



# Department of Medicaid

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Maureen M. Corcoran**, Director

October 22, 2021

Ms. Judith Cash, State Demonstrations Group Director  
Centers for Medicare & Medicaid Services - Region V  
Division of Medicaid and Children's Health Operations  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

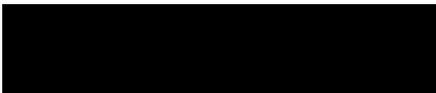
Dear Ms. Cash:

Please find enclosed the submission of Ohio's Budget Neutrality Amendment for its SUD 1115 Waiver Demonstration. The Ohio Department of Medicaid is requesting approval from the Centers for Medicare and Medicaid Services (CMS) of the proposed amendment.

Also attached is the public notice for the amendment. It was posted on a State of Ohio website for 31 days. The State also informed the SUD 1115 Waiver Demonstration Advisory Committee of the amendment. No comments from the Committee or website posting were received.

If you have any questions or require additional information, please contact Rebecca Jackson at [rebecca.jackson@medicaid.ohio.gov](mailto:rebecca.jackson@medicaid.ohio.gov); or Lynne Lyon at [Lynne.Lyon@medicaid.ohio.gov](mailto:Lynne.Lyon@medicaid.ohio.gov).

Sincerely,



Maureen M. Corcoran, Director

Enclosures:

1. SUD 1115 Budget Neutrality Amendment
2. Public Notice of the Amendment

cc: Christine Davidson, CMS, Ohio State Program Representative  
Andrea Casart, CMS, Director, Division of Eligibility & Coverage Demonstrations  
Rachel Nichols, CMS, Project Officer, Division of Eligibility & Coverage Demonstrations  
Lorraine Nawara, CMS, Project Officer, Division of Eligibility & Coverage Demonstrations  
Rebecca Jackson, Ohio Department of Medicaid

**Ohio Department of Medicaid**

**Section 1115 Substance Use Disorder Demonstration  
(Project No. 11-W-00330/5)**

**Amendment 1**

**October 5, 2021**

## **Summary**

The Ohio Department of Medicaid (ODM) is requesting approval from the Centers for Medicare & Medicaid Services (CMS) for an amendment to the state's Section 1115(a) Substance Use Disorder Demonstration to prospectively adjust its budget neutrality projections to account for increases in managed care capitation rates which has resulted in increased expenditures for the managed care Medicaid Eligibility Group (MEG).

Ohio's 1115 SUD Demonstration was originally approved effective October 1, 2019 through September 30, 2024. The demonstration allows Ohio to enhance and broaden the crucial component of residential substance disorder services in the state's current substance use disorder (SUD) benefits to create a full continuum of care for beneficiaries with SUD. It allows Ohio to receive federal financial participation (FFP) for the provision of all Medicaid state plan services, including a continuum of services to treat addictions to opioids and other substances for otherwise eligible Medicaid beneficiaries primarily diagnosed with opioid use disorder (OUD) and/or SUD who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Diseases (IMD).

## **Overview**

Within the budget neutrality analysis provided for the initial 1115 SUD demonstration application, Ohio developed two specific Medicaid eligibility groups (MEGs): Medicaid managed care and Medicaid fee for service. The modifications in this amendment reflect changes in the managed care program which resulted in increases in capitation payments made to the managed care organizations (MCOs), thus resulting in increased expenditures for the managed care MEG. Attached as Appendix B to this amendment is a letter from our actuary, Milliman, detailing the adjustments to the original budget neutrality calculations. The amendment narrative provides a more general overview of the adjustments and notes that the proposed adjustments do not impact the services, eligibility, or service delivery system under the demonstration.

STC 66 of the demonstration approval requires the State to submit a corrective action plan (CAP) to CMS if the State exceeds the calculated cumulative target limit for any of the demonstration years by the percentage identified in the approval. As such, Ohio is requesting that CMS consider this amendment submission as addressing the CAP requirement in the STC.

## **Demonstration Eligibility**

Ohio does not seek to amend the eligibility groups in the budget neutrality calculation.

## **Demonstration Area**

The demonstration will continue to operate statewide and the proposed amendment does not alter that.

## **Demonstration Timeframe**

The approved demonstration is approved for five years from October 1, 2019 through September 30, 2024 and the proposed amendment does not alter the timeframe. Ohio is requesting the amendment be approved with an effective date to be determined in consultation with CMS.

