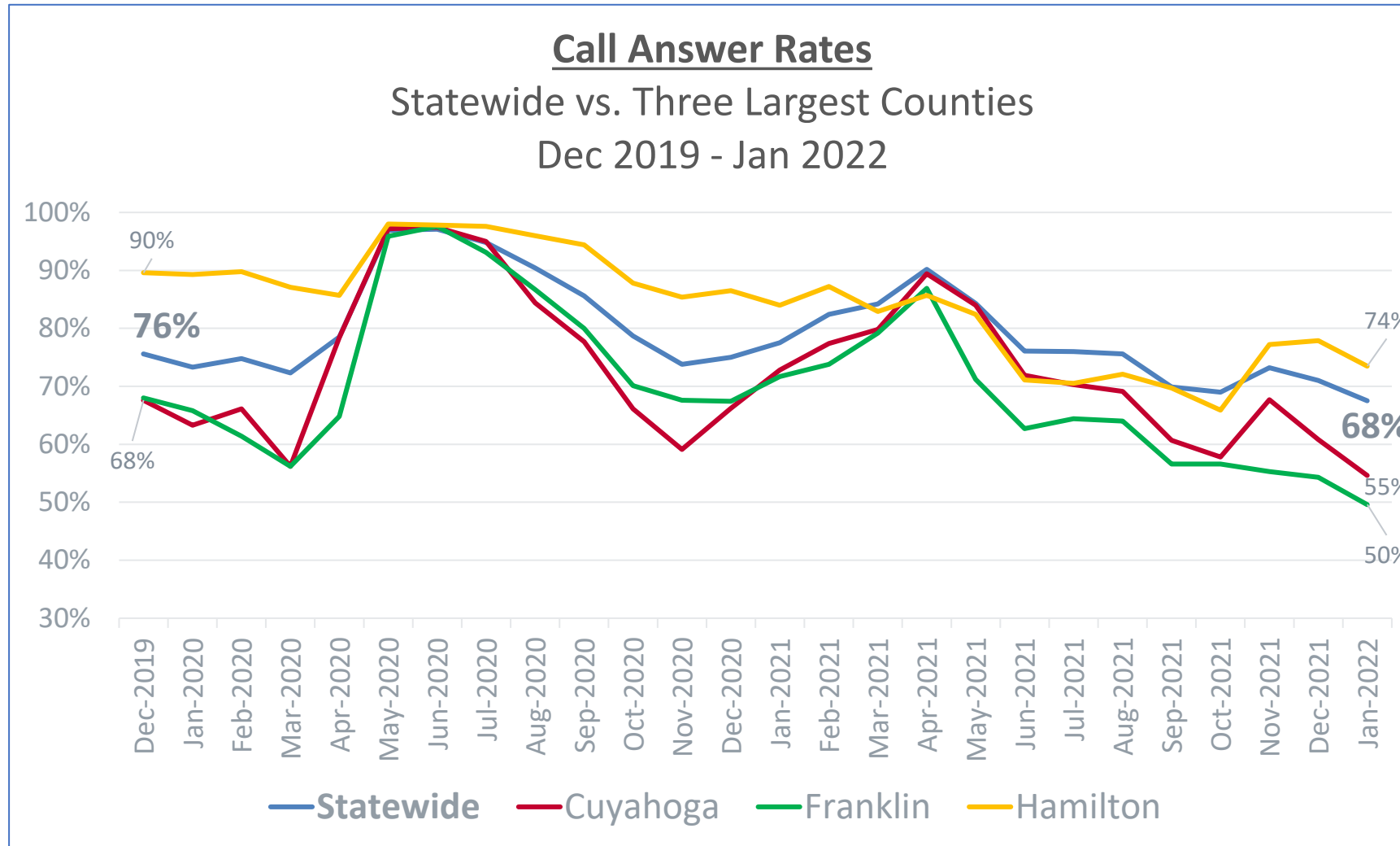


Call Center Wait Times Rose Between April 2021 and January 2022

- **Average Time to Answer** = Wait times for callers able to get through
- **Average Time to Abandon** = Wait times for callers who have to give up (or are disconnected) before getting through.
- **Average Time to Abandon = better measure of Access**



