



*Ohio Association of Health Plans*

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November 15, 2007

Barbara Riley, Chair  
Unified Long Term Care Budget Workgroup  
Ohio Department of Aging  
50 W. Broad Street, 9<sup>th</sup> Floor  
Columbus, OH 43215

Dear Director Riley:

I am writing to express our interest in the Unified Long Term Care Budget Workgroup. The Ohio Association of Health Plans is the statewide trade association representing health insurers who provide health care benefits to over 6 million Ohioans, including approximately 1.2 million Medicaid consumers. I apologize but due to prior commitments, I am unable to testify in person before the workgroup today. However, I did want to ensure you and your workgroup members are aware of the potential role Medicaid Managed Care Plans (MCPs) can play with regard to long term care services and supports.

Currently in Ohio, approximately 104,000 aged, blind and disabled Medicaid consumers are enrolled in managed care plans. These consumers are from 87 counties within the state and are served through seven MCPs. These consumers enjoy added benefits such as a medical home, credentialed, quality providers, case and disease management programs and 24 hour nurse triage. The State of Ohio in return receives cost savings, budget predictability, and accountability for access to and quality of care.

Within the next two years, Ohio will have a significant number of MCPs offering Special Needs Plans (SNPs). These plans are specifically designed for consumers who are both Medicaid and Medicare eligible. CMS has strongly encouraged SNPs to work closely with the States in which they operate to coordinate Medicare and Medicaid services to offer as integrated a product as possible. Beginning this month, our member health plans are initiating those conversations with the State on how to integrate those services where possible.

It has been our experience, that with any budget exercise, the budget shapes policy. Knowing that state revenues and resources are limited, any decisions in creating the unified long term care budget will drive the policy of how long term care is delivered in the State of Ohio. It will be imperative that the workgroup look at this issue and how best to coordinate the care of Medicaid consumers who are accessing services through various delivery systems.

On behalf of our member health plans, I would like to offer any assistance we can provide to the workgroup as you move forward. We are delighted to have representation serving on the workgroup and look forward to participating on the subcommittees over the course of the next few months. Please do not hesitate to contact me should you or any member of the workgroup have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelly McGivern', written in a cursive style.

Kelly McGivern  
President and CEO



**Presentation**  
to the  
**Unified Long -Term Care Budget**  
**Workgroup**

**Medicaid Managed Care**

Kathleen Crampton  
Chairman of the Board  
Buckeye Community Health Plan  
November 15, 2007



