The Ohio Department of Medicaid has joined the Governor’s Office of Health Transformation to engage public and private sector partners in designing a new health care delivery payment system that rewards the value of services – not the volume.

In early 2013, the Governor’s Advisory Council for Payment Reform was convened to seek input and set clear expectations for better health, better care, and cost savings through improved payment. As part of the effort, Ohio applied and received a State Innovation Model (SIM) design grant from the Center for Medicare and Medicaid Innovation (CMMI), as well as receiving a testing grant. The State of Ohio’s proposal centers on design payment models that increase access to patient-centered medical homes and support retrospective episode-based payments. The focus on episodes is to establish a model to share actionable information (initially) and then reward (later) cost efficient quality care for the five clinical conditions:

- Perinatal
- Acute asthma exacerbation
- COPD exacerbation
- Percutaneous coronary intervention (PCI)
- Total joint replacement

The first step in this process is to share information regarding episode-based performance. Beginning in March of 2015 CareSource, along with other plans will begin distributing episode reports to Our Health Partners. For more information please visit: [http://www.healthtransformation.ohio.gov/CurrentInitiatives/EngagePartnerstoAlignPaymentInnovation.aspx](http://www.healthtransformation.ohio.gov/CurrentInitiatives/EngagePartnerstoAlignPaymentInnovation.aspx)

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