Call Answer Rates Declined Between April 2021 and January 2022



- Call Answer Rate = % of callers who get through to a worker
- SNAP has mandatory interviews, so no other options to comply
- This is while Medicaid redeterminations are on hold
- ***What will happen when PHE ends?***

Limited Utility of Online Portal = More Calls



**Access my Cash, Food,
Medical, or Child Care
Assistance**

Access will be granted upon log in.

- Ohio Benefits Self-Service Portal (SSP)
- Built in 2013 for ACA Implementation
- First meaningful update occurred in January 2022; Now mobile friendly + accepts verification photos from phones
- Important changes still needed; Lack of trust from Ohioans because of past experiences
- **Calling counties remains necessary for customers for most required actions**
- *For more information, see our [recent blog](#)*

When PHE Ends...Impact on SNAP Allotments



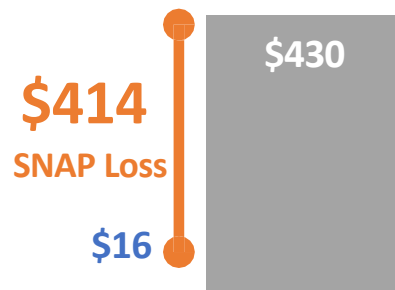
Older Adult



Pre-Pandemic With Emergency Benefits



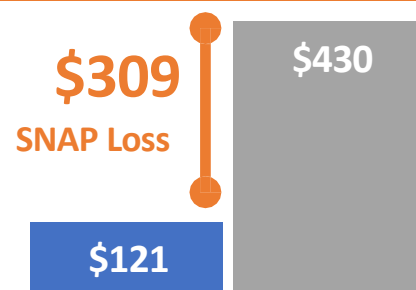
Married Couple



Pre-Pandemic With Emergency Benefits



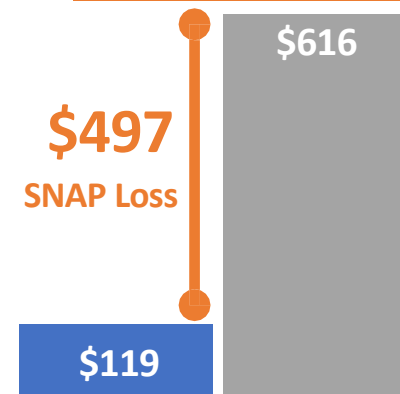
Older Adult & Disabled Adult



Pre-Pandemic With Emergency Benefits



Older Adult & 2 Grandchildren



Pre-Pandemic With Emergency Benefits

When PHE Ends...

