

Medicaid Managed Care: Program Overview

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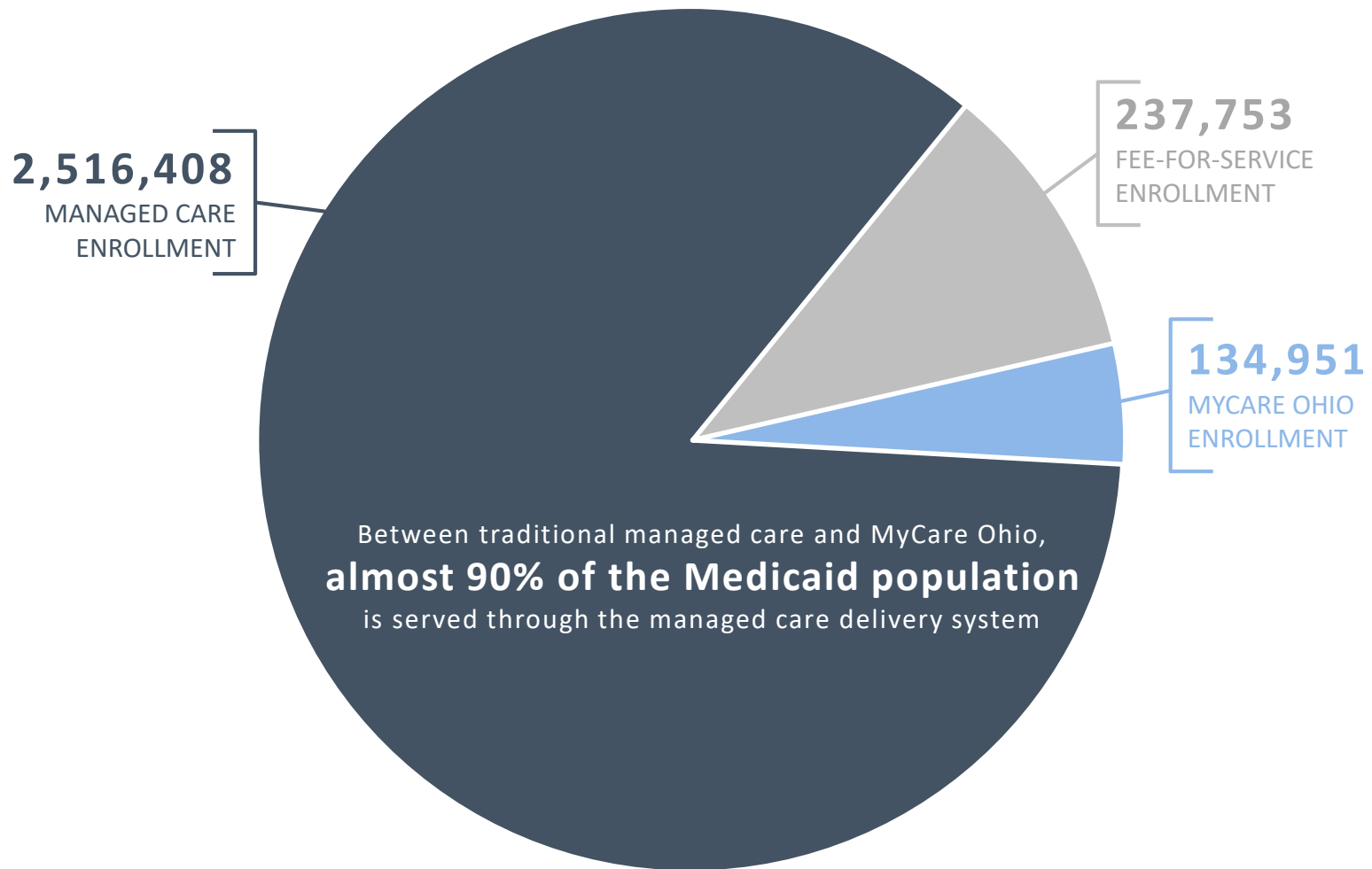
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Ohio Medicaid Enrollment Breakdown



Managed Care 101

What is Managed Care?

ODM pays managed care organizations (MCOs) a set monthly amount for each member



MCOs “manage” or arrange for the provision of Medicaid benefits for their members



MCOs then pay providers based on their specific provider contracts



If the cost of care for a member is greater than the PMPM amount, the MCO is responsible for covering the additional costs.

