



Department of  
Job and Family Services

**John R. Kasich**, Governor  
**Michael B. Colbert**, Director

April 26, 2012

Ms. Allison Orris  
Acting Director  
Division of State Demonstrations & Waivers  
Center for Medicaid & CHIP Services  
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Dear Ms. Orris:

I am pleased to submit Ohio's Transformation of Healthcare for the Uninsured Demonstration Proposal. This proposal represents the efforts of the State of Ohio, and The MetroHealth System to continue and deepen the transformation of healthcare for the uninsured in Cuyahoga County, Ohio's largest urban county. The waiver demonstration is consistent with the vision outlined by Governor John Kasich and the Office of Ohio Health Transformation to support best practices in delivery reform, to support patient centered medical homes, and other patient centered cutting-edge delivery system innovations.

Recent census statistics show that, in Ohio, Cuyahoga County residents have median incomes 18 percent below national levels and Cleveland city residents earn about half the national average. Eighteen percent of county residents live in poverty; for Clevelanders, it's over one third. The December 2007-September 2010 recession hit the northeast Ohio region hard, with job losses the third largest of any region in the U.S. and over \$6.9 billion in wages lost. Cleveland is the third poorest city in the nation and over 60 percent of the region's poor now live in the surrounding suburbs. This is why over the last three years the number of uninsured patient visits to MetroHealth has grown by over 40% to a record total of over 220,000 visits in 2011.

Today, uninsured adults in Cuyahoga County in need of health care services encounter a fragmented system of care; too often this care is delivered in the highest cost setting – the emergency department. For example, many of the uninsured patients cared for today by The MetroHealth System never receive primary care. Instead, they only receive specialty or episodic acute care. A major obstacle in achieving better health for the uninsured is a lack of access to a pharmacy benefit. Half of the prescriptions written for uninsured adults by The MetroHealth System are never filled because patients cannot afford even the most modest fees. Uninsured low-income adults in Cuyahoga County who need behavioral health face even greater roadblocks. Often time county intake for these services is completely shut down; leaving those with even serious behavioral health disorders without any help at all, forcing them to seek care in emergency departments or even worse the county jail.

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This demonstration presents an opportunity to substantially reduce the uninsured rate in Cuyahoga County, to improve the health status and quality of care for thousands of county residents, and to help prepare the State, the safety net system and uninsured individuals for the health coverage expansion in 2014.

The proposal will achieve these goals by providing a vehicle for The MetroHealth System to drastically enhance current programs serving uninsured Cuyahoga County residents today, by aiming to avoid devastating outcomes too often faced by the uninsured. This proposal will significantly and meaningfully transform healthcare for those otherwise uninsured by:

- Expanding the scope of health care services available to uninsured Cuyahoga County residents by providing coverage that is equivalent to a comprehensive benefit package. Newly covered and/or expanded services The MetroHealth System proposes to offer under the demonstration include prescription drug coverage, dental services, behavioral health services, additional physician services, home care services, and durable medical equipment.
- Increasing the number of uninsured Cuyahoga County residents who will receive a comprehensive benefit package and a regular source of care instead of episodic care or no care at all.
- Investing Medicaid Waiver Demonstration resources to further develop and expand medical home models and care coordination to thousands of uninsured Cuyahoga County residents based on The MetroHealth System's highly successful patient-centered medical home, *Partners in Care*.

An early expansion, through a series of steps under this demonstration, in Cuyahoga County would provide an opportunity for the State of Ohio and The MetroHealth System to begin addressing some of the health care challenges for the uninsured and study the behavior of a segment of Ohio's uninsured population; as they obtain additional health benefits, such as prescription drug benefits, behavioral health services, durable medical equipment, physician services, and dental.

We look forward to beginning discussions with your office to finalize the proposal for implementation on July 1, 2012, and to begin the process of achieving the goals outlined in the attached waiver application.

Sincerely,

A handwritten signature in black ink, appearing to read "John B. McCarthy". The signature is stylized and cursive.

John B. McCarthy  
Medicaid Director

## Table of Contents

Introduction .....	2
Profile of Cuyahoga County and the Uninsured .....	6
The MetroHealth System’s Role in the Safety Net .....	10
Bridge to Reform .....	17
Medicaid Waiver Demonstration Eligibility and Enrollment .....	23
Benefit Package .....	28
Cost Sharing.....	29
Provider Network .....	30
Enrollee Protections and Due Process .....	32
Financing and Budget Neutrality .....	34
Requested Waivers .....	37
Transition Plan.....	39
Public and Stakeholder Input .....	40
Evaluation .....	41
Expansion to other Counties .....	43
Appendix A: Addresses and a Map of MetroHealth System Facility Locations	
Appendix B: Mission: 226,000 Uninsured Patient Visits in 2011— up 42% since 2008	
Appendix C: Comparison of Medicaid Benefit Plans	
Appendix D: Payer Mix Comparison	

## Introduction

The Ohio Department of Job and Family Services (ODJFS), in collaboration with The MetroHealth System, is seeking approval of an early coverage Medicaid waiver demonstration expansion (the “Medicaid Waiver Demonstration”) in Cuyahoga County. The MetroHealth System is the region’s principal safety net healthcare provider. It provides healthcare to all patients, regardless of their ability to pay and is the largest single provider of Medicaid services in the state of Ohio. Because of its unique role in the region it was an early leader in the use of electronic health records and the patient-centered medical home model, and maintains innovative delivery systems to meet the diverse needs of its population. Building on that foundation, the State of Ohio’s Section 1115 Waiver application presented in this document, articulates the way in which ODJFS proposes to collaborate with The MetroHealth System to provide a comprehensive benefit package to a segment of the currently uninsured population in Cuyahoga County. With the passage of the Patient Protection and Affordable Care Act (PPACA) the Medicaid Waiver Demonstration will also provide an infrastructure to move towards full implementation of the Medicaid coverage expansions. The proposed Medicaid Waiver Demonstration will cover uninsured adults residing in Cuyahoga County with incomes up to 133 percent FPL who are ineligible for Medicaid today. The MetroHealth System will finance and manage eligibility, enrollment, and the delivery of care for the Medicaid Waiver Demonstration population.

Recent census statistics show that, in Ohio, Cuyahoga County residents have median incomes 18 percent below national levels and Cleveland city residents earn about half the national average. Eighteen percent of county residents live in poverty; for Clevelanders, it’s over one third. The December 2007-September 2010 recession hit the northeast Ohio region hard, with job losses the third largest of any region in the U.S. and over \$6.9 billion in wages lost. Cleveland is the third poorest city in the nation, and over 60 percent of the region’s poor now live in the surrounding suburbs.

The MetroHealth System, a county hospital organized and operated under Chapter 339 of the Ohio Revised Code, serves a unique role in the community. As the public hospital, The MetroHealth System provides healthcare to all, regardless of their ability to pay. The

MetroHealth System consists of a 550-bed acute care hospital, a rehabilitation hospital, a skilled nursing facility, the largest emergency department in the region and seventeen outpatient centers distributed throughout the County. The MetroHealth System's emergency department is the region's only Level I trauma center and has a renowned burn center and rehabilitation program. The MetroHealth System's primary care outpatient practices have received the highest level of patient-centered medical home (PCMH) recognition, level 3, from the National Committee for Quality Assurance (NCQA.)

The ODJFS administers Medicaid for approximately one-third of the County's 1.3 million residents. An estimated 158,000 residents do not qualify for state Medicaid programs and rely on safety net services provided through hospital emergency rooms, Federally Qualified Health Centers (FQHCs) and other social service agencies. The MetroHealth System delivers a disproportionate share of the uncompensated care in Cuyahoga County. In 2011 The MetroHealth System provided over 220,000 visits – outpatient and inpatient services– to uninsured Cuyahoga County residents at a cost of \$127 million.

The proposed Medicaid Waiver Demonstration is timely and coincides with State healthcare reform efforts led by ODJFS and the Office of Health Transformation. Ohio is promoting Medicaid reforms that emphasize care coordination and patient wellness, medical homes, value-based purchasing, and improving quality of care. The proposed Medicaid Waiver Demonstration will enhance and support state health care transformation efforts that are underway today. The Medicaid Waiver Demonstration will provide Cuyahoga County's uninsured population access to innovative care delivery models that will lead to improved health outcomes and cost effective care, consistent with state reform goals.

Key elements of the proposed Medicaid Waiver Demonstration include:

- **Population.** The Medicaid Waiver Demonstration will cover eligible residents of Cuyahoga County ages 19 to 64 with income at or below 133 percent of the FPL who are ineligible for Medicaid and are without health insurance (the “Enrollees”).
- **Delivery System and Provider Network.** ODJFS and The MetroHealth System propose to establish a coordinated, fee for service delivery system under the Medicaid Waiver Demonstration. Services will be delivered in a Cuyahoga County based provider network developed by The MetroHealth System using community partners to meet the needs of Enrollees. Enrollees will be required to obtain services from The MetroHealth System and affiliated partners with some exceptions surrounding emergency care.
- **Financing and Reimbursement.** The MetroHealth System will be reimbursed for the cost of delivering the Medicaid Waiver Demonstration’s covered benefits and for services rendered to Enrollees via a certified public expenditure process that generates the federal matching funds.
- **Benefits.** Medicaid Waiver Demonstration Enrollees will receive a core set of comprehensive benefits that are included in Section 1905(a) of the Social Security Act. The MetroHealth System and ODJFS will ensure that each service is sufficient in amount, duration, and scope to reasonably achieve its purpose.
- **Patient Centered Medical Home.** The MetroHealth System will enroll all Medicaid Waiver Demonstration Enrollees into a patient-centered medical home (PCMH) program that is similar to The MetroHealth System’s highly successful PCMH program for the uninsured called *Partners in Care*.
- **Electronic Health Records.** Since 1999, The MetroHealth System has used an integrated patient health record called “EPIC.” The EPIC medical record system is an

integral part of care processes at The MetroHealth System and will be used to support patient care for the Medicaid Waiver Demonstration population.

The proposed start date of the Medicaid Waiver Demonstration is July 1, 2012, and at a minimum would continue until the new Medicaid coverage expansion created under PPACA goes into effect.

***Main Objective: Transforming Healthcare for the Uninsured***

The Medicaid Waiver Demonstration presents an opportunity to reduce the uninsured rate in Cuyahoga County early, to improve the health status and quality of care for thousands of county residents, and to help prepare the State, the safety net system and uninsured individuals for the health coverage expansion in 2014. The Medicaid Waiver Demonstration will achieve these goals by providing a vehicle for The MetroHealth System to drastically enhance current programs serving uninsured Cuyahoga County residents today, by aiming to avoid devastating outcomes too often faced by the uninsured. This proposal will significantly and meaningfully transform healthcare for those otherwise uninsured by:

- Expanding the scope of health care services available to uninsured Cuyahoga County residents by providing coverage that is equivalent to a comprehensive benefit package. Newly covered and/or expanded services The MetroHealth System proposes to offer under the Medicaid Waiver Demonstration include prescription drug coverage, dental services, behavioral health services, additional physician services, home care services, and durable medical equipment.
- Increasing the number of uninsured Cuyahoga County residents who will receive a comprehensive benefit package and a regular source of care instead of episodic care or no care at all.
- Investing Medicaid Waiver Demonstration resources to further develop and expand medical home models and care coordination to thousands of uninsured Cuyahoga County residents based on The MetroHealth System's patient-centered medical home, *Partners in Care*.

