



Department of  
Medicaid

# MyCare Ohio

# What is MyCare Ohio?

- MyCare Ohio is a demonstration project that integrates Medicare and Medicaid benefits into one program, operated by a managed care plan.
- Administered through a partnership between CMS and Ohio Medicaid.
- Launched May 2014, currently through 2022.



MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY <b>JANE DOE</b>			
MEDICARE CLAIM NUMBER <b>000-00-0000</b>		SEX	
IS ENTITLED TO <b>HOSPITAL (PART A)</b>		EFFECTIVE DATE <b>07-01-1986</b>	
<b>MEDICAL (PART B)</b>		<b>07-01-1986</b>	
Share HERE →			

County LICKING	<b>Ohio Medicaid</b>
Case/Category/Sequence 999999999/MA A/01	
Eligibility Begin Date 01/01/13	
Void After 1/30/13	
<b>Ohio Department of Medicaid</b> Consumer Hotline- 1-800-292-3572 or TDD 1-800-292-3572	

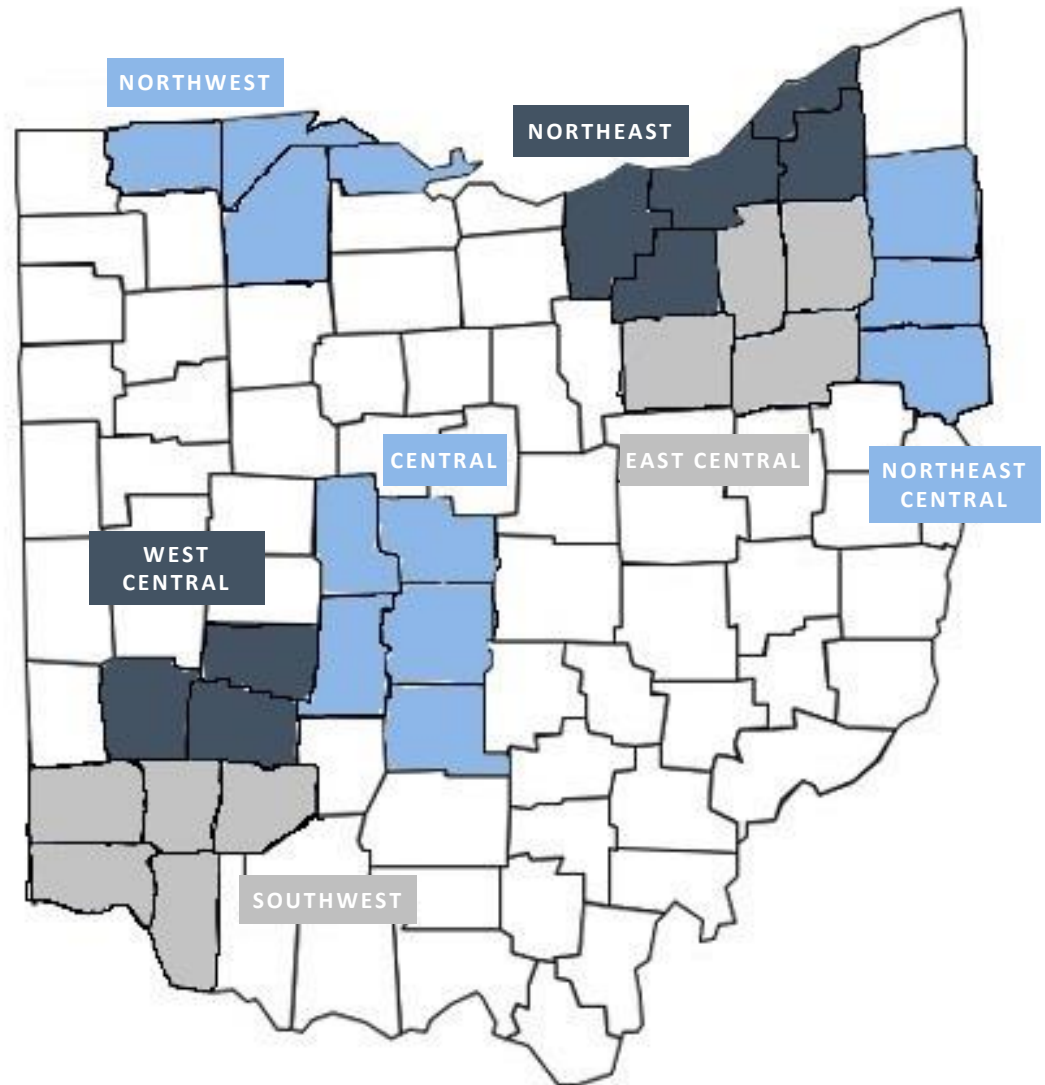
**MyCareOhio**  
*Connecting Medicare + Medicaid*

# MyCare Ohio Duals Demonstration

- There are approximately 130,000 individuals enrolled in MyCare Ohio, making Ohio's dual demonstration the second largest in the country.
- Medicare participation is optional.
  - Medicaid participation is **NOT** optional.
- About 59 percent of MyCare Ohio enrollees elect for their plan to coordinate both Medicare and Medicaid benefits, one of the highest "opt-in rates" among dual programs in the country.

