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Aging and Medicaid Priorities

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Ohio's Long Term Care Strategy

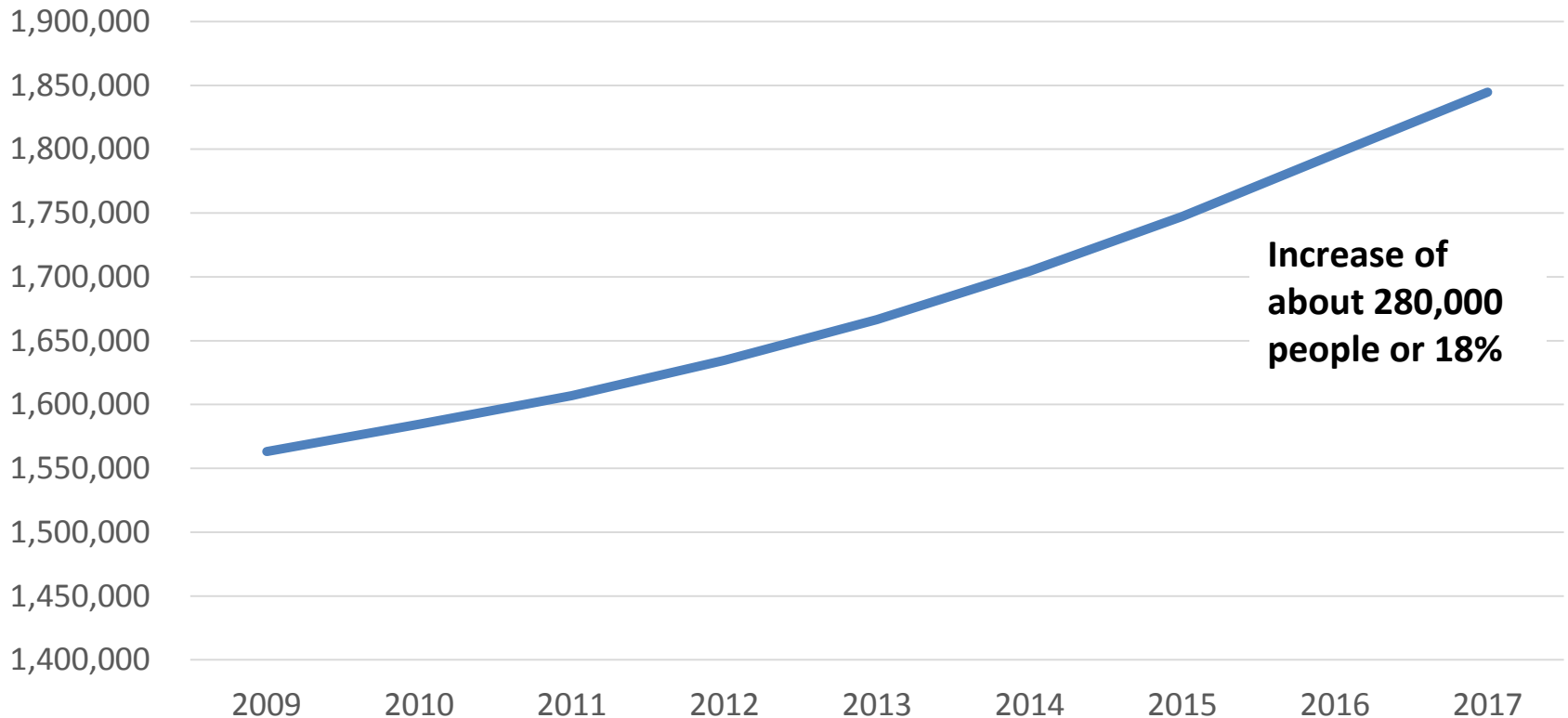
- Since 1990s: Limit institutionalization by expanding home and community-based service (HCBS) options
 - Aging waivers are consistently open to new enrollment
 - Strategies such as Home Choice have removed the barriers that enable individuals to transition back home
 - State has experiment with MyCare and PACE
 - Medicaid expanded to cover childless adults

This plan has been completed, so what's next for Ohio?



