Taking advantage of a unique opportunity for states to integrate health care benefits for Medicaid members who are also eligible for Medicare, Ohio launched the MyCare Program in 2014. As they are often in poorer health and require more complex care, dual eligible enrollees have an average monthly cost of about $2,000, compared to the program average cost of $650 per enrollee, making this one of the most expensive population groups in Medicaid. The MyCare program now serves about 100,000 dually eligible individuals in 29 counties.

Medicare and Medicaid have historically operated as two very distinct and separate programs with Medicare covering primary and acute health care services including hospitalizations, doctor visits, short term nursing home stays, and prescription drugs and Medicaid covering long term care services and supports, supplemental services, Medicare premiums and cost sharing. Despite covering a growing number of people, the lack of alignment between the two programs has led to fragmented or episodic care for enrollees and misaligned incentives for both payers and providers, leading to increased costs and reduced quality and outcomes. This lack of alignment is addressed through the innovative health care delivery of the MyCare program.

Many dually eligible individuals have complex health care conditions that require intensive medical services delivered by multiple providers. The MyCare plans are a single point of accountability and coordinate all Medicare and Medicaid benefits using a person-centered integrated team approach to care management.

“With nearly 70% of eligible members electing to enroll, MyCare Ohio has the highest opt-in rate in the country and the disenrollment rate remains low.”
MYCARE HAS DELIVERED HIGH QUALITY AND COST SAVINGS

Since its inception, the MyCare Program has achieved significant quality improvement and cost savings, while continuing to maintain strong member satisfaction rates. Highlights of these achievements include:

Keeping enrollees healthy and chronic conditions well managed is a goal of the program. In 2017, 50% of the MyCare Ohio statewide HEDIS results exceeded the 90th national NCQA Medicaid percentile and 59% exceeded the 75th national NCQA Medicaid percentile.

In their 2017 program evaluation for CMS, RTI International found a 21% decrease in inpatient hospital utilization, a 15% reduction in nursing facility admissions, and an 8% reduction in long-stay nursing facility placements in the MyCare Program.

Recognizing that savings from better care will accrue to Medicare rather than Medicaid, expected savings are shared with Ohio Medicaid upfront. Managed care premiums for Opt-In members are currently reduced by 4% to account for the savings assumptions – a savings of $61M for the current calendar year.

By offering more choices to move back into a home and community-based setting, MyCare Ohio plans have decreased the share of members living in a nursing home. At a savings differential of about $3,000 per person per month, MyCare is saving the state approximately $2.4 million a month.

Since 2015, MyCare Ohio plans have played an integral role in responding to the closure of nine poor-performing nursing facilities, assisting 385 members find and safely move to new residences.