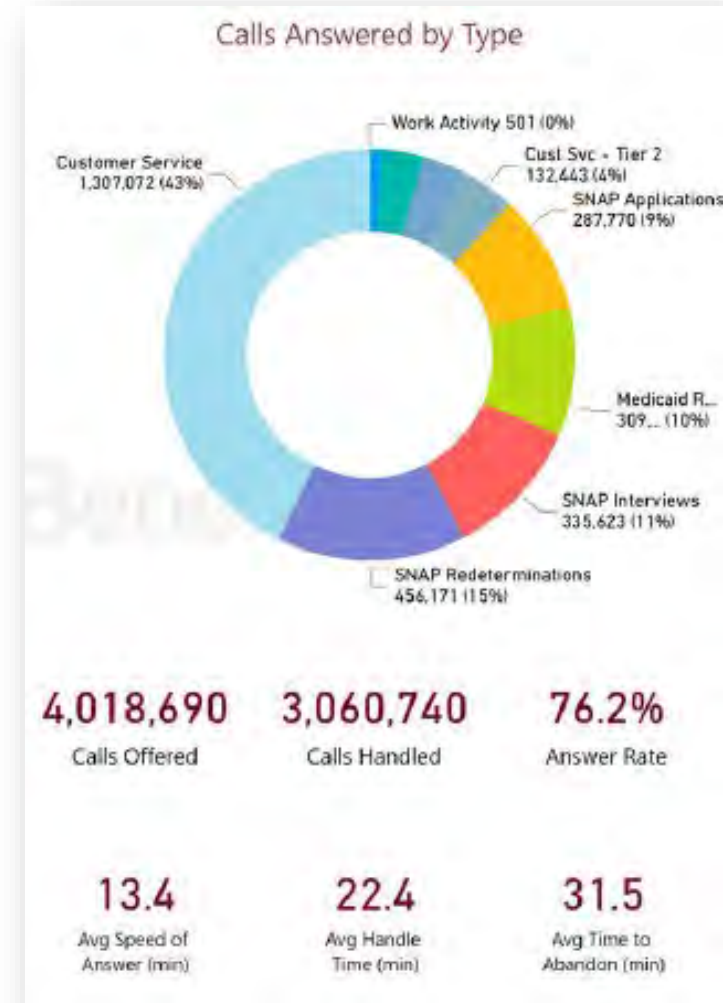
Potential Impact of 3rd Party Vendor Contract

- Households flagged by ODM's data vendor as "likely ineligible" and then prioritized by counties will generate large volume of "Request for Contact" notices
- If beneficiaries do not receive and/or respond very quickly, Medicaid and other benefits could be terminated, even when individuals are still eligible
- Case closures will likely lead to high rates of new applications and appeal requests
- ***Counties need full access to data details from ODM's vendor, including data date stamps.*** Older data can't be used for SNAP.

