

MEMORANDUM

TO: Chairman Mark Romanchuk
House Finance Subcommittee on Health and Human Services Members

FROM: Ohio Association of Health Plans (OAHHP)

DATE: March 24, 2017

RE: MyCare Ohio and MLTSS Quality

On behalf of the Ohio Association of Health Plans’ Medicaid and MyCare Health plans, thank you for the opportunity to testify before the House Finance Health and Human Services Subcommittee about the value the plans have brought to the state of Ohio’s Medicaid and MyCare Program. As a follow-up to your request below and attached to this memo you will find the outcome data relative to MyCare Ohio and MLTSS programs nationwide.

MyCare Ohio Outcomes

Ohio launched its MyCare program in 2014 to better manage the full continuum of benefits—including long-term services and supports—for individuals receiving both Medicare and Medicaid. The government tapped private managed care plans to manage the benefits available to enrollees, improve coordination of care and deliver better outcomes for members and taxpayers. The data show that the plans are delivering as promised.

Members Prefer MyCare:

- Ohioans have the choice of whether to receive their Medicaid and Medicare benefits in a single coordinated package (opt-in) or keep these benefits separate like they were prior to MyCare (opt-out). Ohio’s opt-in rate is nearly 70 percent, one of the highest in the nation.
- Ohioans enrolled in MyCare Ohio have rated the MyCare Ohio program at or above the national average on a number of satisfaction measures as shown in the attached document titled “MyCare Ohio Progress Report.”

MyCare is Improving Health Outcomes:

- The MyCare Ohio plans have played a key role in transitioning individuals out of institutions and back into home and community-based settings. MyCare Ohio plans reduced the number of nursing facility days by 4 percent from 2014-2015.
- MyCare Ohio plans ensure their members receive high quality care. MyCare Ohio plans scored on average above the 90th percentile on almost 50 percent of the 2016 HEDIS clinical performance measures.

By Improving Coordination and Quality, MyCare Plans are Saving Money: Recognizing that a Medicare and Medicaid integrated care package should result in savings, the contract with the federal government and ODM built integrated care joint savings percentages for the opt-in population. Below are the integrated care joint savings percentages and estimated savings.¹

- Demonstration Year One (CY 2015)– 1% savings (Estimated Implied Dollar Savings: \$15,000,000)
- Demonstration Year Two (CY 2016) – 2% savings (Estimated Implied Dollar Savings: \$25,400,000)
- Demonstration Year Three (CY 2017) – 4% savings (Estimated Implied Dollar Savings: \$57,400,000)

¹ The CY 2015 estimated savings are based upon Mercer’s Opt-In capitation rate development and the enrollment data supplied in MyCare plan cost reports submitted by each plan. The CY 2016 and CY 2017 savings estimates are based upon Milliman’s rate setting assumptions including Milliman’s projections of MyCare Opt-In enrollment for each calendar year.

Our Members Are Our Best Advocates: This week, Kathleene Cormute, Rochelle Robinson, and Allan Clapp were excited to attend committee to share with you their positive MyCare experiences. Many other Ohioans have recorded their own stories about the benefits of Ohio's MyCare Program. Below are links to videos and attached you will find 40 additional stories, just a sampling of the positive feedback we receive every day from our members.

[Cynthia – MyCare Ohio Member](#)

[Carol – MyCare Ohio Member](#)

[Angela – MyCare Ohio Member](#)

[Vickie – MyCare Ohio Member](#)

[Ruth – MyCare Ohio Member](#)

MLTSS Outcomes

Over twenty states have utilized private, managed care organizations to coordinate the long-term services and supports (LTSS) offered to Medicaid members, leading to increased member satisfaction, improved quality and cost savings. Outcomes include:

- **Tennessee:** Tennessee's TennCare health plans have increased the number of members receiving home and community-based services by nearly 170 percent (from 4,861 to 13,032 as of 11/1/15).²
- **Texas:** Texas's STAR+ PLUS program has increased the use of home- and community-based services by 70 percent and the use of adult day services by 38 percent.³ Texas' MLTSS program created cumulative savings of \$172M from 2010-2015, an average annual savings of 3.7%.⁴
- **Florida:** Florida's overall Medicaid spend/person has declined; between FY10-FY15, spending per person decreased from \$6564 to \$5878 per year.⁵
- **Delaware:** In Delaware, the implementation of MLTSS has led to the increased use of participant-directed service models by LTSS participants.⁶
- **Arizona:** Arizona increased their rate of care in the community from 5% to over 70% over the lifetime of the MLTSS program from 1989 to 2015.⁷
- **National:** Individuals enrolled in MLTSS had shorter hospital lengths of stay, fewer emergency room visits, and much lower health care costs overall than a comparison group of beneficiaries who were not enrolled in a managed care plan for LTSS.⁸

OAHP supports the integration of long-term services and supports into the managed care setting to allow Ohio's most vulnerable population to receive access to better health outcomes and quality care. As Ohio moves forward with this initiative, OAHP and its member plans stand ready to assist in designing a plan that best fits the needs of the individual by leveraging the best practices and experiences of other programs and states.

cc: House Finance Committee Members
Steven Alexander
Shawn Kasych

² http://www.disabilityrightswi.org/wp-content/uploads/2015/11/Patti-Killingsworth-TN-Presentation-2_Wisconsin-Managed-Care-Discussion-11-18-15.pdf

³ <http://tahp.org/advocacy/starplus-medicaid-long-term-care-health-plans/>

⁴ <http://tahp.org/wp-content/uploads/2016/11/Milliman-Study-Medicaid-Managed-Care-Cost-Impact-Study-Feb-2015.pdf>

⁵ https://ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Quality_and_Performance_Snapshot.pdf

⁶ <https://aspe.hhs.gov/system/files/pdf/73196/3LTSStrans.pdf>

⁷ <https://aspe.hhs.gov/system/files/pdf/73196/3LTSStrans.pdf>

⁸ http://assets.aarp.org/rgcenter/il/ib79_mmltc.pdf