MyCareOhio

Connecting Medicare + Medicaid

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MyCare Ohio

- A three year demonstration project that integrates Medicare and Medicaid services into one program, operated by a Medicare Medicaid Plan (MMP)
  - » May 1, 2014: MyCare Ohio went live in its first region (Medicaid only mandatory)
  - » July 1, 2014: MyCare Ohio was live in all regions
  - » January 1, 2015: Full Integration occurred (Medicare)
- **August 2015: Submitted formal request to extend the Demonstration for two years**

MyCare Ohio

- MyCare Ohio includes both traditional managed health care covered services AND long-term services and supports (NF-based level of care).
- Medicaid-Medicare-Waiver-LTSS-BH (all-in)
- A 3-way contract between CMS, ODM, and the managed care plans outlines responsibilities, monitoring activities, and expected outcomes for CMS, ODM, and the Medicare-Medicaid plans.
- Ohio also maintains a separate provider agreement with MCPs for Medicaid-only enrollees.
- Individuals can only “opt-out” on the Medicare side; enrollment in Medicaid is mandatory in Ohio .

My Care Typical Benefit Package

- General list of benefits covered through My Care Ohio:
  - Inpatient services
  - Outpatient services
  - Physician / Professional
  - Laboratory and Xray services
  - Pharmacy
  - Home health and private duty nursing
  - OT/PT/Speech
  - Screening, diagnosis and treatment services for children under 21 (EPSDT)
  - Dental services
  - Transportation
  - Podiatry, Chiropractic Services
  - Family planning services and supplies
  - Nurse midwife, certified family and certified pediatric nurse practitioners
  - Nursing facility
  - Behavioral Health Services

MyCare Ohio
Community Based Waiver Services

- Adult Day Health Services
- Alternative Meals Service
- Assisted Living Services
- Choices Home Care Attendant
- Chore Services
- Community Transition
- Emergency Response Services
- Enhanced Community Living Services
- Home Care Attendant
- Home Delivered Meals
- Homemaker Services

** Individual must need 1 service monthly to enroll*

- Home Medical Equipment
- Supplemental Adaptive and Assistive Devices
- Home Modification Maintenance & Repair
- Independent Living Assistance
- Out of Home Respite Services
- Personal Care Services
- Pest Control
- Nutritional Consultation
- Social Work Counseling
- Waiver Nursing Services
- Waiver Transportation

MyCare Ohio Geographic Area

- MyCare Ohio operates in seven regions covering 29 counties
- Beneficiaries include those enrolled on an HCBS Waiver, those in NFs, and/or those receiving traditional community Medicaid.
- Five managed care plans (Aetna, Buckeye, Caresource, Molina and United) selected to coordinate services in 29 counties.
- Every region has at least 2 plans; the NE Region has 3 plans.

MyCare Ohio Eligibility Requirements

Eligibility Requirements:

- Eligible for all parts of Medicare (Parts A, B and D), fully eligible for Medicaid, and
  - » Over the age of 18
  - » Reside in one of the demonstration counties

This includes:

- Individuals in nursing facilities and some home care programs (Passport, Ohio Home Care, Assisted Living Waivers)
- Those who are receiving behavioral health services in community settings

Exempt Groups

- The following groups are ***not eligible*** for enrollment in the MyCare Ohio demonstration:
  - » Individuals with an ICF-MR level of care served either in an ICF-IID facility or on a waiver administered by DODD
  - » Individuals enrolled in the Program of All Inclusive Care for the Elderly (PACE)
  - » Individuals who have third party insurance, except Medicare
  - » Individuals who are eligible for Medicaid through a delayed spend-down

Goals & benefits for My Care Ohio

- Single point of accountability and contact for enrollees
- Access to Care Management! Integrated approach to care coordination services, physical, mental and long-term
- Person-centered care, seamless across services and care settings
- Easy to navigate for enrollees and providers
- Focus on Wellness, prevention and coordination of services
- Link payment to person-centered performance outcomes
- One ID Card & Nurse Advice line
- Long term program efficiencies

