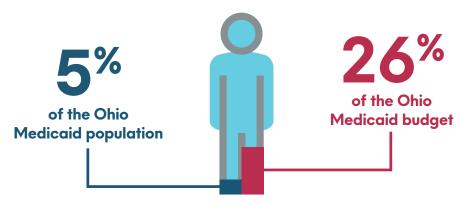
Integrating All Medicaid Recipients into Managed Care

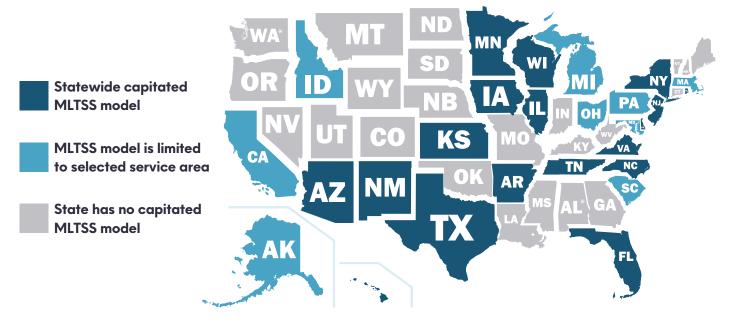
The Status Quo

Recipients of long-term services and supports account for 5% of the Ohio Medicaid population but 26% of the Ohio Medicaid budget.



Ohio's outdated long-term services and supports system leaves out many of those who could benefit the most from increased care coordination.

As **18 other states already provide coverage** or their most vulnerable residents through statewide managed long-term services and supports programs, Ohio continues to use a single-payer system for many eligible Ohioans.



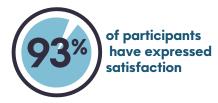
*Alabama and Washington employ managed long-term care models under the fee-for-services (FFS) reimbursement system. Under this model, the stae makes payments to care coordination entities, which manage patients' individual health care services, while Medicaid and LTC providers continue to be reimbursed via FFS.



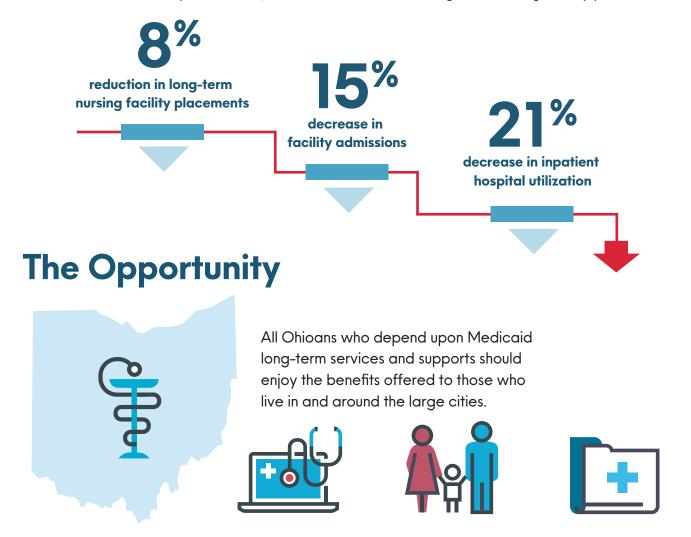
Islands of Success

A regional demonstration project called MyCare Ohio has improved outcomes and contained costs through programs targeted in and around the state's major population centers.

Seventy percent of eligible Ohioans have elected to participate in these regional programs, and 93% of participants have expressed satisfaction in their relationship with their care manager.



The pilot project is bending the cost curve with a 21% decrease in inpatient hospital utilization, a 15% decrease in facility admissions, and an 8% reduction in long-term nursing facility placements.



Ohio can draw upon its successes to build a statewide program that delivers a single point of care coordination for all Medicaid long-term services and supports.

OAHP and its member plans stand ready to assist in designing a plan that allows Ohio's most vulnerable populations to receive access to better health outcomes and quality care.