Ohio's Aging Population Has Increased

Ohioans Over Age 65



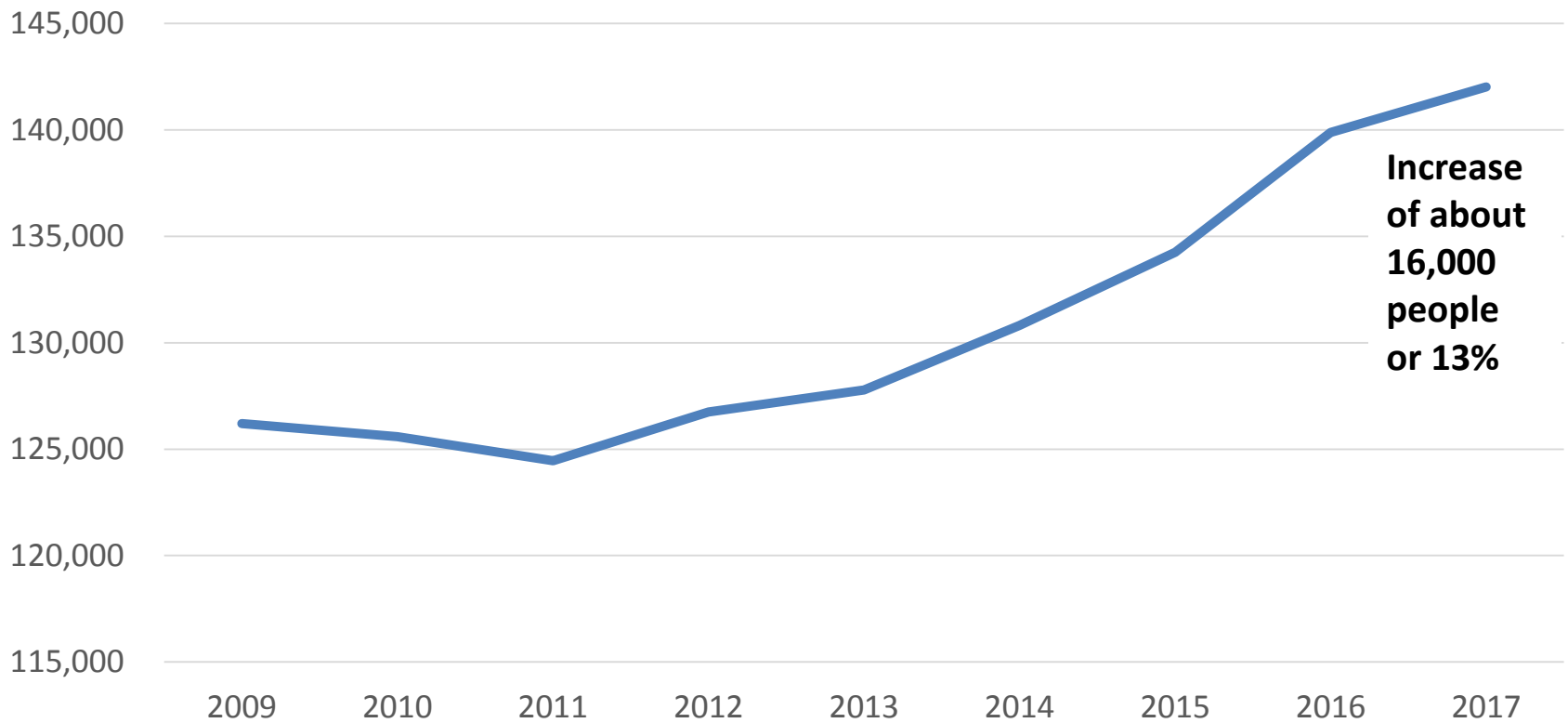
Source: American Comm Survey, 5 year estimates



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Ohio's Aging Population Has Increased