Medicaid Managed Care

- Operated by an MCO
- Statewide
- Partnership between Ohio Medicaid and the MCO
- Dual eligible individuals **not** enrolled in the MCO
 - Individuals in a MyCare county enrolled in MyCare; individuals in a non-MyCare county disenrolled to Medicaid FFS
- Some members have a care manager

MyCare Ohio Program

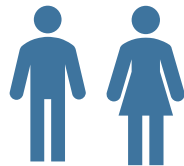
- Operated by an MCO
- Regional (select counties within the state)
- Partnership between CMS, Ohio Medicaid, and the MCO
- Integrates Medicare and Medicaid benefits (dual eligible individuals enrolled in MCO)
 - Medicare participation is optional (“Opt-in” or “Opt-Out”)
 - Medicaid participation is **not** optional
- Every member has a care manager
- Home and community-based waiver option

Populations Enrolled in Managed Care

- The majority* of Ohio's Medicaid population is **required** to enroll in a managed care organization including:



MAGI
(Covered Families and Children)



MAGI Adult
(Group VIII or Adult Expansion)



Aged, Blind and Disabled
(adults and children)



Children in Care
(Adoption or Foster Care Assistance)



Bureau for Children with Medical Handicaps (BCMh) Enrollees



Breast and Cervical Cancer Project Enrollees



Dual Eligible Residing in MyCare Ohio County⁺

*Individuals on a Developmental Disability waiver have the **option** to enroll in managed care

⁺Dual eligible individuals residing in a MyCare county are enrolled in a MyCare Ohio MCO

Populations **Not Enrolled** in Managed Care

- Individuals receiving long-term services and supports (i.e. waiver services* or nursing facility)
 - » **Exception:** MAGI Adult (extension) and MyCare Ohio recipients
- Individuals who are dually eligible and **not** residing in a MyCare Ohio demonstration county
 - » These dual eligible individuals **remain on Medicaid fee-for-service**
- Individuals not receiving full Medicaid benefits
- Individuals who are only eligible for time-limited or episode-based benefits such as, presumptive or Alien Emergency Medical Assistance (AEMA)

Individuals on a Developmental Disability waiver have the **option to enroll in managed care*

Ohio Managed Care Federal Authorities

- **1932(a) – State Plan Amendment (SPA)**
 - » Mandatory enrollment of Families and children and ABD adults
 - » Voluntary enrollment of individuals enrolled on Department of Developmental Disabilities waiver
- **1915(b) – Special Needs Kids (SNK)**
 - » Children not mandated through SPA (42 CFR 428.50)
 - » Additional respite benefit through 1915 b(3)
- **1915(b) – Integrated Care Delivery System (MyCare Ohio)**
 - » Coordinates Medicare and Medicaid benefits for enrollees
 - » Only in specific demonstration counties
- **1915(c) – Integrated Care Delivery System (MyCare Ohio)**
 - » Provides home and community-based services to individuals who are enrolled through MyCare 1915(b) and have Nursing Facility level of care
 - » Only in specific demonstration counties

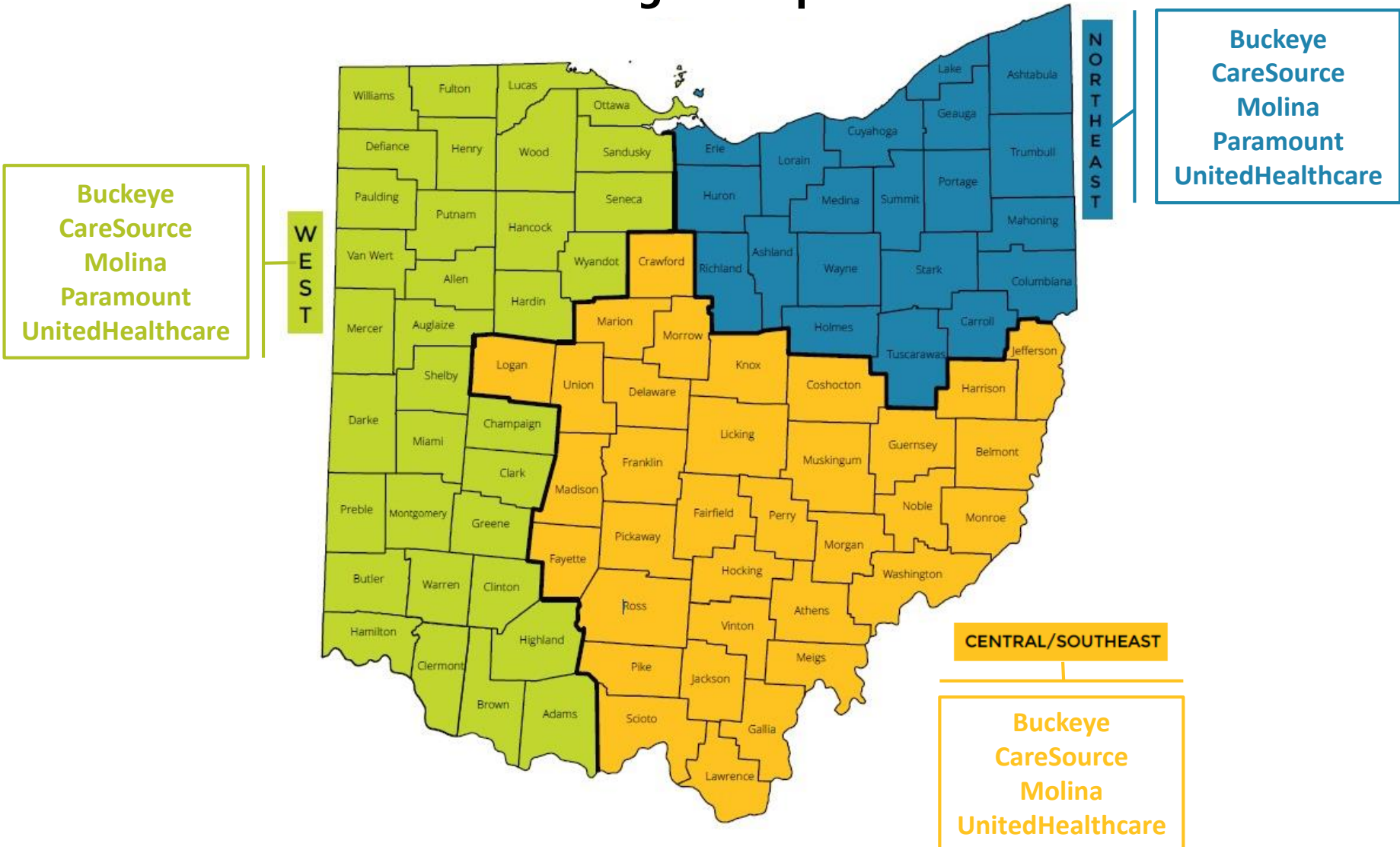
Upcoming – Single Pharmacy Benefit Manager 1915(b) waiver; revising SNK for OhioRISE

