

Meeting the Needs of Dual Eligible Ohioans:

Transitioning MyCare Ohio to Fully Integrated Dual Eligible Special Needs Plans



Introduction and Background

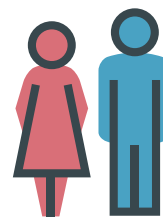
In 2014, Ohio launched MyCare Ohio to coordinate care and benefits — including long-term services and supports — for individuals receiving both Medicare and Medicaid, known as “dual eligibles.” The ultimate goal was to improve health outcomes to dual eligible individuals.

Currently, MyCare Ohio operates in seven regions comprising of 29 counties. Almost 150,000 dual eligible Ohioans participate in MyCare Ohio with over 60% choosing to have both of their Medicaid and Medicare benefits coordinated by a MyCare plan. Eligible individuals currently have the choice of at least two MyCare Ohio plans in each region.

In 2019, 65% of MyCare Ohio beneficiaries reported that they are “satisfied” with their health plan, which is an increase from 51% in 2015.¹

Since the beginning of the program, the MyCare Ohio plans have:

- Increased monthly number of physician visits.
- Increased the probability of 30-day mental health follow-up visits after a mental health discharge.
- Decreased the number of inpatient admissions.
- Decreased the use of long-stay nursing facilities.



MyCare Conversion

In the summer of 2022, Centers for Medicare & Medicaid Services (CMS) finalized the rule requiring states that participate in the dual eligible demonstrations using Medicare Medicaid Plans (MMP), like MyCare Ohio, to either convert those programs to integrated dual special needs plans (D-SNP) or to conclude the demonstration by Dec. 31, 2023.

In October 2022, the Ohio Department of Medicaid proposed to transition the MyCare Ohio Dual Eligible Program into a fully integrated dual eligible special needs plan model (FIDE SNP) with aligned enrollment in a companion Medicaid managed care plan no later than Dec. 31, 2025.

What is a FIDE SNP?

A FIDE SNP is a fully integrated dual eligible special needs plan, which provides both Medicare and Medicaid benefits to dually eligible individuals through a single managed care plan. The FIDE SNP must have a CMS-approved contract as well as a contract with the state Medicaid agency covering benefits and services consistent with state policy under a capitated Medicaid managed care model.

FIDE SNP vs. MyCare Ohio (MMP)

The 2022 CMS final rule requires FIDE SNPs to adopt many of the requirements found in MMP programs. The below chart outlines those requirements.

Current MyCare Ohio (MMP) requirement	FIDE SNP Requirement
Enrollee Advisory Committee	Required ✓
Health risk assessment of members to include social risk factors	Required ✓
Exclusively aligned enrollment	Required beginning 2025 ✓
Capitation for behavioral health and long-term services and supports	Required beginning 2025 ✓
Capitation for Medicare cost-sharing	Required beginning 2025 ✓
Unified Appeals and Grievances Process for Medicare and Medicaid	Required beginning 2025 for all FIDE SNPs ✓
Continuation of Medicare benefits pending appeal	Required beginning 2025 for all FIDE SNPs ✓

OAHP and its member plans support the Ohio Department of Medicaid's recommendation to transition MyCare Ohio to be administered through CMS FIDE SNPs no later than 2025. This will allow for seamless transition of integrated care practices across Medicare and Medicaid programs while assuring dual eligible members have access to needed long-term services and supports.

¹ MyCare 2019 CAHPS Executive Summary