Care Management

The Cornerstone Of The MyCare Program

High Performing Care Management System

- Patient and family centeredness
- Proactive, planned and comprehensive
- Promotes self-care and independence
- Emphasizes cross-continuum and system collaboration and relationships
- Address physical, behavioral and social determinants of health

MyCare Ohio Plan (MCOP) Contract Requirements

Key care management components:

- Identify eligible beneficiaries
  - » Predictive modeling, IP census, self/provider/UM referrals
- Conduct a comprehensive assessment
  - » Physical, behavioral and psychosocial needs
- Assign to a risk stratification level
  - » Monitoring, low, medium, high, intensive
- Develop an individualized care plan
  - » Prioritized goals, interventions, and outcomes; includes input from the beneficiary, family and providers

MyCare Ohio Plan (MCOP) Contract Requirements

Assign a care manager to lead a multi-disciplinary team and:

- Establish a trusted relationship with the beneficiary
- Engage the beneficiary in the care planning process
- Develop planned communication with the beneficiary
- Help to obtain necessary care and critical community supports; coordinate care for the member with the primary care provider, specialists, etc; collaborate with other care managers to avoid gaps/duplications in services
- Conduct a care gap analysis between recommended care and actual care received
- Implement, monitor and update the care plan

MyCare Ohio Plan (MCOP) Contract Requirements

- Continuously evaluate beneficiary's ongoing need for care management
  - » Goal is to move on continuum from dependence to independence
- Apply evidence-based guidelines or best practices when developing and implementing interventions
- Maintain a care management system that integrates data with other MCOP systems and facilitates information sharing in an effective and efficient manner

Care Coordination: Additional Aspects

- Plans can fully delegate the function of care coordination or choose to delegate only certain aspects (waiver services). Both models exist today in MyCare Ohio.
- **Person Centered Care is a requirement.** Ohio is actively engaged with CMS and the National Resource Center for Participant-Directed Services on enhanced training for the MCPs on participant direction.
- Initial feedback from advocates is that progress on participant direction has been slow to materialize.

Waiver Service Coordination

- Plans are required to contract for waiver service coordination with the AAAs as an option for individuals **over the age of 60** who are on the MyCare Waiver.
- Must offer other community based options
- Members may select their Waiver Service Coordinator
- Plans may contract with AAAs or other entities, or provide waiver service coordination themselves, for individuals **under the age of 60**
- The Care Manager and the Waiver Service Coordinator may be one in the same

Quality Oversight

- National Measures used by CMS for all demonstration projects
- Different sources for our measures: HEDIS, NCQA, CAHPS, State Specified
- Evaluate access, wellness & prevention, quality of life, care coordination/transitions, behavioral health, and patient experience
- Contract includes some Ohio Specific Measures which focus on transition of care, nursing facility diversion and rebalancing
- P4P Measures & Quality Withhold measures
- HSAG (EQRO) Quarterly Care Management Audits

Quality Oversight

- Some examples of our quality measures in My Care:
  - Rebalancing Measure: % of nursing facility residents discharged to a community setting from a nursing facility and did not return to the nursing facility during the measurement year as a proportion of members who resided in a nursing facility for 100 cumulative days or more during the previous year.
  - Long Term Care Overall Measure: The number of total patient days in a nursing facility per 1,000 member months for members in the MyCare Plan during the measurement year.
  - Individualized Care Plan: % of members with a an active care plan during specified time frame
  - Assessments: Percent of Enrollees with initial assessments completed within 90 days of enrollment
  - Access to Primary Care: % of members who saw primary care doctor during the past years

