MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)

States across the country are meeting the increased demand for high-value, quality long-term care in Medicaid by transitioning to a managed care approach. The managed care model is uniquely positioned to better integrate a fragmented health care delivery system through increased accountability that provides individuals with a greater level of choice, while also expanding home and community-based options and ensuring cost-effectiveness.

Throughout the United States, health plans have been managing long-term services for more than twenty years. To date, 19 states have already implemented managed long-term services and supports (MLTSS) programs and six other states – including Ohio – are considering or planning to develop MLTSS programs.

OAHP Member Plans	
The following health plans have experience providing LTSS coverage across the United States.	
Aetna	Cigna
Anthem BlueCross BlueShield	Humana
Buckeye Health Plan (Centene)	Meridian
CareSource	Molina Healthcare
UnitedHealthcare	

The Right Direction for Ohio

In Ohio, nearly 9 of every 10 Medicaid beneficiaries currently receive coordinated care and services through managed care. Managed care plans have been serving Ohio's Medicaid population since the late 1970s, and the time has come to extend this enhanced model of care to the individuals living with the most complex health care needs.

The FY 18-19 budget proposes to provide all remaining populations, except for individuals with developmental disabilities, with managed care benefits (individuals served by developmental disability waivers will have the option to enroll in a managed care plan). The MLTSS program is set to begin on July 1, 2018. The State of Ohio will facilitate a competitive procurement process to select at least three (3) managed care plans to administer this program.

Benefits of a Managed Care Approach

Long-term services and supports are not only health care services. Rather, they are a range of services coordinated across many providers and settings to address the needs of individuals who have functional limitations that impair their ability to carry out activities of daily living. Individuals receiving MLTSS constitute several overlapping populations and Medicaid eligibility categories, each requiring varying levels of care. Frequently, these individuals experience different challenges and require coordination with a variety of different agencies, providers and community-based organizations. Managed care allows for these individuals to have a single care coordinator who assists in navigating an individual through the health care delivery system so needs are met and confusion is limited.

MLTSS helps individuals to experience better health outcomes. Integrating the full range of services into the MLTSS program will help tailor services to the needs of the individual, further ensuring person-centered care, and maximizing the effectiveness of care management and service coordination, including physical and behavioral health, long-term services and supports, prescription drugs, and routine non-medical transportation.

To serve the unique needs of this population, health plans employ specialists such as medical directors, pharmacists, behavioral health directors, nurses, and care management staff with expertise in long-term services and supports as well as disability services, social and human services, and community-based supports.

A care manager assesses a member and works with them to develop a care plan that empowers the individual to utilize appropriate services and achieve their health care goals. While care managers are not direct care providers, care managers do monitor and address the health, safety and welfare of the member. Members are seen at consistent and regular intervals where care managers look for potential hazards such as a member's nutrition status, fall risk, bed sores, and even depression.

Because of the challenges this population experiences, health plans also rely on their partnerships with community organizations and providers like Area Agencies on Aging (AAAs) to provide robust care coordination. Under a MLTSS model, health plans look at local AAAs as valuable partners in serving this population to support members' needs, preferences, and goals. Health plans have also partnered with AAAs to assist members as they are discharged from the hospital to home. Additionally, plans partner with quality long-term care providers who have already established care management programs within their facilities to provide supportive services in order to not

duplicate services. MLTSS health plans nationwide have also been recognized by state and national organizations for their partnerships with community organizations and providers such as Area Agencies on Aging.

Quality and Accountability

By extending meaningful care management to these populations, Ohio's Medicaid program will have added opportunity to improve care quality and accountability, while making overall program costs more sustainable.

Unlike traditional fee-for-service, managed care plans are held accountable through quality metrics defined in their contracts with the state. These metrics measure the managed care plans' success in improving the health outcomes of members as well as member experience and quality of life and community integration.

Plans also have the capacity and flexibility to drive greater value into the MLTSS system by providing value-added services tailored to the needs of the local populations. These services include peer support programs, employment support and training programs, and caregiver supports programs. Additionally, the introduction of managed care into the long-term care arena will see managed care plans maintaining quality oversight of their provider networks, while also advancing Ohio's shift toward a value-based payment system that rewards providers based on care quality, rather than volume. Well structured, value-based agreements increase access to care, raise health awareness, promote early detection, improve outcomes and reduce cost. Through these initiatives, providers are eligible to receive additional payments when they achieve a quality goal as outlined in their contract.

Re-Balancing LTSS Services

Ohio ranks first among states transitioning individuals from institutional settings into home and community settings. Leveraging the use of managed care will allow Ohio to continue this success. States that have already transitioned to MLTSS have seen home and community-based utilization increase over time.

The MyCare Ohio Story

MyCare Ohio is a time-limited demonstration that aims to coordinate health care delivery for individuals served by both Medicare and Medicaid. The demonstration is a collaborative effort between Ohio Medicaid, the Centers for Medicare and Medicaid Services, and five managed care plans.

MyCare Ohio has been described as one of the most successful demonstrations in the country given its enrollment and high rate of participation among dual beneficiaries.

Of the approximate 95,000 individuals enrolled in MyCare Ohio, almost 70 percent of individuals receive both their Medicaid and Medicare benefits through their MyCare Ohio plan, resulting in one of the highest opt-in rates for any dual demonstration in the nation.

According to the 2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, MyCare Ohio members rated the care coordination they received as being above the 2015 national average.

The MyCare Ohio plans have also played a key role in transitioning individuals out of institutions and back into home and community-based settings. Additionally, the MyCare Ohio plans reduced the number of nursing facility days by 4 percent from 2014-2015.

The success of MyCare Ohio has also been illustrated by the 2016 HEDIS clinical performance measures. MyCare Ohio plans achieved scores above the 90th percentile in:

- ✓ **providing access to preventive/ambulatory services;**
- ✓ **total annual monitoring for patients on persistent medications; and**
- ✓ **medical attention for nephropathy (diabetes).**

- Since the beginning of the program, 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)

- Texas's STAR+ PLUS program has seen an increases of 70 percent in the use of community-based services and 38 percent in the use of adult day services.

Moving Forward

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 states.