Additional Managed Care Policies

- **Ohio Administrative Code Rules**
 - » Chapter 5160-26 (Medicaid managed care)
 - » Chapter 5160-58 (MyCare Ohio)
- **Provider Agreements**
 - » Separate agreements for Medicaid managed care and MyCare Ohio
 - » Contract between ODM and the MCOs
 - » <https://medicaid.ohio.gov/Managed-Care/For-Managed-Care-Plans#1910238-managed-care-agreements>
- **MyCare Ohio Three-Way Agreement**
 - » Contract between CMS, ODM, and the MyCare Ohio Plan (MCOP)
 - » <https://medicaid.ohio.gov/Managed-Care/For-Managed-Care-Plans#1910239-mycare-ohio-agreements>

Managed Care Enrollment

OHIO MEDICAID MANAGED CARE Region Map



MYCARE OHIO DEMONSTRATION PROGRAM Region Map

NORTHWEST

Aetna
Buckeye

CENTRAL

Aetna
Molina

WEST CENTRAL

Buckeye
Molina

SOUTHWEST

Aetna
Molina



NORTHEAST

Buckeye
CareSource
United

NORTHEAST CENTRAL

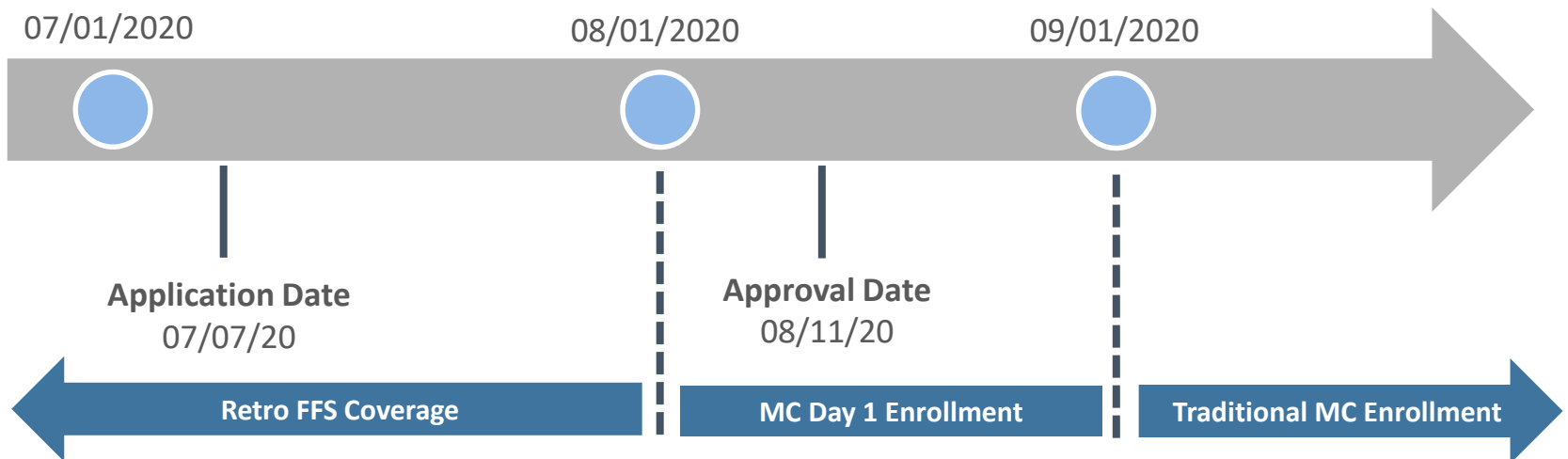
CareSource
United

EAST CENTRAL

CareSource
United

Managed Care Day One

- **Newly eligible** individuals are assigned to an MCO effective the first day of the month in which they are determined Medicaid eligible
- No longer a fee-for-service (FFS) time period for *most* individuals
 - » Any retroactive eligibility will be covered by Medicaid FFS
- This is only applicable for traditional Medicaid managed care
 - » 60 day FFS waiting period prior to MyCare Ohio enrollment



MCO Assignment

- Individuals are assigned to an MCO using an assignment algorithm developed by ODM
- Different algorithms for traditional managed care and MyCare Ohio enrollment
- **The traditional managed care algorithm* considers:**
 - » Previous plan history (if applicable)
 - » Provider utilization
 - » Current household enrollment (e.g. if another family/case member is enrolled in managed care)
 - » Provider network capacity
 - » Plan performance on ODM specified health initiatives

**This assignment algorithm is not applicable to MyCare Ohio enrollment, though several components are the same*

Choosing a Managed Care Organization

- Individuals can choose a different plan:
 - » Within the first 3 months after their initial enrollment,
 - » During open enrollment (annually in November),
 - » For a “Just Cause” reason as defined in OAC rule 5160-26-02.1, or
 - » On a month-to-month basis (MyCare Ohio Opt-in members only).
- Medicaid Hotline provides information on managed care enrollment and Medicaid questions
- ODM creates a yearly report card that scores the plans on various health outcomes:
 - » <https://medicaid.ohio.gov/Portals/0/Resources/Reports/mcp-reportcard.pdf>

Managed Care Benefits

Managed Care Services

- MCOs work with hospitals, doctors and other providers to coordinate an individual's care and provide access to services