Transition of Care Requirements

Service	Services you were receiving from a non-network provider at the time of your enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
Physician Community Mental Health Addiction Treatment Centers	365 days except if you are identified for high risk care management then your physician must be covered for 90 days.
Dialysis Treatment	90 days (or more if authorized by plan)
Ohio Medicaid Prior Authorized Durable Medical Equipment, Vision and Dental Scheduled Surgery Chemotherapy/Radiation Organ/Bone Marrow/Hematopoietic Stem Cell Transplant	Until the planned or authorized services are received.
Medicaid Home Health and Private Duty Nursing	90 days
Assisted Living or Medicaid Nursing Facility	Unlimited period if lived in the facility on the day you enrolled in the MyCare Ohio program and the service continues to be medically necessary.

Transition of Care Requirements

Service	Services you were receiving from a non-network provider at the time of your enrollment in the My Care Ohio program will be covered from the first date of enrollment for:
Medicaid Home Health and Private Duty Nursing	365 days unless a change is required due to a health or other life event that changes your needs.
Waiver Services –Direct Care including: • Personal Care • Waiver Nursing • Home Care Attendant • Choice Home Care Attendant • Out of Home Respite • Enhanced Community Living • Adult Day Health • Social Work Counseling • Independent Living Assistance	365 days unless a change is required due to a health or other life event that changes your needs.
All other waiver services	90 days and only after an in-home assessment is completed to transition your services to a new provider. (The services amount is maintained for 365 days)

Challenges & Lessons Learned (State Perspective)

- Never enough stakeholder engagement
- Establishing 3 way contract with CMS, flexibility of Medicare
- Building CAP Rates (Medicaid/Medicare separate)
- Information technology (system enhancements) and connection between 5 Plans, ODM and CMS. Encounters
- Open enrollment / lock-in
- Enrollment challenges / locating potential members
- Entirely new MCP in Ohio participated in the demonstration
- Care Coordination (Results of the EQRO Audit)
- AAA & MMP Contracting (waiver service coordination)

Challenges & Lessons Learned (Provider Perspective)

- Plans learning long term care and behavioral health providers
- Variable prior authorization requirements
- Transportation timeliness; particularly with brokers
- Third Party Biller / Independent Providers
- Provider willingness to depart from typical FFS Medicaid
- Providers learning new billing practices
- Payment delays
- Cross-over payments/system issues

Challenges & Lessons Learned (Individual Perspective)

- Providing (real) care coordination; not telephonic
- Variable prior authorization requirements
- Integration of Care (feedback of initial EQRO Care Management Audit)
- Transportation timeliness
- Enrollment Broker / Medicaid Hotline
- Early Confusion, letters, enrollment changes, ID Cards
- Provider Networks

Some successes to date: MyCare Ohio

- About 94,000 individuals enrolled, and about 25% of them enrolled in the waiver
- About 66% of enrollees are enrolled for full Medicare and Medicaid benefits
- Everyone enrolled in My Care has a Care Coordinator and one plan to manage his/her benefits
- Nurse Advice Line
- Transition of Care requirements
- Value Added assistance
- Provider Specific Collaborative meetings
- Path forward

Where are we today?

- Completed regional forums all across the state to help resolved Provider/Plan billing and communication issues
- Many Plans recently released My Care videos which focus on member specific success stories
- Plan and Provider relationships are improving
- Many Plans recently released My Care videos which focus on member specific success stories
- MCP's have made significant progress on system payment issues
- 93% of claims are being paid within 30 days
- 5.5 Million claims have been processed, and more than $1.8 billion if claims payments have been made

Where are we today?

- Recent Provider agreement adjustments to help resolve problems and move the system forward in areas of:

- Transportation pick up requirements
- Retro-active re-enrollment – 90 days (CMS/eligibility alignment)
- Care Management –Population Health focused, expands high risk care management beyond 1%
- Timeliness and accuracy of Encounter submissions
- Collaborative Patient Liability strategy between MCP's and NF/AL Facilities

MAKING OHIO BETTER