### **Demonstration Cost Sharing Requirements**

There is not beneficiary cost sharing required under this demonstration and the proposed amendment does not alter that.

### **Demonstration Delivery System**

The delivery system will continue to be fee-for-service and managed care. The managed care program utilizes capitated Medicaid managed care organizations to provide Medicaid state plan services to beneficiaries. The proposed amendment does not alter the demonstration delivery system.

### **Demonstration Benefits**

Ohio's Medicaid beneficiaries are covered by the State's Medicaid state plan benefit and the Alternative Benefit Plan for the provision of SUD treatment services provided under this demonstration. The proposed amendment does not alter that.

### **Evaluation Design**

Ohio's 1115 SUD demonstration evaluation design was approved on November 9, 2020. Ohio does not anticipate additional modifications to the evaluation design as a result of this amendment to the demonstration. The proposed amendment does not alter the demonstration program hypotheses or measures.

### **Waiver and Expenditure Authorities**

The demonstration allows Ohio to receive federal financial participation (FFP) for the provision of all Medicaid state plan services, including a continuum of services to treat addictions to opioids and other substances for otherwise eligible Medicaid beneficiaries primarily diagnosed with opioid use disorder (OUD) and/or SUD who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Diseases (IMD). The proposed amendment does not alter the approved demonstration expenditure authorities.

### **Tribal Consultation**

Ohio does not have any federally recognized tribes.

### **Ohio 1115 SUD Demonstration Budget Neutrality**

Budget neutrality for ODM's SUD 1115 Waiver is demonstrated using the per capita method. The original budget neutrality projections were developed based on the CMS budget neutrality requirements. As part of the original projections, the 1115 Waiver SUD residential services budget neutrality worksheets stratified the eligible population into two Medicaid Eligibility Groups (MEGs): managed care and fee-for-service (FFS). For both MEGs, any FFS claims were included as part of the historic data, without waiver (WoW), and with waiver (WW) projections. For the managed care MEG, we also included historic and projected capitation payments associated with the eligible member months under the waiver. The basis of the original demonstration year (DY) 00 amounts were the Medicaid Managed Care (MMC) and MyCare Ohio capitation rates that were effective July 1, 2019 and certified June 13, 2019.

Since the development of the original budget neutrality projections, the MMC program has undergone program changes that have served to materially increase the capitation rates in excess of the 4.5% PMPM cost growth rate that was assumed in the projections. Expenditures for the managed care MEG have thus increased since they are reported on a capitation payment basis. However, the items to which the capitation rate increases can be attributed are not directly related to SUD residential recipients and most of the services they received. Program changes since the development of the original budget neutrality projections that have resulted in material changes to the MMC capitation rates are addressed in detail in Appendix B.

### **Expenditure Estimate**

The proposed changes will impact the budget neutrality calculations, however, the adjustments do not impact program services, eligibility, or service delivery.

### **Budget Neutrality Workbook**

Appendix A provides the proposed updated budget neutrality projections that reflect these adjustments going forward. As these are prospective adjustments, calculations for DY2, DY3, DY4, and DY5 will vary from the calculations in the workbooks we have already submitted to CMS as part of the quarterly reporting requirement of the demonstration. The workbooks submitted to date reflect our original assumptions and understanding of the budget neutrality methodology.