## Profile of Cuyahoga County and the Uninsured

Cuyahoga County, located in northeastern Ohio, is the largest county in the state with a population of nearly 1.3 million residents. According to US Census Bureau, approximately 13 percent of the County population lacks health insurance. Cuyahoga County, and especially the city of Cleveland (where more than 30 percent of county residents reside), face a number of socio-economic challenges compared to other regions in Ohio and the United States.

**Figure 1: Cuyahoga County and Cleveland Compared to Ohio and Nation, Selected Indicators**

	<u>Cleveland</u>	<u>Cuyahoga County</u>	<u>Ohio</u>	<u>United States</u>
Population, 2010	396,815	1,280,122	11,536,504	308,745,538
Median Household Income, 2009	\$ 27,761	\$ 40,254	\$ 47,144	\$ 50,221
Persons Below Poverty Level, Percent, 2009	30.2%	18.9%	15.1%	14.3%
Food and Nutrition Recipients, Percent of Population, June 2011	N/A	20.6%	15.3%	N/A
Medicaid Eligibles as Percent of Population, June 2011	N/A	21.2%	18.1%	15.9%

Sources: US Census Bureau and Riley, Barbara et al. "Cuyahoga County Human Services Financial Profile: 2012 and Beyond," The Center for Community Solutions, December 2011, Available at: <http://www.communitysolutions.com/assets/1/Page/CuyahogaHumanServicesFinancialProfile%20FINAL%20121311.pdf>

Cuyahoga County's median household income in 2009 (\$40,254) is below the state's median by almost \$7,000 and almost \$10,000 below the national median income.

- Fourteen percent of Ohio residents with income below the federal poverty level reside in Cuyahoga County.
- The poverty rate in Cuyahoga County is 18.9 percent, or 3.8 percentage points above the state's rate and 4.6 points above the national rate.
- The city of Cleveland's median income is \$27,764, well below the Cuyahoga County median and its poverty rate exceeds 30 percent.
- Medicaid enrollment is higher in Cuyahoga County than the rest of the state, with 21.2 percent of the county population enrolled in Medicaid compared to state average of 18.1 percent.

- Participation in food and nutrition programs is also higher in Cuyahoga County; 20.6 percent of the county population is enrolled in such programs compared to state average of 15.3 percent.

In a recent survey conducted by the University of Wisconsin and Robert Wood Johnson Foundation, Cuyahoga County ranks near the bottom of Ohio's 88 counties in overall health of residents. Cuyahoga County was 69th in overall health rankings in 2011, and ranked 70th in 2010. The study looks at a broad range of factors such as the rate of people dying before age 75; health behaviors such as tobacco use, alcohol use, and exercise; social factors such as poverty, education, employment and crime rates; the environment including access to parks, fresh food and clean air, and medical care.

Figure 2: County Health Rankings, Cuyahoga, Ohio

	Cuyahoga County	Error Margin	National Benchmark*	Ohio	Rank (of 88 counties)
<b>HEALTH OUTCOMES</b>					<b>69</b>
<i>Mortality</i>					57
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population	8,084	7,908-8,261	5,564	7,578	
<i>Morbidity</i>					78
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health	15%	13-16%	10%	15%	
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days.	3.4	3.1-3.7	2.6	3.6	
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days.	3.8	3.4-4.2	2.3	3.7	
<b>Low birth weight</b> - Percent of live births with low birth weight	10%	9.8-10.2%	6.0%	8.5%	
<b>HEALTH FACTORS</b>					<b>36</b>
<i>Health Behaviors</i>					17
<b>Adult smoking</b> - Percent of adults that report smoking	20%	18-22%	15%	23%	
<b>Adult obesity</b> - Percent of adults that report BMI >= 30	28%	26-31%	25%	30%	
<b>Excessive drinking</b> - Binge plus heavy drinking	18%	16-20%	25%	26%	
<b>Motor vehicle crash death rate</b> - Motor vehicle crash deaths per 100,000 population	7	6-8	12	13	
<b>Sexually transmitted infections</b> - Chlamydia rate per 100,000 population	573 per 100,000		83	431	
<i>Clinical Care</i>					3
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	13%	12-15%	13%	14%	
<b>Primary care providers</b> Ratio of population to primary care physicians	533:1		633:1	859:1	
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollee.	83	82-84	52	82	
<b>Diabetic screening</b> - Percent of diabetic enrollees that receive HbA1c screening	82%	79-84%	89%	83%	
<b>Mammography screening</b> - Percent of female Medicare enrollees that receive mammography screening	68%	65-70%	89%	80%	
<i>Social and Economic Factors</i>					67
<b>High school graduation</b> - Percent of ninth grade cohort that graduates in four years	65%		92%	79%	
<b>Unemployment</b> - Percent of population age 16+ seeking work	9%		5.3%	10.2%	
<b>Children in poverty</b> - Percent of children under age 18 in poverty	23%	20-25%	11%	19%	
<b>Homicide rate</b> - Deaths due to homicide per 100,000 population	9 per 100,000	8-9 per 100,000	1	5	
<i>Physical Environment</i>					81
<b>Air pollution-particulate matter days</b> - Annual number of unhealthy air quality days due to fine particulate matter	4		0	2	
<b>Air pollution-ozone days</b> - Annual number of unhealthy air quality days due to ozone	10		0	6	
<b>Access to health foods</b> - Healthy food outlets include grocery stores and produce stands/farmers' markets	96%		92%	64%	
<b>Access to recreational facilities</b> - Rate of recreational facilities per 100,000 population	10		17	10	

<sup>[1]</sup> County Health Rankings, 2011: Cuyahoga County, Ohio. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. <http://www.countyhealthrankings.org/ohio/cuyahoga>, Accessed 12/19/2011.

A recent study of low-income, uninsured Ohioans conducted by the Center for Family and Demographic Research at Bowling Green State University reinforces the benefits of a Medicaid Waiver Demonstration. The Center's study found:

- Cuyahoga County and other counties located in the North East Central region of Ohio have a disproportionate share of low-income, uninsured adult population.
- Low-income, uninsured childless adults report worse physical health, less health care utilization, and are more likely to experience heavy alcohol use than are low-income parents eligible for and using Medicaid.
- Low-income, uninsured childless adults have significantly greater unmet need for health care (66 percent) than do low-income parents currently with access to Medicaid (37 percent).

Today, uninsured adults in Cuyahoga County in need of health care services encounter a fragmented system of care; too often this care is delivered in the highest cost setting – the emergency department. For example, uninsured patients cared for today by The MetroHealth System never receive primary care. Instead, they only receive specialty or acute care. A major obstacle in achieving better health for the uninsured is a lack of access to a pharmacy benefit. Half of the prescriptions written for uninsured adults by The MetroHealth System are never filled because patients cannot afford even the most modest fees. Uninsured low-income adults in Cuyahoga County who need behavioral health face even greater roadblocks. Often time county intake for these services is completely shut down; leaving those with even serious behavioral health disorders without any help at all, forcing them to seek care in emergency departments or even worse, the county jail.

An early expansion, through a series of steps under a Section 1115 Waiver, in Cuyahoga County led by The MetroHealth System would provide an opportunity for ODJFS and The MetroHealth System to begin addressing some of the health care challenges for the uninsured noted above and study the behavior of a segment of Ohio's uninsured population; as they obtain additional health benefits, such as prescription drug benefits, behavioral health services, durable medical equipment, physician services, and dental.

## The MetroHealth System's Role in the Safety Net

**The MetroHealth System is an academic health care system with a core mission to save lives, restore health, promote wellness, and provide outstanding, life-long care accessible to all.** The MetroHealth System has been an invaluable asset to the Cleveland area for 175 years. As a county hospital organized public hospital, The MetroHealth System provides healthcare to all, regardless of their ability to pay. The MetroHealth System is committed to:

- Providing the highest quality care, delivering superior outcomes and exceptional patient satisfaction; all at an extraordinary value;
- Providing access to medical care regardless of insurance status; and
- Supporting public health initiatives that reduce infant mortality, the incidence of preventable disease and health disparities within the community.

The MetroHealth System offers a complete range of medical services to Northeast Ohio. Its extensive primary care services, including obstetrics and gynecology, pediatrics, internal medicine and family medicine, provide life-long care. With a vast suite of medical specialties – including cardiology, oncology, neurology, gastroenterology, rheumatology, urogynecology and more – its medical staff diagnose and treat the most complex medical issues. The MetroHealth System's surgical expertise is renowned, from general surgery to orthopedics to neurosurgery, with capabilities that are unsurpassed to care for the critically ill.

Every year, The MetroHealth System's main campus medical center provides care to more than 27,000 inpatients and delivers 2,800 newborns. Nearly 850,000 visits are recorded each year in the main campus medical center's outpatient centers, and patient visits to the emergency department exceed 105,000. There are over 400 physicians, 350 interns and residents, and 1,190 registered nurses (RN's) supporting The MetroHealth System.

In addition to the main campus medical center, The MetroHealth System also includes seventeen healthcare locations spread throughout Cuyahoga County– please see the map in Appendix A.

The MetroHealth System believes that every person deserves easy access to high-quality healthcare services.

**Below are 2011 statistical highlights of the MetroHealth System:**

<b>Figure 3</b>	
<b>The MetroHealth System</b>	
<b>2011 Statistical Highlights</b>	
Inpatient Stays	27,163
Patient Days, Medical Center	135,157
Patient Days, Long-Term Care	90,901
Outpatient Visits	846,627
Surgical Cases	15,765
Babies Delivered	2,847
Metro Life Flight Helicopter Transports	1,962
Emergency Department Visits	105,609
Physicians	457
Resident Physicians in Training	394
Registered Nurses	1,191
Calls to MetroHealth Line	336,302

*Source: Year-End 2011 Statistics Summary*

***Medicaid and Uninsured Patients***

In 2011, Medicaid beneficiaries and the uninsured comprised more than half (~55 percent) of The MetroHealth System patients. The MetroHealth System served more than 48,000 uninsured, unduplicated individuals that year, 24,000 of whom are below the Federal Poverty Level. The MetroHealth System faces ever increasing service demands by the uninsured – between 2008 and 2011, the number of visits to The MetroHealth System by uninsured patients increased by 42 percent.

These uninsured patients access a varied array of services in The MetroHealth System. Over 65 percent receive at least one primary care visit every year; 25 percent use only acute care services offered through the emergency department, inpatient hospital, or urgent care center; and 10 percent are only referrals to specialty or ancillary care.

