

MyCare Conversion Charter Briefing for Stakeholders

Bureau of Long-Term Services and Supports
November 2022

MyCare Conversion Charter and Principles

*Moving to the Next Generation of Managed Care for Individuals
Dually Eligible for Medicare and Medicaid*

Threshold Decisions

- **Ohio Submitted Plan for the Next Generation of MyCare as a managed care program 9/30/2022**
 - Build on the Next Generation platform
 - Use a similar stakeholder input process as Medicaid Next Gen
- **Address four federally required elements of the plan:**

Required elements of the Conversion Plan*

1. Conduct a stakeholder engagement process
2. Maximize integration attained through MyCare and convert to integrated D–SNPs, aligning with the Next Generation managed care requirements.
3. Sustain dedicated ombudsman support without federal grant funding.
4. Specific policy and/ or operational steps required for the conversion.

***With the submission of a 10/1/23 plan, Ohio has until no later than 12/31/2025 to transition** ⁵

Breakdown by Age

Over 65	72,586
45-64	43,662
Under 45	20,745
Total	136,993

Breakdown by Race and Ethnicity

White	74,930
All other race/ethnicity groups	62,063
Total	136,993

Dual eligible 258,149
Full dual eligible 201,030
Enrolled in MyCare 68%

Breakdown by Type of Member

Community-Well	90,808
LTSS Waiver	28,635
LTSS NF (≥ 100 days LOS)	17,550
Total	136,993

Total MyCare Individuals by Age

Under 45 yrs.		45-64 yrs.		65 yrs. & Over	
268	2%	2,956	17%	14,326	82%
1,025	4%	6,794	24%	20,816	73%
19,452	21%	33,912	37%	37,444	41%
20,745	15%	43,662	32%	72,586	53%

Figure 7A. Individuals with any BH Condition Served by MyCare¹ (7/2022)

MyCare Group	Total Population	Percent with a current BH Condition			
		All Years	Under 45 yrs.	45-64 yrs.	65 yrs. & Over
NF Residents	17,550	90%	90%	91%	90%
MyCare Waiver	28,635	58%	65%	66%	56%
Community Well	90,808	46%	55%	55%	32%
Total	136,993	54%			
		Percent with an Identified BH Condition			
NF Residents	17,550	95%	94%	97%	95%
MyCare Waiver	28,635	77%	81%	85%	75%
Community Well	90,808	64%	74%	74%	50%
Total	136,993	71%			