Ohioans Over Age 65 Living in Poverty

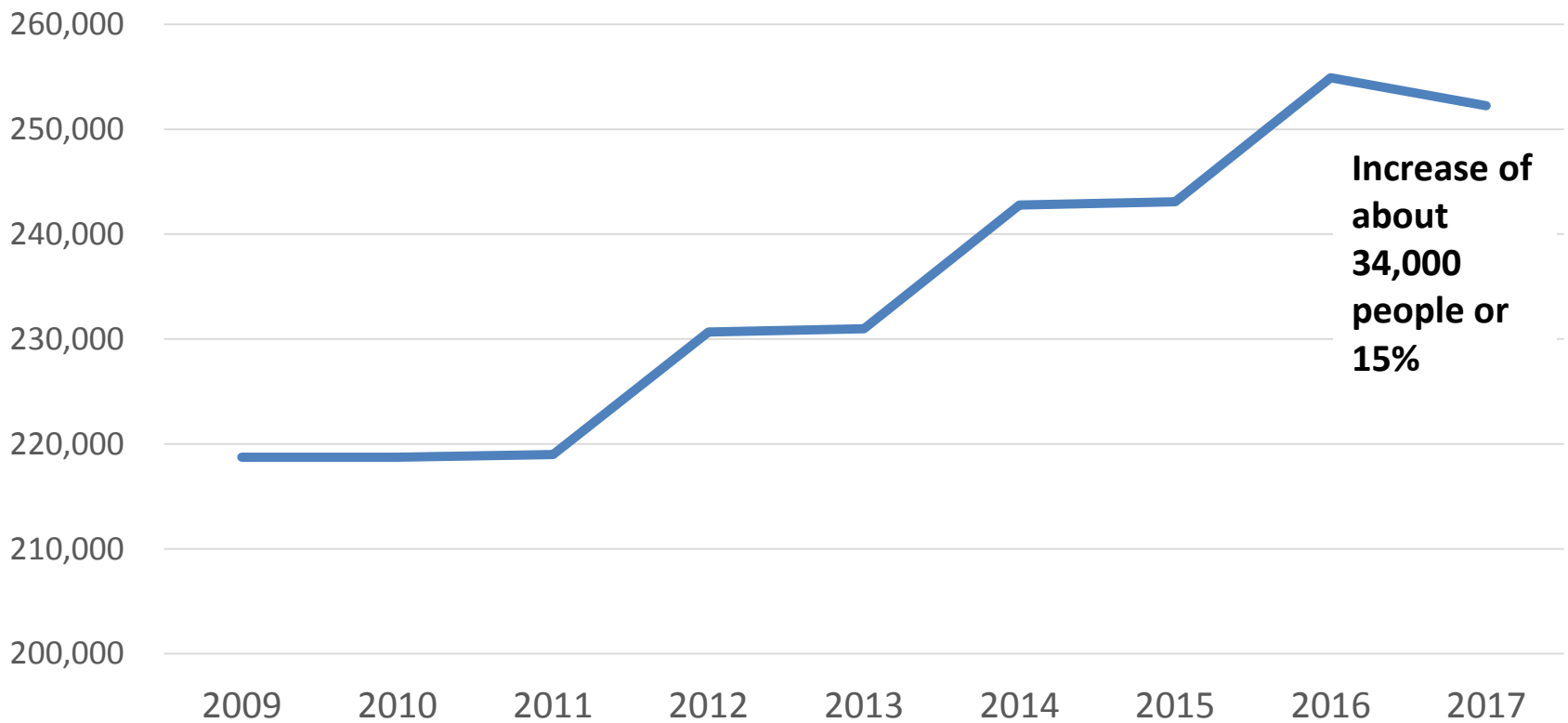


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Source: American Comm Survey, 5 year estimates

