Managed Care in Ohio

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about three quarters of Ohio's Medicaid beneficiaries were enrolled in managed care. Ohio first began experimenting with voluntary managed care in the 1970's and mandatory managed care in the 1990's. The current statewide, risk-based, comprehensive **Medicaid Managed Care Program**, which was introduced in 2005 and has been phased in over time by region, is mandatory for most low-income children and families and certain Medicaid beneficiaries with disabilities; foster care children and American Indians/Alaska Natives can enroll on a voluntary basis. The program covers all services in the Medicaid state plan, including acute, primary, specialty services, and as of 2011, mental health and substance abuse services which had previously been excluded. The state also introduced a **Program for the All-Inclusive Care for the Elderly (PACE)** in 2002 to expand comprehensive, managed care services to adults over age 55 meeting a nursing home level of care living near the two participating sites.

The state made a number of changes to the Medicaid Managed Care Program in 2013, including making all plans available in all regions for all eligible populations that also include SSI children and strengthening pay for performance incentives. Beginning in 2014, children diagnosed with cancer, cystic fibrosis, or hemophilia who previously have been excluded from managed care can opt to voluntarily enroll in managed care. In 2014, Ohio received CMS approval and began enrolling eligible individuals into their duals demonstration – MyCare Ohio.

Participating Plans, Plan Selection, and Rate Setting

The state currently contracts with five managed care plans including three **national, for-profit plans** (Buckeye Community Health Plan; Molina Healthcare of Ohio, and UnitedHealthcare Community Plan); one **national, not-for-profit plan** (CareSource); and one **local, for-profit plan** (Paramount Advantage). Ohio selects plans through a competitive bidding process and sets rates through an administrative process using actuarial analyses.

Quality and Performance Incentives

Like most states, Ohio requires plans to submit HEDIS, CAHPS, and additional administrative and performance measures related to care management, appeals and grievances, and utilization. Plans that do not submit required measures face monetary fines from the state. In 2013, Ohio also began a pay for performance program in which the state calculates a maximum bonus amount for each participating plan, equal to 1% of the plan's total annual premium payments, and allows plans to earn it back based on scores across six clinical performance measures. Plans can earn up to 110% of the bonus amount in the first year of the program and 100% each year thereafter.

Table: Managed Care Program Features, as of July 2011

Program Name	Program for the All-Inclusive Care for the Elderly (PACE)	Medicaid Managed Care Program	SSI Children	Duals Integrated Care Delivery System
Program Type	PACE	MCO	MCO	MCO
Program Start Date	November 2002	July 2005	July 2013	March 2014
Statutory Authorities	PACE	1932(a)	1915(b)	1915(b)/(c)
Geographic Reach of Program	Select Regions	Statewide	Statewide	Select Regions to become Statewide
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*				
Aged	X	X		X
Disabled Children & Adults	X (age 55+)	X (adults only)*	X (under 21 and SSI)	X (18 and older)
Children		X	X (under 21 and SSI)	
Low-Income Adults		X		X
Medicare-Medicaid Eligibles ("duals")	X (age 55+)			X
Foster Care Children		X	X (under 21 and SSI)	
American Indians/ Alaska Natives		X		
Mandatory or Voluntary enrollment?	Voluntary	Varies	Mandatory	Mandatory
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" from the benefit package.)*				
Inpatient hospital	X	X	X	X
Primary Care and Outpatient Services	X	X	X	X
Pharmacy	X	X	X	X
Institutional LTC	X			X
Personal Care/ HCBS	X	X	X	X
Inpatient Behavioral Health Services	X	X		X
Outpatient Behavioral Health Services	X	X		X
Dental	X	X	X	X
Transportation	X			

Program Name	Program for the All-Inclusive Care for the Elderly (PACE)	Medicaid Managed Care Program	SSI Children	Duals Integrated Care Delivery System
Participating Plans or Organizations	1. McGregor PACE 2. TriHealth Senior Link	1. Buckeye Community Health Plan 2. CareSource 3. Molina 4. Paramount Advantage 5. United Healthcare Community Plan	1. Buckeye Community Health Plan 2. CareSource 3. Molina 4. Paramount Advantage 5. United Healthcare Community Plan	1. Aetna Better Health 2. Buckeye Community Health Plan 3. CareSource 4. Molina Healthcare 5. United Healthcare Community Plan
Uses HEDIS Measures or Similar	X		X	X
Uses CAHPS Measures or Similar	X		X	X
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA			X
State Requires MCO Accreditation	NA			
External Quality Review Organization	Health Services Advisory Group			
State Publicly Releases Quality Reports	Yes			

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics.

Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* Starting April 2013, some children with disabilities will be enrolled in managed care. See the state's website for more information: http://jfs.ohio.gov/OHP/bmhc/transition.stm.

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