



**Ohio**

Department of  
Medicaid

John R. Kasich, Governor  
John B. McCarthy, Director

# Ohio's Integrated Care Delivery System (ICDS)

**+MyCareOhio**  
*Connecting Medicare + Medicaid*

**(for Waiver Providers)**

March 2014

# What is MyCare Ohio?

MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program, operated by a Managed Care Plan.

# Why Integration?

- The current Medicare and Medicaid programs are confusing & function independently.
- No entity accountable for the whole person.

# What is Ohio trying to achieve?

- One point of accountability for enrollees.
- Person-centered care, seamless across services & settings of care.
- Easy to navigate for enrollees & providers.
- Wellness, prevention, & coordination of services.

# Waivers Included in Demo

- PASSPORT
- Choices
- Assisted Living
- Ohio Home Care
- Transitions Carve Out

# MyCare HCBS Waiver Providers

To Serve MyCare Waiver Members:

**Same as Now:** Must have Medicaid provider agreement with ODM.

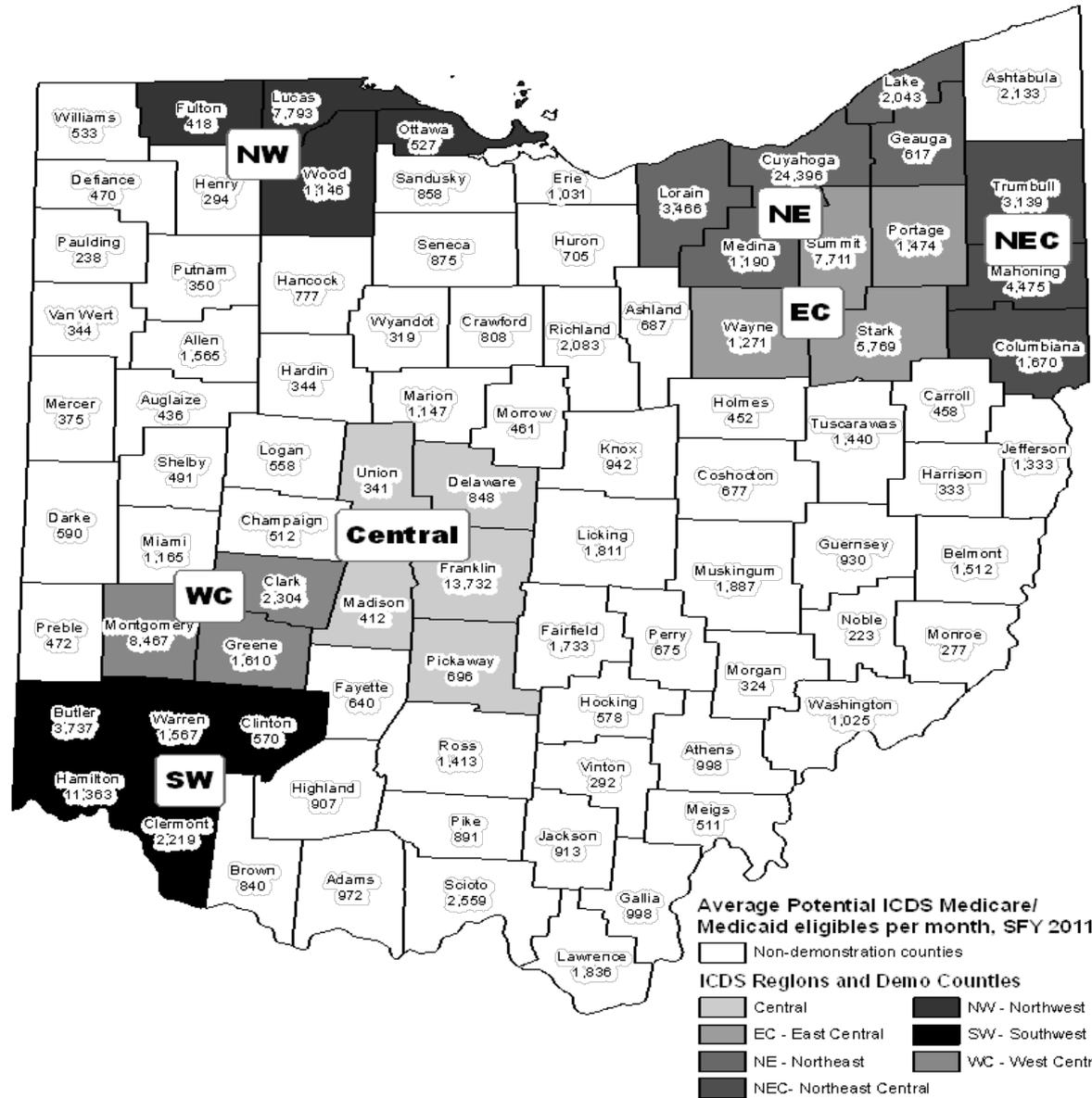
To obtain this you must be either:

