

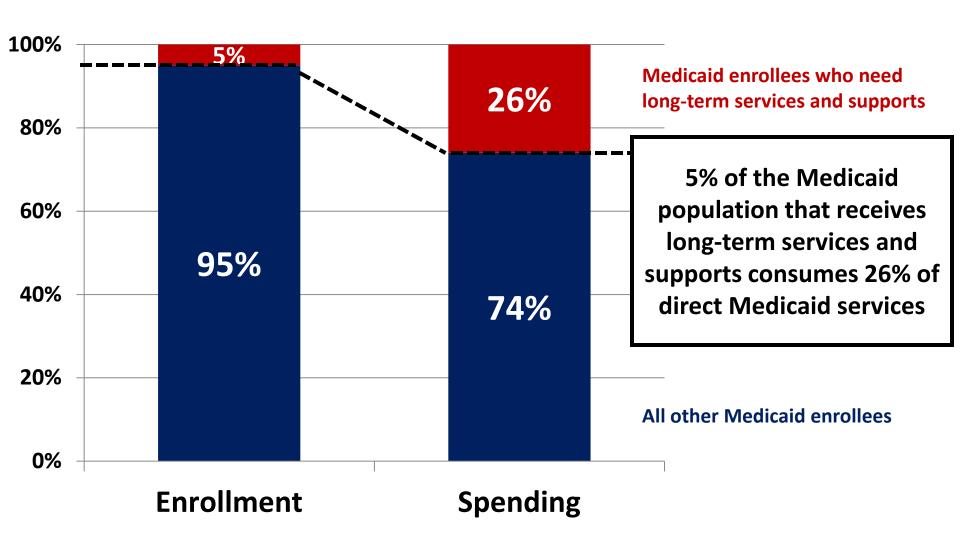
# **Addressing the Social Drivers of Aging**

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### **Medicaid Enrollment Overview**

- December 2017 enrollment: 3,013,917
- 87% covered by a managed care plan
- Long-term care: approximately 96,000 served by HCBS waivers;
   52,000 living in long-term care facilities
  - » 950 long-term care facilities in CY 2016
  - » 90,175 Medicaid certified beds in CY 2016
- Nearly 11,500 individuals transitioned through HOME Choice

### LTSS is more complex and costly



Source: Ohio Medicaid (January 2018).

## **State MLTSS program trends**

- Currently 19 states operate MLTSS programs
- The most vulnerable populations are generally enrolled in MLTSS programs in order to provide the benefits of care coordination, including older adults and individuals with physical disabilities
- States also use MLTSS programs to better integrate physical and behavioral health care services
- The most common approach is to provide access to a comprehensive benefit package – including nursing facility and home and community based services – through one managed care organization (MCO)
- One entity the MCO is accountable to serve the whole person and build provider networks that address all the needs of its consumers

### Advantages for individuals enrolled in MLTSS

- Provide benefits of care coordination

  Promote the health, safety and well-being of Medicaid individuals through care management
- Give individuals more choice
  Expand community LTSS options, and streamline and standardize the way people access them
- Pay for value

  Create a system that rewards providers for keeping patients as healthy as possible, and managing chronic conditions when necessary
- Improve quality of care and achieve better outcomes

  Strengthen the focus on quality measurement, including both quality of life and quality of care, in order to achieve better delivery systems and better outcomes
- Increase accountability

  Focus on the entire person and integrate services around the person's needs
- Create a more sustainable program
  Ensure long-term financial sustainability of the system

### Additional benefits will be available in MLTSS...

- Care Management to coordinate care
- Toll-free 24/7 nurse hotline
- Online, searchable provider directory
- Member Handbook
- Grievance resolution system
- Toll-free member services hotline
- Preventive care reminders
- Additional transportation services

- Health education materials and activities
- Expanded benefits: vision, dental, smoking cessation, over the counter drugs at no cost
- Wellness incentives
- Extended office hours (varies among plans)
- Gym memberships

## ...that are <u>not</u> available in fee-for-service

## MyCare Ohio Three Year Progress Report

Ohio Medicaid, in partnership with the Centers for Medicare and Medicaid Services (CMS), launched the MyCare Ohio duals demonstration in May 2014 to bring better health outcomes to dual-eligible individuals who have both Medicare and Medicaid benefits. Ohio was the third state in the nation to earn federal approval for its dual demonstration program and is a national leader in its efforts.

#### Member Satisfaction.



Ohio's Medicare "opt-in" rate leads the nation among duals programs.

### Nearly 70%

of members have elected for their MyCare plan to coordinate both their Medicare and Medicaid benefits.

#### **Member Independence and Choice**



MyCare Ohio plans are saving Ohio Medicaid \$2.4 million per month by shifting utilization from nursing facilities to home and community based services

#### **Quality of Care.**

MyCare Ohio plans scored in the 90th percentile on nearly half of the nationally-reported quality measures (HEDIS 2016)



MyCare Ohio plans outpace national averages on:

(74% vs. 71%) care plan completion

(91% vs. 88%) documented care plan goals

and follow-up care visits (75% vs. 71%)

#### Member Safety.

Since 2015, MyCare Ohio plans have been involved in the closure of seven poor-performing nursing facilities, assisting to safely move