# MyCare Ohio Regions

REGION	MYCARE PLANS
NORTHWEST	AETNA BUCKEYE
NORTHEAST	BUCKEYE CARESOURCE UNITED
EAST CENTRAL	CARESOURCE UNITED
NORTHEAST CENTRAL	CARESOURCE UNITED
WEST CENTRAL	BUCKEYE MOLINA
SOUTHWEST	AETNA MOLINA
CENTRAL	AETNA MOLINA



# How MyCare contrasts to Traditional Managed Care Program

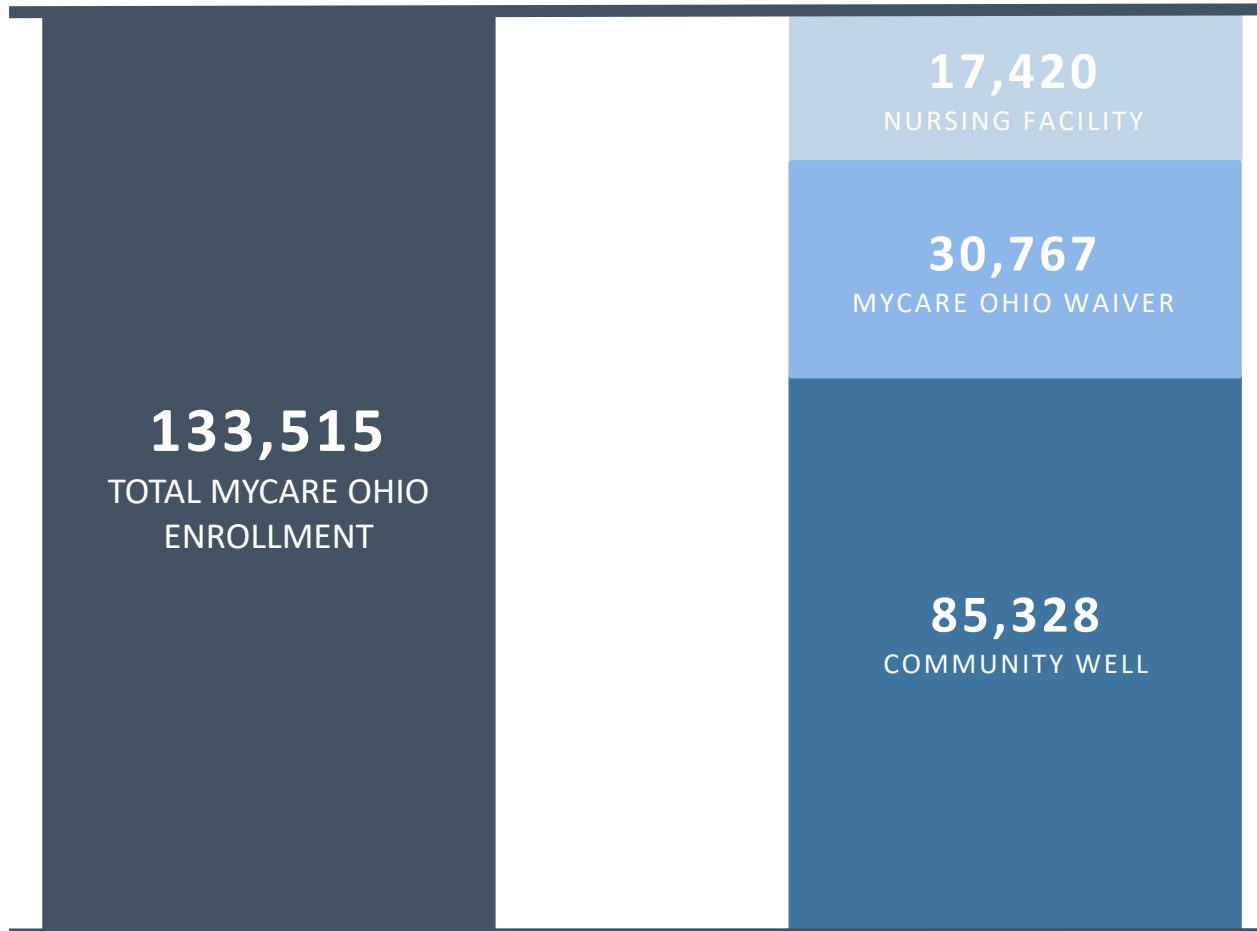
- MyCare has significant CMS involvement
- Two programs in one – opt-in and opt-out.
  - » CMS view: only opt-in program
- Two authorities:
  - » Provider agreement
  - » 3-way contract with CMS
- Not statewide

# MyCare Ohio Population

- Individual must be:
  - » Eligible for *all parts* of Medicare (Part A, B and D);
  - » Over the age of 18; and
  - » Reside in one of the 29 demonstration counties.
  
