

OHIO CONSUMERS FOR HEALTH COVERAGE POLICY PRIORITIES FY 2012-13

Ohio Consumers for Health Coverage supports robust implementation of the Patient Protection and Affordable Care Act (ACA) in Ohio, making policy and design decisions appropriate for Ohio. Ohio Consumers for Health Coverage supports Ohio taking advantage of opportunities under ACA to bring federal funding and resources to Ohio for implementation. Ohio Consumers for Health Coverage supports an institutionalized voice of diverse consumer interests in design, monitoring and evaluation of programs.

Medicaid – Make Improvements to Improve Care and Lower Costs

Maintain Current Eligibility and Services

- Maintain current Medicaid eligibility levels and benefits to ensure continued maximization of federal Medicaid match dollars
- Ensure enrollment and retention of Medicaid-eligible Ohioans into Medicaid, through simplification of enrollment and renewal processes.
- Improve access to comprehensive behavioral health services, by shifting to state responsibility for Medicaid match of behavioral health services and adequate support for community mental health services outside of Medicaid

Transform Ohio Medicaid into an efficient value purchaser of health care that promotes better health, better care and cost savings through improvements in health system performance

- Change Medicaid payment rates to shift dollars from inpatient to outpatient care and reward clinically appropriate care and better outcomes
- Enhance primary care: Adopt the “Patient-Centered Health Home” model to improve access, care coordination and patient self-management of health
- Better Integrate care for people who are dually eligible for Medicare and Medicaid
- Include patients, families and advocates in creating new models of care to ensure better outcomes
- Create transparency and accountability on quality measures and value purchasing
- Increase clinical integrity and cost effectiveness of prescription drug spending

Balance Long-Term Care Spending to Improve Care

- Maximize consumer choice in long term care settings
- Apply for participation in the Balancing Incentive Payment Program to transform Ohio’s system of home and community based services through needed system changes and the infusion of funds for improvements and expansion of HCBS. .
- Adopt Home First and imminent risk provisions in the Ohio Home Care Waiver to increase access to home and community-based waivers
- Pilot project for home and community-based services for people with mental illnesses

- Continue Money Follows the Person (Home Choice)
- Continue Development of Aging and Disability Resource Centers
- Improve access to assisted living

Insurance

Transparency & Notification

- Sixty days notice of the rate increases given to insured persons who are affected.
- The prompt posting of notice on the State’s website that a rate increase request has been filed, regardless of the type of review that is done (i.e. includes prior rate review and “file and use.”). Ohio consumers should have an efficient and effective way to monitor rate increase requests. This should be displayed both chronologically by filing date and categorically by carrier.
- The prompt posting of a consumer-friendly summary of the insurance carrier’s rate increase request, including a description of the factors triggering the rate increase, and all supporting documents that are not confidential.

Public Participation

- Consumers should have access to a public participation process
 - Where consumers have issues regarding affordability, they should have a meaningful opportunity to raise those concerns at a public hearing.
 - Consumers should also have the opportunity to provide written comments challenging proposed rate increases; such comments should be promptly posted on the state website.
- Ohio should require each Insurance company to support its rate increase requests with actual data that justifies the assumptions underlying the rate increase request.
- Ohio should require each insurance company to identify the portion of the rate increase that is attributable to each factor that it cites to justifying the rate increase.
- Ohio should require each insurance company to provide insured individuals and small businesses with notice of a premium increase that describes, in plain language, both the factors triggering the increase and the extent of the increase attributed to each of the factors. These factors will include, but not be limited to, such items as the individual’s or small business’ change in risk position, age progression, claims history, or any other relevant factor.

Exchange:

The competitive health insurance marketplace will give consumers more control, quality choices, and better protections when purchasing health insurance.

In the best interests of consumers we need:

- **Governance by an independent entity** within the state government, operated by a board that includes stakeholder representatives (including consumer representation), as well as experts and key categories of governmental officials.
- A **strong conflict of interest provision** that keeps insurance companies from running the Exchange, with no members affiliated with an insurer, hospital system, or other....
- **Access to a choice of high quality comprehensive health plans**, including plans that are not statewide.
- Use of a plan selection process that will benefit consumers by the **improvement of health system performance**.
- Strategies built into the Exchange to **prevent adverse selection**, including
 - requiring plans sold outside the exchange to follow the same rules as those inside the Exchange.
 - requiring insurance companies that sell in and out of the Exchange to sell plans at all three of the Exchange levels (gold, silver, bronze) in their book of business outside of the Exchange.
- **Seamless integration between Medicaid and private plans**, including a single application and easy transfer back and forth when eligibility changes. All applicants should be screened for all public benefits.
- Consumer navigators rooted in the diverse communities to be served.
- **Transparency and accountability** to consumers, including easy to understand, meaningful plans.

Medical Loss Ratio Enforcement

- Ohio should vigorously enforce the Medical Loss Ratio requirements of the Affordable Care Act that insurers selling health policies to individuals or small groups spend at least 80% of premiums on direct medical care and that insurers selling to large groups (usually 50 or more employees) must spend at least 85% of premiums on care and quality improvement.

Delivery Reform

Redesign payment policies to promote better care at lower costs. Payment reform and delivery system redesign must protect consumers, especially those with multiple chronic conditions and other health needs, to ensure that changes could negatively impact access to quality care. For these reasons, we encourage discussions of payment reform models to incorporate the following principles to ensure that the health and rights of consumers are protected:

1. Transparency

Measures of care and incentives built into the payment system must be open, transparent, and understandable by patients. An open process must be built through which there is full

disclosure, capacity for public review, and explanation of all payment criteria.

2. Protect Vulnerable Consumers

Payment policies should take into account the higher costs of patients whose needs are affected by high medical utilization, socio-economic status, language and other social/cultural factors. Patients with high medical utilization should be protected by global payments.

3. Consumer Voice

Consumers are the heart of the health care system, and their voice must be strong and lasting in the governance of payment reform structures. Consumers should be represented at all levels of implementation, including in the governance of ACO's or other intermediaries.

4. Savings Shared With Consumers

Legislation should provide explicit methods to assure savings created by payment reform are passed on to consumers.

5. Patient Choice and Accessibility of Care

The payment system should ensure patient choice of primary care and other providers such as specialists, nurse practitioners and mental health professionals. Patients must have access to caregivers with linguistic and cultural capacity to provide effective care. Payment systems must promote patients' continuity of care with their providers. Patients must have access to medically necessary out-of-network care.

6. Quality Improvement

Any gain-sharing payments made to an ACO must be based on improved outcomes.

7. Evaluation and Monitoring

Legislation must include public, independent, meaningful and frequent monitoring and evaluation of the payment system focusing on quality of care, including outcomes, patient satisfaction and quality of life.

8. Patient Empowerment

Because they have been shown to lead to better health outcomes, reduced disparities, and better satisfaction with one's health care, as well as reduced costs, models such as chronic disease self-management, ideal medical practice, and shared decision-making must be supported by the payment system.

9. Promote Public and Community Health

Commitment to fund public and community health initiatives must accompany payment reform. Any ACO must be inclusive of community-based providers such as health departments, community health clinics, mental health providers and homeless shelters, and new resources should be added.

10. Patient –Centered Primary Care

Payment reform legislation should align incentives so that patient-centered primary care is the center of our health care system. The payment system should support teams that can deliver culturally-competent, coordinated preventive and primary care that focuses on the patient's physical and behavioral health. Ohio should expand multi-payer enhanced primary care medical homes.

- **Health Information Technology:** Use electronic record keeping to assist providers in tracking patient's health, coordinate patient care across providers and care settings, to avoid duplicate tests and improve care.