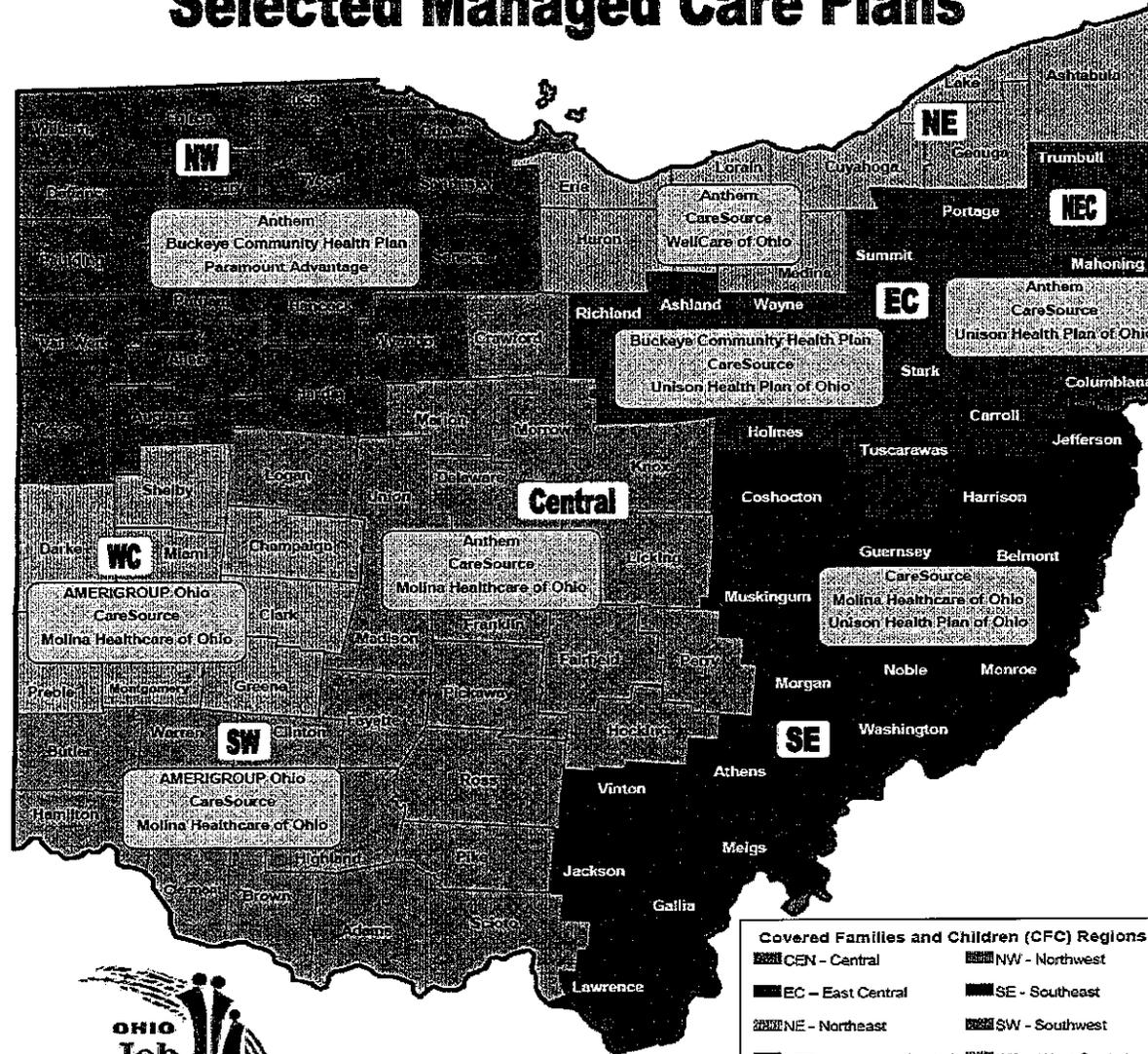
# Ohio's Medicaid Managed Care Plans

<b>Medicaid Managed Care Plans</b>	<b>CFC Members*</b>	<b>ABD Members*</b>
AMERIGROUP Ohio	45,334	6,370
Anthem (Wellpoint)	140,222	19,859
Buckeye Community Health Plan	106,813	19,862
CareSource	516,642	28,289
Gateway	9,159	0
Molina	122,415	14,979
Paramount Advantage	54,806	0
Unison	72,553	5,832
WellCare	32,627	8,371
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<b>Total Enrollment</b>	<b>1,100,571</b>	<b>103,562</b>