**Figure 4: Service Utilization by MetroHealth Uninsured**

Type of Service	Description	Uninsured Patients in 2011	Percent
Primary Care	Patients with one or more primary care visits	31,720	65%
Acute Care Only	Patients with only emergency department, inpatient, or urgent care visits	12,079	25%
Referral & Specialty Care only	Patients referred or self-referred for specialty care	5,063	10%

### *Partners in Care*

Individuals without insurance are more likely than those with insurance to not have a medical home (other than an emergency room), have unmet health needs, and report their health as “poor.” To improve this situation, in 2009 The MetroHealth System made significant financial and personnel investments to launch a successful patient-centered medical home program in its primary care practices called *Partners in Care*. *Partners in Care* is designed to improve the health of the uninsured, many of whom struggle with chronic illnesses like hypertension, diabetes, and obesity. The MetroHealth System’s *Partners in Care* medical home program serves uninsured patients in a more clinically effective, cost effective way and improves chronic disease management for enrolled patients. One area of focus for *Partners in Care* has been in the reduction of emergency room encounters for the *Partners in Care* patients. Based on a preliminary analysis of the 2011 data for the *Partners in Care* program, the enrolled patients’ emergency room usage was 479 visits per 1000 patients in 2010 and this was reduced to 441 visits per 1000 patients in 2011, for an 8 percent reduction. The rate for non-enrolled uninsured patients in 2011 was 730 per 1000 patients, which is 65 percent higher than for those who were enrolled in *Partners in Care*.

In the *Partners in Care* program, each patient is encouraged to establish an ongoing relationship with a primary care team within a patient-centered medical home practice. Each care team

consists of a physician or an advanced practice nurse, nurses, a social worker, a financial counselor, a medical team assistant, a nutritionist, and a care coordinator, among others. *Partners in Care* program leaders have singled out diabetes and hypertension as chronic conditions with an especially high prevalence in the uninsured population. Without regular medical care, these conditions can worsen, leading to more costly care and hospitalizations. Patients who enrolled in the *Partners in Care* program showed promising improvements in the management of their medical conditions, and those improvements grew in conjunction with the length of program enrollment. The *Partners in Care* program emphasizes preventive and well care, which will ultimately reduce the cost of caring for those with chronic illness.

The *Partners in Care* program continues to expand and shows promise for improving care delivery in a cost effective manner:

- Per member per month costs for the *Partners in Care* population are lower than a demographically similar group of non-enrolled patients, largely driven by lower inpatient and emergency department costs, offsetting higher costs for primary and specialty care.
- Health outcome measures for patients with diabetes and hypertension are improved with the length of time that patients are enrolled in *Partners in Care*.

The MetroHealth System will enroll all Medicaid Waiver Demonstration Enrollees into a patient-centered medical home called *MetroHealth Care Plus*, which will focus not only on the physical health, but the behavioral health of the patient, as well. To do this, additional Care Coordinators will be hired to work with the Enrollees. The patient-centered medical home will enhance coordination and management of care for new Enrollees and promote cost effective care.

### ***Care Coordinators Key to the Success of Patient-Centered Medical Home***

The MetroHealth System's patient-centered medical home, *Partners in Care*, uses Care Coordinators embedded in the primary care practices and integrated with the primary care clinical care teams at the practice sites. The Care Coordinators are RNs with training in outpatient care coordination skills including population management, community health interventions, patient registry management, and case management.

Using Electronic Health Record (EHR) generated, site-specific patient registries, the Care Coordinators identify patients at their respective sites at high clinical or utilization risk as defined by one or more of the following:

1. A diagnosis of diabetes mellitus, with glycosylated hemoglobin (HbA1c) level higher than target level, indicating poor diabetes control;
2. A diagnosis of hypertension, with blood pressure higher than target level;
3. A diagnosis of heart failure;
4. A recent MetroHealth emergency department visit;
5. A recent discharge from The MetroHealth System's inpatient facility; or
6. A referral from any practice physician, due to complexity of patient case, or new diagnosis that would benefit from targeted education.

The chronic diseases of diabetes, hypertension and heart failure, along with obesity, are targeted due to their high prevalence rate in the Cuyahoga County population and/or disproportionately high costs of care. According to a recent Cleveland Department of Health report, the diagnosed diabetes prevalence for Cuyahoga County in 2009 was 7.5 percent and for Cleveland the rate was 10.8 percent, higher than the Ohio and United States (6.7 percent, 7.5 percent, respectively).

Care coordination activities can also include a chronic disease self-management program conducted in group sessions for patients and caregivers. The Medicaid Waiver Demonstration program will be focused on helping patients develop effective ways to work with the health care system.

### ***Integrated Patient Health Record***

Since 1999, The MetroHealth System has used an integrated patient health record called EPIC. The EPIC electronic medical record system is an integral part of care processes at The MetroHealth System and will be used to support patient care for the Medicaid Waiver Demonstration population.

As background, The MetroHealth System was an early leader in its adoption and is a leader in the meaningful use of electronic health records. The MetroHealth System:

- Was the first safety net hospital in the country to install EPIC in ambulatory electronic medical records;
- Installed EPIC in the emergency department in 2003 and installed integrated electronic medical record linking outpatient emergency department and inpatient records in 2009;
- Beginning January 2011, participates in a Health Information Exchange, called *Care Everywhere*, with other EPIC customers. This helps coordinate care and reduces duplicated image and lab orders;
- For the last two years has been in the top 10 of all EPIC customers in the United States in using EPIC for inpatient medication order entry and in the top three of all EPIC customers using EPIC for medication order entry in the emergency department;
- Successfully filed for Medicaid Meaningful Use incentive payments for both eligible providers and the hospital in 2011; and
- Is well positioned to file for Meaningful Use incentive payments for both Medicaid and Medicare in the summer of 2012.

The EPIC system supports patient care in a number of ways:

- EPIC generates reports and rosters to identify patients who may benefit from care coordination;
- EPIC generates reminders for patients to receive preventive care and/or follow up care; and
- EPIC is a source for best practice alerts to providers during patient visits.

All of The MetroHealth System's provider sites, including the hospital, emergency department, multiple outpatient clinics, etc. use EPIC. This allows for all patient information from any of The MetroHealth System's sites to be accessible by all clinicians improving communication functionality and care coordination. The MetroHealth System uses EPIC for all patients regardless of payor, and is inclusive of The MetroHealth System's medical home practices.

In addition, area FQHCs, such as Neighborhood Family Practice and Care Alliance utilize the EPIC system. EPIC is the predominant electronic health record system in the region, so when a patient receives care across multiple facilities which use EPIC, EPIC's *Care Everywhere* feature

provides the ability to electronically share that patient encounter information for better care coordination across all providers. This allows The MetroHealth System providers to access the medical records for their patients from providers which use EPIC outside The MetroHealth System, see the treatment information, and extract key information into their own electronic health record for those patients.

## Bridge to Reform

The proposed Medicaid Waiver Demonstration project presents an opportunity to reduce the uninsured rate in Cuyahoga County prior to 2014, to improve the health status and quality of care for thousands of county residents, and to help prepare the state, the safety net system and uninsured individuals for the health care expansion in 2014. It will:

- Significantly reduce the number of low-income, uninsured adults;
- Increase the level of benefits for adults who were previously uninsured;
- Expand access to health care services; particularly in terms of behavioral health; and
- Transform the practice of health care.

### *Reducing the Number of Low-Income, Uninsured Adults*

Over the last three years The MetroHealth System has experienced a tremendous growth in uninsured patient visits – up 42 percent between 2008 and 2011. What has been particularly noteworthy about this increase is that the largest percentage increases have occurred in suburban communities not typically associated with the uninsured. There have been similar increases in Medicaid eligibility.

Cuyahoga County is estimated to have over 157,000 uninsured adults, and four out of 10 of them are projected to have an income at or below 133 percent of the FPL. The Medicaid Waiver Demonstration would provide Medicaid-like coverage for an estimated 30 percent of the eligible population.

It is expected that the Medicaid Waiver Demonstration will have the effect of increasing enrollment in the Medicaid program as potential applicants for the Medicaid Waiver Demonstration apply and are screened and found eligible for the regular Medicaid program. This will also have the effect of reducing the number of uninsured. Moreover, The MetroHealth System estimates that more uninsured individuals will arrive on its doorsteps that are not eligible for either the Medicaid Waiver Demonstration or for the Medicaid program and these individuals

will continue to be served via The MetroHealth System's Community Discount Program. The cost of these additional services would be borne by The MetroHealth System.

Reducing the number of uninsured adults cared for by The MetroHealth System will also have the effect of reducing the allocation of Disproportionate Share Hospital (DSH) funds that The MetroHealth System currently receives through the Ohio Medicaid Hospital Care Assurance Program (HCAP). The MetroHealth System is currently the largest recipient of those funds – receiving just over \$30 million in 2011. Of this amount, about 67 percent of the funds are currently based on the amount of uncompensated care provided to persons below 100 percent of the FPL. Barring any change in the HCAP distribution model, funds coming to The MetroHealth System would be reduced if its share of uncompensated care provided to persons with incomes below 100 percent of the FPL were largely covered by the Medicaid Waiver Demonstration.

#### ***Increasing the Level of Benefits for Adults Who Were Previously Uninsured***

The MetroHealth System provides medically necessary physician and hospital services to the uninsured through its Community Discount Program. Individuals with incomes at or below 100 percent of the FPL receive these services at no cost; other than a \$5 co-pay. Individuals with incomes between 101 and 133 percent of the FPL are also required to pay a co-pay, as well as a share of the cost of the services being provided. The Community Discount Program does not include dental services, pharmacy, home health, durable medical equipment, substance abuse services, or skilled nursing.

The MetroHealth System's uninsured patients fall into three general categories. The first category is uninsured patients who are enrolled in the *Partners in Care* program and who receive primary care. There were 12,094 patients in this category in 2011. The second category is uninsured patients who received primary care but were not enrolled in *Partners in Care*. In 2011 there were 16,017 patients in this category. Finally, the third category consists of 17,142 patients who were uninsured but who received only specialty and/or acute care, but not primary care in 2011.

The Medicaid Waiver Demonstration includes a more comprehensive set of benefits for each group of these patients. In addition, The MetroHealth System plans to partner with other community partners including FQHCs, community behavioral health agencies, home health care providers, durable medical equipment providers, and pharmacies.

The cost of providing these additional services is projected to be significant. Today the per member per month cost of uninsured patients enrolled in *Partners in Care* is approximately \$200. The per member per month cost of uninsured primary care patients not enrolled in *Partners in Care* is \$232.00. The per member per month cost of uninsured patients who receive only specialty and acute care is \$173. The projected per member per month cost with the Medicaid Waiver Demonstration is projected to be \$428 between July 1, 2012 and June 30, 2013. This increase represents the cost of additional services, as well as the expected increase in utilization. The table below shows each category of service, whether the service is provided by The MetroHealth System or is provided by external community partners, the projected per member per month, the total project spend for the category of service, and percent of the overall total.

