

Ohio Managed Care Program Features, as of 2017

Features	Medicaid Managed Care	PACE (Program of All-inclusive Care for the Elderly)	MyCare Ohio Opt-out
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Cuyahoga County	Central, Northwest, Southwest, Northeast, West Central, East Central, Northeast Central
Federal operating authority	1915(b),1932(a)	PACE	1915(b)/1915(c)
Program start date	07/01/2005	11/01/2002	05/01/2014
Waiver expiration date (if applicable)	03/31/2020		03/31/2019
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary

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Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary		Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.		
Populations enrolled: Notes on enrollment choice period	Enrollment letters are sent to individuals at the time of eligibility, which can be any given day. Depending on when the letter is sent, this will determine the length of the enrollment choice period; it can be anywhere between 18 and 60 days.		
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management			X

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Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit	X		X

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Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, freestanding birth centers, podiatry, care management, OME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette. Respite services for eligible children receiving Supplemental Security Income (SSI).		
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

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Participating plans: Plans in Program	Buckeye Health Plan; CareSource; Molina; Paramount Advantage; United Healthcare Community Plan of Ohio	McGregor PACE	Aetna; Buckeye Health Plan; CareSource; Molina; United Healthcare Community Plan of Ohio
Notes: Program notes		Low-income adults not covered under ACA Section VIII, low-income adults covered under ACA Section VIII, individuals receiving limited benefits, full duals, and partial duals can all be voluntarily enrolled in PACE if they meet the following requirements: 1) 55 years of age; 2) reside in a PACE service area; 3) have a level of care that would be provided in a nursing facility.	MyCare Opt-out reflects the Medicaid MLTSS service option available for dual eligibles who choose not to participate in the MyCare financial alignment demonstration. Performance Incentive for Mycare Opt-out: on an annual basis ODM will withhold a percentage of the MCOPs Medicaid-only (opt-out population) capitation rate. The percent of Medicaid-only withheld amounts are repaid to the MCOP will be equal to the percent of withhold the MCOP receives for the dual-benefit (opt-in) members.