 - » At a minimum, plans must ensure members have access to all medically necessary services covered by Ohio Medicaid under the state plan
 - » MCOs may offer additional services not normally available through traditional Medicaid coverage
- Individuals can select the MCO that best fits their needs and meets their service requirements



Managed Care Benefit Package

Ohio's managed care program covers **primary** and **acute care** services mandated by the federal government, as well as optional services Ohio has chosen to provide:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Physician Services
- Laboratory and X-ray services
- Screening, diagnosis and treatment for children under age 21
- Immunizations
- Family planning services and supplies
- Home Health services
- Behavioral Health services
- Private Duty Nursing
- Podiatry
- Chiropractic services
- Physical, Occupational, Developmental and Speech therapy services
- Nurse mid-wife
- Prescription drugs
- Ambulance or medical transportation
- Dental services
- Long-term services and supports (LTSS)*

**LTSS services for MyCare Ohio members and Adult Extension members only*

Coverage of Services

- Plans may place appropriate limits on a service :
 - » On the basis of medical necessity, or
 - » For the purposes of utilization management.
- Plans follow medical necessity criteria in OAC rule 5160-1-01
- Prior authorization must be available for services in which the plan has placed a preidentified limit to ensure it can be exceeded
 - » If a prior authorization request is received that exceeds the plan's frequency limitation, the plan must determine if the request is medically necessary before issuing a denial
- Authorization Decision timeframes
 - » **Standard authorizations** – notice provided within 10 calendar days
 - » **Expedited authorizations** – notice provided within 48 hours

Non-Covered Services and Codes

- Plans follow OAC rule 5160-1-61 regarding non-covered services
- Prior to making a determination regarding coverage, plans must review OAC rules and conduct a medical necessity review if appropriate
- Plans are required to cover services not typically covered by Ohio Medicaid if the service is determined to be medically necessary
- Plans must consider covering codes beyond those listed on the FFS fee schedule when appropriate

Value Added Benefits

- MCOs add value for their members by providing services not normally offered in the traditional fee-for-service Medicaid program:



- Toll-free 24/7 nurse hotline
- Toll-free member services hotline
- Extended Office Hours (varies among plans)
- Grievance Resolution System



- Preventative Care Reminders
- Care Management to coordinate care*



- Online, searchable provider directory
- Member Handbook
- Health Education Materials