Ohio's Aging Population Has Increased

Ohioans Over Age 85

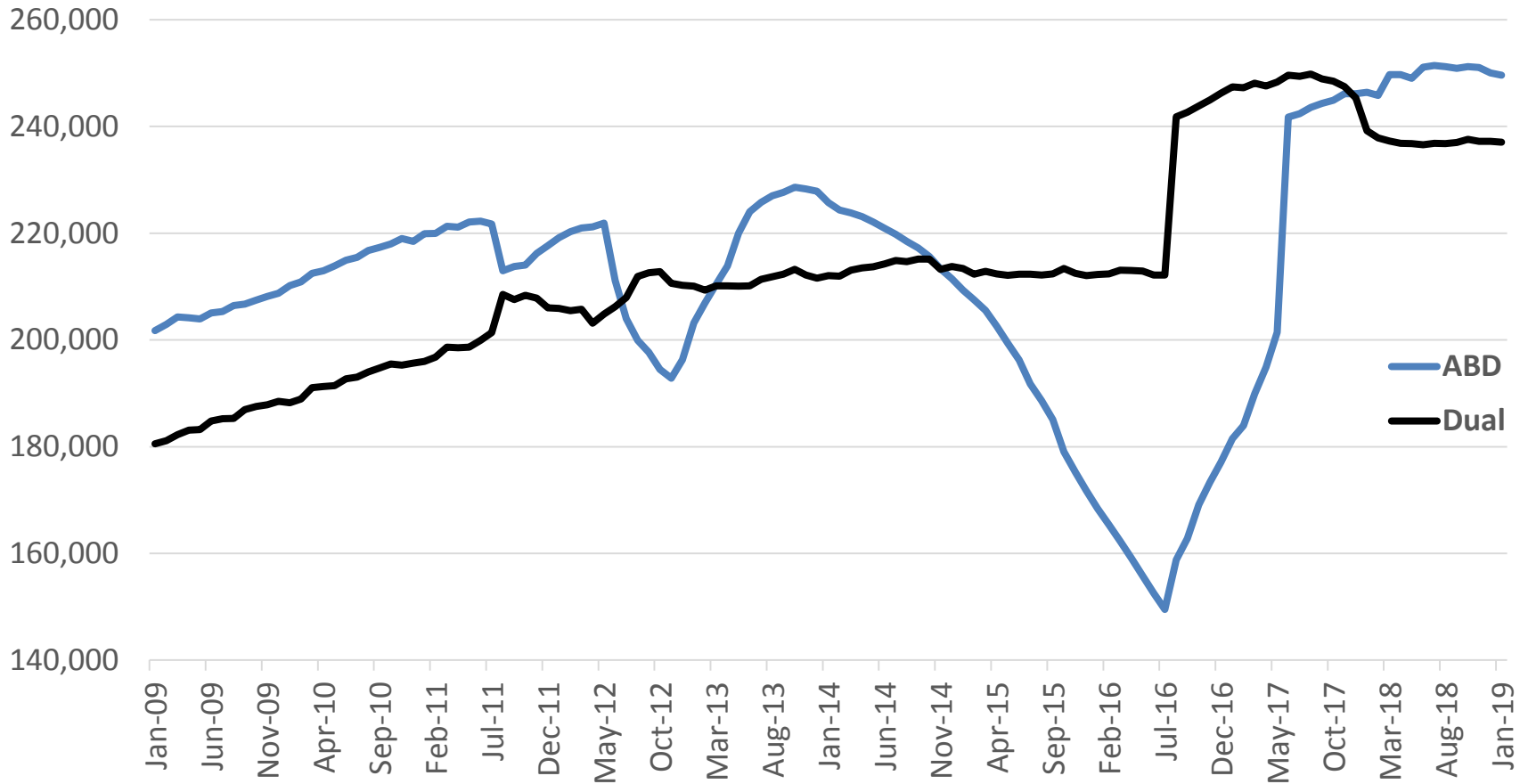


Source: American Comm Survey, 5 year estimates

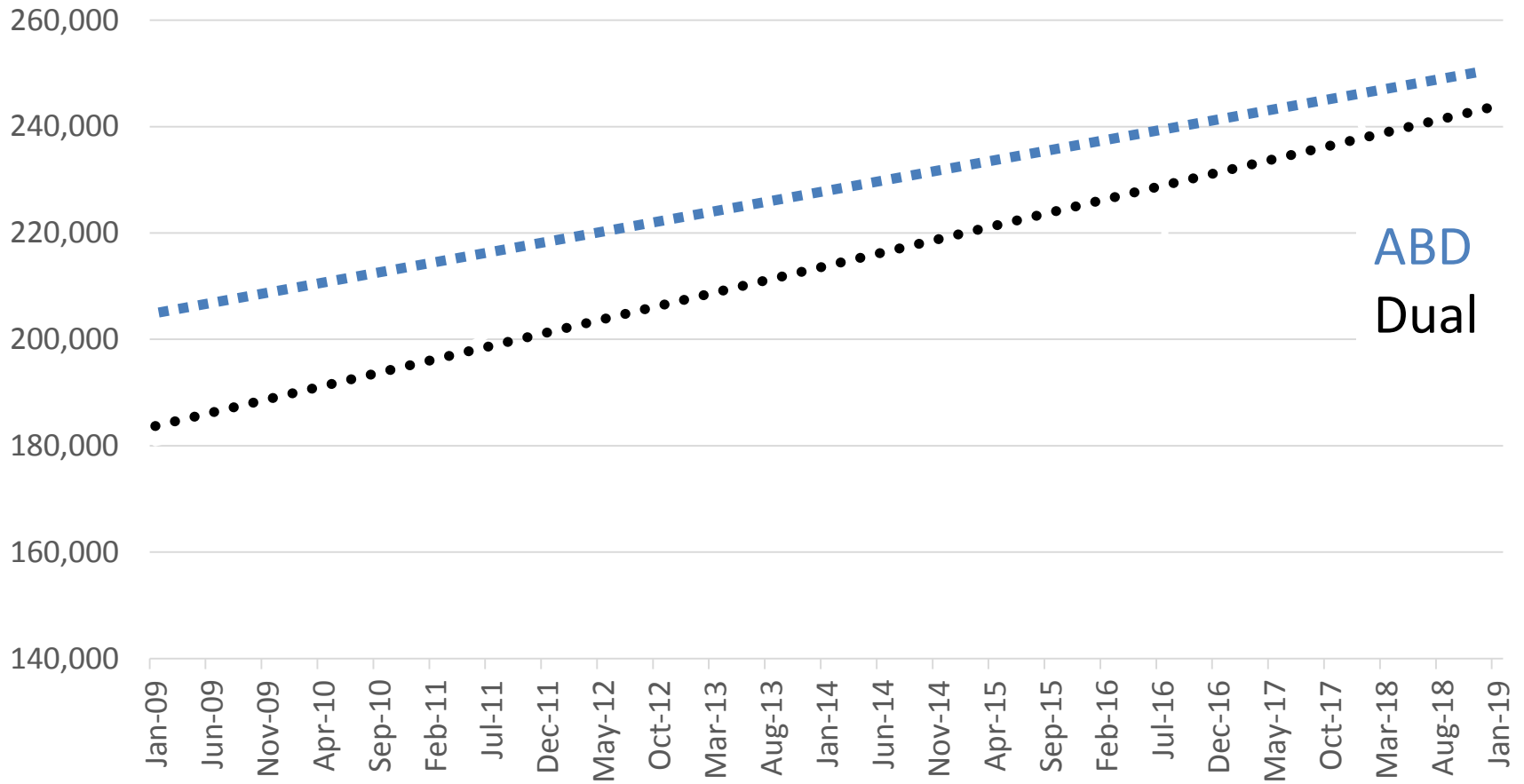