**Appendix A: Estimated Impact of Proposed Budget Neutrality Adjustments**

SUD Historical Spending Data - 5 Years							
		Historical Years Definition:		Calendar Year			
SUD Residential Services MEG 1: Managed Care	2014	2015	2016	2017	1H 2018	2H 2018	5-YEARS
<b>Expenditures</b>							
Capitation	\$ 6,810,418	\$ 10,869,881	\$ 15,015,361	\$ 20,817,680	\$ 8,514,104	\$ 11,946,206	\$ 73,973,650
FFS Claims	\$ 40,310,042	\$ 73,061,778	\$ 108,919,262	\$ 145,396,763	\$ 57,924,866	\$ 594,497	\$ 426,207,208
<b>Total Expenditures</b>	<b>\$ 47,120,461</b>	<b>\$ 83,931,659</b>	<b>\$ 123,934,623</b>	<b>\$ 166,214,442</b>	<b>\$ 66,438,970</b>	<b>\$ 12,540,703</b>	<b>\$ 500,180,858</b>
<b>ELIGIBLE MEMBER MONTHS</b>	<b>12,743</b>	<b>22,111</b>	<b>31,509</b>	<b>40,994</b>	<b>16,258</b>	<b>20,211</b>	<b>143,826</b>
<b>PMPM Cost</b>							
Capitation	\$ 534.44	\$ 491.61	\$ 476.54	\$ 507.82	\$ 523.69	\$ 591.07	\$ 514.33
FFS Claims	\$ 3,163.31	\$ 3,304.32	\$ 3,456.77	\$ 3,546.78	\$ 3,562.85	\$ 29.41	\$ 2,963.35
<b>Total PMPM</b>	<b>\$ 3,697.75</b>	<b>\$ 3,795.92</b>	<b>\$ 3,933.31</b>	<b>\$ 4,054.60</b>	<b>\$ 4,086.54</b>	<b>\$ 620.49</b>	<b>\$ 3,477.68</b>
<b>TREND RATES</b>							
TOTAL EXPENDITURE		78.12%	47.66%	34.11%	-15.45%	-56.55%	-13.80%
ELIGIBLE MEMBER MONTHS		73.51%	42.50%	30.10%	-15.95%	11.50%	31.20%
Total PMPM		2.65%	3.62%	3.08%	0.59%	-61.03%	-34.30%
<b>SUD Residential Services MEG 2: FFS</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>1H 2018</b>	<b>2H 2018</b>	<b>5-YEARS</b>
TOTAL EXPENDITURES	\$ 16,726,971	\$ 20,195,209	\$ 23,366,052	\$ 26,592,824	\$ 4,451,551	\$ 4,714,472	\$ 96,047,080
ELIGIBLE MEMBER MONTHS	5,084	5,219	5,789	6,301	1,066	1,241	24,700
PMPM COST	<b>\$3,290.12</b>	<b>\$3,869.56</b>	<b>\$4,036.28</b>	<b>\$4,220.41</b>	<b>\$4,175.94</b>	<b>\$3,798.93</b>	<b>\$3,888.55</b>
<b>TREND RATES</b>							
TOTAL EXPENDITURE		20.73%	15.70%	13.81%	-55.99%	2.91%	-12.60%
ELIGIBLE MEMBER MONTHS		2.66%	10.92%	8.84%	-55.64%	7.90%	-15.50%
PMPM COST		17.61%	4.31%	4.56%	-0.79%	-4.62%	3.40%

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 00	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 01	DY 02	DY 03	DY 04	DY 05	
<b>SUD Residential Services MEG 6: Managed Care</b>										
<b>Expenditures</b>										
Capitation			\$ 30,690,547		\$ 34,892,101	\$ 40,108,602	\$ 46,104,651	\$ 52,998,038	\$ 60,921,171	
FFS Claims			\$ 1,222,220		\$ 1,389,559	\$ 1,597,451	\$ 1,836,220	\$ 2,110,900	\$ 2,426,639	
<b>Total Expenditures</b>			<b>\$ 31,912,767</b>		<b>\$ 36,281,661</b>	<b>\$ 41,706,053</b>	<b>\$ 47,940,871</b>	<b>\$ 55,108,938</b>	<b>\$ 63,347,810</b>	<b>\$ 244,385,332</b>
<b>ELIGIBLE MEMBER MONTHS</b>	n.a.	9	<b>40,116</b>	10.0%	<b>44,127</b>	<b>48,540</b>	<b>53,394</b>	<b>58,734</b>	<b>64,607</b>	
<b>PMPM Cost</b>										
Capitation	n.a.	9	\$ 765.05	4.5%	\$ 790.72	\$ 826.30	\$ 863.48	\$ 902.34	\$ 942.95	
FFS Claims	n.a.	9	\$ 30.47	4.5%	\$ 31.49	\$ 32.91	\$ 34.39	\$ 35.94	\$ 37.56	
<b>Total PMPM</b>			<b>\$ 795.51</b>		<b>\$ 822.21</b>	<b>\$ 859.21</b>	<b>\$ 897.87</b>	<b>\$ 938.28</b>	<b>\$ 980.51</b>	
<b>SUD Residential Services MEG 2: FFS</b>										
ELIGIBLE MEMBER MONTHS	n.a.	9	2,538	10.0%	2,791	3,071	3,378	3,715	4,087	
PMPM Cost	n.a.	9	\$ 3,926.44	4.5%	\$ 4,103.13	\$ 4,287.77	\$ 4,480.72	\$ 4,682.35	\$ 4,893.06	
Total Expenditures					<b>\$11,451,836</b>	<b>\$13,167,742</b>	<b>\$15,135,872</b>	<b>\$17,394,930</b>	<b>\$19,997,936</b>	<b>\$ 77,148,316</b>

