

MyCare Ohio Implementation Team (MCOIT) Meeting January 20, 2016

Location: Ohio Department of Medicaid
Lazarus Government Center, Room A401
50 W. Town Street
Columbus, Ohio 43215

Call-In Information: Call In: 614-230-0229
Meeting ID: 68457 and press #



MCOIT Purpose/Mission

- The MyCare Ohio Implementation Team (MCOIT) is authorized by the Ohio Department of Medicaid (ODM) to provide input and advice on the implementation of Ohio's dual eligible demonstration project known as MyCare Ohio.

Today's Agenda

1:00 p.m.	Welcome and Introductions	Elbony McIntyre, ODM
1:05 p.m.	MyCare Ohio General Updates	Patrick Stephan, ODM Elbony McIntyre, ODM
1:15 p.m.	MyCare Ohio Ombudsman Update	Karla Warren, ODA
1:45 p.m.	OCVIC MyCare Ohio Member Experience Survey	John Arnold, OCVIC
2:15 p.m.	MyCare Ohio Reports <ul style="list-style-type: none"> • Enrollment • CTMs & Member Grievances • Member Appeals • Provider Complaints 	Shaun Bracely, ODM Elbony McIntyre, ODM
2:25 p.m.	Open Discussion	All
2:30 p.m.	Adjourn. Next Meeting – TBD	

MyCare Ohio Enrollment

MyCare Ohio Enrollment - December 2015														
MyCare REGION	Managed Care Plans											Overall MyCare	% of Duals to MyCare	
	Aetna		Buckeye		CareSource		Molina		United		Total			
	MCD Only	Dual Benefits	MCD Only	Dual Benefits	MCD Only	Dual Benefits	MCD Only	Dual Benefits	MCD Only	Dual Benefits	MCD Only			Dual Benefits
Central	2,478	4,943	1	0	0	1	1,617	3,662	1	2	4,097	8,608	12,705	67.8%
East Central	1	0	0	0	1,968	3,961	0	0	2,473	4,551	4,442	8,512	12,954	65.7%
Northeast	0	0	1,179	3,237	4,209	8,656	0	0	2,565	5,445	7,953	17,338	25,291	68.6%
Northeast Central	0	0	0	1	1,000	2,761	1	0	1,057	2,445	2,058	5,207	7,265	71.7%
Northwest	1,182	3,033	919	2,826	0	0	0	0	0	0	2,101	5,859	7,960	73.6%
Southwest	3,288	5,219	1	0	0	0	2,478	4,089	0	1	5,767	9,309	15,076	61.7%
West Central	1	0	3,235	3,777	0	0	1,314	2,246	0	0	4,550	6,023	10,573	57.0%
Total	6,950	13,195	5,335	9,841	7,177	15,379	5,410	9,997	6,096	12,444	30,968	60,856	91,824	66.3%
Total/Opt-in (%)	20,145	65.5%	15,176	64.8%	22,556	68.2%	15,407	64.9%	18,540	67.1%	91,824	66.3%		

Source: BIAR
Report Date: 11-09-15

MyCare Ohio Enrollment by Type

MyCare Enrollment by Region and Type of Enrollment – December 2015

Region	Comm. Well Dual Benefit	Comm. Well MCD Only	Total Comm. Well	% of Total Who Are Comm. Well	Waiver - Dual Benefit	Waiver - MCD Only	Total Waiver	% of Total Who Are Waiver	NF 100+ Days - Dual Benefit	NF 100+ Days - MCD Only	Total NF 100+ Days	% of Total Who Are NF 100+ Days	Total MyCare*
Central	5,348	1,885	7,233	57.5%	2,200	1,160	3,360	26.7%	993	999	1,992	15.8%	12,585
East Central	4,342	1,611	5,953	46.3%	2,730	1,435	4,165	32.4%	1,414	1,320	2,734	21.3%	12,852
Northeast	11,105	2,973	14,078	56.2%	3,575	2,439	6,014	24.0%	2,507	2,473	4,980	19.9%	25,072
Northeast Central	3,251	857	4,108	57.1%	1,071	403	1,474	20.5%	827	783	1,610	22.4%	7,192
Northwest	3,702	922	4,624	58.5%	1,325	493	1,818	23.0%	794	662	1,456	18.4%	7,898
Southwest	5,869	2,351	8,220	54.8%	1,810	1,255	3,065	20.4%	1,577	2,141	3,718	24.8%	15,003
West Central	2,885	1,477	4,362	41.7%	2,078	1,967	4,045	38.7%	983	1,071	2,054	19.6%	10,461
TOTAL	36,502	12,076	48,578	53.3%	14,789	9,152	23,941	26.3%	9,095	9,449	18,544	20.4%	91,063

* The type of enrollment was determined using the special condition codes of CD1-CD6, which are only updated once a month. Because other enrollment data is updated more frequently, the total enrollment and the distribution of Dual Benefit versus Medicaid Only members may differ from other MyCare enrollment reports.

Source: BIAR
Report Date: 12-17-15

CTM Member Complaints (Oct – Dec 2015)

CTM Category	# of Complaints
Benefits/Access	3
Customer Service/Card/Enrollment Materials	1
Enrollment/Disenrollment	5
Exceptions/Appeals/Grievances	0
Pricing/Premium/Coinsurance	0
Marketing	0
Payment/Claims	1
Plan Administration	2
Total	12

- Total of 12 complaints received in the CMS Complaint Tracking Module (CTM) between October 1 through December 31, 2015
- 5 complaints are classified as a CMS issue – for which resolution was required by ODM/CMS
- 7 complaints are classified as Plan issues – for which resolution was required by the plan

Source: CMS HPMS Complaints Tracking Module (CTM) data pulled on January 15, 2016

What is a Grievance?

Per Ohio Administrative Code rule **5160-58-08.4 Appeals and Grievances for MyCare Ohio**

- A "grievance" is an expression of dissatisfaction with **any** aspect of the plan's or provider's operation, provision of health care services, activities, or behaviors, **not** related to a MCOP service decision that the member is calling to appeal.
- MyCare Ohio Plans are required to report all grievances and appeals to ODM.

Member Grievances Reported to ODM by MCOP's

Month	Total # Griev. Received	# Griev. per 1,000 members	Top 3 Reasons	# Griev. Substantiated*
Sep-15	2,723	29.3	Billing (1,005)	888
			Plans operational procedures/benefits (771)	
			Panel Access (248)	
Oct-15	2,645	28.2	Billing (976)	845
			Plans operational procedures/benefits (779)	
			Panel Access (213)	

Source: ODM, Bureau of Managed Care – Athena System

*Members grievance issue was at least partially confirmed

Member Appeals Reported to ODM by MCOP's

Month	# Appeals Received	Top 3 Reasons
Aug-15	117	Home Health
		Dental
		Pharmacy
Sep-15	108	Dental
		Home Health
		Imaging
Oct-15	124	Home Health
		Dental
		Hospital Stay

Source: ODM, Bureau of Managed Care – Athena System

MyCare Ohio Provider Complaints (Oct - Dec 2015)

Complaint Category	# of Complaints
Communication Issues	3
Contracting Issues	1
Coverage/Service Denials	4
Credentialing Issues	0
Eligibility Issues	8
Payment of Claims	109
Prior Authorization	3
Web Complaint Form	0
Total	128

Source: Ohio HealthTrack – data pulled July 2015

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