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Effective health care

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Nearly 200,000 Ohioans are covered by both the federal Medicare health-care program for elderly and disabled people and the federal-state Medicaid program for low-income recipients. These dual enrollees account for just 10 percent of state Medicaid clients, but more than 40 percent of Medicaid spending.

Yet government at all levels has done little to coordinate Medicare and Medicaid programs, to eliminate wasteful duplication and cost-shifting and to integrate the benefits that dual enrollees get from each program. A new proposal by Gov. John Kasich's administration promises to improve the efficiency of both programs, thus saving tax dollars, without diminishing access to the care they provide or its quality.

The demonstration program developed by the Governor's Office of Health Transformation would combine the state's Medicare and Medicaid authorities. It would create a single point of contact for dual enrollees for physical and mental health services and long-term care. Consistent with a priority Mr. Kasich established in the state budget, it provides incentives for people to be cared for at home rather than in institutions whenever that's practical.

The proposal, which requires federal approval, seeks to enhance competition and contain costs through a managed-care model. Providers taking part in the integrated program would administer benefit packages for dual-eligible members, coordinating Medicare, Medicaid, long-term care, and other services.

The health plans would work with hospitals and medical specialists to emphasize consumer education and preventive and primary care, lessening the need for more-expensive care in emergency rooms or nursing homes. Their payment structure is designed to blend Medicare and Medicaid funding, to discourage the perverse financial incentives that sometimes cause the two programs to operate at cross purposes.

The draft proposal the Ohio Medicaid program released this week is based on testimony from clients, caregivers, advocates, and providers about the best way to meet patient needs. It is posted online at healthtransformation.ohio.gov.

State officials plan to submit the proposal to federal Medicare/Medicaid regulators for their review at the end of this month. If Washington gives its approval, the state would enroll the first patients in the integrated-care plan next January.

One of the key features of President Obama's health-care reform law is its encouragement of state innovations in the delivery of services by Medicare and Medicaid that could become national models. The Ohio proposal seems a worthy response to that challenge.

State officials and outside analysts will need to monitor the project carefully, to ensure that it meets the needs of patients and providers. The state must redeem its promise that integrated-care recipients will keep their current doctors, health aides, services, and medical and long-term care benefits. The program should not diminish the important role of the state's area agencies on aging or their PASSPORT home-care program.

Working to contain the cost of public and private medical care in Ohio, without limiting its quality or access, is better policy than merely seeking to obstruct federal health-care reform. If it works the way it is designed to, the Kasich administration's proposal could improve the quality of health care for many of its most vulnerable citizens, while reducing costs for patients and taxpayers alike.

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The Toledo Times ®

New management

State aims to improve service, save money in care of poor seniors

Wednesday March 7, 2012

A plan by the state to bring managed care to the sickest of the state's Medicare and Medicaid patients is a smart way to tackle a big problem: 10 percent of the patients incur nearly half of the state's costs for long-term care.

Those 10 percent are the "dual-eligibles" - people who qualify both for Medicare, which generally serves the elderly, and Medicaid, which serves those with low incomes. When Ohio began contracting with managed-care companies to administer Medicaid benefits, the dual-eligibles weren't included, in part because of the complexity of their cases. Now that managed care has become established for most Medicaid recipients, the state can't afford to wait any longer than necessary to allow those principles to work for the most-expensive population.

State officials believe the proposal should please the people who depend on the services, as well as the taxpayers who support them. Like any well-designed managed-care plan, it should save money as it helps people get better, smarter health care.

Ohio must receive the federal government's approval to change the way it administers the health plans, which are funded partly with federal dollars, but the Governor's Office of Health Transformation is confident of that approval, because the feds have encouraged such changes.

Having a managed-care plan serve as a central point of coordination for people's cases aims to do three things:

- Eliminate the waste of testing or procedures that are duplicated because one medical provider doesn't know what another medical provider already has done;
- Avoid treatments or medications that could conflict dangerously with other care the patient has received;
- Ensure that patients are cared for in the setting they prefer, which typically is the least intensive and least expensive.

The latter is an especially good way to save money while keeping patients happier. For example, without anyone coordinating care, a patient who enters a hospital emergency room in a health crisis might be placed in rehabilitative care at the hospital. He could receive rehabilitation much more cheaply at a nursing home, but he might not know this.

By the same principle, under the incentives built into current Ohio law, many seniors on Medicaid are placed in expensive nursing homes, when they would be happier in an assisted-living facility or at home with in-home care, either of which is far cheaper than a nursing home.

A managed-care plan will have people charged with taking the full view of each case and authorizing the care that makes most sense.

Many Ohio elderly have come to rely on the federally funded Area Agencies on Aging to help them navigate services, especially home- and community -based care. They don't want to lose their reliable contacts there. The Office of Health Transformation says any managed-care plan bidding for Ohio's business will be required to contract with the local agencies to help seniors find appropriate care.

Naturally, patients and providers worry that change will mean reduced benefits or narrowed choice, but state officials have promised that reimbursement rates and benefits won't be cut, and that current providers will remain approved at least through a three-year trial. In fact, they said, the money saved by better coordination may allow some reimbursements, such as the relatively low payments for in-home health aides, to rise.