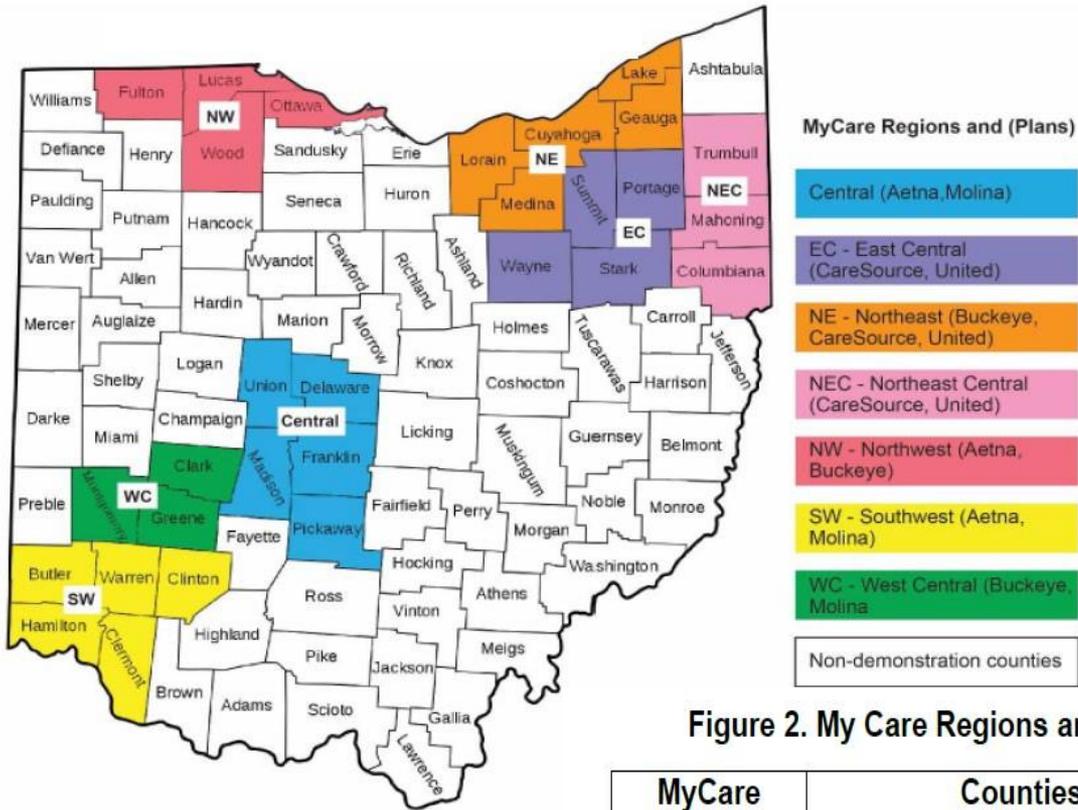


Figure 2. My Care Regions and MMP/AAA Responsibility

MyCare Region	Counties	Area Agency Aging (AAA)	My Care Plans
NW	Fulton, Lucas, Wood, Ottawa	4	Aetna & Buckeye
NE	Lorain, Cuyahoga, Medina, Geauga, Lake	10a	Buckeye, CareSource & United Health Care (UHC)
E Central	Summit, Portage, Stark Wayne	10b	CareSource & UHC
NE Central	Trumbull, Mahoning, Columbiana	11	CareSource & UHC
W Central	Montgomery, Greene, Clark	2	Buckeye & Molina
SW	Butler, Warren, Clinton, Clermont, Hamilton	1	Aetna & Molina
Central	Union, Madison, Franklin, Delaware, Pickaway	6	Aetna & Molina
Non MyCare		3, 5, 7, 8, 9	

1. Stakeholder Process

- The stakeholder process will begin in September 2022, with informal meetings with stakeholders to gather ideas for the formal input and advisory process.
- A workgroup will be created to meet on a more frequent basis & provide input into the design and implementation of the Conversion Charter and final program design. ODM and sister agencies, ODA, ODI, DODD, and ODMHAS will collaborate and meet as needed.
- ODM will publicly post the 10/1 Conversion Charter submitted to CMS for external feedback for at least a 60-day period. [Public Notices \(ohio.gov\)](#)
- In Oct. & Nov. ODM will hold several formal stakeholder meetings with stakeholder groups including consumers, family members, providers, managed care plans, and others:

Stakeholders	
AARP of Ohio	Arc of Ohio
Breaking Silences	Ohio Family Health Information Center
OCALI	Ohio Self Determination Association
Ohio Statewide Independent Living Council	National Alliance on Mental Illness Ohio
Ohio Association of AAAs	Academy of Senior Health Sciences
Ohio Council for Home Care & Hospice	Leading Age
Ohio Health Care Association	Ohio Assisted Living Association
The Ohio Council of Behavioral Health and Family Service Providers	Ohio Adult Day Healthcare Association
Current Ohio D-SNP Plans	Ohio Association of Health Plans
General public, consumers & families	PACE Representatives

Stakeholder Process (continued)

- The process for initial and ongoing input will be similar to the process being utilized for the development of the Next Generation Managed Care program that began in 2019 and continues today with stages of implementation underway.
- In *January 2023*, ODM will hold a second round of meetings with external stakeholders to continue these conversations and receive continued feedback on the transition plan. ODM's budget will be considered by the General Assembly beginning in 2023. We anticipate that MyCare will be a topic for consideration.
- *Second half of 2023*, ODM will hold a series of stakeholder meetings to give updates and get input. These meetings will continue until the transition to the new program.
- Subsequent work will include the various issues identified later in the slides. A more precise set of steps and timelines will be developed after receiving stakeholder input.
- *The effective date for the new program will be no later than January 1, 2026.* ODM will continue the external stakeholder process through the first quarter following transition, if not longer.