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Ohio's Medicaid Population Has Grown: ABD and Dual Caseloads



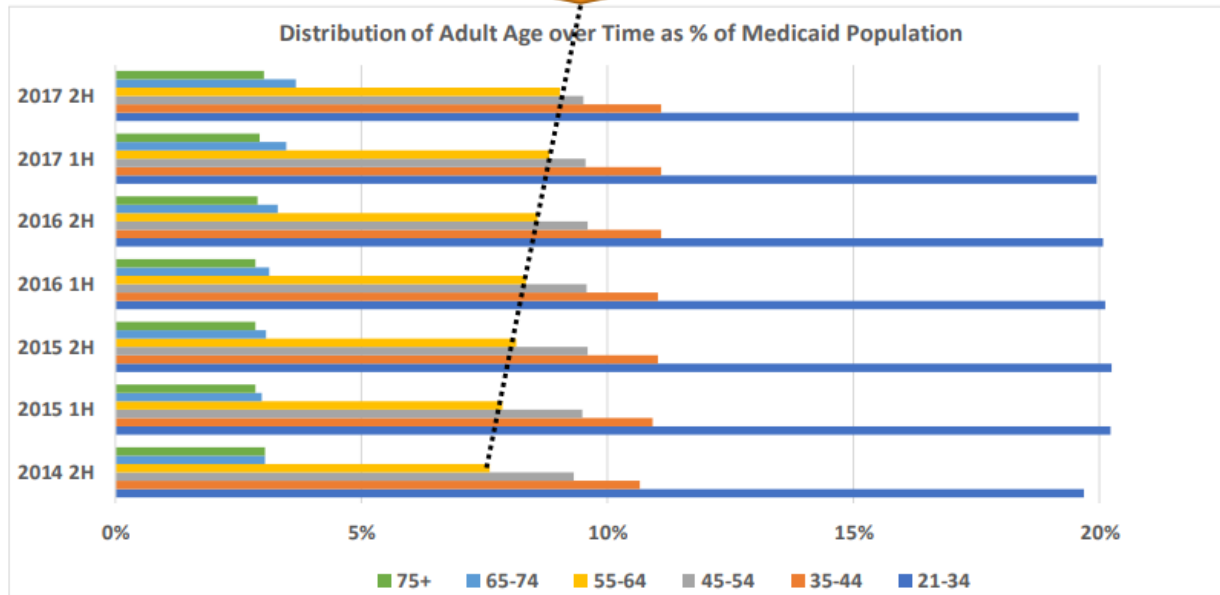
Ohio's Medicaid Population Has Grown: ABD and Dual Caseloads (trend lines)



