

MyCare Ohio: Integrating Medicare and Medicaid Benefits
(updated – October 16, 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 2012, 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).
- Beginning May 1, 2014, Ohio contracted with 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 October 16, 2014, *MyCare Ohio* plans have enrolled 100,409 Ohioans, processed 1,316,762 claims, and paid provider bills totaling \$450,679.284 (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. 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.

MyCare Ohio Implementation Update (updated - October 16, 2014)

Region	Counties	Enrollment Begins	Health Plans	Number of Enrollees	Number of Claims ¹	Amount of Claims Paid ²	% of Claims Rejected ²	% Paid in 30 Days
Northeast	Lorain, Cuyahoga, Lake, Medina, Geauga	May 1, 2014	Buckeye	4,711	80,244	\$28,437,318	13.1%	94.2%
			CareSource	14,565	276,918	\$61,300,960	13.6%	76.5%
			United	8,898	174,168	\$62,886,495	21.0%	93.7%
Northeast Central	Trumbull, Mahoning, Columbiana	June 1, 2014	CareSource	4,241	46,015	\$10,149,849	13.4%	77.9%
			United	3,804	48,950	\$21,039,560	23.1%	97.1%
Northwest	Fulton, Lucas, Wood, Ottawa	June 1, 2014	Aetna	4,192	51,243	\$18,915,878	12.2%	95.0%
			Buckeye	4,104	57,768	\$19,205,650	15.4%	95.0%
Southwest	Butler, Warren, Clinton, Hamilton, Clermont	June 1, 2014	Aetna	9,023	89,345	\$53,056,620	13.0%	94.3%
			Molina	7,570	65,238	\$40,375,685	13.3%	95.0%
East Central	Wayne, Summit, Stark, Portage	July 1, 2014	CareSource	8,295	81,115	\$13,549,114	17.1%	85.4%
			United	6,312	74,646	\$21,877,523	13.6%	98.1%
Central	Franklin, Union, Delaware, Madison, Pickaway	July 1, 2014	Aetna	7,488	92,343	\$30,050,447	10.3%	97.9%
			Molina	6,262	61,980	\$23,065,377	16.0%	96.2%
West Central	Montgomery, Clark, Greene	July 1, 2014	Buckeye	6,443	80,254	\$33,153,132	14.7%	96.3%
			Molina	4,501	36,535	\$13,615,676	14.8%	96.2%
TOTAL				100,409	1,316,762	\$450,679,284	--	--

¹ Includes cumulative number of claims and amount of claims paid from the date enrollment began in that region.

² 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.