- Approved by ODM to provide services for an ODM HCBS Medicaid Waiver; or
- Certified by ODA to provide services for an ODA HCBS Medicaid Waiver

# Geographic Area

- MyCare Ohio will operate in seven geographic regions covering 29 counties & include more than 100,000 beneficiaries.
  - Beneficiaries include those enrolled on an HCBS Waiver, those in NFs, and/or those receiving traditional community Medicaid.
- Anticipate approximately 37,000 will transition from existing Medicaid Waivers

# Ohio ICDS Regions



# County-to-MCP Crosswalk

NW - Fulton. Lucas. Ottawa. Wood.

NE - Lorain. Cuyahoga. Lake. Geauga. Medina

EC - Summit. Portage. Stark. Wayne.

NEC - Trumbull. Mahoning. Columbiana

Central - Union. Delaware. Franklin. Pickaway. Madison

WC - Clark. Green. Montgomery

SW - Butler. Warren. Clinton. Hamilton. Clermont.

## MyCare Ohio Plan Regions:

Northwest	Southwest	West Central	Central	East Central	Northeast Central	Northeast
Aetna	Aetna	Buckeye	Aetna	CareSource	CareSource	Buckeye
Buckeye	Molina	Molina	Molina	United	United	CareSource
						United

# Consumer Eligibility

In order to be eligible for MyCare Ohio an individual must be:

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

# Exempt Groups

- The following groups are not eligible for enrollment into MyCare Ohio demo:
  - Individuals with an ICF-MR level of care served either in an ICF/IID facility or on a waiver administered by DODD
  - Individuals who are eligible for Medicaid through a delayed spend-down
  - Individuals who have creditable third party insurance including retirement benefits.

# Consumer Enrollment

- Schedule for Mandatory Enrollment to Receive Medicaid services through MyCare Ohio Plans:
  - Northeast Region - May 2014
  - Northeast Central, Northwest, Southwest - June 2014
  - Central, East Central, West Central - July 2014
  - Individuals (above) may voluntarily elect to receive their Medicare benefits through the MyCare Ohio Plan.
- Schedule for Automatic Enrollment to Receive Medicare services through MyCare Ohio Plans:
  - All regions - January 1, 2015

# Consumer Enrollment Process

- Enrollment letter will be sent to individuals approximately 60 days in advance of enrollment and will notify enrollees that they may select a Plan

# Consumer Enrollment Process cont.

- Individuals will have opportunities to choose their managed care Plan:
  - Over the phone with enrollment contractor (800-324-8680)
  - During regional education/enrollment forums
  - Through face-to-face individual enrollment counseling

# Consumer Enrollment Process cont.

- Individuals who are eligible for MyCare Ohio, and receiving services in one of Medicaid waivers, will be transitioned into MyCare Ohio waiver.
- Not all individuals currently enrolled in these waivers are eligible for MyCare Ohio.
- This means: Some individuals that you currently serve on a Medicaid waiver may transition into MyCare Ohio, while others will not.

# Benefits

- Benefit package includes all benefits available through the traditional Medicare & Medicaid programs, including LTSS & behavioral health (new to managed care).
- MyCare Ohio Plans may elect to include additional “value-added” benefits in their health care packages.

# MyCare Ohio LTSS 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

## MyCare Ohio Community Based Waiver Services, cont.

- 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

# Transition Requirements

For individuals being served on an ODM or ODA Medicaid waiver prior to enrolling into MyCare Ohio:

- In order to minimize service disruption, the MCP will honor the individual's existing **service levels and providers** for a pre-determined amount of time, depending upon the type of service

# Transition Requirements cont.

- The MyCare Plans will receive files of all existing authorized waiver services
- Providers can use the MITS provider portal to see if a consumer is enrolled in MyCare Ohio

# Transition Requirements cont.

## Direct Care Waiver Services:

- Services will be maintained at current level and with current providers at current Medicaid reimbursement rates for 365 days.

Personal care, Waiver Nursing, Home Care Attendant, Choices Home Care Attendant, Out-of-Home Respite, Enhanced Community Living, Adult Day Health Services, Social Work Counseling, Independent Living Assistance.

# Transition Requirements cont.

## Assisted Living Waiver:

- Provider will be retained at current rate for the life of Demonstration.

## All other Waiver Services:

- Services will be maintained at current level for 365 days, and existing provider at existing rate for 90 days.