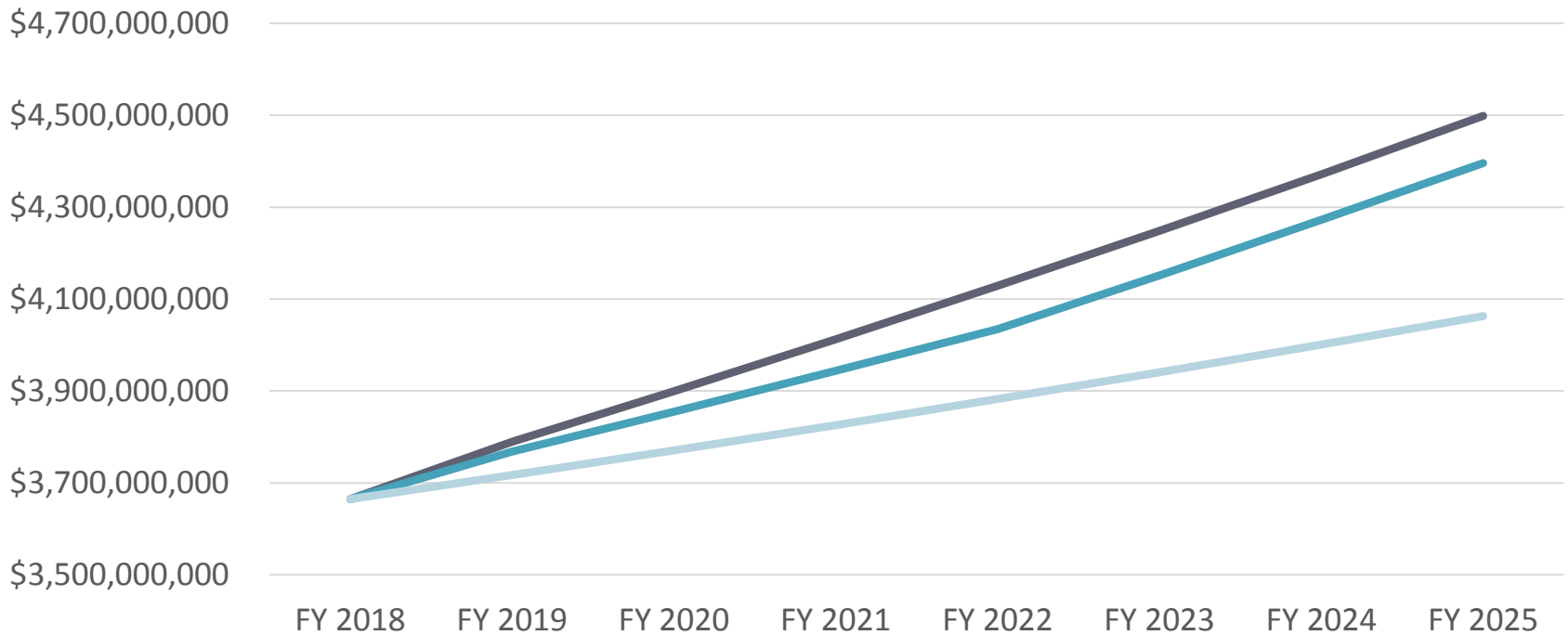
Growth in Ohio's Medicaid Population

Population – Enrollment Distribution by Age

Age 55-64 growing: Consider if new enrollees are expected to have higher or lower cost profiles than existing enrollees



