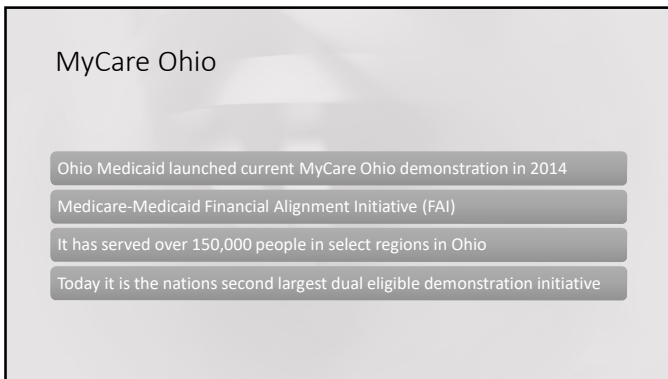




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4

Eligibility Criteria

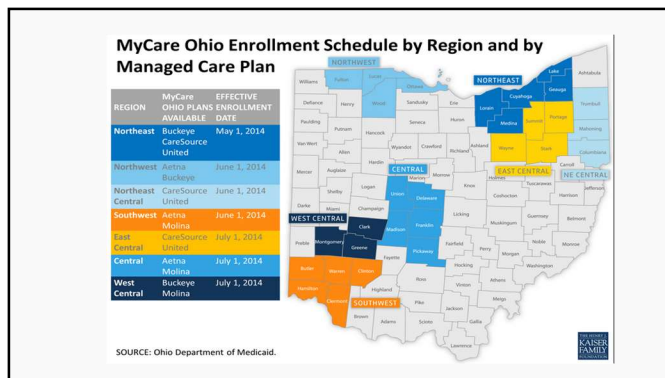
Who is eligible?

- ✓ Age 18 and older at the time of enrollment
- ✓ Eligible for full Medicare Parts A, B, and D and full Medicaid
- ✓ Reside in a participating county
- ✓ Meet nursing facility-based level of care (intermediate or skilled) per Ohio Administrative Code

Who is NOT eligible?

- ✓ Under the age of 18
- ✓ Have third party insurance
- ✓ Have intellectual or other developmental disabilities and served through an IDD 1915(c) HCBS waiver or an ICF-IDD
- ✓ Enrolled in PACE
- ✓ Participating in CMS Independence at Home (IAH) demonstration

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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	

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Quick Glance

- Current MyCare has both full delegation for waiver care coordination, that includes all members 18 years and older. There is also waiver service delegation that does service coordination for 60 and older
- Aetna and CareSource both use "Fully-Delegated Waiver Care Management" with the Area Agencies on Aging
- Buckeye, Molina, and United coordinate Waiver Services Coordination with Area Agencies on Aging

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Community Based Waiver Services

Adult Day Services	Home Care Attendant	Community Integration
Alternative meals	Home Delivered Meals	Out of Home respite services
Assisted living	Homemaker Service	Personal Care Services
Choice Home care attendant	Home medical equipment supplemental adaptive and seated devices	Nutritional consultation
Community transition	Social work counseling	Personal/emergency response
Waiver Nursing services	Home maintenance and chore	Structured Family Care
Home Modification	Waiver Transportation	Enhanced Community Living

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**Council on aging - MyCare Ohio
Southwest Ohio**

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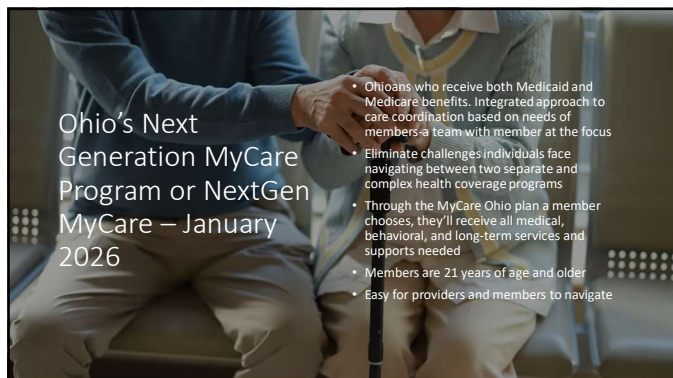
Program	Aetna MyCare Ohio Waiver	Molina MyCare Ohio Waiver
Funder	Aetna Better Health of Ohio	Molina Healthcare of Ohio
COA role	Fully Delegated Waiver Case Management	Waiver Service Coordination
Oversight Entities	Aetna, ODM, CMS	Molina, ODM, CMS
Regions Served	Butler, Clermont, Clinton, Hamilton, Warren	Butler, Clermont, Clinton, Hamilton, Warren
Description	Medicaid HCBS Waiver (1915c)	Medicaid HCBS Waiver (1915c)

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Brief description of full vs partial delegation