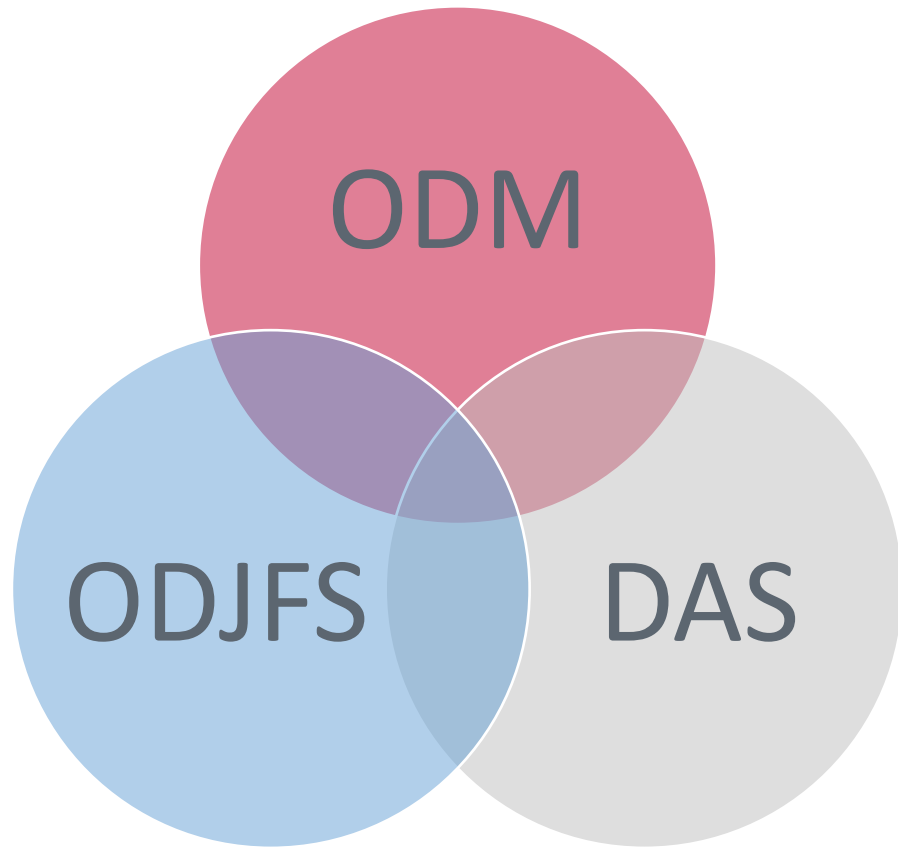


When PHE Ends...Impact on Call Volume

- From January 2021 – January 2022, County Call Centers received 4+ million calls, and answered 76% of them
 - Medicaid Renewals only accounted for 10% of that call volume
- Now imagine when large % of 3+ million Medicaid recipients calls AND 800K+ SNAP households who lost benefit \$\$...
- **Counties have a MATH problem, not an EFFORT problem!**



Closing Thoughts



- Ohio needs high-level coordination on policy and technology levers in SNAP & Medicaid that can be pulled if necessary (e.g. SNAP waivers)
- Counties, community assisters, and legal aid programs will likely need additional resources to increase capacity
- Stakes are high – Inaccessible call centers will negatively impact integrity of all JFS programs (child care, OWF, refugee assistance, etc.)

Thank you!

Rachel Cahill

rachel@rcahillconsulting.com



Jim Ashmore
Policy Director
Ohio Job and Family Services
Directors' Association

MEDICAID 'UNWINDING'

What We Know:

- Medicaid unwinding will happen
- It will be difficult for all involved

MEDICAID 'UNWINDING'

What We Don't Know:

- When
- How many will be negatively impacted
- What the impact will be in the future

THE BLADE EDITORIAL BOARD

April 21, 2022:

“Emergencies can’t last forever. That’s why they’re called “emergencies.” But federal and state governments must carefully move to a new normal that doesn’t revert to another crisis for the nation’s most vulnerable people.”

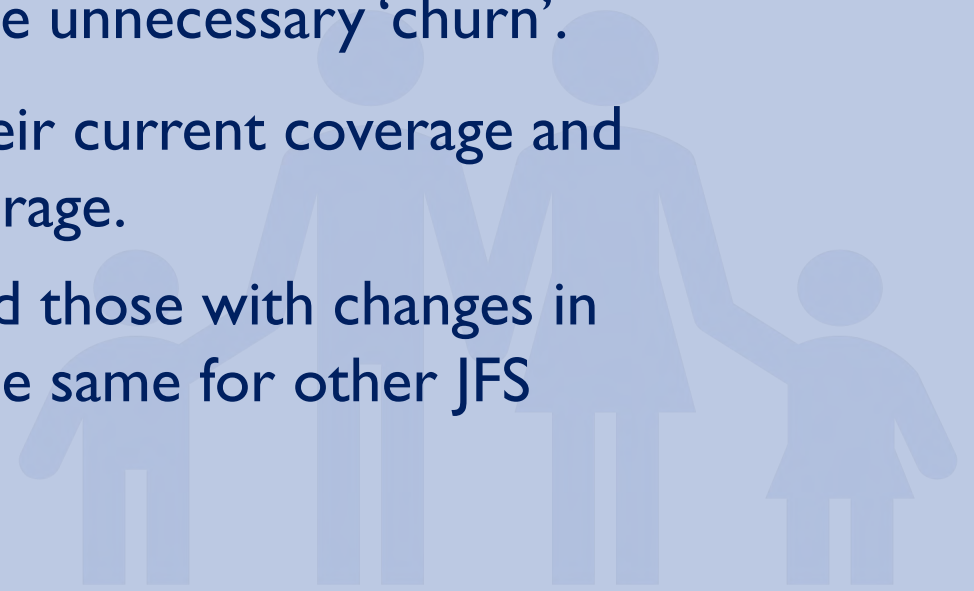


Official unwinding activities will begin 60 days prior to the public health emergency expiration date.

If the PHE ends on July 15th, unwinding begins on May 16th.

