

To: Centers for Medicare & Medicaid Services

Re: Healthy Ohio Program 1115 Demonstration Waiver

The Ohio Health Care Association has reviewed the Healthy Ohio Program 1115 Demonstration Waiver application and appreciates the State's decision to exclude the Aged, Blind and Disabled (ABD) eligibility group from this demonstration waiver. However, the eligibility group proposed to be covered by this program, includes those who may need long-term care services and supports, as covered by section 2.5 of the application. This will add yet another payer source for our members who are already entrenched with multiple payer sources (Medicare PPS, Bundled Payment Systems, ACO's, traditional Medicaid FFS, Medicaid Managed Care, MyCare, Private Pay, etc.). Adding another payment model to the already complex billing process that long-term care providers are currently struggling with adds administrative costs and could continue to exacerbate the cash flow issues that many providers are facing.

On a related note, the demonstration waiver application also mentions that the state will "conduct a competitive managed care procurement to select the Healthy Ohio Program managed care plans." OHCA has worked closely with the MyCare Ohio Plans (duals demonstration) and have identified many errors in billing/payment due to either the provider or the plan being confused about what type of coverage exists for the person receiving services. Several of the same plans participate as both Medicaid Managed Care plans and MyCare Ohio plans. The addition of Healthy Ohio managed care plans is bound to cause further confusion for plan employees, providers and people receiving services, which ultimately leads to misunderstandings of coverage, delays in payment or even denial of payment for services provided.

The last part of the application that we would like to comment on is probably the most concerning. Section 2.6 of the application states "The Healthy Ohio Program proposes to eliminate the retroactive eligibility period for all enrolled populations." As providers of long-term care services and supports, our members provide critical services and supports for people who are not able to care for themselves. Our members typically provide these critical services first and then work with the patient to determine what type of coverage for payment exists. Our members often are the ones to assist people with their applications for Medicaid coverage. Retroactive eligibility is a key component to ensuring that people with critical care needs receive timely services, while still ensuring that providers receive payment for the services provided. Retroactive eligibility also enables people to transition from more costly hospital settings sooner, which provides a savings to taxpayers. OHCA is currently working with the Ohio Department of Medicaid to ensure payment for services for individuals who will require qualified income trusts under the upcoming changes to Medicaid eligibility. We also advocate for the continued use of retroactive eligibility for people that fall under this eligibility group. Allowing recipients under this program to make retroactive contributions to the Buckeye Account would provide coverage during the retroactive eligibility period while still achieving the goals of the Healthy Ohio Program.

We appreciate the opportunity to provide comments on this waiver application. If you have questions regarding these comments, please contact Debbie Jenkins at #614-540-1333 or [DJenkins@ohca.org](mailto:DJenkins@ohca.org).