\*October 2007, source ODJFS

# CFC Medicaid Managed Care Program

## Selected Managed Care Plans



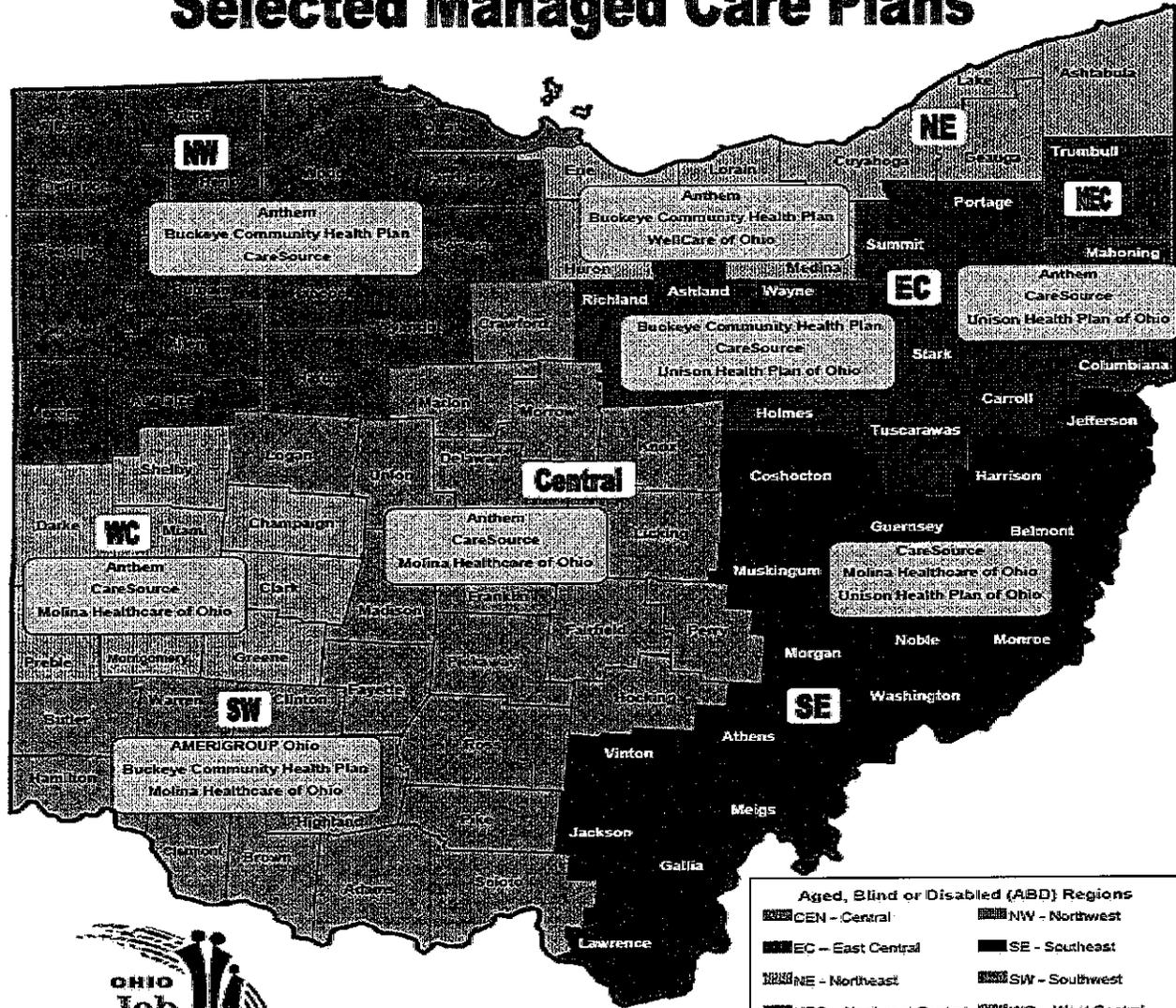
**Covered Families and Children (CFC) Regions**

CEN - Central      NW - Northwest  
 EC - East Central      SE - Southeast  
 NE - Northeast      SW - Southwest  
 NEC - Northeast Central      WC - West Central

These selected plans must successfully demonstrate that they have met all ODJFS program requirements before they can receive final approval to begin providing services to Medicaid consumers in these regions.

# ABD Medicaid Managed Care Program

## Selected Managed Care Plans



**Aged, Blind or Disabled (ABD) Regions**

CEN - Central     
 NW - Northwest  
 EC - East Central     
 SE - Southeast  
 NE - Northeast     
 SW - Southwest  
 NEC - Northeast Central     
 WC - West Central

These selected applicants must successfully demonstrate that they have met all ODJFS program requirements before they can receive final approval to begin providing services to Medicaid consumers in these regions.