2. Maximize integration attained through MyCare & convert to integrated D–SNPs, aligned with the Next Generation managed care requirements

The Starting Point for Discussion with Stakeholders

- We propose to transition the current MyCare program to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) model with fully aligned enrollment in a companion Medicaid managed care plan (MMC) subject to the Next Generation program requirements:
 - As a starting point for the discussion the same geographic territories as they exist in MyCare today
 - Serving individuals *21 years of age and older* (change from today)
 - Same benefit package, recognizing each MMP provides value added benefits
 - Choice to opt in or opt out of Medicare managed care will remain
- Self-direction will be streamlined, making it amenable to greater use by individuals.
- Care coordination has a variety of issues that will be discussed, and modifications considered. For example, the large number of younger individuals who have significant mental health needs, while benefiting from the integration of their care, may require changes to the care coordination model to meet their needs.

3. Sustain dedicated ombudsman support without federal funding

Through the MyCare demonstration there has been federal funding to support Ombudsman and counseling programs such as State Health Insurance Assistance Programs (SHIP) that help individuals make an informed decision in the choice of Medicare options or Aged and Disabled Resource Centers (ADRC) that may help educate potential enrollees on different options and settings that are available for long-term services and supports.

- Beginning with the start-up of the new Next Generation MyCare program, ODM intends to continue funding the current MyCare Ombudsman program and one-to-one counseling programs, by providing funding to the Ohio Department of Aging when the current federal funding ends.
- The amount of annual funding would be approximately \$960,000, the amount that has previously been federally funded. This state funding would continue after the FAI demonstration transitions.

4. Operational & Policy Considerations and Pain Points

Operational & Policy Considerations

- Geography: Stay with the same 29 counties, expand statewide or somewhere in between.
- Application of the Next Generation Managed Care program requirements to the new MyCare program and conditions for the SMAC
- Enhancements to the ombudsman role
- Expansion of consumer self-direction, including streamlining the processes to enroll direct care providers and increase consumer budget authority
- Default enrollment to increase the opportunity for improving coordination of care
- The roles of the MMP and the AAA in carrying out the responsibilities of “waiver service coordination” and “care management”
- Selection of new plans
- Coordination with PACE
- Current D-SNPs operating in Ohio
- System changes and business processes to implement exclusive alignment

Operational & Policy Considerations and Pain Points (continued)

Pain Points

- Improving the availability of information through the enrollment broker to facilitate the individual's decision making; the enrollment broker making contact with the individual and maintaining a list of active providers.
- Timelines for authorization requirements
- Transportation- add the Next Generation requirements to improve transportation access.
- Alignment/resolution of confusion between waiver rules
- Developing value-based arrangements with nursing facilities

Operational & Policy Considerations and Pain Points (continued): Transition to Next Generation Managed Care Requirements

Next Gen changes that are particularly relevant to MyCare

- Person centered care
- Reducing burden on providers and streamlining the overall consumer and provider experience
- Use of new OMES modulars, including transparency, accountability, central clearinghouse for prior authorizations. (SPBM, FI, PNM, Centralized Credentialing)
- Coordination of Care
- Network Adequacy and Delegation/Sub-Delegation Relationships
- Individuals with Significant Behavioral Health Needs
- Provider Appeals
- Non-Emergency Transportation (NEMT)

Discussion & Questions

Feedback Needed:

- Program location: state-wide, current coverage area, or another option
- Self-direction enhancements
- Care coordination arrangements and delegation
- Enhancing behavioral health care coordination for younger members
- Network Adequacy Requirements
- Enrollment Broker Process



MyCare Conversion Charter

The purpose of this posting is to let interested parties know the MyCare Conversion Charter is available for public comment from October 4-April 4 dates..

Public Notice and Request for Comment

Pursuant to 42 CFR 438.340, the Ohio Department of Medicaid is requesting public comment on its MyCare Conversion Charter.

Public Notice: ODM MyCare Conversion Charter

Post Date	10/04/2022
End Date	04/04/2023
Purpose	The purpose is to let interested parties know the MyCare Conversion Charter is available for public comment
Initiative/Amendment	MyCare Conversion Charter
Summary	Summary
Detail	Detail

Comments must be submitted by midnight of the comment period end date:

- E-mail: MyCareconversionquestions@medicaid.ohio.gov

Thank
you!