Projected Increase in Ohio LTSS Spending Using National Growth Rates

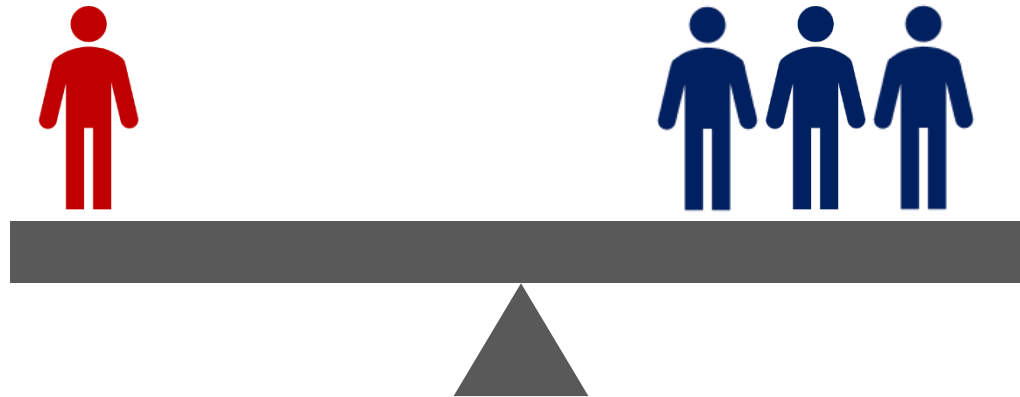


- Status Quo: Current mix of NF/Waiver (45/55) - flat costs
- Modest shift in waiver share: 2% increase in waiver share over 4 yrs (43/57)
- Aggressive shift in waiver share: constant utilization in NF/addl growth picked up in waiver



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Nursing Home Diversion and Transition are Important Strategies



For what Ohio spending on 1 nursing home resident, it can fully fund 3 waiver residents



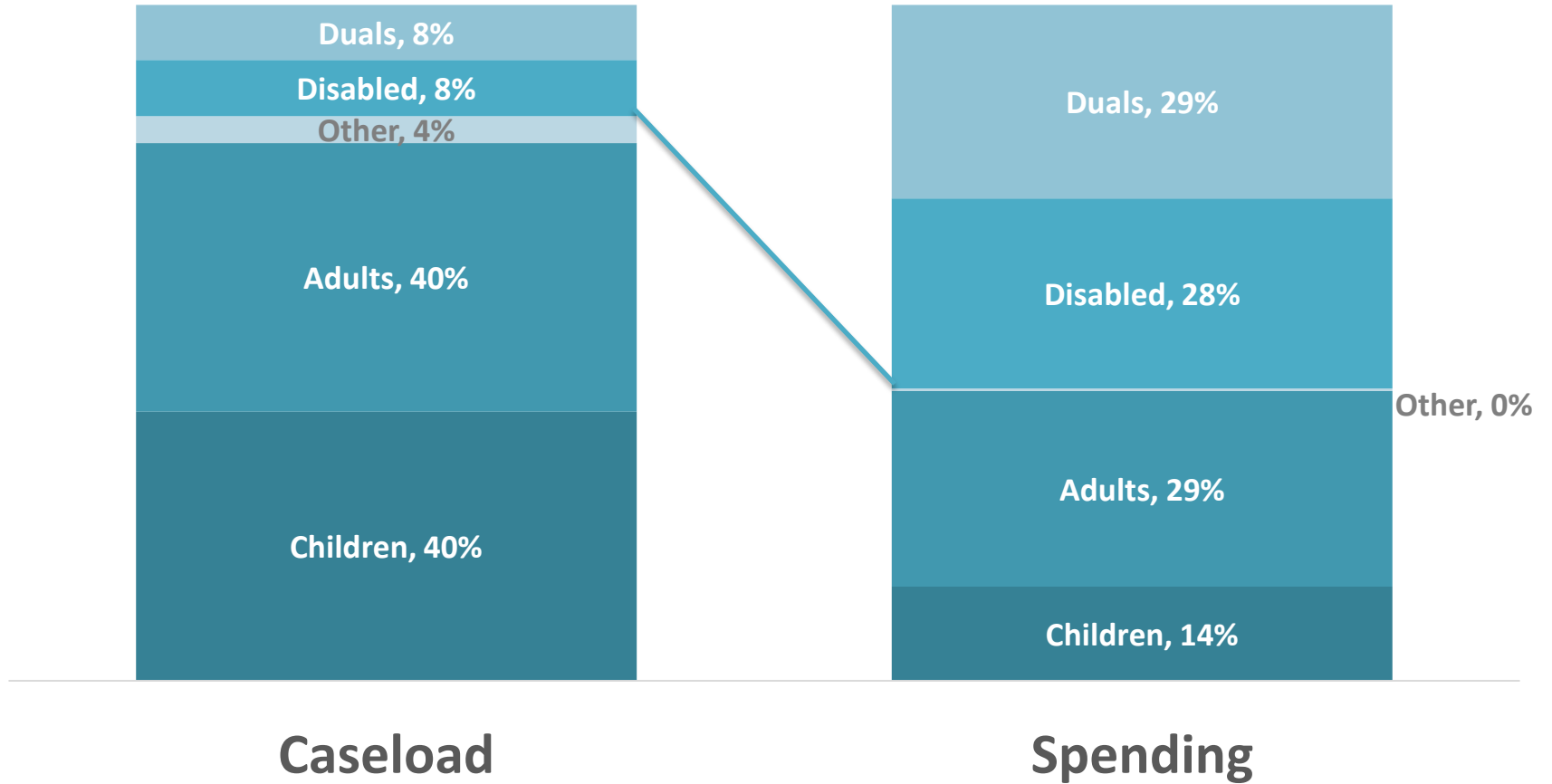
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State Interests



