

MyCare Ohio: Integrating Medicare and Medicaid Benefits

(updated August 21, 2014)

- Ohio Medicaid has been transitioning its government-run fee-for-service (FFS) program to private-sector insurance plans. Enrollment in private health plans increased from 36 percent of the Ohio Medicaid population in 2006 to a projected 75 percent in 2015.
- In 2013, Ohio competitively selected five private sector health plans to serve Medicaid beneficiaries statewide. Every month, these plans arrange care for 1.9 million Ohioans, process 4.9 million claims, pay provider bills totaling \$384 million, and pay 98.5 percent of all properly submitted claims within 30 days (federal law requires 90 percent in 30 days).¹
- In 2012, Ohio selected four of the five current plans (Buckeye, CareSource, Molina, United) and one new plan (Aetna) to coordinate services in 29 pilot counties for Ohioans receiving both Medicare and Medicaid. Previously there was little, if any, coordination of care between these programs. Now the five *MyCare Ohio* plans are required to integrate physical, behavioral, and long-term care into one coordinated benefit package for individuals enrolled in both Medicare and Medicaid.
- As of August 21, 2014, *MyCare Ohio* plans have enrolled 100,218 Ohioans, processed 488,305 claims, and paid provider bills totaling \$207,974,002 (more detail below). As with any major program conversion, there have been some issues, but the health plans are working directly with provider associations and others to identify and resolve issues as they arise, and make it as easy as possible for providers to convert from government-run FFS to private health plans.
- Independent home health providers have faced more challenges converting to private health insurance billing standards than other providers. They do not have an association that can provide technical assistance about how to submit claims, identify issues, or serve as an intermediary with health plans to help resolve issues. Also, many independent providers relied on third-party billing agents to submit claims, but now *MyCare* plans allow all providers to submit claims directly and without charge. Due to this change, some billing agents refused to continue services for independent home health providers or provide assistance in converting to a direct-to-plan billing arrangement.
- *MyCare Ohio* health plans anticipated that some providers would have questions about how to submit claims in the new system and established [Provider Payment Technical Assistance](#) programs to work with providers on a case-by-case basis to quickly resolve issues and pay claims. The five plans have received an average of 6350 calls for assistance every month. In addition, whenever a *MyCare Ohio* enrollee has a question about the program they are encouraged to visit the online [Medicaid Consumer Hotline](#) or call 800-324-8680.

¹ On average monthly July 1, 2013 to June 30, 2014.

MyCare Ohio Implementation Update (updated August 21, 2014)

Region	Counties	Enrollment Begins	Health Plans	Number of Enrollees	Number of Claims ²	Amount of Claims Paid ²	% of Claims Rejected ³	% Paid in 30 Days
Northeast	Lorain, Cuyahoga, Lake, Medina, Geauga	May 1, 2014	Buckeye	4711	42,669	\$15,901,766	14.1%	96.2%
			CareSource	14116	142,728	\$28,653,968	7.71%	82.68%
			United	9190	87,124	\$69,142,377	16.36%	96.87%
Northeast Central	Trumbull, Mahoning, Columbiana	June 1, 2014	CareSource	4092	18,676	\$3,251,223	5.13%	95.57%
			United	3952	20,083	\$17,509,942	17.47%	97.63%
Northwest	Fulton, Lucas, Wood, Ottawa	June 1, 2014	Aetna	4242	16,955	\$6,399,826	9.9%	90.8%
			Buckeye	4,104	22,829	\$8,418,293	13.9%	97.4%
Southwest	Butler, Warren, Clinton, Hamilton, Clermont	June 1, 2014	Aetna	9166	28,878	\$14,517,327	14.3%	87.3%
			Molina	7346	17,523	\$14,069,743	16.65%	92.37%
East Central	Wayne, Summit, Stark, Portage	July 1, 2014	CareSource	7908	20,324	\$596,307	2.82%	94.88%
			United	6519	16,174	\$12,684,646	13.05%	99.65%
Central	Franklin, Union, Delaware, Madison, Pickaway	July 1, 2014	Aetna	7399	22,255	\$4,987,118	10.1%	98.1%
			Molina	6380	9261	\$2,929,756	20.26%	98.49%
West Central	Montgomery, Clark, Greene	July 1, 2014	Buckeye	6443	18,007	\$6,898,833	12.6%	99.6%
			Molina	4650	4819	\$2,012,877	22.10%	97.53%
TOTAL				100,218	488,305	\$207,974,002.00	--	--

² Includes cumulative number of claims and amount of claims paid from the date enrollment began in that region.

³ The most common reason a claim is rejected is that the plan requires additional information from the provider or a third party to complete the claim.