- Expanded Benefits:
 - » Additional transportation
 - » Smoking Cessation
 - » Over the Counter Cards
- Participation Incentives

**Care management provided to all MyCare Ohio members*

Claims vs. Encounters

- **Providers** submit **claims** directly to the managed care organization for reimbursement
- **MCOs** submit **encounters** directly to ODM representing that was paid to the provider
 - » Mirrors information in MITS if a traditional claim had been processed
- Data elements include, but are not limited to:
 - » Recipient name and Medicaid billing ID
 - » Service rendered
 - » Date of Service
 - » Service provider
 - » Amount billed and amount paid
 - » Third party liability, if applicable
 - » MCO information
- Encounters do not generate a payment to the MCO or the provider (except for delivery kick payments)

Provider Contracting

- MCOs establish and maintain their own provider panel
 - » All network providers must be enrolled with ODM (except single-case agreements)
 - » Plans may execute temporary (120 calendar day) agreement with a provider pending outcome of ODM enrollment process
- MCOs do not have to contract with every ODM provider
- Provider panel requirements are specified by ODM in Appendix H of the provider agreements
- Managed Care Provider Network (MCPN) tool used to determine plan compliance with provider panel requirements

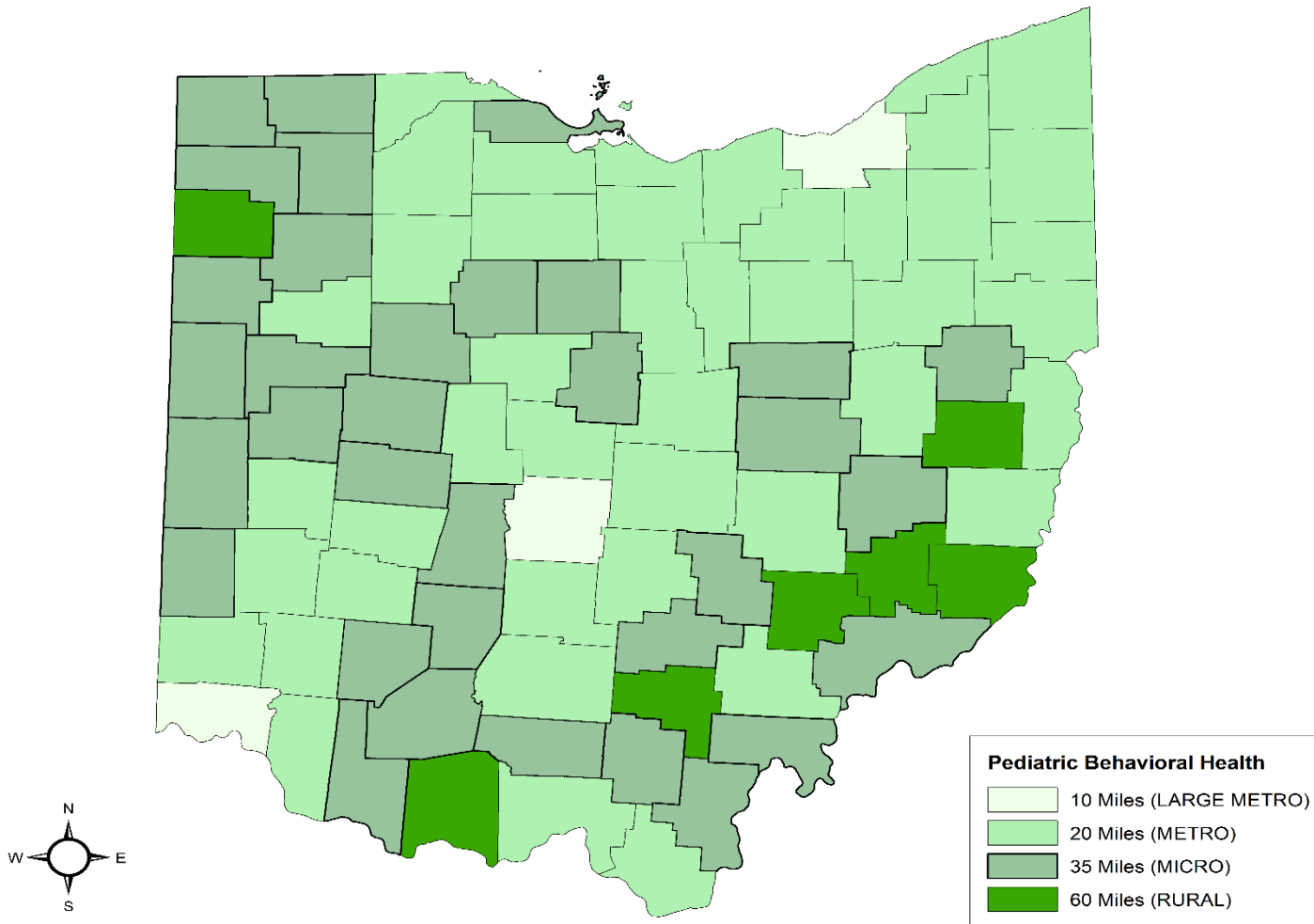
Example: County Based Measure

Table 6. Dental and Vision Provider Panel. The Dental standards require that the provider not only practice at least 25 hours per week, but they also be willing to serve adult members and members under the age of 18.