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Small Populations Drive Total Medicaid Costs



State Goals

- **Manage growth in program costs**
 - Looking for sustainability
- **Promote wellness**
 - Avoid and/or delay entry into LTSS
 - Medicaid expansion provides opportunity to take a longer view at health
- **Improve system-wide performance**
 - Elevate primary care
 - Improve transitions between care settings
 - Adopt a population health focus
 - Avoid preventable, high cost utilization
- **Increase value from managed care**
 - Reprourement
 - More accountability for health outcomes



Opportunities



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What should Ohio be thinking about?

Demographics show that LTSS should be a continued area of state policy focus

Need focus on the whole person

- Improve fragmentation across acute and long term care systems
- Need entity that is accountable across all systems
- Need quality strategy that reflects multiple payers
 - Ensure Medicaid population is connected to primary care
- Increased focus on collaboration in care transitions

Increased focus on dual population at the federal level



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CMS Letter on Dual Eligibles Highlights New Options for States

- Increased use of D-SNP plans
 - State contracting with dual eligible special needs plans (D-SNPs)
 - Default enrollment into a D-SNP
 - Passive enrollment to preserve continuity of integrated care
- Integrating care through PACE
- Improving state access to Medicare data for care coordination and program integrity
- More dual eligible demonstration opportunities are expected



Rethink Relationship with Medicare Advantage

- Starting in 2019, Medicare Advantage plans had the option to build in some home and community-based long-term care services into their supplemental benefits.
- Some of the new long-term care options include:
 - Adult day-care services;
 - In-home assistance with custodial care or activities of daily living;
 - Respite care benefits for caregivers;
 - Home safety modifications like bathroom grab bars, wheelchair ramps, and stair rails;
 - Non-emergency transportation services so that members can get to their doctor's appointments; and
 - In-home meal delivery.
- The goal of these newly allowed benefits is to prevent costly hospitalizations and help chronically ill beneficiaries continue living independently for months or even years beyond what they have been able to do in the past.
- Expect to see these benefits expand to more plans in CY 2020



Options for a New State Strategy on LTSS

- Expand care management
 - All members could benefit from having someone in a point of accountability
- Rethink early identification and intervention to avoid LTSS (rising population)
- Increase use of data to identify at risk patients
 - Include SDoH measures as well



Questions?

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