ELIGIBILITY GROUP	BASE YEAR DY 00	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
<b>SUD Residential Services MEG 1: Managed Care</b>								
<b>Expenditures</b>								
Capitation	\$ 30,690,547		\$ 34,892,101	\$ 40,108,602	\$ 46,104,651	\$ 52,998,038	\$ 60,921,171	
FFS Claims	\$ 1,222,220		\$ 1,389,559	\$ 1,597,451	\$ 1,836,220	\$ 2,110,900	\$ 2,426,639	
<b>Total Expenditures</b>	<b>\$ 31,912,767</b>		<b>\$ 36,281,661</b>	<b>\$ 41,706,053</b>	<b>\$ 47,940,871</b>	<b>\$ 55,108,938</b>	<b>\$ 63,347,810</b>	
<b>ELIGIBLE MEMBER MONTHS</b>	<b>40,116</b>	10.0%	<b>44,127</b>	<b>48,540</b>	<b>53,394</b>	<b>58,734</b>	<b>64,607</b>	
<b>PMPM Cost</b>								
Capitation	\$ 765.05	4.5%	\$ 790.72	\$ 826.30	\$ 863.48	\$ 902.34	\$ 942.95	
FFS Claims	\$ 30.47	4.5%	\$ 31.49	\$ 32.91	\$ 34.39	\$ 35.94	\$ 37.56	
<b>Total PMPM</b>	<b>\$ 795.51</b>		<b>\$ 822.21</b>	<b>\$ 859.21</b>	<b>\$ 897.87</b>	<b>\$ 938.28</b>	<b>\$ 980.51</b>	
<b>SUD Residential Services MEG 2: FFS</b>								
ELIGIBLE MEMBER MONTHS	2,538		2,791	3,071	3,378	3,715	4,087	
PMPM Cost	\$3,926.44	4.5%	\$4,103.13	\$4,287.77	\$4,480.72	\$4,682.35	\$4,893.06	
Total Expenditures	<b>\$ 9,964,127</b>		<b>\$ 11,451,836</b>	<b>\$ 13,167,742</b>	<b>\$ 15,135,872</b>	<b>\$ 17,394,930</b>	<b>\$ 19,997,936</b>	

SUD Residential Supplemental BN Tests						
<b>Without-Waiver Total Expenditures</b>						
	<b>DEMONSTRATION YEARS (DY)</b>					<b>TOTAL</b>
	<b>DY 01</b>	<b>DY 02</b>	<b>DY 03</b>	<b>DY 04</b>	<b>DY 05</b>	
SUD Residential Services MEG 1: Managed Care	\$36,281,661	\$41,706,053	\$47,940,871	\$55,108,938	\$63,347,810	\$244,385,332
SUD Residential Services MEG 2: FFS	\$11,451,836	\$13,167,742	\$15,135,872	\$17,394,930	\$19,997,936	\$77,148,316
<b>TOTAL</b>	<b>\$47,733,497</b>	<b>\$54,873,795</b>	<b>\$63,076,743</b>	<b>\$72,503,868</b>	<b>\$83,345,746</b>	<b>\$321,533,648</b>
<b>With-Waiver Total Expenditures</b>						
	<b>DY 01</b>	<b>DY 02</b>	<b>DY 03</b>	<b>DY 04</b>	<b>DY 05</b>	<b>TOTAL</b>
SUD Residential Services MEG 1: Managed Care	\$36,281,661	\$41,706,053	\$47,940,871	\$55,108,938	\$63,347,810	\$244,385,332
SUD Residential Services MEG 2: FFS	\$11,451,836	\$13,167,742	\$15,135,872	\$17,394,930	\$19,997,936	\$77,148,316
<b>TOTAL</b>	<b>\$47,733,497</b>	<b>\$54,873,795</b>	<b>\$63,076,743</b>	<b>\$72,503,868</b>	<b>\$83,345,746</b>	<b>\$321,533,648</b>
<b>Net Overspend</b>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Add Trend Rates &amp; PMPMs from Table Below to 'SUD IMD Supplemental Budget Neutrality Test(s)' STC</i>						
<b>SUD MEG(s)</b>	<b>Trend Rate</b>	<b>DY 01</b>	<b>DY 02</b>	<b>DY 03</b>	<b>DY 04</b>	<b>DY 05</b>
SUD Residential Services MEG 1: Managed Care	4.5%	\$822.21	\$859.21	\$897.87	\$938.28	\$980.51
SUD Residential Services MEG 2: FFS	4.5%	\$4,103.13	\$4,287.77	\$4,480.72	\$4,682.35	\$4,893.06