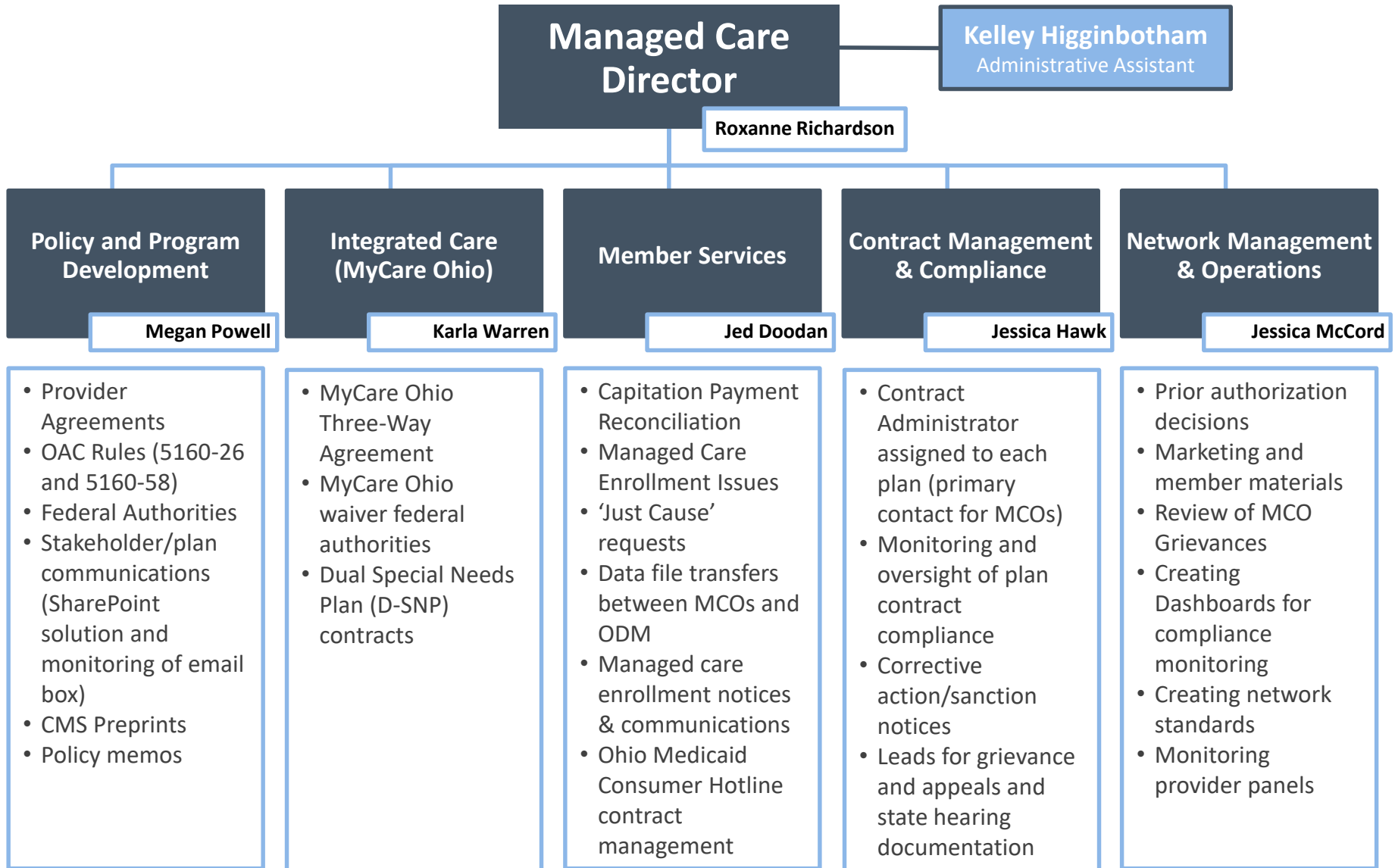
Region	County	Dental	Vision
W	ADAMS	1	-
W	ALLEN	5	3
NE	ASHLAND	3	-
NE	ASHTABULA	3	3
CEN/SE	ATHENS	3	3
W	AUGLAIZE	1	1
CEN/SE	BELMONT	4	4
W	BROWN	1	-
W	BUTLER	13	4
NE	CARROLL	-	-
W	CHAMPAIGN	1	-
W	CLARK	6	3
W	CLERMONT	5	1
W	CLINTON	1	2
NE	COLUMBIANA	3	-
CEN/SE	COSHOCTON	3	1
CEN/SE	CRAWFORD	1	2
NE	CUYAHOGA	102	32
W	DARKE	1	1
W	DEFIANCE	-	2
CEN/SE	DELAWARE	3	3
NE	ERIE	2	2
CEN/SE	FAIRFIELD	4	3
CEN/SE	FAYETTE	1	-
CEN/SE	FRANKLIN	95	20
W	FULTON	-	-
CEN/SE	GALLIA	1	2
NE	GEAUGA	1	1
W	GREENE	3	3
CEN/SE	GUERNSEY	3	2
W	HAMILTON	50	14
W	HANCOCK	2	1
W	HARDIN	1	-
CEN/SE	HARRISON	-	-
W	HENRY	1	-
W	HIGHLAND	3	2
CEE/SE	HOCKING	1	-
NE	HOLMES	-	-
NE	HURON	2	2
CEN/SE	JACKSON	1	2
CEN/SE	JEFFERSON	3	3
CEN/SE	KNOX	3	2
NE	LAKE	6	6
CEN/SE	LAWRENCE	3	3
CEN/SE	LICKING	4	2
CEN/SE	LOGAN	1	2
NE	LORAIN	11	11
W	LUCAS	29	9
CEN/SE	MADISON	1	-
NE	MAHONING	14	5
CEN/SE	MARION	3	2
NE	MEDINA	4	4
CEN/SE	MEIGS	-	-
W	MERCER	1	-
W	MIAMI	3	-
CEN/SE	MONROE	-	-
W	MONTGOMERY	25	-
CEN/SE	MORGAN	-	-
CEN/SE	MORROW	1	-
CEN/SE	MUSKINGUM	4	4
CEN/SE	NOBLE	1	-
W	OTTAWA	1	-
W	PAULDING	-	-
CEN/SE	PERRY	1	-
CEN/SE	PICKAWAY	1	1
CEN/SE	PIKE	1	-
NE	PORTAGE	3	-
W	PREBLE	-	-
W	PUTNAM	1	-
NE	RICHLAND	7	2
CEN/SE	ROSS	4	2
W	SANDUSKY	3	-
CEN/SE	SCIOTO	2	2
W	SENECA	2	-
W	SHELBY	1	-
NE	STARK	17	7
NE	SUMMIT	23	13
NE	TRUMBULL	11	4
NE	TUSCARAWAS	4	-
CEN/SE	UNION	1	1
W	VANWERT	2	-
CEN/SE	VINTON	-	-
W	WARREN	1	-
CEN/SE	WASHINGTON	3	2
NE	WAYNE	3	-
W	WILLIAMS	1	-
W	WOOD	2	-
W	WYANDOT	1	-