# ABD Managed Care Program *Excluded ABD Populations*

- **Dual-Eligibles (Medicare/Medicaid)**
- **Children 20 years of age and under**
- **Waiver Service Consumers**
- **Institutionalized Consumers**
- **Consumers with a Spend-down**



## Who are our ABD members?

- 14% over age 60; 86% under age 60
- 67% female
- 58% with behavioral health claims
- 74% with 5 or more drug categories
- Vast majority with social needs such as housing, food, transportation



## What's Different for Consumers?

- **Extra Benefits** such as extended hours for member services
- **Better Access to health care services** (hospital, physicians, ancillary services) including personal Medical Home
- **Transportation** for medical appointments
- **24 hour Nurse Line** for medical information
- **Personalized Case Manager** (RN or/and LSW) for care coordination
- **Pharmacy Management** to promote desired outcomes and assure patient safety
- **Dental and Vision** care coordination



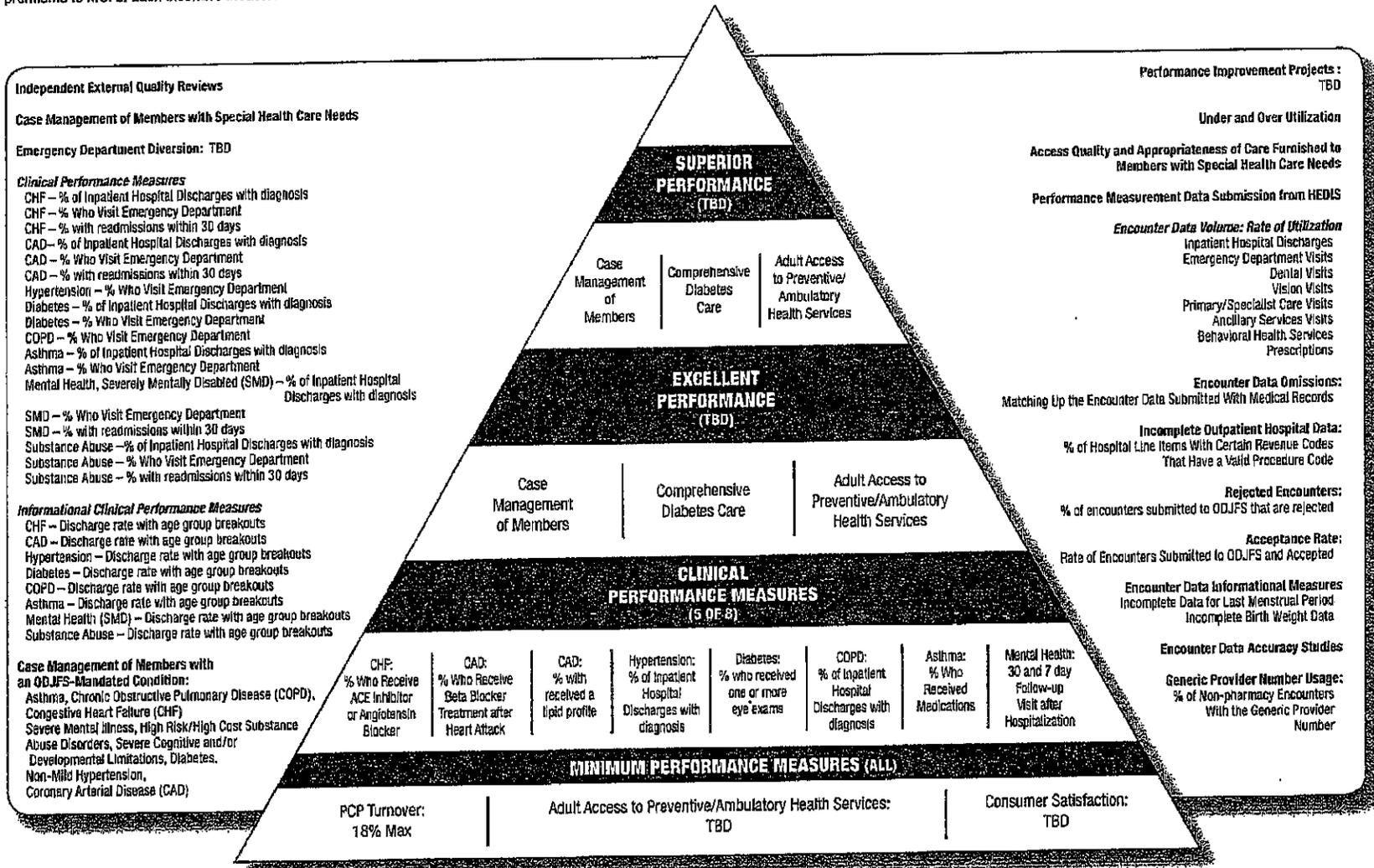
# What's Different for the State of Ohio ?