<p>Full Delegation</p> <ul style="list-style-type: none"> • Integrated case management (CM), CM is single point of contact • Members 18 years older who are dually eligible are enrolled 	<p>Waiver Service Coordination (WSC)</p> <ul style="list-style-type: none"> • WSC responsible for wavier case management and wavier service coordination for members 60 years and older • Member has Molina CM • Waiver service includes assessment and coordination of any waiver service
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Ohio's Next Generation MyCare Program or NextGen MyCare – January 2026

- Ohioans who receive both Medicaid and Medicare benefits. Integrated approach to care coordination based on needs of members—a team with member at the focus
- Eliminate challenges individuals face navigating between two separate and complex health coverage programs
- Through the MyCare Ohio plan a member chooses, they'll receive all medical, behavioral, and long-term services and supports needed
- Members are 21 years of age and older
- Easy for providers and members to navigate


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NextGen Ohio Goals

- Focus on individual
- Improve individual and population wellness and health outcomes
- Create a personalized Care experience
- Support providers in continuously improving care
- Improve care for individuals with complex needs to promote independence in community
- Increase program transparency and accountability

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NextGen MyCare

- In November 2024, ODM announced the four managed care organizations to serve as the Next Generation MyCare plans
- 2 current plans will no longer be in MyCare – United HealthCare and Aetna Better Health of Ohio
- 1 new plan was introduced Anthem Blue Cross and Blue Shield
- The four NextGen Plans starting in January 2025 are
 - Anthem Blue Cross and Blue Shield
 - Buckeye Health Plan
 - CareSource
 - Molina HealthCare of Ohio

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NextGen MyCare

- The Managed Care Plans must meet state and federal requirements to qualify as a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) – In accordance with 42 CFR 422.2, a D-SNP that: (1) provides dual eligible recipients access to Medicare and Medicaid benefits under a single entity that holds both a Medicare Advantage contract with CMS and a Medicaid managed care organization contract under Section 1903(m) of the Act with ODM; (2) whose capitated contract with ODM requires coverage of primary and acute care, including Medicare cost-sharing; behavioral health services; LTSS; coverage of nursing facility services for a period of at least 180 days during the plan year; home health services; and medical supplies, equipment, and appliances; (3) coordinates the delivery of covered dual services using aligned care management and specialty care network methods for high-risk members; (4) employs policies and procedures approved by CMS and the state to coordinate or integrate member materials, enrollment, communications, grievance and appeals, and quality improvement (QI); (5) has exclusively aligned enrollment; and (6) whose capitated contract with ODM covers the entire services area for the D-SNP.

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NextGen MyCare

- FIDE SNPs are a special type of Dual Eligible Special Needs Plan (D-SNP) that must coordinate and provide coverage for both Medicare and Medicaid services, including Long Term Services and Supports (LTSS), in return for a capitated payment.
- Each HealthPlan will provide Value Added benefits
- MyCare Plans will be required to incorporate screenings for social determinants of health to identify barriers such as housing, education, transportation, nutritious food
- MyCare Plans will be required to donate a percentage of their profit to community-based organizations

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How Are D-SNPs Different from Other Medicare Advantage Plans?

Feature	D-SNPs	Medicare Advantage
Must hold contract with Medicare	Yes	Yes
Cover Medicare benefits	Yes	Yes
Offer supplemental benefits (e.g., dental, vision, hearing, transportation)	Yes	Yes
Must hold a contract with the state Medicaid agency, with certain minimum requirements	Yes	No
Tailor benefits specifically for the needs of dually eligible individuals	Yes	No
Coordinate and/or integrate delivery of Medicare and Medicaid benefits (and states can impose additional requirements)	Yes	No
May cover Medicaid benefits	Yes ¹	No
Have a Model of Care (MOC) to describe how the plan will meet the needs of dually eligible individuals	Yes	No
(In 2023) Must establish and maintain at least one enrollee advisory committee in each state where the plan operates	Yes	No
(In 2024) Must collect information about enrollees' transportation, housing, and food security needs during health risk assessments	Yes	No

¹D-SNPs may do this through the D-SNP or through an affiliated Medicaid managed care plan offered by the same parent company. Not all D-SNPs cover Medicaid benefits.

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Essential D-SNP Care Coordination Requirements

Per 42 CFR 422.101(f)(1-3), all Medicare Advantage Special Needs Plans, including D-SNPs, must:

- Assess member's physical, psychosocial, and functional needs through initial and annual health risk assessments.**
 - Starting in 2024, plans must incorporate questions into these assessments about members' social needs related to housing, transportation, and food security. Questions must be selected from a list of screening instruments specified by CMS.
- Develop and implement individualized care plans for each member.**
 - A plan is developed in consultation with the member to identify goals and objectives including measurable outcomes as well as specific services and benefits to be provided.
- Use interdisciplinary care teams (ICTs) to address member's health and functional needs.**
 - ICTs should include a team of providers with demonstrated expertise and training, and, as applicable, training in a defined role appropriate to their function in treating individuals similar to the targeted population of the plan.
- Use a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA) to "assure an effective care management structure"**
 - The MOC is a stand-alone document that is separate from contracts with CMS and state Medicaid Agency, and is the basis for D-SNP internal care coordination processes.

