

Editorial: "Effective Health Care," Toledo Blade

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Effective health care

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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Office of Health Transformation | 77 South High Street | 30th Floor | Columbus | OH | 43215