OHIO'S PLAN

- ODM and county partners will work together to efficiently redetermine eligibility, balancing state and federal requirements.
- Keep eligible Ohioans enrolled and reduce unnecessary 'churn'.
- Identify those most likely ineligible for their current coverage and attempt to transition them to other coverage.
- Maintain timeliness for new applicants and those with changes in their circumstances....while also doing the same for other JFS services such as SNAP and TANF.



How will it happen?

- **Enhancements to the Ohio Benefits system have improved ex parte renewal rates, avoiding unnecessary person to person eligibility reviews for Medicaid.**

Note: Still necessary for SNAP

- **Provide data to analytics vendor to test for ‘likeliness of ineligibility’**
- **Tremendous amounts of hard work by county and State staff**

What are the challenges?

- **Staffing**
- **Training**
- **Time**
- **Communication**

OTHER THINGS TO CONSIDER

- **Regardless of the planning, this WILL be messy!**
- **Already overwhelmed staff will be stressed and many may choose a different career path**
- **Impact on other programs, notably SNAP**
- **State Hearing requests**

Questions

Hemi Tewarson
Executive Director
National Academy
for State Health Policy

Health Policy Institute of Ohio

What's on the horizon for Ohio's Medicaid program? Innovation, equity and unwinding the Public Health Emergency

*Hemi Tewarson, Executive Director
National Academy for State Health Policy*

About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



Our Mission and Vision



Vision

To improve the health and well-being of all people across every state.

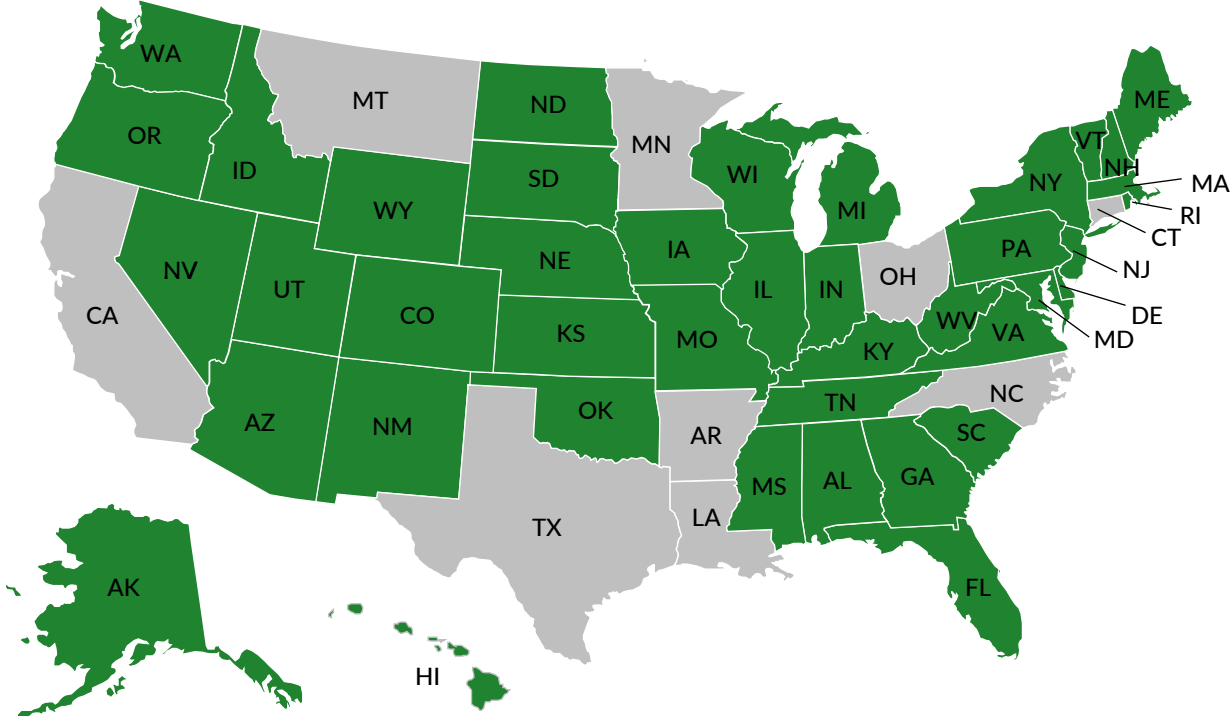


Mission

To be of, by, and for all states by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities, advance high quality and affordable health care, and address health equity.

