

Experience, Efficiencies, and Effective Outcomes

As with any program, experience is optimal as it allows for greater efficiencies. Ohio is fortunate in that our Medicaid health plans have experience, not just in Ohio, but in multiple states. This allows plans operating in Ohio to draw on their national experience to help increase efficiencies and promote better health outcomes. Medicaid health plans provide high-quality, accessible care to beneficiaries and value to Ohio. Only Medicaid health plans possess the critical attributes that can meet current challenges and best address the diverse needs of beneficiaries and the value needed in Ohio: integrated networks across delivery settings, improved access to services, disease management programs for chronic conditions, an emphasis on beneficiary outreach, and a focus on providing cost-efficient services. With these attributes, Medicaid health plans are able to ensure beneficiaries receive the right mix of services that provide high-quality of care while helping to contain program cost growth.

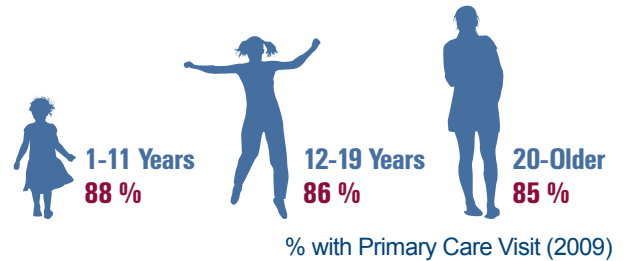
In Ohio for calendar year 2009, 88 % of children age 12 months to 11 years in the Medicaid Care Coordination program had a primary care visit. Eighty-six per cent of children ages 12 -19 years had a primary care visit during the same period. For that same time period Ohio exceed the national average for adults (20 and older) with 85 % receiving a preventive health visit.







Medicaid health plans participating in the Texas STAR+PLUS program (includes beneficiaries dually eligible for Medicare and Medicaid and beneficiaries eligible for the federal Supplemental Security Income (SSI) program) reduced emergency room visits by 40 percent and inpatient admissions by 28 percent while promoting quality care.

A Center for Medicare & Medicaid Services (CMS) evaluation of the Minnesota Senior Health Options (MSHO) program found dually eligible beneficiaries had fewer preventable emergency room visits and were more likely to receive preventive services after enrolling in a Medicaid health plan.

Ohio has the ability to achieve additional efficiencies in our long term care program through the use of Medicaid Health Plans.

Care Coordination Members



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.
 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.