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LeadingAge Ohio has [historically supported the growth](#) of managed care for Ohio's aged, blind and disabled (ABD) population, including our heavy involvement in addressing the significant challenges that characterized the implementation of the MyCare Ohio Financial Alignment Initiative (FAI). Given that we are again at an inflection point in Ohio's journey with managed care, we thought it prudent to reach out to each of the possible future health plans to share our current thinking and areas where we see the most opportunity for partnership and alignment.

As a reminder, our members number roughly 400 statewide, and they include affordable senior housing, life plan communities, nursing homes, assisted living, adult day, home care, hospice and palliative care, and PACE organizations. Our members are united in that they are mission-driven and values-based operators, and are

consistently among the highest quality operators in their local communities.

In looking back, the implementation process for the MyCare Ohio demonstration was characterized by upheaval, delayed payments and administrative inefficiencies that hobbled Ohio's long-term services and supports providers. While most of the initial challenges have been resolved in the intervening years, authorization and payment processes remain the top complaint among providers.

To that end, the paramount concern of our members remains the same today: efficient and fair payment. This includes streamlining administrative processes to reduce errors and delays, ample testing ahead of time of new portals, like the use of Medicaid's fiscal intermediary within the Medicaid Enterprise System (OMES), and consideration of rate "floors" or minimum thresholds that undercut access to high-quality operators.

Additionally, LeadingAge Ohio supports value-based payment, up to and including full-risk models / bundles that allow groups of post-acute providers to leverage their expertise to deliver seamless service to members. To date, a majority of quality-based payment arrangements are held with hospital systems and physician practices. Of those that exist with long-term services and supports providers, many are "gateway" arrangements, rather than those that share financially with the providers responsible for the savings.

In addition to these concerns, LeadingAge Ohio has identified the following opportunities for improvement that can be addressed through better partnership between health providers and plans and encouraged by the Department of Medicaid.

Transportation: Some improvements in access have resulted from payment increases resulting from the SFY 2026-2027 budget. However, problems continue to persist, particularly in two areas:

- Non-emergent ambulette transportation is heavily used by our members needing transportation to medical specialist appointments and is consistently the most challenging for long-term care providers. Certain areas of the state have zero willing providers of this service, and barriers exist for providers seeking to offer their own transportation, particularly in rural areas.
- Safety for individuals with dementia is of paramount concern to both facility-based providers (nursing homes and assisted living) that seek to assist with transportation to medical appointments, as well as those attending adult day programs. Individuals with dementia should only be supported by transport professionals that have an understanding of dementia and equipped to accompany the individual from caregiver-to-caregiver, rather than door-to-door.

Place-based Service Coordination: Only a subset of Ohioans residing in affordable senior housing have access to an on-site service coordinator. These service coordinators are typically funded through grants through the Department of Housing and Urban Development or privately through the financing of each individual community. The support provided by these service coordinators is characteristically different than that offered by managed care plans. Because they are on-site, they are able to detect changes in condition and behavior faster than remote service coordinators, promote social connection among residents and identify community resources like transportation that may benefit all residents in a community.

Unfortunately, it is logistically challenging to finance place-based service coordinators across the multiple health plans that may have beneficiaries in a single building.

LeadingAge Ohio supports the advancement of pilots that demonstrate shared financing of place-based

service coordinator across health plans, to more efficiently and effectively meet the needs of seniors in congregate senior housing,

Measure Alignment: Quality measures vary dramatically from one health plan to the next even for provider types like skilled home health and nursing homes that have established, standardized metrics. While much of this variation is among the Medicare Advantage plans, there is opportunity among duals plans to focus and align across this particularly complex population. LeadingAge Ohio supports the development of a common measure set to be used both in evaluating and rewarding providers within a plan's network, which will move the state of Ohio towards a single definition of quality in long-term services and supports.

Finally, metrics are scarce to gauge the efficacy of home- and community-based services like adult day services and personal care. LeadingAge Ohio supports the development of a strategy by which access to and efficacy of home- and community-based waivers services may be evaluated.

Advance Care Planning: The Ohio Nursing Home Quality & Accountability Task Force identified significant deficits both in older Ohioans' knowledge of long-term care as well as preparation for aging, which it included in its final report. Recommendation 3.1 states that Ohio should *"Provide accessible advance care planning materials in plain language, and establish a corps of experts to help Ohioans of all a navigate the process through post-acute and long-term care."* While long-term services and supports providers are well equipped to navigate these issues with members, they often don't interact with residents until late in the trajectory of illness or disability.

These conversations are best begun early in order to maximize both choice and health of older Ohioans, and health plans are perfectly poised to initiate these conversations. Ohioans could benefit from 1. Collaborative work to standardize training of health professionals in initiating advance care planning conversations, 2. Using tested messaging to promote healthy aging, including initiating conversations about care preferences well ahead of the point that care and services are needed, and 3. Supportive infrastructure around advance care planning like disseminating common translations of advance directives & educational materials for Ohio's top English as a second language(ESOL) populations.

LeadingAge Ohio currently houses Ohio's most up to date advance directives documents, which are updated each time Ohio policy changes. Additionally, LeadingAge Ohio offers translations into Spanish, Arabic, Nepali and Somali for use with the support of interpreters. All of these resources are free at no charge to health plans, providers and families alike via LeadingAge Ohio's website.

Palliative Care: The Request for Applications (RFA) included a requirement that future FIDE-SNP plans offer a palliative care benefit as part of their health plans, representing a meaningful step forward in improving the quality of care for older Ohioans with complex serious illness. LeadingAge Ohio represents a network of palliative care providers with statewide reach, with deep experience providing this specialty in both community-based and facility / inpatient settings. We are eager to foster dialogue between health plans and our palliative care providers.

We have been very pleased with how much outreach each of the health plans have conducted as they've prepared for responding to the Administration's RFA. We believe that many lessons have been learned along the way that we will take forward with us into this next phase. To the extent that your priorities align with ours, we welcome continued dialogue and partnership.

Please do not hesitate to reach out if we can provide additional detail on any of the priorities contained herein.

Respectfully,

A handwritten signature in cursive script, reading "Susan V. Wallace". The signature is written in a dark ink and is positioned above the printed name and title.

Susan V. Wallace
President / CEO