Home Medical Equip & Adaptive and Assistive Device, Transportation, Chore, Emergency Response System, Home Modification, Homemaker, Meals, Alternative Meals, Pest Control, Nutrition Consultation, Community Transition.

## Transition Requirements cont.

*...Exceptions:*

During the transition period, change from the existing services or provider can occur in any of the following circumstances:

1. Consumer requests a change
2. Significant change in consumer's status
3. Provider gives appropriate notice of intent to discontinue services to a consumer
4. Provider performance issues are identified that affect an individual's health & welfare

Plan-initiated change in service provider can only occur after an in-home assessment and development of a plan for the transition to a new provider

## Transition Requirements cont.

- At the time of enrollment, any additional services needed by the enrollee that are not already on the enrollee's waiver service plan will need to be authorized by the MyCare Plan.
- MyCare Plans will have their own processes for the approval of waiver services.

## Transition Period – Providers, cont.

### DURING THE TRANSITION PERIOD:

- Existing providers can continue to serve current consumers who transition to MyCare Ohio. You will be working directly with participating Managed Care Plans.
- A contract with the Plan is not required during the Transition period, However, existing providers **must make authorization and payment arrangements directly with the MyCare Ohio Plan.**
- Plans will be reaching out to providers, but you can initiate contact with the Plan to make arrangements.

## What does it mean to be a Contracted Provider?

- Allows you to be published as a Contracted provider with the Plan (e.g., on the Plan's Web site, and on the Medicaid Consumer Hotline).
- Establishes rate(s) of payment for your services, and facilitates Plans payment of claims.

# Contracting with MyCare Ohio Plans

- In order to contract with the MyCare Plan, you must be an ODA certified or ODM approved Medicaid waiver provider.
  - Apply for certification/approval through the same HCBS Waiver entity to which you would apply today

## Beyond the transition period

MyCare Plans may choose to continue with any certified provider beyond the Transition period, regardless of whether or not they were contracted with Plan.

# Medicaid Waiver Certification / Approval

- Loss of ODA certification or ODM approval will result in loss of eligibility to contract with the Plan and to provide MyCare Ohio Waiver services.
- **Regardless of whether or not you have a contract or arrangement with the Plan, so long as you continue to be an ODA certified or ODM approved provider, you may continue to serve consumers on the Medicaid waiver for which you are certified/approved.**

# Provider Payments

- **Claims are to be submitted directly to the MyCare Ohio Plan**
- Providers must work directly with the MyCare Plan regarding issues with their claims or other issues regarding MyCare Ohio

# Care Management

## Care Manager

- All individuals enrolled in MyCare Ohio will receive care management and be assigned a Care Manager from the Plan. This is the person ultimately accountable for coordinating the care of MyCare members.

## Waiver Service Coordinator

- Plans are required to contract for Waiver Service Coordination with the AAA's as an option for individuals over the age of 60 who are on the MyCare Ohio community-based services waiver but may also offer other options. Members may select their Waiver Service Coordinator entity.
- Plans may contract with AAAs, other entities, or provide waiver service coordination themselves for individuals under the age of 60 (The Care Manager and Waiver Services Coordinator may be the same individual).

## Care Management Team

- The team may consist of the individual, the primary care provider, the care manager, the waiver service coordinator, as appropriate, the individual's family/caregiver/supports, **& other providers** based on the individual's needs & request.

# Provider Compliance Oversight

- Same as now, Structural Compliance Reviews (SCR) will be conducted by either Public Consulting Group (PCG) or the PASSPORT Administrative Agency (PAA).
- Same as now, Providers must continue to follow the current Conditions of Participation and Service Specification requirements of the Medicaid Waiver(s) for which they are certified/approved
- Same as now, Each entity that pays claims will review provider's documentation to verify that services authorized and paid for are actually provided (MCP is now a payor as well)

# Provider Complaints

Same as now:

- Work directly with the Plan first
- If not resolved, may submit complaint with ODM on-line at <https://pitd.hshapps.com/external/epc.asp>
- Certification issues work with AAA or ODM.

# ICDS Plan Contacts

## Aetna

- [OH\\_ProviderServices@aetna.com](mailto:OH_ProviderServices@aetna.com)
- [www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio)

## Buckeye

- Michael Ceballos - [MCEBALLOS@CENTENE.COM](mailto:MCEBALLOS@CENTENE.COM)
- <http://www.bchpohio.com/>

## CareSource

- Anthony Evans - [Anthony.Evans@caresource.com](mailto:Anthony.Evans@caresource.com)

## United

- Sandra Ferguson - [Sandra.ferguson@uhc.com](mailto:Sandra.ferguson@uhc.com)

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