



M i n n e s o t a

Senior Health *options*

Minnesota Department of Human Services

Minnesota Senior Health Options Supports Improved Outcomes for Seniors

Overview

Minnesota Senior Health Options (MSHO) is a program that combines seniors' Medicare and Medical Assistance (Minnesota's Medicaid program) into one health plan so they may access services in a more coordinated way.

A recent study published by the federal Department of Health and Human Services found that seniors enrolled in the MSHO program experience improved outcomes compared to people eligible for the MSHO program, but enrolled in the non-integrated (Medicaid-only) program, Minnesota Senior Care Plus (MSC+)¹.

This study provides strong support for combining Medicare and Medical Assistance into one program. The study compared the experiences of similar beneficiaries inside and outside of MSHO and found that MSHO enrollees were:

- 48 percent less likely to have a hospital stay, and those who were hospitalized had 26 percent fewer stays

¹ The CMS summary and a link to the study can be found here: <http://wayback.archive-it.org/2744/20170118125913/https://blog.cms.gov/2016/06/16/better-outcomes-for-dually-eligible-older-adults-through-integrated-care/>

- Six percent less likely to have an outpatient emergency department visit, and those who did visit an emergency department had 38 percent fewer visits
- 2.7 times more likely to have a primary care visit, but if so, had 36 percent fewer visits.

The Centers for Medicare and Medicaid Services (CMS) made official comment on the broader significance of these findings. People who are dually-eligible for Medicare and Medicaid tend to have greater health care needs and poorer health outcomes, and combining Medicare and Medicaid into one program seems to provide necessary support and coordination for these people.

For many years, policymakers around the country have argued that combining Medicare and Medicaid is key to improving health care outcomes for people who are dually-eligible for Medicare and Medicaid. This study provides specific evidence that MSHO has significantly improved outcomes for older Minnesotans.

The Minnesota Senior Health Options Program

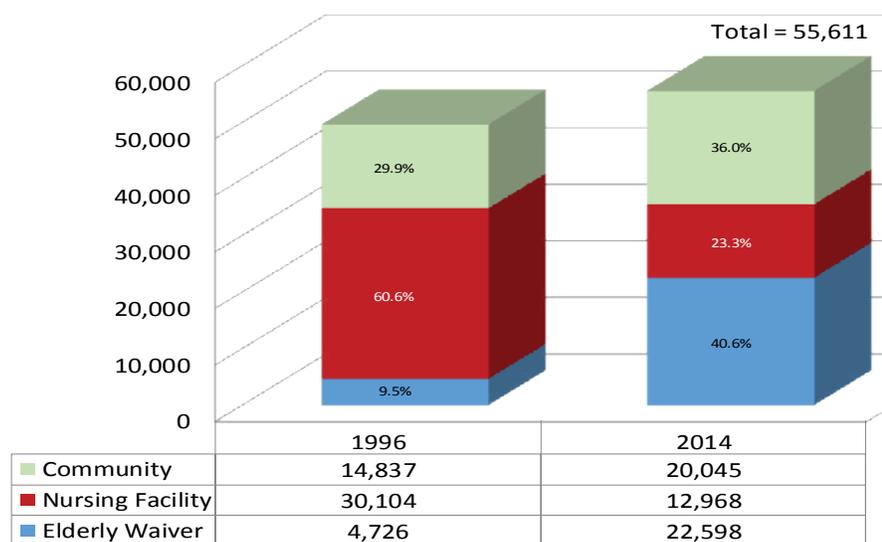
MSHO has provided an integrated Medicare

and Medical Assistance program to Minnesota seniors since 1997.

Integration of these programs allows for many benefits, such as care coordination for all medical and long-term services and supports, and the ability to more broadly apply quality improvement efforts.

Care coordination is a key feature of the MSHO program. The same health plan pays for both hospital stays (Medicare) and services at home (Medical Assistance). MSHO care coordinators work to improve communication between the member and providers, and makes sure seniors have good care no matter who pays for the service.

Enrollment by Setting of Care 1996 and 2014



Minnesota has invested many resources toward making sure seniors can live safely at home instead of going to nursing homes. MSHO care coordination has helped to support changes in where seniors live. The table on the previous page shows the dramatic shift of the majority of older Minnesotans on Medical Assistance living in nursing homes in 1996 to the majority of these older adults living in the community in 2014.

MSHO also supports better quality improvement efforts so the member is experiencing quality across all aspects of their care. Since the health plans contract with providers for both Medicare and Medical Assistance services, the health plan can determine how to support improvement efforts for all services. Some examples of quality improvement efforts include reducing hospital readmissions and improved medication management.

Why MSHO?

States around the country are embarking on the creation of an integrated Medicare and Medicaid program for seniors and people with disabilities, and MSHO is a model for many of them. Given these study findings and the many personal accounts of the success of MSHO, it is clear this program should be broadly supported and continued development of the program should be prioritized.

Additional findings from the study

Besides an increased likelihood to have home and community-based long-term services and supports, and a reduced likelihood of a hospital stay and emergency room visit, the study had other important findings, including:

- **Less than 0.4 percent of MSHO enrollees disenrolled from MSHO over a two year period.** This finding suggests an overall satisfaction with the MSHO program and that people who experience integrated care choose to keep their care integrated.

- **About 12.8 percent of people eligible for MSHO who were not currently enrolled in the program switched to MSHO each year between 2010 and 2012.** This result shows that the disenrollment rate is much higher for the non-integrated program than the integrated MSHO program. In addition, this shows people who are eligible for MSHO are choosing to try out the program, even if they weren't enrolled in the program right away.
- **People enrolled in the MSHO program tend to be older and have more chronic conditions than people eligible for MSHO, but who are not enrolled.** This result, along with the previously listed findings, suggests integration is a useful model to support people with many health care needs.
- **MSHO enrollees had an average of almost seven fewer outpatient physician visits than similar people enrolled in MSC+.** MSHO members were more likely to have a Primary Care Physician (PCP) than people in MSC+, as PCPs are important for coordinated care. However, MSHO members on average saw their PCP four fewer times than similar people in MSC+, and they had on average four fewer visits with specialists than similar people in MSC+.

To access the complete CMS study on MSHO, visit:
<http://wayback.archive-it.org/2744/20170118125913/https://blog.cms.gov/2016/06/16/better-outcomes-for-dually-eligible-older-adults-through-integrated-care/>