NASHP Review: 2022 State of the State Addresses

How Many Governors Included Topic in State-of-the-State Address



Aging	4
Behavioral Health	28
Broadband	17
Child Welfare	8
COVID-19	17
Education	37
Equity	9
Food	8
Health Care Costs	7
Health Care Workforce	20
Housing and Homelessness	16
Jobs and Wages	38
Medicaid Coverage and Access	10
Other	39

State Health-Related Priorities in 2022

Health Care
Workforce

Behavioral
Health

Cost and Value
of Health Care

Public Health

Social
Determinants of
Health (SDOH)
and Equity

Social Determinants Of Health and Health Equity

Social Determinants of Health

Medicaid Benefit Design

Leveraging Managed Care

HCBS Funding

Cross-Agency Partnerships

Health Equity

COVID-19 Response

Recovery and Federal Funding

Governance

Data Sharing and Disaggregation

Engagement with Communities

State Examples

California Advancing and Innovating Medi-Cal (CalAIM):

Statewide benefits for addressing social drivers of health

Utilizes the “in lieu of services” authority and 1115 demonstration waiver authority to offer a full suite of health-related services and preventive services addressing SDoH

Massachusetts Risk Adjustment Methodology

Social risk factors incorporated into risk-adjustment methodology for Medicaid Managed Care Organizations and Accountable Care Organizations

Uses Medicaid administrative data and survey data

Goal is to mitigate incentive to limit care or avoid members with greater health needs

Michigan Health Equity Plans

Michigan Medicaid included in their managed care contracts, requirements for measuring and addressing health disparities

Michigan uses a capitation withhold to incentivize managed care plans to address disparities

Public Health Emergency Unwinding

Medicaid Continuous Coverage Requirement:

- 6.2 percentage point FMAP increase during the COVID-19 PHE, dependent on certain maintenance of effort (MOE) requirements
- “Continuous coverage” requirement which prohibited states from terminating individuals from Medicaid coverage
- CMS is allowing up to 14 months to resolve pending eligibility determinations

State Approaches:

Prioritizing
specific
populations

Recruiting and
training an
adequate
workforce

Improving
communications

Strengthening
renewal
processes

Leveraging
partnerships

Public
accountability

Preparing For The End of The PHE: Telehealth

Telehealth Flexibilities

- Licensure requirements
- Payment parity for telehealth and in-person services
- Modalities for delivery (from home, telephone-only, text-based, remote patient monitoring)
- Services and specialties eligible for telehealth (dental, maternity care, behavioral health, and long term services and supports)



State Considerations

- Assessing appropriate modalities of care delivery
- Avoiding creating disparities in standards or levels of access
- Assessing impacts on lowering costs, improving quality of care
- Addressing rapid spending growth, if implementing payment parity
- Impact on provider networks

Thank you!

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Questions

Panel discussion

Medicaid as a vehicle for health equity

Panel discussion

Moderator

Amy Rohling McGee, President, Health Policy Institute of Ohio

Panelists

- **Angela Abenaim**, Anthem Blue Cross & Blue Shield Health Equity Director, Ohio Medicaid
- **Ericka King-Betts**, Director of Health Equity, Humana Health Plan of Ohio
- **Shelly Milvet**, Director of Population Health, United Healthcare Community Plan of Ohio
- **Nathan Reiter**, Director of Health Equity & Cultural Competency, Molina Healthcare of Ohio

Questions

Poll Question



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host



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Thank you