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Statewide -2 Phase rollout

- Phase 1:** By January 1, 2026 NextGen will be implemented in all 29 counties that currently have MyCare Ohio duals demonstration operating

Butler	Delaware	Lake	Montgomery	Trumbull
Clark	Franklin	Lorain	Ottawa	Union
Clermont	Fulton	Lucas	Pickaway	Warren
Clinton	Geauga	Madison	Portage	Wayne
Columbiana	Greene	Mahoning	Stark	Wood
Cuyahoga	Hamilton	Medina	Summit	

- Phase 2:** MCOP will expand implementation of NextGen to all remaining counties across the state of Ohio. ODM anticipates this phase to expand to be completed within the first year

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Next Generation MyCare

- Stated in the RFP – MCOP’s must contract with AAAs as the primary waiver service coordination entity for members aged 60 and older who are enrolled in the MyCare Ohio HCBS Waiver
- The MCOPs can delegate all or some of the care coordination activities to the AAA for all members, including those 60 years and younger
- MCOP’s must partner with Behavioral Health Care Coordination Entities in the community to better support members needs
- Focus on transportation. Example is members would have to provide consent before using group transportation

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Next Generation MyCare

- Increased transparency in claims and prior authorizations
- ODM will have more oversight and will have access to all claims and prior authorization data
- There will be tighter turnaround times for independent home health providers claims payments
- Plans will be required to have a team dedicated to assisting independent home health providers. This will include written job aides for things like claims submissions

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<p>MyCare</p> <ul style="list-style-type: none"> • Age 18 years and older • Regional • Stratification levels include medium, high, intensive • Calls in WSC are 90 days, visits 90 days in full delegation for medium stratified members 	<p>NextGen</p> <ul style="list-style-type: none"> • Age 21 years and older • Statewide • Stratification levels include high and intensive • 30-day calls • Care Coordination Ratio
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Risk Tier	Care Coordination Ratio
Tier 1 (low monitoring)	1:101-1:250
Tier 2 (medium)	1:76-1:100
Tier 3 (high)	1:51-1:75
Tier 4 (intensive)	1:25-1:50

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<p>MyCare</p> <ul style="list-style-type: none"> • Care coordinator the primary • Transition of Care (one waiver to another) 1 year • Financial sanctions to MCOP 	<p>NextGen</p> <ul style="list-style-type: none"> • Increased focus on behavioral health • Waiver service coordinator primary for wavier members over 60 • Transition of Care reduced to 180 days for most services • Increase in financial sanctions to MCOPs for several compliance measures
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Area Agency on Aging's preparation efforts

- Statewide AAA work groups created for NextGen
 - Waiver Service Coordination definition
 - Currently this is different among MyCare regions and vary within plans
 - Al la Carte services
 - Includes provider support, nonmedical transportation, expanded home modification process, significant event visits, Medicaid renewal support to members
 - Training
 - Statewide training on contractual requirements in NextGen
 - Assessment
 - Duplicative language, assessment fatigue, Access rule assessments

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Preparation efforts continued

- AAA network meeting with ODM
- Communication will be going out from ODM as we move towards NextGen
- Southwest Ohio AAA and other AAA's, had MyCare work groups to discuss pain points, challenges, and changes they'd like to see in MyCare
 - Work groups included staff from both full delegation and waiver service coordination
 - Work groups included support staff, licensed staff, leadership, provider services, quality staff

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NexGen MyCare



- Collaboration, feedback and data analysis apart of our transition into NextGen
- Complex and very highly regulated work for staff
- Focus is collaborative approach to the transition, keeping in mind Person Centered approach, with the focus being on the individuals

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References

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 - [Sept 22 MyCare Conversion Charter w-attach.pdf](#)
- United States Department of Health and Human Services Centers for Medicare and Medicaid Services in partnership with State of Ohio Department of Medicaid (November 2023) *Three Way Contract*
 - [Ohio Department of Medicaid - Three Way Contract](#)
- Ohio Department of Medicaid. *MyCare-Ohio Next Generation MyCare Ohio Program*
 - [MyCareOhio.Landmark](#)
- Ohio Laws and Administrative Rules (Effective April 2024) *MyCare Ohio Waiver*
 - [Ohio Administrative Code - Ohio Laws](#)
- Ohio Department of Medicaid. *MyCare Ohio Agreements*
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