- **Cost savings; \$450 million/year**
- **Budget predictability**
- **Accountability for access**
- **Accountability for quality**

## Ohio's Medicaid Managed Care – Aged, Blind or Disabled Performance Evaluation and Pay For Performance Measures



ODJFS has established a Performance Evaluation and Pay for Performance to measure Managed Care Plans (MCPs) performance in specific areas. MCPs must meet targeted quality goals or improve performance in meeting those goals which are tied to financial incentives. The incentives include 1% at-risk premium payment and up to \$250,000 in additional funds. An MCP must meet all the Minimum Performance Measures and five of the eight Clinical Performance Measures to be able to retain the 1% at-risk amount paid in premiums to MCPs. Each Incentive Measures is worth 1/3 of the at-risk amount and a Superior score for all of the Incentive Measures qualifies the MCP for a bonus payment.





# Ohio Medicaid Plans as Medicare Advantage Dual Eligible Special Needs Plans (SNP)

Plan	Service Area	Effective
Buckeye	30 counties in SW, EC, NW, NE ABD regions	2008
CareSource	16 counties in Toledo, Cleveland, Akron, Youngstown, Columbus, Dayton and Cincinnati areas	2008
Gateway	Current: Mahoning, Trumbull, Stark, Summit 2008: Ashtabula, Columbiana, Lake, Geauga, Portage, Cuyahoga, Lorain, Medina	2007
Paramount	Current: Lucas, Wood, Fulton and Ottawa	2007
Unison	Holmes and Wayne Counties	2008
WellCare	8 counties in Toledo, Cleveland, Columbus, and Cincinnati areas	2008

*Note: AMERIGROUP and Molina plan to apply for 2009*



## Choices for Consumers...

- An integrated (acute, long term, home care, physician services, etc), risk-based, care management model:
- Combines physical, behavioral, pharmacy and social support
- Provides considerable cost savings
- Improves care and service coordination for members
- Improves member satisfaction



# Demonstrated Success

- States have demonstrated that care management programs are especially effective for seniors and people with disabilities, given the chronic, complex nature of their conditions:
  - Arizona
  - Florida
  - Massachusetts
  - Minnesota
  - New York
  - Texas
  - Wisconsin



# Demonstrated Success

State	Managed LTC program
Arizona	The Arizona LTC System (ALTCs) remains the only statewide, mandated managed LTC program in the country, enrolling ABD Medicaid eligibles who are either in nursing homes or at-risk of nursing home placement, and integrating long-term services with all other Medicaid covered services.
Florida	Florida's Frail Elder Program (FEP) in Dade County was integrated into the State's Medicaid agency and continued as a capitated, risk-based contract until 1998, when the Florida Diversion program was created adding additional counties to the managed LTC program. Florida integrated the Frail Elder Program into the expanded Diversion program and now covers more than two dozen counties.
Massachusetts	The MassHealth Senior Care Options provides managed LTC to elderly (65+) dually-eligible people without a waiver of Federal law. This program has more extensive eligibility than merely to people with a nursing home level of care.
Minnesota	The Minnesota Senior Health Options (MSHO) is a State-level integrated program that includes both Medicaid and Medicare payment and services. Due to the success of the program, it expanded into a new program called Minnesota Disability Health Options.
New York	There are two basic models of long-term care management in New York State: Programs of All-Inclusive Care for the Elderly (PACE) and Managed Long-Term Care Plans.
Texas	Texas Health and Human Services Commission (HHSC) implemented the Texas STAR+PLUS program in Houston as a mandatory program capitating primary, acute, and long-term care. With the positive results in Houston documented by a Lewin Group study, HHSC expanded STAR+PLUS into new markets across the State.
Wisconsin	The Wisconsin Family Care Program is a managed LTC program that combines the state, federal, and local funding for community and institutional-based LTC services in a single capitated benefit.