**Figure 5:**  
**Proposed Benefit Package under the MetroHealth Medicaid Waiver Demonstration**  
**July 1, 2012 – June 30, 2013**

Expenditures by Location: Detail	PMPM	Total Expenditures	Percent of Total
External: DME	\$ 2.16	\$ 504,053	0.5%
External: Emergency Transportation	\$ 2.85	\$ 665,492	0.7%
External: Home Health	\$ 1.63	\$ 381,393	0.4%
External: FQHC	\$ 5.42	\$ 1,264,824	1.3%
External: Substance Abuse	\$ 18.53	\$ 4,325,699	4.3%
External: Out Of Network ER	\$ 1.38	\$ 322,167	0.3%
External: Pharmacy	\$ 68.35	\$ 15,960,343	16.0%
External: Mental Health	\$ 9.16	\$ 2,138,313	2.1%
Internal: Inpatient Facility	\$ 61.73	\$ 14,415,301	14.4%
Internal: Outpatient Facility	\$ 123.03	\$ 28,728,619	28.8%
Internal: ER Facility	\$ 25.09	\$ 5,857,580	5.9%
Internal: Long Term Care	\$ 12.47	\$ 2,911,041	2.9%
Internal: Primary Physician	\$ 28.55	\$ 6,667,448	6.7%
Internal Specialty Physician	\$ 44.46	\$ 10,380,738	10.4%
Internal: Other	\$ 22.78	\$ 5,319,526	5.3%
<b>Total</b>	<b>\$ 427.58</b>	<b>\$ 99,842,538</b>	<b>100%</b>

***Expanding Access to Health Care Services; With a Focus on Behavioral Health***

Today, behavioral health access for uninsured adults is very limited. Currently, The MetroHealth System’s Community Discount Program does not include behavioral health services. The Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County (ADAMHS) funds a community intake and assessment program for uninsured adults seeking behavioral health services (called SCALES), however, the intake program is intermittently closed due to a lack of funding. This leaves uninsured, low income adults, with little or no access to behavioral health services. In State Fiscal Year 2012, the ADAMHS Board received \$250,000 from the State of Ohio Department of Mental Health for community non-Medicaid funding.

The proposed Medicaid Waiver Demonstration includes significant mental health and substance abuse services. While The MetroHealth System is able to provide some behavioral health services it will also partner with community mental health and substance abuse providers to make sure that recipients have ready access to needed services. The estimated cost of providing these newly covered services over the first 12 months of the Medicaid Waiver Demonstration is projected at \$6.4 million. In addition, the Medicaid Waiver Demonstration's pharmacy formulary will mirror Ohio Medicaid's formulary and will provide comprehensive coverage of mental health medications. The estimated cost of providing a pharmacy benefit over the first year of the Medicaid Waiver Demonstration is projected at \$15.7 million.

### ***Transforming the Practice of Health Care***

When The MetroHealth System launched its patient-centered medical home program, *Partners in Care*, in May 2009, the goal was to serve uninsured patients in a more clinically-effective and cost-effective way. As part of the *Partners in Care* program, each patient has a medical team assigned to help manage their care. The MetroHealth System invested in care coordinators at each site who are also registered nurses with extensive care coordination background. This represented a significant financial commitment by The MetroHealth System. Currently, The MetroHealth System is in the process of adding nine additional Care Coordinators at a cost of \$837,000 annually. The MetroHealth System also recently hired four full time equivalent primary care physicians at a cost of \$800,000 annually.

In 2011, all 12 of The MetroHealth System's primary care practices have been awarded Level 3 Patient-Centered Medical Home (PCMH) Recognition from the National Committee for Quality Assurance (NCQA). It is the highest level of PCMH recognition that NCQA awards, and it represents the culmination of over three years of dedicated, multidisciplinary efforts to transform MetroHealth's primary care practices to a more patient-centered model of care.

Medical practices submitted comprehensive documentation of policies and procedures, along with numerous examples of how the practice meets designated quality assurance standards in

providing exceptional care to patients. In order to achieve PCMH recognition, The MetroHealth System's team had to meet criteria in the following categories:

- Enhance Access and Continuity
- Identify and Manage Patient Populations
- Plan and Manage Care
- Provide Self-care Support and Community Resources
- Track and Coordinate Care
- Measure and Improve Performance

In addition, The MetroHealth System will partner with two FQHCs, Neighborhood Family Practice and Care Alliance. Both organizations are pursuing recognition as a Level 3 patient-centered medical home. The MetroHealth System's experience in implementing a patient centered medical home for the uninsured and their recognition by NCQA will provide the foundation for successfully implementing the Medicaid Waiver Demonstration.

## Medicaid Waiver Demonstration Eligibility and Enrollment

### *Eligibility*

Today, Ohio Medicaid currently covers the following individuals up to the following specified income levels:

**Figure 6: Major Ohio Medicaid Eligibility Coverage Levels**

<b>Group</b>	<b>Income eligibility limit (FPL)</b>	<b>Asset Test</b>
Children up to age 19	200 % FPL	No
Pregnant women	200 % FPL	No
Parents with children	90 % FPL	No
Non workers with Disabilities	64 % FPL	Yes
Workers with Disabilities	250% FPL	Yes
Seniors 65 and older	64% FPL	Yes
Family Planning Services Adults 19-64	200% FPL	No

The proposed Medicaid Waiver Demonstration in Cuyahoga County will build on current Ohio Medicaid eligibility levels and target parents and childless adults with income up to 133 percent FPL who are currently not eligible for Medicaid. Medicaid Waiver Demonstration eligibility will be based on the following criteria:

- Applicant is between ages 19 and 64 with income at or below 133 percent FPL (assets and/or income disregards will not be considered);
- Applicant is a resident of Cuyahoga County<sup>1</sup>;
- Applicant is not otherwise eligible for Medicaid or Medicare;
- Applicant is not otherwise eligible for private insurance; and
- Applicant is a US citizen or a legal immigrant in the United States for 5 years or more, and can produce a birth certificate, passport, or other verification of citizenship, naturalization, or alien status.

The MetroHealth System will be responsible for managing all aspects of eligibility, including outreach/marketing, eligibility determination, enrollment into the Medicaid Waiver Demonstration, eligibility redetermination, and ongoing monitoring of eligibility.

The ODJFS requests authority to permit The MetroHealth System staff to perform Medicaid Waiver Demonstration eligibility functions. Applicants will be able to apply for the Medicaid Waiver Demonstration online, by mail, or in-person at The MetroHealth System locations in

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<sup>1</sup>County residence is determined by documentation received in the person's name at an Ohio residential address within the past 60 days through the US Postal Service from a governmental or commercial enterprise such as:

- (1) A utility bill, bank statement, insurance bill, major credit card bill or a correspondence from county, state, or federal government;
- (2) A lease or rental agreement for residential address signed within the past 60 days or a current statement of residency issued within the past 60 days from a known homeless shelter, drug and alcohol treatment program or pre-release program;
- (3) A person who presents and states to be living in Ohio voluntarily without documentation to support residency can present a statement from the head of household where they reside. The statement must document that the person resides at the stated address. A self-declaration may also be accepted if other forms are not available;
- (4) Any person with an address in a Cuyahoga County zip code is deemed a Cuyahoga County resident.

Cuyahoga County. The MetroHealth System will first screen applicants for Medicaid and if they appear eligible, will assist that individual in applying for Medicaid. If the individual appears eligible for the Medicaid Waiver Demonstration program, The MetroHealth System will process the individual's application and enroll them onto the Medicaid Waiver Demonstration.

### ***Enrollment***

Enrollment into the Medicaid Waiver Demonstration will occur via both a streamlined application process and an automatic enrollment process. To facilitate eligibility and enrollment processes, The MetroHealth System will use a standardized screening tool and application process to collect required data elements necessary to determine eligibility for the Medicaid Waiver Demonstration as well as other health care programs (e.g. Medicaid, HCAP, etc.). The screening tool and application process will provide a simple and seamless process for The MetroHealth System to manage new applicants by qualifying them, tracking their status and managing their electronically stored information.

Along with the application process for enrollment, The MetroHealth System proposes to automatically enroll automatically enroll the subset of the *Partners in Care* program participants and the partner FQHC patients who receive specialty care services within The MetroHealth System and meet the Medicaid Waiver Demonstration eligibility criteria. The data to enroll these patients is available for many patients because the same data used for the Medicaid Waiver Demonstration eligibility is already collected by The MetroHealth System and partnering FQHCs for the Hospital Care Assurance Program (HCAP). HCAP is Ohio's version of the federally required Disproportionate Share Hospital program and compensates hospitals that provide a disproportionate share of care to indigent patients (Medicaid consumers, people below poverty, and people without health insurance). The MetroHealth System and partnering FQHCs currently collect income information from uninsured patients to determine whether they might be eligible for Medicaid, and if not, whether they are eligible for HCAP. For those who are automatically enrolled into the Medicaid Waiver Demonstration, The MetroHealth System requests up to sixty-days, post automatic enrollment date, to obtain any missing documentation and finalize the eligibility determination.

During the documentation verification process of applicants and those who are automatically enrolled into the Medicaid Waiver Demonstration, The MetroHealth System will also review spouses and other family members to determine eligibility. This will further enhance the integrated health care to incorporate all eligible family members to continue to bring community-based care coordination with clinical, social, environmental, and behavioral support for those patients most in need.

### ***Continuous Eligibility***

The ODJFS and The MetroHealth System propose to allow continuous eligibility over the initial 18-month waiver period and will not perform eligibility redeterminations unless a qualifying event occurs that warrants action (e.g., an individual relocates outside of the county, a person attains age 65 during the year, permanent disability, pregnancy, etc). If a redetermination is necessary, it will include a re-assessment of Enrollee's eligibility for Medicaid and CHIP. If the Medicaid Waiver Demonstration continues beyond 18-months, redetermination will occur on an annual basis.

### ***Enrollment Cap and Waiting List***

The ODJFS and The MetroHealth System proposes to establish an enrollment cap for the Medicaid Waiver Demonstration. Once the enrollment cap is reached, eligible individuals who apply after the enrollment cap is met will be placed on a waiting list based on their eligibility determination date. The target enrollment is projected to be 20,331 individuals. Individuals on the waiting list will continue to receive a reduced set of services that are currently provided to patients in the Hospital Care Assurance Program (HCAP) and the Community Discount Program.

### ***Marketing and Beneficiary Education***

The MetroHealth System will implement a comprehensive plan to provide outreach to uninsured Cuyahoga County residents regarding potential coverage opportunities offered by the Medicaid Waiver Demonstration as well as provide extensive beneficiary education once an individual is enrolled in the program. It is recognized that prospective enrollees may not have a great understanding of the benefits that will be made available to them if they enroll in the Medicaid

Waiver Demonstration. The MetroHealth System will undertake a comprehensive campaign to educate prospective enrollees and community organizations about the new Medicaid Waiver Demonstration and benefits available to them and their constituents.

