Evolution of MyCare

What We Know & Where Might We Be Headed?

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Current Status of MyCare

- MyCare Ohio began in March 2014 as a Medicare-Medicaid Financial Alignment Initiative (FAI) demonstration awarded by CMS
- CY2023 Medicare Advantage and Part D Final Rule (issued April 2022) made some significant changes to Part D plans including the phase out of the FAI demonstration (based on lessons learned) and movement to a more permanent financial alignment structure using Dual Special Need Plans (DSNPs)
- OHCA was alerted of Ohio's intent to move to a more permanent dual eligible managed care model in September of 2022
  - Per the CY2023 MA Final Rule, states were given the opportunity to phase out their FAI program if they committed to converting to a more permanent integrated managed care structure in the coming years
  - Ohio made that commitment to CMS and provided stakeholders with a conversion framework called MyCare Conversion Charter
    - CMS stipulated the conversion to one of the more permanent options must take place no later than December 31, 2025

MyCare Conversion Charter

- Said to be a starting point for stakeholder discussion and input
- Propose to transition MyCare program (current counties) to a Fully Integrated Special Needs Plan (FIDE SNP) with fully aligned enrollment in a companion Medicaid Managed Care Plan subject to all the Next Generation Program requirements
  - Benefit package will remain the same
  - Ability to opt out on Medicare side will remain
- Charter also referenced second evaluation report on MyCare
  - 62% are dually enrolled for both benefits
  - Promoted importance and improvements in mental health care
  - Noted that while Medicare expenses increased as did overall ER visits, MyCare saw a "probable" decrease in inpatient use and NF use
  - Also mentioned continued collaboration with NFs to streamline provider burden
  - Despite challenges, charter promotes continuation of integration stating quality and satisfaction continues to improve over time

So What is a FIDE-SNP?

- FIDE SNP is one of 3 types of Medicare Advantage Special Needs Plans.
- FIDE SNPs are required to offer fully integrated care under a single legal entity that holds both:
  - An MA contract with CMS and
  - A contract with a state to be a Medicaid Managed Care Organization
- Must cover at least Medicaid primary and acute care services and long term services and supports (LTSS). Also required to offer behavioral health unless state carves it out.
- With respect to LTSS, a FIDE SNP must include at least 180 days of nursing facility coverage during the plan year.
- Must coordinate Medicare and Medicaid benefits using "aligned care management" and "coordinated" beneficiary communication, enrollment, grievances and appeals.
- Starting in 2025, integration related to plan configuration is enhanced by now requiring a single organization and fully integrated beneficiary functions.

So Where are We Now?

- September 30, 2022
  - Since Conversion Charter was issued little to no discussion or formal stakeholder engagement
- July 2023
  - Governor DeWine signs HB 33 Budget Bill
  - States that not later than July 1, 2024 ODM will seek approval to expand integrated duals model to all counties in Ohio via one of the approved CMS models
- October 2023
  - RTI issued MyCare Ohio Third Evaluation Report—mixed bag with unfavorable results
    - Opt-out rate increased from 33% in 2019 to 60% in 2021; higher in NFs
    - NFs cited "duplicative" care coordination; however saw value when plans utilized NPs
    - Beneficiaries with LTSS use had increased probability of any inpatient admission or SNF admission
    - Beneficiaries with SMI saw decreased inpatient and SNF admission & increased preventable ED visits
    - Overall, favorable impact overall on utilization and QMs associated with hospital and NF use as well as follow-up care after a mental health discharge
    - Less favorable outcomes related to increase in ED visits and increased Medicare costs

Has the Train already Left the Station?

- Other integrated models other than FIDE-SNP
  - "Highly Integrated" HIDE-SNPs -- must cover LTSS or behavioral health or both
    - OHCA suggests HIDE-SNP with behavioral health and no LTSS
  - "Coordination Only CO D-SNPs – must coordinate only
- OHCA comments include
  - Less than stellar final MyCare report plus Scripps evaluation of MyCare (which as been buried but presentation was not glowing) so why continue?
  - Acknowledge value to community well, but brings no value to LTSS beneficiaries and comes with many provider burdens
  - Recognize Ohio earns tax revenue from including Medicaid population in managed care but it should be complete beneficiary choice, just as it is in Medicare
  - If ultimate decision to continue with FIDE-SNP
    - Limit NF coverage to 180 days
    - Ensure all LTSS providers are paid at least Medicaid FFS and use contractual provisions to ensure the same with Medicare rates
    - Limited number of plan and allow provider owned plans
    - Require plans to employ NPs and value-based contracts rewarding providers for reduced ED visits and hospitalization

Thank you for your continued support and efforts in working with OHCA

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