

Ohio Managed Care Program Features, as of 2019

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	West, Northeast, Central/Southeast	Central, Northwest, Northeast, Northeast Central, Southwest, West Central, East Central	Cuyahoga county
Federal operating authority	1915(b),1932(a)	1915(b)/1915(c)	PACE
Program start date	07/01/2006	05/01/2014	11/01/2002
Waiver expiration date (if applicable)	03/31/2020	12/31/2023	
If the program ended in 2019, 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		Voluntary
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		Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory		

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Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.	Automated Health Systems, Inc.	
Populations enrolled: Notes on enrollment choice period	Medicaid enrollees are pre-assigned to a plan with 90 days to change plans.	Enrollees are pre-assigned to a plan and have 90 days to change plans.	Ohio PACE operates under an open enrollment model
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	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	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	

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Benefits covered: Case management	X	X	
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	
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	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.)	Immunizations, nurse midwife services, freestanding birth centers, certified family nurse practitioner, certified pediatric nurse practitioner, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, podiatry, vision, DME and medical supplies, ambulance, ambulette, care management, telemedicine, respite services for eligible children receiving SSI, services for members with a primary diagnosis of Autism Spectrum Disorder, screening and counseling for obesity	Immunizations, nurse midwife services, freestanding birth centers, care management, DME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette, podiatry, telemedicine, services for members with a primary diagnosis of autism spectrum disorder, screening and counseling for obesity.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
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	X	

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Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; Paramount Advantage; UnitedHealthcare Community Plan of Ohio, Inc.	Aetna Better Health of Ohio; Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.	McGregor PACE

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Notes: Program notes	<p>On 7/1/2019, ODM had no contracted EQRO. ODM's previous contract with Health Services Advisory Group expired on 6/30/2019. ODM had contracts pending with two vendors to perform EQRO work beginning 7/1/2019. However, these contracts were not effective 7/1/2019 due to a delay in receiving appropriation authority from a legislative oversight committee. These contracts have since been approved. ODM uses Island Peer Review Organization for performance evaluation and improvement-related items, and Qsource for administrative compliance-related items. Ohio Medicaid managed care plans are responsible for payment of medically necessary nursing facility services for ABD and MAGI enrollees until discharge or until the member is disenrolled, in accordance with the processes set forth in rule 5160-26-02.1 of the Ohio Administrative Code. For enrollees in the newly eligible category (ACA Section VIII expansion group, up to 138% federal poverty level), nursing facility stays are covered for the length of time medically necessary. Individuals enrolled in 1915(c) receiving HCBS services through the Ohio Department of Developmental Disabilities may enroll in this Medicaid managed care program voluntarily, with HCBS carved out to fee-for-service (not provided through managed care. 1932(a) state plan amendment authority used to enroll families, children, and ABD adults mandatorily and individuals in the</p>	<p>The individuals that must enroll in this program are full duals who are age 18 and older. This includes children in foster care and children receiving adoption assistance who are full duals and age 18 and older. On 7/1/2019, ODM had no contracted EQRO. ODM's previous contract with Health Services Advisory Group expired on 6/30/2019. ODM had contracts pending with two vendors to perform EQRO work beginning 7/1/2019. However, these contracts were not effective 7/1/2019 due to a delay in receiving appropriation authority from a legislative oversight committee. These contracts have since been approved. ODM uses Island Peer Review Organization for performance evaluation and improvement-related items, and Qsource for administrative compliance-related items.</p>	<p>Ohio has chosen to offer the same covered benefits in the PACE program that are available to individuals enrolled on a 1915(c) waiver to better ensure the assessed needs of individuals with an intermediate level of care are met, and better promote the health and welfare of PACE participants.</p>

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Notes: Program notes (continued)	state's Department of Developmental Disabilities waiver on a voluntary basis. 1915(b) authority used to enroll children not mandatorily enrolled through the SPA and to provide additional respite benefits.		