The most critical element of the plan is a series of informational meetings that will allow prospective enrollees to have the benefits explained and provide them with the opportunity to ask any questions they may have. Applications for the Medicaid Waiver Demonstration will be accepted through multiple vehicles, including in-person at a MetroHealth System location, by phone, and over the internet at [www.metrohealth.org](http://www.metrohealth.org).

The MetroHealth System will contract with a third party administrator to assist it with consumer education programs and to maintain enrollment data for claims and utilization reporting. The third party administrator will also assist in performing other administrative functions associated with operating the Medicaid Waiver Demonstration, primarily claims adjudication according to covered benefits (Appendix C) and distributing approved materials to Enrollees on behalf of The MetroHealth System.

## Benefit Package

Medicaid Waiver Demonstration Enrollees will be eligible to receive a core set of benefits and other add-on services allowable under Section 1905(a) of the Social Security Act. These benefits include:

- Inpatient hospital services
- Outpatient hospital services
- Physician services
- Prescription medications
- Home care services
- Short-term skilled nursing services
- Mental health/substance abuse services
- Alcohol and substance abuse detox services
- Emergency services, including transportation
- Non emergency transportation
- Physical, occupational, and speech therapies
- Durable medical equipment
- Podiatry service
- Smoking cessation
- Weight management clinic services for patients with BMI > 30
- Medical nutrition counseling
- Dental services
- Care coordination

A description of these services, including coverage limitations and a comparison to Ohio Medicaid services, is included in Appendix C. The MetroHealth System and ODJFS will ensure that each service is sufficient in amount, duration, and scope to reasonably achieve its purpose.

The following services are excluded from the benefit package:

- Out of network providers
- Vision services
- Skilled nursing for long term care
- Hearing aids and hearing evaluations
- Cosmetic services
- Infertility services
- Chiropractic services
- Acupuncture
- Travel clinic
- Private duty nursing
- Investigational drugs, devices, and services

### **Cost Sharing**

The MetroHealth System currently has a Community Discount Program (outlined previously) that requires nominal cost sharing on a sliding scale for individuals at or below 400% FPL. ODJFS and The MetroHealth System do not contemplate applying cost sharing requirements to Medicaid Waiver Demonstration Enrollees, which closely aligns with Ohio Medicaid cost sharing requirements for parents and children.

## Provider Network

Medicaid Waiver Demonstration Enrollees will obtain services exclusively from The MetroHealth System, with support from key community partners (the “MetroHealth Provider Network”).

The Medicaid Waiver Demonstration program will cover emergency services and post-stabilization services for Enrollees, regardless of whether the provider who furnishes the service is within The MetroHealth Provider Network. Out of network providers must, as a condition for receiving payment for emergency services, notify The MetroHealth System within 24 hours of admitting the patient to the emergency room, and with respect to post-stabilization care, meet the approval protocols established by The MetroHealth System and arrange transfer of the Enrollee back to the MetroHealth Provider Network.

The ODJFS and The MetroHealth System will ensure that Enrollees have adequate and appropriate access to services in a culturally competent manner that is sufficient to provide timely access to covered services for Enrollees. The MetroHealth Provider Network will comply with the following access standards:

- Services will be available 24 hours per day, seven days per week when medically necessary;
- Access to primary health care services will be provided at a location within 60 minutes or 30 miles from each Enrollee’s place of residence;
- Primary care appointments will be available with 30 business days of request during the period of the Demonstration term;
- Urgent primary care appointments will be provided within 48 hours (or 96 hours if prior authorization is required); and
- Specialty care access will be provided at a minimum within 30 business days of request.

The MetroHealth Provider Network will supply inpatient, outpatient, and physician services across The Metro Health System's facilities and community locations and with support from key community partners such as FQHCs, mental health/substance abuse services, and emergency transportation. The MetroHealth System will establish contracts with providers who render such services that would then be treated as in-network claims during benefit adjudication. Enrollees' covered benefits are dependent on obtaining care from the MetroHealth Provider Network, with some exceptions surrounding emergency care.

## Enrollee Protections and Due Process

The MetroHealth System will manage grievances and appeals for Medicaid Waiver Demonstration applicants and Enrollees. Each applicant and Enrollee will be given information during the application process on how to file a grievance or appeal. A grievance is an expression of dissatisfaction about any matter other than an Action. Grievances will be handled through The MetroHealth System Ombudsman grievance process consistent with CMS Conditions of Participation and the Joint Commission requirements for timely and adequately addressing grievances.

If an applicant or Enrollee has a complaint about the following Actions the due processes below will be implemented:

1. A denial, termination or reduction of eligibility to participate in the Medicaid Waiver Demonstration;
2. A denial or limited authorization or a requested Medicaid Waiver Demonstration Service, including the type or level of services;
3. A reduction, suspension, or termination of a previously authorized service; or
4. Any additional applicable reason found in Section 5101:6-3 of the Ohio Administrative Code.

The MetroHealth System will send the applicant or Enrollee documentation of why a decision was made, in writing. If the applicant or Enrollee does not agree with the decision listed in the letter, and the applicant or Enrollee contacts The MetroHealth System at (216) 778-5800 within ninety (90) calendar days to ask that The MetroHealth System change its decision, this is called an appeal. The ninety (90) calendar day period begins on the day after the mailing date on the letter. The MetroHealth System will answer the appeal in writing within fifteen (15) working days from the date the applicant or Enrollee contacts The MetroHealth System.

If the applicant or Enrollee is not satisfied with The MetroHealth System's answer to their appeal, they can ask The MetroHealth System to reconsider it. To do so, the applicant or

Enrollee must call or make a written request to The MetroHealth System within fifteen (15) working days of receiving The MetroHealth System's decision regarding the applicant or Enrollee(s) appeal. A meeting will be held within ten (10) working days from the date The MetroHealth System receives the applicant or Enrollee (s) request. The applicant or Enrollee and/or a representative for the applicant or Enrollee may attend the meeting and present information. The MetroHealth System will send the applicant or Enrollee an answer by certified mail within three (3) working days, excluding Saturdays, Sundays, and holidays of the meeting.

Following the conclusion of The MetroHealth System's appeal process, Medicaid Waiver Demonstration applicants and Enrollees will have the opportunity to request a State fair hearing in accordance with Section 5101:6 of the Ohio Administrative Code. Grievances will not be appealable to a State fair hearing.

## Financing and Budget Neutrality

The MetroHealth System will finance the non-federal share of Medicaid Waiver Demonstration costs through a certified public expenditure (CPE) process. The CPE will serve to finance the non-federal share of payments under the proposed Medicaid Waiver Demonstration. The MetroHealth System has the authority to use CPEs to finance the non-Federal share of Medicaid Waiver Demonstration payments as it is a County-owned hospital under Ohio Revised Code Section 339. The MetroHealth System will document and certify allowable costs using a CMS-approved cost claiming protocol, currently under development. The MetroHealth System will receive interim payments that will be reconciled to cost for the spending year in which the interim payments were made.

The population eligible for the Medicaid Waiver Demonstration is considered a hypothetical population for the purposes of budget neutrality who today may be covered under the Medicaid State Plan pursuant to Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. Under CMS' budget neutrality policy, the costs of a hypothetical population may be built into the "without waiver" baseline using an agreed upon methodology.

The ODJFS and The MetroHealth System propose that budget neutrality for the Medicaid Waiver Demonstration population be measured on a per capita basis. The "without-waiver" ceiling for each year would be equal to the following – the number of expansion eligible enrolled in the Medicaid Waiver Demonstration multiplied by an agreed-upon per member per month ("PMPM") allowance. The "without-waiver" PMPM allowance would be based on an estimate of The MetroHealth System cost for the proposed benefit package described in the Medicaid Waiver Demonstration application. The "with-waiver" expenditures would consist of actual costs for Medicaid Waiver Demonstration enrollees.

Estimates for enrollment member months and the “without waiver” PMPM allowance are presented in the following table.

**Figure 7: Budget Neutrality Estimates**

	SFY 2013 7/1/12 - 6/30/13	SFY 2014 7/1/13 - 12/31/13	Total Ceiling
Without Waiver PMPM	\$441.03	\$470.05	
Estimated average number enrolled	17,509	20,331	
Estimated member months	210,109	121,984	
Total Ceiling	\$92,664,817	\$57,338,479	\$150,003,296

The without waiver PMPMs were developed based on an actuarial analysis of The MetroHealth System cost for the eligible Medicaid Waiver Demonstration population currently served by The MetroHealth System today with adjustments. The actuarial analysis included the following steps:

- Established a base year of The MetroHealth System expenditure data of proposed covered services for the eligible Medicaid Waiver Demonstration population. The base year selected was SFY 2011.
- From the base year data, costs were derived using professional and technical charges adjusted using a State-approved Medicaid cost to charge ratio methodology.
- Technical adjustments were made to the base year data to account for identified data flaws (“data smoothing”), under-reported or misclassified claims, and claims that were incurred but not reported (IBNR).
- Costs were added to reflect new benefits The MetroHealth System will provide under the Medicaid Waiver Demonstration (these services include but are not limited to prescription drugs, durable medical equipment, transportation services, substance abuse services, short-term nursing facility services, and medical services provided at FQHCs in the MetroHealth Provider Network).

- Additional adjustments were made to the base year data to account for: (1) pent up demand and service utilization of Enrollees who are new to The MetroHealth System and who previously received little or no care and (2) utilization patterns associated with comprehensive benefit package that emphasize more professional and preventative services over more costly episodic care.

The adjusted base year PMPM was then trended forward to SFY 2013 and SFY 2014 by an annual inflation factor of 6.58 percent. The trend factor is based on average annual Medicaid trend rate from FY 2012 President's Budget.

Enrollment projections assume adoption of an automatic enrollment process for individuals participating in The MetroHealth System's patient-centered medical home, *Partners in Care* and partner FQHC patients who receive specialty care at The MetroHealth System and that are determined eligible for the Medicaid Waiver Demonstration. On the July 1, 2012 Medicaid Waiver Demonstration start date, The MetroHealth System will activate enrollment of those automatically enrolled along with a portion of those who completed an application for enrollment. Thereafter enrollment will expand monthly on a staggered basis until an enrollment target cap of 20,331 individuals is reached. This process will allow a coordinated, phased-in transition with staggered enrollment to ensure adequate support of the Enrollees. It will also allow The MetroHealth System to focus the Medicaid Waiver Demonstration's resources on identifying more individuals in the community who are in need of service that can be made available through the Medicaid Waiver Demonstration program.

## Requested Waivers

The State requests the following waivers to implement the Medicaid Waiver Demonstration program.