<b>Projected SUD Residential Member Months/Caseloads</b>		<b>DEMONSTRATION YEARS (DY)</b>				
	<b>Trend Rate</b>	<b>DY 01</b>	<b>DY 02</b>	<b>DY 03</b>	<b>DY 04</b>	<b>DY 05</b>
SUD Residential Services MEG 1: Managed Care	10.0%	44,127	48,540	53,394	58,734	64,607
SUD Residential Services MEG 2: FFS	10.0%	2,791	3,071	3,378	3,715	4,087

## **Appendix B: Milliman Letter**



Market Tower  
10 West Market Street, Suite 1600  
Indianapolis, IN 46204-5128  
USA

Tel +1 317 639 1000  
Fax +1 317 639 1001

milliman.com

March 10, 2021

Mr. Al Dickerson  
Deputy Director of Rate Setting  
Ohio Department of Medicaid  
50 West Town Street, Suite 400  
Columbus, OH 43215

## **SUBSTANCE USE DISORDER 1115 WAIVER BUDGET NEUTRALITY – RESPONSE TO 02/18/2021 CMS REQUEST FOR ADDITIONAL INFORMATION**

Milliman, Inc. (Milliman) was engaged by the State of Ohio, Department of Medicaid (ODM) to develop the response to the Budget Neutrality Form section for the Section 1115 Medicaid Demonstration Waiver Application (1115 Waiver) for substance use disorder (SUD) residential services. Budget neutrality is a comparison of without waiver expenditures (WoW) to with waiver expenditures (WW). This correspondence is in response to a request from the Centers for Medicare & Medicaid Services (CMS) provided to ODM on February 18, 2021 for additional information related to proposed budget neutrality revisions. The purpose of this document is to outline the changes that have occurred since the original budget neutrality submission and to propose an amended budget neutrality projection that considers these changes.

### **LIMITATIONS**

The information contained in this report has been prepared for the Ohio Department of Medicaid (ODM) to provide documentation of the development of the SUD 1115 Waiver budget neutrality projections. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for ODM and their consultants and advisors. It is our understanding that the information contained in this report will be shared with CMS and may be utilized in a public document. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for ODM by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has developed certain models to estimate the values included in this correspondence. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by ODM for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is

not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. The models, including all input, calculations, and output may not be appropriate for any other purpose.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. It should be emphasized that the values in the Budget Neutrality Form are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this analysis.

The services provided by Milliman to ODM were performed under the signed contract agreement between Milliman and ODM dated July 12, 2019.

## **REVISED BUDGET NEUTRALITY PROPOSAL**

Budget neutrality for ODM's SUD 1115 Waiver is demonstrated using the per capita method. The original budget neutrality projections were developed based on the CMS budget neutrality requirements. As part of the original projections, the 1115 Waiver SUD residential services budget neutrality worksheets stratified the eligible population into two Medicaid Eligibility Groups (MEGs): managed care and fee-for-service (FFS). For both MEGs, any FFS claims were included as part of the historic data, WoW, and WW projections. For the managed care MEG, we also included historic and projected capitation payments associated with the eligible member months under the waiver. The basis of the original demonstration year (DY) 00 amounts were the Medicaid Managed Care (MMC) and MyCare Ohio capitation rates that were effective July 1, 2019 and certified June 13, 2019.