Example: Time and Distance Measure

Pediatric Behavioral Health (Managed Care)



Office of Managed Care



Plan Communications

- Most emails to the plans are either sent by the Contract Administrator or the ManagedCarePolicy@medicaid.ohio.gov email box
- If you send an email directly to the plans, the plan compliance boxes should be copied

Managed Care Organization	Compliance Box
Aetna Better Health, Inc.	AetnaMyCare@aetna.com
Buckeye Community Health Plan	buckeyecompliance@centene.com
CareSource Ohio, Inc.	MyCareOhio@caresource.com odjfs@caresource.com
Molina Healthcare of Ohio, Inc.	governmentcontracts.mho@molinahealthcare.com MolinaGCMycareOhio@molinahealthcare.com
Paramount Advantage, Inc.	AdvantageCompliance@promedica.org
UnitedHealthcare Community Plan of Ohio, Inc.	governmentaffairsohio@uhc.com mycareohio@uhc.com

Contract Administrator Assignments

- The Contract Administrator (CA) email boxes below should be included on **any email** sent to the MCOs
- Keep the CAs in the loop to help keep plans in line; they can jump in to provide support when necessary

Managed Care Organization	Contract Administrator Email Box
Aetna Better Health, Inc.	MedicaidAetna@medicaid.ohio.gov
Buckeye Community Health Plan	MedicaidBuckeye@medicaid.ohio.gov
CareSource Ohio, Inc.	MedicaidCareSource@medicaid.ohio.gov
Molina Healthcare of Ohio, Inc.	MedicaidMolina@medicaid.ohio.gov
Paramount Advantage, Inc.	MedicaidParamount@medicaid.ohio.gov
UnitedHealthcare Community Plan of Ohio, Inc.	MedicaidUnited@medicaid.ohio.gov