1. *Amount, Duration, and Scope* - To enable the State to offer benefits that vary from the State plan to the Medicaid Waiver Demonstration eligibles.[Section 1902(a)(10)(B)]
2. *Reasonable Promptness* - To enable the State to establish enrollment targets and maintain waiting lists for the Medicaid Waiver Demonstration eligibles. [Section 1902(a)(8)]
3. *Freedom of Choice* - To enable the State to restrict freedom of choice of provider for the Medicaid Waiver Demonstration eligibles to the MetroHealth System and contracted network providers.[Section 1902(a)(23)]
4. *Statewideness* - To enable the State to operate the Medicaid Waiver Demonstration and implement coverage for new eligibles in Cuyahoga County. [Section 1902(a)(1)]
5. *Retroactive Eligibility* - To enable the State to exclude the Medicaid Waiver Demonstration population from receiving coverage for up to 3 months prior to the date that an application is filed. [Section 1902(a)(34)]
6. *Single State Agency* - To enable the State to allow MetroHealth System employees to determine eligibility for the Medicaid Waiver Demonstration eligibles. [Section 1902(a)(5)]
7. *Comparability of Eligibility Standards* – To permit the state to apply differences in eligibility standards for Cuyahoga County for the Medicaid Waiver Demonstration program. [Section 1902(a)(17)]

8. *Early Periodic Screening Diagnosis and Treatment (EPSDT)* Section 1902(a)(43) To the extent necessary to enable the State to not provide coverage of early and periodic screening, diagnostic and treatment services to 19- and 20-year-old individuals in the Medicaid Waiver Demonstration program.

The ODJFS and The MetroHealth System propose to work with CMS to identify any additional waiver authorities required to implement the Medicaid Waiver Demonstration.

## Transition Plan

The State of Ohio in collaboration with The MetroHealth System will prepare a transition plan consistent with the provisions of the Affordable Care Act (ACA) for Enrollees in the Medicaid Waiver Demonstration. The plan will include details on how the State of Ohio plans to coordinate the transition of these individuals to a coverage option available under the ACA.

The MetroHealth System will be able to transfer all patient related information to the State (ODJFS) on completion of the Medicaid Waiver Demonstration, similar to the claims and cost reporting data already shared. The MetroHealth System and ODJFS will determine what system compatibility updates may be needed to share information and make any necessary changes to ensure a smooth transition.

## Public and Stakeholder Input

The MetroHealth System has actively reached out to a number of interested parties regarding the proposed 1115 Medicaid Waiver. This includes meetings with Cuyahoga County Executive Edward Fitzgerald, members of the Cuyahoga County Council, City of Cleveland Mayor Frank Jackson, Cleveland City Council, Cuyahoga County members of the Ohio General Assembly, the Director of the Ohio Department of Mental Health, the Director of the Ohio Department of Health, the Ohio Hospital Association, the Ohio Health Policy Institute, the Executive Director of the Cuyahoga County Alcohol and Drug Addiction Mental Health Services Board, the Executive Directors of Neighborhood Family Practice and Care Alliance (FQHCs located in Cuyahoga County), The Centers for Families and Children, the Mental Health Advocacy Coalition, and St. Vincent Charity Hospital.

The Cuyahoga County Council Health and Human Services Committee held a public hearing on Thursday, March 29, 2012 to hear a presentation regarding the 1115 Medicaid Waiver Demonstration proposal. The public was notified prior to the hearing of the location and time of the hearing. Officials from The Ohio Department of Job and Family Services, Office of Ohio Health Plans, and The MetroHealth System were present to answer questions from members of the Council and the public was invited to offer comments during the hearing process.

In addition, the Ohio Department of Job and Family Services, Office of Ohio Health Plans will provide a formal notice of administrative rule making regarding the 1115 Medicaid Waiver proposal in late April or early May of 2012. The notice will be posted on the Register of Ohio website and will include a copy of the pending Administrative Code rule, public hearing information, and information on where members of the public can obtain a copy of the 1115 Medicaid Waiver Demonstration proposal to learn about the proposal contents, and make comments in accordance with the State's administrative procedures. There will also be a public hearing held on the administrative rule related to the 1115 Medicaid Waiver, approximately 30-35 days after the public notice is made. All of these activities will occur prior to the effective date of July 1, 2012.

## Evaluation

The evaluation plan for the Medicaid Waiver Demonstration program is centered around the goals that the demonstration will reduce the uninsured rate in Cuyahoga County early, improve the health status and quality of care for thousands of county residents, and help prepare the State, the safety net system, and uninsured individuals for the health coverage expansion in 2014.

The MetroHealth System and the Ohio Department of Job and Family Services will capture the following data to evaluate the aforementioned statement to answer these three questions:

- Are the Enrollees receiving quality care?
- Are the Enrollees' health outcomes improving?
- Has Enrollee access to health care services increased?

The data items that will be used to evaluate the program will include:

### *Utilization Measures*

1. Number of Enrollees;
2. Number of encounters by type- In-Patient, Out-Patient-primary, Out-Patient-specialty, Emergency Department, Ancillary, and Urgent;
3. Summary utilization measures – Length Of Stay for In-Patient, frequencies or average encounters per Enrollee; and
4. Trends for these numbers over time, with comparison benchmarks (regular Medicaid population).

### *Cost Measures*

1. Total utilization costs for waiver population;
2. Costs per encounter by type;
3. Per Member Per Month costs; and
4. Trends for these numbers over time, with comparison benchmarks (regular Medicaid population).

### ***Health Outcome Measures***

1. Number of Enrollees with specific or complex conditions – Diabetes, Hypertension, or Heart Failure;
2. Number of Enrollees in care coordination;
3. Key condition specific measures - number of Enrollees at target vs. not at target by condition;
4. Trends for these numbers over time, with comparison benchmarks (regular Medicaid population); and
5. Overall rates of health maintenance (preventive care) up-to-date vs. overdue for the Medicaid Waiver Demonstration population.

The data described above will be compiled quarterly and reported on the agreed upon schedule for the Medicaid Waiver Demonstration. This data will serve as the basis to determine if enrollment goals are met, and to monitor program costs. As well as, the rate at which Enrollees are accessing healthcare services, and the health outcome measures status for Enrollees, which will show the status and trend for improvement of these within the Medicaid Waiver Demonstration population. The health outcomes and utilization rates are also indicators of the quality of care received by the Enrollees.

## Expansion to other Counties

The State of Ohio proposes to use the Medicaid Waiver Demonstration to create a vehicle for other local initiatives (e.g., public hospitals, county indigent care programs, and other entities that have access to unmatched revenues currently directed toward care for the low-income uninsured) to expand coverage for the uninsured.

Each geographic area would be reviewed by CMS on a case-by-case basis. Additional expansions would not be implemented until the State secures CMS approval of key elements of the process and content of these programs. Such elements include:

- Stakeholder engagement and public notice process
- Benefit package
- Service delivery network
- Eligibility criteria
- Enrollment process
- Source of non-federal share of funding
- Projected costs/budget neutrality
- Claiming methodology

Proposals for additional geographic areas would be submitted as amendments to the Medicaid Waiver Demonstration.

## **Appendix A: Addresses and a Map of MetroHealth System Facility Locations**

## Appendix A: Addresses and a Map of MetroHealth System Facility Locations

### **The MetroHealth System Medical Center**

2500 MetroHealth Drive

Cleveland, Ohio 44109

216-778-7800

**Services include:** a comprehensive list of services can be located at [www.metrohealth.org](http://www.metrohealth.org)

### **MetroHealth Asia Town Health Center**

2999 Payne Avenue, Suite 216, Cleveland, OH 44114

216-861-4646

**Services include:** family medicine (including pediatrics and obstetrics) and internal medicine; Physicians and staff speak English, Mandarin and Cantonese

### **MetroHealth Beachwood Health Center**

3609 Park East Drive, Suite 300, North Building

Beachwood, OH 44122

216-957-9959

**Services include:** adolescent medicine, audiology, cardiology, ENT (ear, nose and throat), family medicine, internal medicine, OB/GYN, orthopedics (upper extremity), pain management, pediatrics, plastic surgery, podiatry, pulmonary, rheumatology (pediatric and adult), and women's health (including digital mammography)

### **MetroHealth Broadway Health Center**

6835 Broadway Avenue Cleveland, OH 44105

216-957-1500

*MetroExpressCare*

216-957-1680

Dental 216-957-1950

**Services include:** family medicine, OB/GYN, pediatrics; dentistry, behavioral medicine and counseling, family planning, laboratory, neurology, nutrition services, radiology, rheumatology, ultrasound and WIC

**MetroExpressCare** for minor illnesses and injuries

**MetroHealth Brooklyn Health Center**

5208 Memphis Avenue, Cleveland, OH 44144

216-398-0100

**Services include:** cardiology, family medicine, internal medicine, internal medicine-pediatrics, neurology, OB/GYN, pediatrics, pulmonary; family planning, nutrition services, social work and WIC

**MetroHealth Buckeye Health Center**

2816 East 116th Street, Cleveland, OH 44120

216-957-4000

**Services include:** cardiology, internal medicine, nephrology, neurology, OB/GYN, ophthalmology, pediatrics, pediatric behavioral medicine, podiatry, pulmonary, chronic disease management for asthma, diabetes, obesity and weight management, senior health and smoking cessation; family planning, laboratory, nutrition services, pharmacy, radiology (including mammography), and WIC

**MetroHealth Lakewood Health Center**

14701 Detroit Avenue, Suite 400

Lakewood, OH 44107

216-227-1330

**Services include:** pediatrics

**MetroHealth Lee-Harvard Health Center**

4071 Lee Road, Suite 260, Cleveland, OH 44128

216-957-1200

**Services include:** family medicine, internal medicine, nephrology, neurology, OB/GYN, pediatrics, dentistry, family planning, laboratory, nutrition services, radiology (including mammography), social work and WIC

**MetroHealth Old Brooklyn Senior Health & Wellness Center**

4229 Pearl Road, Cleveland, OH 44109

216-957-2000

**Services include:** cardiology, dentistry, endocrinology, audiology/ENT (ear, nose and throat), gastroenterology, nephrology, neurology, nutrition, ophthalmology, podiatry, primary care, psychiatry, pulmonology, radiology, rheumatology, physical medicine & rehabilitation, vascular surgery

**MetroHealth Pepper Pike Health Center**

29125 Chagrin Boulevard, Suite 110

Pepper Pike, OH 44122

216-591-0523

**Services include:** dermatology (including Mohs micrographic surgery), plastic and reconstructive surgery

**MetroHealth Premier Health Center**

25200 Center Ridge Road, Suite 2100

Westlake, OH 44145

216-957-3200

**Services include:** OB/GYN (including minimally invasive gynecologic surgery), neurology, pulmonary and sleep medicine

**MetroHealth Strongsville Health Center**

16000 Pearl Road, Strongsville, OH 44136

440-238-2124

**Services include:** allergy and immunology, cardiology, dermatology, gastroenterology, internal medicine, internal medicine-pediatrics, neurology (adult and pediatric), OB/GYN, psychiatry (adult and pediatric), pulmonary, rheumatology and sleep medicine; chronic disease management for asthma, coumadin clinic, diabetes and hypertension/high cholesterol; echocardiogram, laboratory, nutrition services, radiology (including mammography), social work