- Eligible individuals include:
  - » Individuals in a nursing facility
  - » Individuals in some home- and community-based setting programs (PASSPORT, Ohio Home Care, and Assisted Living)
  - » Individuals in the community not receiving LTSS who are dually eligible.



# MyCare Ohio Enrollment



## The “Why” of MyCare Ohio

- Dual beneficiaries – individuals with Medicare and Medicaid – have historically been the mostly costly populations the public health system serves.
- High spending has not equaled good health outcomes for population.
- Two separate systems – Medicare and Medicaid – are challenging for individuals to navigate and understand.



# What is MyCare Ohio trying to Achieve?

- Goals of MyCare Ohio:
  - » One point of accountability and contact for enrollees
  - » Person-centered care, seamless across services and care settings
  - » Easy to navigate for enrollees and providers
  - » Focus on wellness, prevention and coordination of services
  - » Integrated approach to care coordination to integrate services into one benefit package

**Every member has a care manager.**



# MyCare Ohio Benefit Package

- Benefit package includes all benefits available through the traditional Medicare & Medicaid programs, including long-term services and supports (LTSS) and behavioral health.
  - HCBS waiver component to MyCare Ohio to support LTSS and needs of the individual in the community.
- MyCare Ohio Plans may elect to include additional “value-added” benefits in their health care packages.
  - Examples: transportation, OTC drugs, gym membership



# MyCare Ohio Waiver

## Eligibility for MyCare Ohio Waiver

- Eligible individuals must be:
  - » Enrolled in MyCare Ohio program at time of waiver application
  - » Determined to meet a NF-based level of care (e.g. intermediate or skilled) per OAC rules
  - » Require at least one waiver service per month
  - » In the absence of the waiver – require hospitalization or NF services to meet needs

# Community Based Waiver Services

- Adult Day Health Services
- Alternative Meals Service
- Assisted Living Services
- Choices Home Care Attendant
- Community Transition
- Personal Emergency Response Services
- Enhanced Community Living Services
- Home Care Attendant
- Home Delivered Meals
- Homemaker Services
- Home Medical Equipment & Supplemental Adaptive and Assistive Devices
- Home Modification
- Home Maintenance & Chore
- Community Integration
- Out of Home Respite Services
- Personal Care Services
- Nutritional Consultation
- Social Work Counseling
- Waiver Nursing Services
- Waiver Transportation

*\*Individual must need 1 service monthly to enroll in the waiver*

# Waiver Service Coordination

- Waiver Service Coordinator responsible for:
  - » Developing waiver service plan
  - » Sharing waiver service plan with care management team for review and approval
  - » Coordinating approved waiver services
  - » Assuring member's health, welfare, and adequacy of service delivery
  - » Integrating waiver service plan into the care plan
- For individuals over the age of 60, MyCare Ohio plans:
  - » **Required** to contract with Area Agencies on Aging (AAAs)
  - » **May** contract with other entities that have experience working with individuals with disabilities

## CMS Evaluation Findings:

- Data sources: interviews, beneficiary focus groups, CAHPS survey, Medicare claims data, the Minimum Data Set nursing facility assessments and MMP encounter data.
- Medicare – neither increased spending or reduced savings in early analysis, but plans reported savings. Medicaid analysis not yet avail.
- Care managers overwhelmed initially, struggled to meet deadlines, and members unaware of care manager.
- Ombudsman – very positive experience for members.
- Plans retained most providers after transition of care periods.
- Plans lacks of experience with LTSS and BH systems was a significant challenge early on, incl. payment delays.

## Evaluation Findings – the numbers

- 21.3% reduction in inpatient admissions.
- 14.3% reduction in the probability of ambulatory care sensitive condition (overall) admissions.
- 13.2% reduction in the probability of ambulatory care sensitive condition (chronic) admissions.
- 15.3% reduction in skilled nursing facility admissions.
- However preventable emergency room visits increased by 10.3 percent increase.





## MyCare Next Steps

- Currently through the end of 2022
- ODM conducting their own evaluation through Scripps Gerontology Center
  - » Two evaluations forthcoming:
    - Process – focus on “how” the program is being implemented
    - Impact – outcome focused looking at the population and like population

# Questions?