Monitoring MCO Compliance

- ODM may assess compliance on MCOs for violating the provider agreement or any other applicable law, rule, or regulation
- Types of sanctions or remedial actions:
 - » Corrective Action Plans (CAPs)
 - » Financial Sanctions

Compliance Action	MyCare Ohio	Managed Care
CAPs	3	10
Remediation	2	0
Quality (potentially refundable)	\$3,046,400	\$4,596,510
Provider Panel	\$3,000	\$148,000
Prompt Pay	\$14,212	\$273,574
Late Fees	\$2,300	\$8,800
Other Fines	\$50,000	\$5,000

Managed Care Reconciliation Unit

Supervisor: Amy Raymond

Team Members: Melissa Wolfe, Vanessa Tucker, Charlotte Calloway, John Hunt, Brenda Cabus, Shonda Stansberry

- Managed Care enrollment and capitation payment discrepancies
- Newborn Assignments
- MyCare Ohio waiver discrepancies
- MyCare Ohio CMS discrepancies
- Multiple ID's
- Dates of Death
- Overwrites

All Things Managed Care SharePoint

Office of Managed Care utilizes several SharePoint sites to ensure effective communication & collaboration regarding managed care operations

- **Provider Agreements**
 - » Site houses the MMC and MCOP provider agreements; ODM staff edit agreements individually; must have specific access to edit
- **State Plan Amendment & Waivers**
 - » Site houses all the managed care federal authorities; ODM staff edit SPAs and waivers individually; must have specific access to edit
- **MCO Non-compliance Requests**
 - » Site with built-in form to report and track when a plan non-compliance issue is identified; can be accessed by any ODM employee via VPN
- **MCO Communication Requests**
 - » Site with built-in form to submit and track plan communication requests; can be accessed by any ODM employee via VPN

MCO Non-compliance Request

Managed Care Plan Compliance Action

Managed Care Plan

Originator* Requestor*

Phone # Request Date

Office* Bureau*

Managed Care Plan(s) Aetna MyCare Buckeye MyCare Care Source MyCare Molina MyCare Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid

Contract Requirement Deficiency*

Considerations

Contract Citation

Supporting Documentation
Click to upload files/Drag and drop the files to upload

Desired MCP Corrective Action

ODM Staff To Copy On Non-Compliance Notification If Issued

Name	Email
<input type="text" value="Enter a name or email address..."/>	<input type="text"/>

[Add New ODM Staff](#)

- <https://spe.ohio.gov/sites/odmpointsolutions/MCCR/SitePages/Home.aspx>
- Submitted requests are sent to the appropriate Contract Administrator to review and follow-up if necessary

MCO Communications Request

MCO Communication Tracking

Requestor Details

Requestor*	<input type="text" value="Hiegel, Kelsey x"/>	Requestor Email*	<input type="text" value="Kelsey.Hiegel@medicaid.ohio.gov"/>
Title*	<input type="text"/>	Rule	<input type="text"/>
Clearance	<input type="text"/>	Plan Type*	<input type="text"/>
Managed Care Plan(s)	<input type="checkbox"/> Aetna MyCare <input type="checkbox"/> Buckeye MyCare <input type="checkbox"/> Buckeye Medicaid	<input type="checkbox"/> Care Source MyCare <input type="checkbox"/> Care Source Medicaid	<input type="checkbox"/> Molina MyCare <input type="checkbox"/> Molina Medicaid <input type="checkbox"/> Paramount Medicaid <input type="checkbox"/> United MyCare <input type="checkbox"/> United Medicaid
Communication Type*	<input type="text"/>		

Common Actions

Comments	Comment	Date
	<input type="text"/>	09/28/2020

[Add Comment](#)

Attachments
Click to upload files/Drag and drop the files to upload

- <https://spe.ohio.gov/sites/odmpointso-lutions/MCCT/SitePages/Home.aspx>
- Submitted requests are routed to the Managed Care policy team to review and then sent to the plans
- Follow-up information is stored in SharePoint for tracking purposes

Useful Managed Care Contacts

- MITS Reconciliation or Enrollment Issues
BMHC_reports@medicaid.ohio.gov
- Questions regarding MCO Policy
ManagedCarePolicy@medicaid.ohio.gov
- Managed Care Issues
Bmhc@medicaid.ohio.gov
- Questions regarding the Provider Agreement, SPA/Waivers, or MCO Communications SharePoint Site
ManagedCarePolicy@medicaid.ohio.gov
- Questions regarding MCO Compliance SharePoint Site
Jessica.Hawk@medicaid.ohio.gov

Questions or Comments?

Additional questions, comments or concerns can be sent to ManagedCarePolicy@medicaid.ohio.gov.

Thank you!