**MetroHealth West Park Health Center**

3838 West 150th Street, Cleveland, OH 44111

216-957-5000

**Services include:** cardiology, family medicine, internal medicine, internal medicine-pediatrics, neurology, OB/GYN and fetal diagnostics, pediatrics, rheumatology; family planning, laboratory, nutrition services, social work and travel medicine

**MetroExpressCare** for minor illnesses and injuries

**MetroHealth Westlake Health Center**

24700 Center Ridge Road, Suite 220/230  
King James Building, Westlake, OH 44145  
216-957-3200

**Services include:** cardiology (including arrhythmia and heart failure), dermatology, (including Mohs micrographic surgery), internal medicine, plastics, PM&R, rheumatology

**MetroHealth West 150th Health and Surgery Center**

4330 West 150th Street, Cleveland, OH 44135  
216-251-6990

**Outpatient surgery:** endoscopy, ENT (ear, nose and throat), general surgery, gynecology, ophthalmology, oral surgery, orthopedics, pain management, physical medicine and rehabilitation, plastic and reconstructive surgery, urology, urology/gynecology

**Specialists:** audiology, dermatology, ENT (ear, nose and throat), obstetrics and gynecology, occupational therapy, ophthalmology, orthopedics (hand), pain management, physical medicine and rehabilitation, plastic and reconstructive surgery, urology/gynecology

***Coming in 2013:***

**MetroHealth Middleburg Heights Health Center**

The 57,000 square foot health center will offer MetroExpressCare, imaging, primary care, and specialties including cardiology, neurology, orthopedics, obstetrics and gynecology, dermatology and ophthalmology. Patients will also have access to physical and occupational therapy for rehabilitation.

**Operating in conjunction with the Cleveland Department of Public Health:**

**J. Glen Smith Health Center**

11100 St. Clair Avenue

Cleveland, OH 44108

216-249-3600

**Services include:** internal medicine-pediatrics, OB/GYN, family planning, nutrition services, social work and WIC

**Thomas F. McCafferty Health Center**

4242 Lorain Avenue, Cleveland, OH 44113

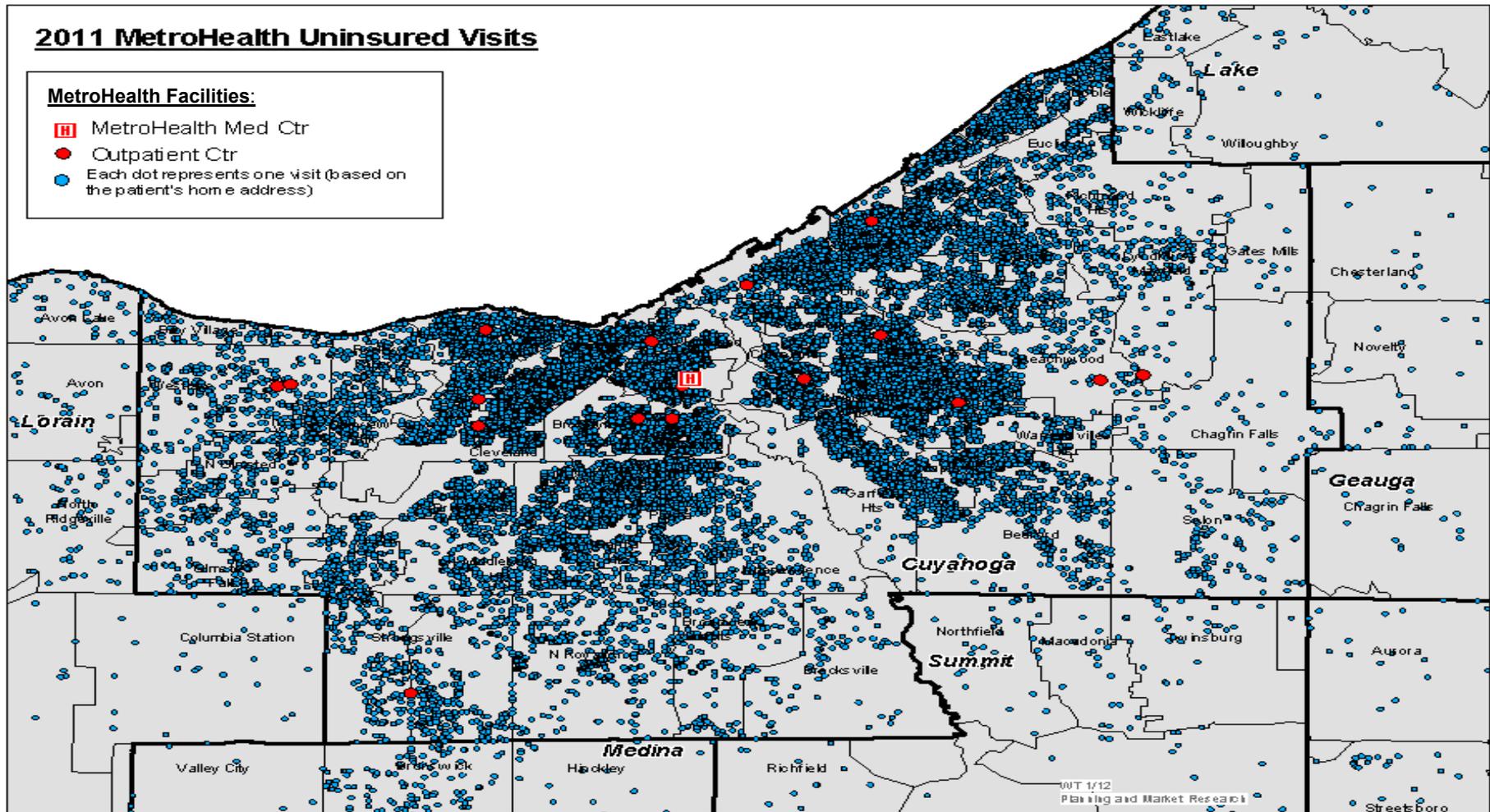
216-957-4848

**Services include:** cardiology, family medicine, OB/GYN, pediatrics, family planning, nutrition services, Pride Clinic (providing care that respects the unique health care needs of the lesbian, gay, bisexual and transgender community), social work and WIC; Physicians and staff speak English and Spanish.



**Appendix B: Mission: 226,000 Uninsured Patient Visits in 2011— up 42% since 2008**

Mission: 226,000 Uninsured Patient Visits in 2011— up 42% since 2008



## Appendix C: Comparison of Medicaid Benefit Plans

Appendix C: Comparison of Medicaid Benefit Plans

Service	MetroHealth Waiver Benefits	MetroHealth Waiver Required Provider	Ohio Medicaid Covered Benefits
<b>Allergy Testing and Treatment</b>	Testing procedure limited to one MetroHealth Allergy Specialist Visit and requires Medical Director authorization. Treatment covered after approved testing.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Testing and Treatment
<b>Chiropractic services</b>	Not covered	N/A	30 vistic every 12 months (children <21) and 15 visits ever 12 months (adults>21)
<b>Audiology services</b>	Hearing Aids not covered. Audiology/Hearing Test not covered unless the hearing loss is the result of a medical injury. Covered benefits do not pertain to chronic or progressive loss of hearing related to aging.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Hearing aids with prior authorization. Conventional, digital and programmable hearing aids (children < 21). Conventional hearing aids (adults ≥ 21). One conventional hearing aid every four years; one digital or programmable hearing aide every five years
<b>Dental services</b>	One exam and cleaning every 12 months covered. Fillings, extractions, anterior crowns, and root canals covered only when approved by MetroHealth D.D.S. Orthodontia, implants, other crowns, dentures cosmetic procedures, and other major services not covered.	The MetroHealth System Network Dental Clinics	One exam and cleaning every six months. One exam and cleaning every 12 months (adults ≥ 21). Dentures every eight years with prior authorization. Crowns. Root canals. Braces in extreme cases with prior authorization (children < 21). \$3 copay per visit (Non-Pregnant adults ≥ 21 not residing in a NF or ICF/MR)
<b>Optometry and ophthalmology services</b>	Exam (routine refraction), eyeglasses, and contact lenses not covered. Glaucoma screening covered as preventive care Diabetic retinal exams (referral required).	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	One exam and eyeglasses every 12 months (individuals < 21 and ≥ 60). One exam and eyeglasses every 24 months (adults 21 to 59). Contact lenses with prior authorization. Glaucoma screening. \$2 copay for exam and \$1 for eyeglasses (adults ≥ 21 not residing in a NF or ICF/MR)
<b>Physical therapy, occupational therapy, and speech/language pathology services</b>	Rehabilitative Services require Medical Director approval. Number of visits to be authorized as covered benefits is based on the patient’s condition and Medical Director authorization.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Rehabilitative Services: 48 visits for physical and occupational therapy combined every 12 months with prior authorization for additional visits. 48 visits for speech/language and audiology services combined every 12 months with prior authorization for additional visits.
<b>Developmental therapy</b>	Not covered	N/A	≥ 6 months treatment to attain or make significant progress toward expected milestones, and with conditional requirements. Restricted to
<b>Urgent Care</b>	Urgent care is covered only when rendered at MetroHealth’s Express Care facilities.	The MetroHealth System	Medically necessary as needed
<b>Transportation</b>	Non-emergency transportation provided by MetroHealth vans to and from MetroHealth facilities only where services provided and where resources permit. Ambulance for covered emergency transport based on “911” call. Wheelchair van and non-emergency medically necessary ambulance transport (MetroHealth prior authorization required).	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Non-emergency transportation assistance to and from Medicaid-covered services through the County Department of Job and Family Services. Wheelchair van (prior authorization not normally required; certification of necessity required). Ambulance (prior authorization not normally required; certification of necessity required for non-emergency use)
<b>Diabetic Supplies and Insulin</b>	All diabetic supplies covered with limits on quantity supplied Insulin pump and glucometer covered with MetroHealth Medical Director approval.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	All diabetic supplies covered with limits on quantity. Insulin pump
<b>Dietitian Services</b>	Coverage for Medically necessary services as needed for those patients with a diagnosis of diabetes, kidney disease, hyperlipidemia, hypertension, and heart failure, and upon MetroHealth Medical Director approval for other diagnoses.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Medically necessary services as needed.