Pilot project tailor-made for Ohio

Repository Editorial

Posted Apr 04, 2012 @ 12:00 PM

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The issue: Medicare-Medicaid coordination

Our view: D.C. should agree to this experiment in improving service, cutting costs

One of Gov. John Kasich's first priorities when he took office in 2011 was helping more Ol place." Older residents should be able to stay in their homes whenever possible instead o nursing homes, he said. Who could disagree?

Certainly lobbyists for the powerful nursing home industry are having to defend their turf have with other recent Ohio governors, but polls show that older Ohioans and their famili Kasich.

Let's hope the feds do, too.

This week, state officials submitted to Washington a plan for a three-year pilot program t coordinate delivery of health care services between the Medicare and Medicaid programs Ohioans.

The proposal has the potential to affect as many as 115,000 Ohioans who qualify for both federal health care and prescription drug program for the elderly) and Medicaid (the feder partnership that serves poor residents, including by funding nursing home costs). Coordin these "dual eligible" Ohioans presumably would reduce duplication and lower costs while delivering better services.

Like every state, Ohio wants to reduce the cost of government. But as a recent Associate hammered home, Ohio faces numerous other challenges, as well, because the percentag is growing faster than in most other states. The Medicare-Medicaid pilot project is tailor-n both of these long-term issues.

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Everything Cleveland

Ohio should get Medicare waiver: editorial

Published: Friday, April 06, 2012, 8:49 PM



By **The Plain Dealer Editorial Board**

Ohio needs answers to the **ever-larger bite** Medicaid is **taking** out of the state's budget, and the administration of Gov. John Kasich deserves credit for seeking innovative ways to break free of the increasingly expensive status quo.

The latest effort comes in the form of a **proposal** the state rolled out this week to integrate Medicare and Medicaid services for about 115,000 Ohioans enrolled in both programs into a single managed-care plan.



Chuck Crow, The Plain Dealer

Medicare, a federal program, serves the elderly and the disabled, mostly with help paying for doctor and hospital services and prescription drugs.

Medicaid is a combination state and federal program that serves poor people and patients in need of long-term care.

The Kasich administration is seeking the approval of the federal **Centers for Medicaid and Medicare Services** to spare "dual-eligible" clients the trouble of having to deal with more than one administrative structure to get their services.

The state expects to benefit, too, by saving money through better coordination of care -- resulting in healthier patients -- and through reductions in unnecessary medical procedures and medication errors.

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The plan also fits in with continuing administration efforts to increase the number of elderly Ohioans who are served in their own homes rather than in nursing homes.

- **Send a letter to the editor**, which will be considered for print publication.
- Email general questions or comments about the editorial board to **Elizabeth Sullivan**, editor of the editorial page.

The Kasich administration envisions a three-year pilot program that would operate in seven urban areas. If it succeeds, it could be expanded to cover all of the Ohioans -- currently the number is 182,000 -- served by both Medicare and Medicaid.

According to the state's proposal, "Medicare-Medicaid full benefit enrollees make up only 9 percent of total Ohio Medicaid enrollment, but they account for more than 30 percent of total Medicaid spending."

The Ohio Association of Area Agencies on Aging is **on board** with the approach, based on assurances from the Kasich administration that they will continue to play a strong role in patient screening, care planning and other outreach and advocacy.

Medicare officials in Washington should grant Ohio's request for a waiver from Medicare rules.

This effort to provide more efficient, less expensive health care for a small but costly population is worth a try.

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Dayton Daily News

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Ohio wants to better coordinate Medicare, Medicaid care

By Ann Sanner, Associated Press

Updated 7:07 AM Tuesday, April 3, 2012

COLUMBUS — A proposal to better coordinate medical care for some of Ohio's sickest, most expensive and difficult to treat patients should lead to more people getting services at home and community-based settings, rather than in more costly nursing homes or other institutions, the state's Medicaid director said Monday.

The state submitted details Monday to the federal government on its plans to change the way health care is delivered to Ohioans enrolled in both Medicaid and Medicare. Federal officials must approve the alterations. AARP Ohio and the Ohio Association of Area Agencies on Aging have expressed their support of the proposal.

Ohio Medicaid Director John McCarthy said among other factors, the state would judge how successful the changes are based on whether they enable more people to receive medical treatment and other supportive services from the comfort of their own homes.

About 64 percent of Medicaid spending in the last budget year was on institutions, compared with 36 percent on home and community-based care. But the state's two-year budget puts those spending figures closer to 58 percent for nursing homes and hospitals, and 42 percent on home and community-based care by 2013.

McCarthy said he wants to see the spending continue to move on a path that's more evenly split. "We do not want to see that go in the wrong direction," he said.

Other ways to measure the success of Ohio's pilot program have yet to be determined, and it's unclear whether the state would have to pay any upfront costs to implement the changes, McCarthy said.

But better coordinated medical care leads to a patient's better health, he said, which trims costs in the long run.