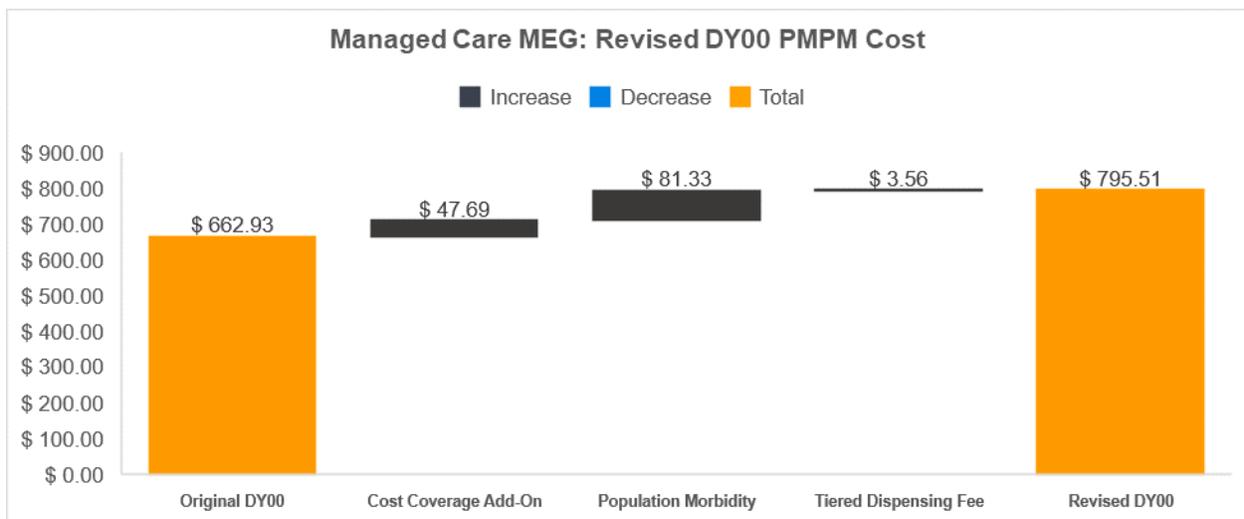
Since the development of the original budget neutrality projections, the MMC program has undergone program changes that have served to materially increase the capitation rates in excess of the 4.5% PMPM cost growth rate that was assumed in the projections. Expenditures for the managed care MEG have thus increased since they are reported on a capitation payment basis. However, the items to which the capitation rate increases can be attributed are not directly related to SUD residential recipients and most of the services they received. Program changes since the development of the original budget neutrality projections that have resulted in material changes to the MMC capitation rates include the following:

**Facility Fee Schedule Changes.** Effective January 1, 2020, ODM implemented an enhanced reimbursement methodology to ensure adequate and continued access to inpatient and outpatient hospital services from funds appropriated in the biennial budget (Am. Sub. HB 166 of the 133rd General Assembly), which were reflected in reimbursement through the cost coverage add-on (CCA) to the hospital base rates. The CCA amounts are included as part of the FFS base rates for in state hospitals. Projected amounts attributable to CCA contributed an approximately 7.2% increase to the calendar year (CY) 2020 capitation rates for members comprising the managed care MEG of the SUD 1115 waiver.

**Population Morbidity.** Over the course of 2018 and 2019, we observed material enrollment decreases in the MMC program's Covered Families and Children (CFC) and Extension (EXT) populations due to improvements in the economy along with changes in the eligibility redetermination process. These enrollment decreases served to increase the relative morbidity of the CFC and EXT populations, particularly for adult rate cells. While the originally certified rates effective July 2019 did reflect some consideration for the resulting morbidity impact, the rates were ultimately recertified for further increased morbidity. Population morbidity considerations were also reflected in the certified CY 2020 rates. The incorporation of these morbidity adjustments in excess of what was included in the original July 2019 rates contributed an approximately 12.3% increase to the CY 2020 capitation rates for members comprising the managed care MEG of the SUD 1115 waiver.

**Tiered Dispensing Fee.** Effective January 1, 2020, ODM implemented a tiered dispensing fee for retail pharmacies. Members receiving Medicaid services, including those enrolled in managed care, may be at risk of not receiving their prescribed drugs due to the high cost for pharmacies to fill prescriptions coupled with low dispensing fees. The payment arrangement is intended to ensure that pharmacies received adequate reimbursement for Medicaid members so that members continue to receive access to the pharmacy services they require. The incorporation of the tiered dispensing fee in the CY 2020 capitation rates, as a directed payment via a 438.6(c) preprint, resulted contributed an approximately 0.5% increase to the CY 2020 capitation rates for members comprising the managed care MEG.