Appendix C: Comparison of Medicaid Benefit Plans

Service	MetroHealth Waiver Benefits	MetroHealth Waiver Required Provider	Ohio Medicaid Covered Benefits
<b>Durable medical equipment (DME) &amp; Devices</b>	Covered Devices include: Implantable cardioverter defibrillators, Pacemakers, and Coronary & vascular stents. Covered DME items include: Wheelchairs (requires MetroHealth physician referral to MetroHealth Wheelchair Clinic and prior authorization for wheelchair acquisition); Canes, crutches and walkers; Oxygen supplies; and Ostomy supplies. Other DME requires prior authorization from MetroHealth Medical Director for coverage.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Covered DME items include: Wheelchairs, Canes, crutches and walkers, Lifts, Oxygen supplies, Ventilators, Speech generating devices, Incontinence garments, Bedside commodes, Ostomy supplies, Lactation pump. Some items require prior authorization.
<b>Emergency Room</b>	Non-emergency use of an Emergency Room outside of the MetroHealth Network not covered. Emergency Room care at MetroHealth facility covered. True emergency care at facilities other than MetroHealth covered. Medical Director will review such emergency care for EMTALA compliance. Patients needing admission or follow-up care from a non-MetroHealth Emergency Room visit will be transferred or directed to MetroHealth.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program, and non-network providers for true emergency care in Emergency Room	\$3 copay for non-emergency services (Non-Pregnant adults ≥ 21 not residing in a NF or ICF/MR)
<b>Healthcheck (EPSDT)</b>	Not covered	N/A	Individuals < 21. 13 well-child visits by age three and then one every 12 months. Comprehensive health and developmental history. Diagnosis and treatment identified as necessary during screening examinations
<b>Preventive Exams and Screenings</b>	Preventive exams and screenings including PAP tests, skin exams, prostate cancer screenings, mammograms, colorectal screening covered when rendered or referred to MetroHealth as part of annual health exam.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Services include:Gynecologic exams, Employment physicals if not covered by another source, Required physician visits for long-term-care-facility residents, Cervical cancer screenings, Prostate cancer screenings, Colonoscopy for adults ≥ 50 or high risk.
<b>Immunizations</b>	Vaccines as recommended by the Centers for Disease Control (HPV, Zoster, Tetanus, Pneumonia and Influenza).	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Vaccines as recommended by the Centers for Disease Control, American Academy of Pediatrics and Advisory Committee on Immunization Practices. Annual flu and pneumonia shots.
<b>Laboratory and X-ray services</b>	Medically necessary lab and x-ray services ordered by a MetroHealth Network Provider Mammograms at MetroHealth covered when ordered by MetroHealth Network Provider as medically necessary service.	The MetroHealth System	Medically necessary services ordered by a physician. Annual chest x-rays for long-term-care-facility residents. Mammograms
<b>Home health services</b>	Skilled home health nursing, physical therapy, occupational therapy, and speech pathology are covered with prior authorization from MetroHealth Medical Director for coverage.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Services include: Home health nursing, Home health aide, Physical and Occupational Therapy, Speech-Language Pathology, Requires face-to-face encounter with physician prior to certification of medical necessity for home health nursing and home health aide services only. Services must be ≤ four hours per visit, ≤ eight hours per day (all services), and ≤
<b>Private duty nursing services</b>	Not covered	N/A	Nursing visits more than four to 12 hours in length. Can be > four hours per visit or up to 16 hours per day in limited circumstances. Post-hospital stay benefit with ≤ 56 hours per week for ≤ 60 days.Prior authorization required except for post-hospital stay benefit.

Appendix C: Comparison of Medicaid Benefit Plans

Service	MetroHealth Waiver Benefits	MetroHealth Waiver Required Provider	Ohio Medicaid Covered Benefits
<b>Home and community-based services (e.g., PASSPORT, Ohio Home Care, Individual Options and Assisted Living waivers)</b>	Not covered	N/A	Examples of services (not all services available on all waivers): Personal care, Waiver nursing, Respite care, Social work and counseling, Meals and nutrition counseling, Home modification, Transportation, Must meet level of care requirements, Special income maintenance needs allowance plus ≤ \$65 depending on employment status. Patient liability amount depends on income and special income maintenance needs allowance.
<b>Hospice services</b>	Not covered	N/A	Services include: Routine home care, Continuous care, Inpatient respite care, General inpatient care, Nursing Facility and ICF/MR Room and Board, Can include concurrent curative treatment for children < 21.
<b>Inpatient hospital services</b>	Services provided at MetroHealth facility covered	The MetroHealth System	Services include: Routine home care, Continuous care, Inpatient respite care, General inpatient care, Nursing Facility and ICF/MR Room and Board, Can include concurrent curative treatment for children < 21, ≤ 30 covered days from the date of admission to 60 days after discharge with limited exceptions, Prior approval may be needed for some surgeries, Chemical dependency detoxification.
<b>Outpatient hospital services</b>	Outpatient Services, Ambulatory Surgery, Extended Recovery, and Observation provided at MetroHealth facilities covered	The MetroHealth System	Medical review for > 48 visits per year. Prior approval may be needed for some surgeries
<b>FQHC Services</b>	Covered outpatient services provided by contracted providers within The MetroHealth System Network	FQHC's with an approved contract to be a part of The MetroHealth System Network	All outpatient services covered
<b>Physician services</b>	Services provided by MetroHealth approved providers covered, including but not limited to MDs, DOs, NPs, PAs, CRNAs, RNs, SWs. MetroHealth specialist services require a referral from MetroHealth Network Primary Care Physician.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Up to 24 visits every 12 months with additional visits for specified conditions. Pediatric and family nurse practitioner services.
<b>Pregnancy-Related Services</b>	All pregnancy related services are covered as medically appropriate only when patients not eligible for other coverage.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	All pregnancy related services are covered. Services include: Education, Care coordination, Counseling, High risk monitoring, Nurse midwife services, Preconception care, Prenatal care, Ultrasounds, Prenatal risk assessment, Delivery, Transportation.
<b>Family planning services and supplies</b>	Covered	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	As needed
<b>Podiatry services</b>	Referrals to for medically necessary podiatry care covered. Routine foot care consults limited to patients with neurovascular diagnoses, including diabetes at frequency of 2 referrals per year.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	One long-term-care facility visit per month. One nail debridement per 60 days.
<b>Prosthetics and Orthotics</b>	Not covered	N/A	Up to two pairs of shoes per 365 days (individuals ≥ 8). Up to three pairs

Appendix C: Comparison of Medicaid Benefit Plans

Service	MetroHealth Waiver Benefits	MetroHealth Waiver Required Provider	Ohio Medicaid Covered Benefits
<b>Nursing facility (NF) services</b>	Short-term skilled nursing and acute rehabilitation when medically necessary following a MetroHealth service covered when approved by MetroHealth Medical Director. Limited to 30 days per calendar year.	The MetroHealth System	Must meet level of care requirements. Must meet PASRR requirements. ≤ 30 bed hold days per calendar year in specified situations. \$40 or \$105 maximum monthly personal needs allowance depending on income and employment status. Patient liability depends on income, personal needs allowance, and other factors. Must meet level of care requirements. ≤ 30 bed hold days per calendar year in specified situations (additional days require prior authorization). \$40 or \$105 maximum monthly personal needs allowance depending on income and employment status. Patient liability depends on income, personal needs allowance, and other factors.
<b>Intermediate Care Facility for persons with Mental Retardation (ICF/MR) services</b>	Not covered	N/A	Must meet level of care requirements, ≤ 30 bed hold days per calendar year in specified situations (additional days require prior authorization), \$40 or \$105 maximum monthly personal needs allowance depending on income and employment status, Patient liability depends on income, personal needs allowance, and other factors.
<b>Community Behavioral Health Services</b>	Mental Health and Substance abuse services requires MetroHealth Network physician referral for coverage Services include: Behavioral health counseling, Mental health assessment, Pharmacologic management, Crisis intervention, Community psychiatric support treatment, Intensive outpatient treatment Substance abuse assessment, Substance abuse counseling (individual, group, family), Acute inpatient psychiatric hospitalization.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Services include: Behavioral health counseling, Mental health assessment, Pharmacologic management, Crisis intervention, Community psychiatric support treatment, Partial hospitalization in specified circumstances.
<b>Independent psychologist services</b>	Coverage limited to visits approved by MetroHealth PCP or Medical Director approved visits.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Up to eight hours psychological testing every 12 months, Up to 25 visits every 12 months
<b>Prescription drugs</b>	Prescriptions for formulary drugs covered. Non-formulary drugs require prior Medical Director review and approval. No copay. OTCs not covered.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	≤ 34 day supply dispensed at a time for drugs to treat acute conditions, ≤ 102 day supply dispensed at a time for drugs to treat chronic conditions, Prior authorization required for name-brand when generic is available, \$3 copay for drugs requiring prior authorization (non-pregnant and non-institutionalized adults ≥ 21), \$2 copay for most name-brand drugs (non-pregnant and non-institutionalized adults ≥ 21), \$0 copay for hospice/institutionalized adult consumers, and for medications prescribed for emergency services and family planning services.
<b>Smoking cessation services</b>	Coverage limited to group programs at MetroHealth.	The MetroHealth System	Covered as part of routine physician/clinic services
<b>Weight management</b>	Coverage for Clinic services limited to patients with BMI>30.	The MetroHealth System	Prior authorization is required, otherwise not covered.
<b>Alcohol and Substance Abuse-Detox</b>	Coverage limited to 3 days.	The MetroHealth System	Provided through the Ohio Department of Alcohol and Drug Addiction Services
<b>Care Coordination</b>	Covered when services rendered by MetroHealth Care Coordinators for patient centered medical home.	The MetroHealth System or approved contracted provider within MetroHealth Network for Waiver Demonstration Program	Not applicable

Appendix C: Comparison of Medicaid Benefit Plans

Service	MetroHealth Waiver Benefits	MetroHealth Waiver Required Provider	Ohio Medicaid Covered Benefits
<p><b>Not covered or excluded services</b></p>	<p>The following other services are excluded from the MetroHealth Waiver Demonstration benefit package: Abortions other than those described in rule 5101:3-17-01 of the Administrative Code as reimbursable under Medicaid, Infertility services, Drugs to treat erectile dysfunction, Paternity testing, Inpatient rehabilitation for chemical dependency, Cosmetic surgery for aesthetic purposes, Services related to forensic studies, Acupuncture, Biofeedback services, Research or experimental services, Autopsy, Patient convenience items, Pregnancy services related to a surrogate pregnancy, Transplantation services, Travel clinic services (vaccines or other services related to traveling to foreign countries), Investigational drugs, devices, and services. Services provided by providers outside of the MetroHealth Network, other than true emergency care in the Emergency Room.</p>	<p>N/A</p>	<p>The following services are NOT covered: Abortion with limited exceptions, Infertility services, Drugs to treat erectile dysfunction, Paternity testing, Inpatient rehabilitation for chemical dependency, Cosmetic surgery for aesthetic purposes, Services related to forensic studies, Acupuncture, Biofeedback services, Research or experimental services, Autopsy, Patient convenience items, Pregnancy services related to a surrogate pregnancy, Services determined not medically necessary by Medicaid, Medicare or another third-party payer.</p>

## Appendix D: Payer Mix Comparison

# Payor mix for MetroHealth System comparison pre and post waiver implementation