More than 182,000 Ohioans are enrolled in both Medicare and Medicaid. While they make up only 14 percent of total the state's Medicaid enrollment, they account for almost 40 percent of total Medicaid spending, according to state figures.

The proposal covers almost 115,000 of the so-called "dual eligible" individuals in seven urban regions, with the idea that it would expand to all the state's Medicaid-Medicare enrollees after three years.

The federal Medicare program serves the elderly and disabled, while Medicaid provides coverage

for the poor though state and federal funding.

The two programs operate fairly independently of each other. Medicare generally helps pay for doctor and hospital visits, along with prescription drugs. Medicaid typically helps pay for long-term care, such as nursing homes, among other services.

As a result of the lack of connection between the two programs, some patients are more costly to the system, officials say.

For instance, a patient could be discharged from a hospital to a nursing home instead of to a less expensive home-based care because the two programs aren't talking to each other in the same setting.

The state wants to better link the two programs so that the beneficiaries only have to work with a single entity to receive the services.

Ohio's plan is designed to eliminate unnecessary health tests, prevent medication errors and keep people healthier and out of emergency rooms.

The three-year pilot program could end up being a model for other states, officials who drafted the plan have said.

The target date for the plan to take effect is Jan. 1, though there would be a transition period to the new managed care system.

People who fall under the three-year pilot program would not see any immediate changes to their providers, though they could later.

Patients could keep their same primary care doctors and specialists for at least the first year. Otherwise, they would have to pick new physicians if those doctors weren't in the new provider network. And highest-risk sick patients could keep their same doctors and visiting nurses for the first 90 days.



Beneficiaries are guaranteed the option of keeping the same nursing homes and case managers for the duration of the test run.

The ability to keep the same case worker was a critical issue for the state's dozen Area Agencies on Aging, which respond to the needs of older adults.

The agencies' staffs serve as case managers. They help people navigate Medicaid, figure out their long-term care needs and see what daily services they need to remain in their homes or elsewhere, said Larke Recchie, executive director of the Ohio Association of Area Agencies on Aging.

Find this article at:

<http://www.daytondailynews.com/news/ohio-news/ohio-wants-to-better-coordinate-medicare-medicare-1354039.html>

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Changes win over former foes of Kasich plan on Medicare, Medicaid overlap

By [Joe Vardon](#)

The Columbus Dispatch Wednesday April 4, 2012 4:41 AM

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Two stakeholders applauding the state's new proposal to better coordinate care for some of Ohio's sickest patients were skeptics not so long ago.

When the administration of Gov. John Kasich made public in January its intention to change how health care is delivered to people eligible for both Medicare and Medicaid, the Ohio Association of Area Agencies on Aging went public with its concerns. At one point, it enlisted the help of Ohio's Democratic congressional delegation to petition Kasich to make sure the area agencies remained a part of long-term-care management for Medicaid patients.

Another group, AARP Ohio, was frank with Kasich's aides in private meetings about what a plan to coordinate care for Ohio's "dual eligibles" should look like.

When the state formally delivered its proposal to the federal Centers for Medicare and Medicaid Services on Monday, included in the administration's public announcement were statements of support from both the AARP and the area agencies on aging.

What persuaded them to endorse the plan?

"To their credit, they really did listen to what was being expressed all along," Jane Taylor, state director of AARP Ohio, said of the administration. "With all of the input from all the groups, (the proposal) developed into something we could support."

The area agencies on aging and the AARP shared the concern that under the state's plan, Ohio's 12 area agencies on aging might lose their administrative roles in the popular PASSPORT home-care program.

But in Kasich's formal proposal to the feds, including a three-year pilot program affecting about 115,000 of the 182,000 Ohioans considered dual eligibles, managed-care companies are required to contract with the area agencies for long-term-care management.

"I heard concerns from the triple-A's six months ago," said Republican state Rep. Cheryl Grossman of Grove City, who helped arrange meetings with stakeholders and administration officials to address concerns.

"People were listened to. Their points were made, and we're very fortunate the two (Kasich administration) directors involved helped to work out solutions together. I'm very pleased with where we are."

The two directors — Medicaid Director John McCarthy and Office of Health Transformation Director Greg Moody — argue that the state's all-encompassing proposal was more a result of a months-long process than a single change.

McCarthy said from the release of the administration's "concepts paper" in January, to its rough draft proposal in February, it held dozens of public and private meetings with stakeholders to craft a policy that fit their needs.

He said items such as allowing nursing-home residents to stay put, installing a transition period of at least 365 days for patients to continue receiving care from current providers, and for managed-care companies to pay Medicaid providers their current rates all were the results of those meetings.

Even the nursing-home industry, which clashed with Kasich for much of 2011 and is opposed to placing large amounts of responsibility with managed-care organizations, said it had a seat at the table with the state's plan.

Peter Van Runkle, executive director for the Ohio Health Care Association, said Kasich's plan appears to protect nursing homes' reimbursement rates and their ability to participate in managed-care plans.

"The administration worked with us to hear our concerns," Van Runkle said. "Although there are things we've talked about that are not readily apparent in the document, they've heard our concerns and taken them into account to some degree."