Absent any adjustments, budget neutrality would not be demonstrated under the waiver for the managed care MEG for DY1. Likewise, budget neutrality would likely not be demonstrated for future demonstration years unless additional program changes serve to materially decrease the MMC capitation rates. Since these items have increased capitation payments at rates materially larger than what was assumed in the original budget neutrality projections, we propose to amend the original DY 00 amounts such that the projections throughout the waiver reflect the considerations outlined above. As part of the revised workbook, projected amounts for eligible member months will remain the same, as will the trend rates assumed for both eligible member months and PMPM expenditures. The assumed PMPM cost for DY 00 will be adjusted consistently with the CCA, morbidity, and tiered dispensing fee assumptions included in the CY 2020 capitation rates. The chart below provides an illustration of the impact of each adjustment to the original DY 00 amounts for the managed care MEG.



Our proposal for a revised budget neutrality workbook is included as an appendix to this correspondence.



I, Jason A. Clarkson, am an actuary with Milliman. Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this correspondence.

Sincerely,

Jason A. Clarkson, FSA, MAAA  
 Principal and Consulting Actuary

**Ohio Department of Medicaid**  
**Public Notice for Section 1115 Substance Use Disorder Demonstration**  
**(Project No. 11-W-00330/5)**

Notice is hereby given that the Ohio Department of Medicaid (ODM) is seeking an amendment to its Substance Use Disorder demonstration (Project No. 11-W-00330/5) to prospectively adjust budget neutrality projections.

Consistent with the notice requirements in the Special Terms and Conditions # 66 and the procedure set forth in 59 Fed. Reg. 49249 (September 27, 1994), ODM is posting this notice and inviting public comment concerning the proposed amendment.

Budget neutrality for ODM's SUD 1115 Waiver is demonstrated using the per capita method. The original budget neutrality projections were developed based on the CMS budget neutrality requirements. As part of the original projections, the SUD 1115 Waiver budget neutrality worksheets stratified the eligible population into two Medicaid Eligibility Groups (MEGs): managed care and fee-for-service (FFS). For both MEGs, any FFS claims were included as part of the historic data, without waiver, and with waiver projections. For the managed care MEG, we also included historic and projected capitation payments associated with the eligible member months under the waiver. The basis of the original demonstration year amounts was the Medicaid Managed Care (MMC) and MyCare Ohio capitation rates that were effective July 1, 2019.

Since the development of the original budget neutrality projections, the MMC program has undergone program changes that have served to materially increase the capitation rates in excess of the 4.5% PMPM cost growth rate that was assumed in the projections. Expenditures for the managed care MEG have thus increased since they are reported on a capitation payment basis. However, the items to which the capitation rate increases can be attributed are not directly related to SUD residential recipients and most of the services they received. Program changes since the development of the original budget neutrality projections that have resulted in material changes to the MMC capitation rates include facility fee schedule changes, population morbidity adjustments, and pharmacy dispensing fee changes.

Absent any adjustments, budget neutrality would not be demonstrated unless additional program changes serve to materially decrease the MMC capitation rates. Since these items have increased capitation payments at rates materially larger than what was assumed in the original budget neutrality projections, we propose to amend the budget neutrality projects such that the projections throughout the waiver reflect the program changes noted above. As part of the revised workbook, projected amounts for eligible members months will remain the same, as will the trend rates assumed for both eligible member months and expenditures. The assumed per member per month cost will be adjusted consistently with the facility fee schedule changes, morbidity, and pharmacy dispensing fee assumptions included in the calendar year 2020 capitation rates.

The complete amendment of the Section 1115 Substance Use Disorder Demonstration (Project No. 11-W-00330/5) is available for public review on the following pages.

ODM will accept public comments for the Section 1115 Substance Use Disorder Demonstration amendment through September 30, 2021.

Comments may be sent by email to Dan Arnold at [Daniel.Arnold@medicaid.ohio.gov](mailto:Daniel.Arnold@medicaid.ohio.gov) or mailed to:

Ohio Department of Medicaid  
P.O. Box 182709  
Columbus, OH 43218-2709