



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

MyCare Ohio Implementation Team (MCOIT) Meeting

January 28, 2015

1:00 pm – 2:30 pm

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

Call-In Information: Call In: 614.728.7910
Meeting ID: 6147522986#

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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
- 1:05 p.m. MyCare Ohio General Updates and Perspective
- 1:25 p.m. State LTC Ombudsman Presentation
- 1:55 p.m. MyCare Ohio Reports
- Enrollment
 - CTMs & Member Grievances
 - Member Appeals
 - Provider Complaints
 - Claims Data
- 2:10 p.m. Open Discussion
- 2:30 p.m. Adjourn
- Next Meeting – Wednesday, April 22



MyCare Ohio Enrollment

MyCare Ohio February 2015														
MyCare REGION	Managed Care Plans										Total		Overall MyCare	% of Duals to MyCare
	Aetna		Buckeye		Caresource		Molina		United					
	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	2,200	5,430	0	0	0	0	1,504	4,272	0	0	3,704	9,702	13,406	72.4%
East Central	0	0	0	0	1,956	4,422	0	0	2,174	5,096	4,130	9,518	13,648	69.7%
Northeast	0	0	991	3,659	3,940	9,032	0	0	2,407	6,414	7,338	19,105	26,443	72.2%
Northeast Central	0	0	0	0	870	2,817	0	0	971	2,840	1,841	5,657	7,498	75.4%
Northwest	1,063	3,174	848	3,119	0	0	0	0	0	0	1,911	6,293	8,204	76.7%
Southwest	3,103	6,135	0	0	0	0	2,363	4,795	0	0	5,466	10,930	16,396	66.7%
West Central	0	0	2,843	4,287	0	0	1,158	2,770	0	0	4,001	7,057	11,058	63.8%
Total	6,366	14,739	4,682	11,065	6,766	16,271	5,025	11,837	5,552	14,350	28,391	68,262	96,653	70.6%
Total/Opt-in (%)	21,105	69.8%	15,747	70.3%	23,037	70.6%	16,862	70.2%	19,902	72.1%	96,653	70.6%		

Source: BIAR

Report Date: 01-16-15

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CTM Member Complaints (May thru Dec 2014)

CTM Category	# of Complaints
Benefits/Access	42
Customer Service/Card/Enrollment Materials	10
Enrollment/Disenrollment	42
Exceptions/Appeals/Grievances	4
Pricing/Premium/Coinsurance	3
Marketing	1
Payment/Claims	3
Plan Administration	1
Total	106

Source: CMS HPMS Complaints Tracking Module (CTM) data pulled on January 26, 2015

- Total of 106 (15 since our last reporting) complaints received in the CMS Complaint Tracking Module (CTM) between May 1, 2014 and December 31, 2014
- 69 complaints are classified as CMS issues, – for which resolution was required by CMS
- 37 complaints are classified as Plan issues – for which resolution was required by the plan

CTM Member Complaints (Jan 2015)

CTM Category	# of Complaints
Benefits/Access	6
Customer Service/Card/Enrollment Materials	4
Enrollment/Disenrollment	4
Exceptions/Appeals/Grievances	0
Pricing/Premium/Coinsurance	5
Marketing	0
Payment/Claims	0
Plan Administration	1
Total	20

Source: CMS HPMS Complaints Tracking Module (CTM) data pulled on January 26, 2015

- Total of 20 complaints received in the CMS Complaint Tracking Module (CTM) between January 1 through January 25, 2015
- 1 complaint is classified as a CMS issue – for which resolution was required by CMS
- 19 complaints are classified as Plan issues – for which resolution was required by the plan



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-14	4,139	42.1	Plans operational procedures/benefits (1,074) Billing (1,071) Member did not receive ID Card (611)	908
Oct-14	4,321	45	Plans operational procedures/benefits (1,147) Billing (1,122) Member did not receive ID Card (615)	772
Nov-14	4,351	46	Billing (1,287) Plans operational procedures/benefits (993) Member did not receive ID Card (553)	1,006

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	# Overruled	# Sustained
Sep-14	29	Dental (18)	19	10
		DME (8)		
		Pharmacy (3)		
Oct-14	43	Dental (23)	31	12
		DME (7)		
		HHA (6)		

Source: ODM, Bureau of Managed Care – Athena System

MyCare Ohio Provider Complaints (May through Dec 2014)

Complaint Category	# of Complaints
Communication Issues	11
Contracting Issues	22
Coverage/Service Denials	24
Credentialing Issues	5
Eligibility Issues	24
Payment of Claims	169
Prior Authorization	5
Web Complaint Form	2
Total	262

Source: Ohio HealthTrack – data pulled on 01/23/2015



Percentage of Estimated MyCare Expenditures (for nursing facility, home health, and independent providers) Paid By Provider Type for MyCare Consumers Whose Enrollment Began May 2014 Through Nov. 2014, Who Continue to Be Enrolled Through Nov. 2014, and Who Received a Service From an Independent, Mental Health, or Nursing Facility Provider.

Provider Type	Number Unduplicated Consumers	Number Unduplicated Providers	Estimated Cost of Services for May 2014 through Nov. 2014*	Total Payment for Service Dates During May 2014 through Nov. 2014	% of Cost That Has Been Paid for May 2014 through Nov. 2014 Services
16 Other Accredited Home Health Agency	3,251	52	\$6,561,540	\$10,558,116	160.9%
25 Non-Agency Personal Care Aide	1,090	1,250	\$11,152,943	\$8,256,124	74.0%
26 Non-Agency Home Care Attendant	23	17	\$218,528	\$141,734	64.9%
38 Private Duty Nurse	303	344	\$2,996,016	\$2,276,882	76.0%
55 Waiver Services Individual	927	127	\$1,158,102	\$868,803	75.0%
60 Medicare Certified Home Health Agency	17,838	550	\$96,652,391	\$95,181,404	98.5%
65 Clinical Nurse Specialist Individual	1,810	167	\$73,074	\$90,641	124.0%
71 Nurse Midwife Individual	169	75	\$4,122	\$13,980	339.2%
72 Nurse Practitioner Individual	20,769	2,404	\$1,026,018	\$1,811,278	176.5%
84 ODMH	14,209	178	\$18,037,671	\$8,397,600	46.6%
86 Nursing Facility	24,326	642	\$468,074,579	\$470,616,464	100.5%
95 ODADAS	2,108	121	\$1,745,519	\$1,710,303	98.0%
TOTAL	58,234	5,927	\$607,700,502	\$599,923,330	98.7%

* FFS expenditures for each recipient and provider combination were determined for the 3 months preceding the date of enrollment into MyCare.

To account for any irregular use of services, a 3 month average was calculated. The estimated cost of services is the sum of all of these expenditures.



Submitting Inquiries/Complaints to ODM

- Inquiries/complaints can be sent via email to BMHC@medicaid.ohio.gov
- Provider complaints should be sent using the - provider complaint form available on the ODM website
 - <https://www.ohiomh.com/ProviderComplaintForm.aspx>

All HIPAA requirements and protocols should be followed when sending a complaint to ODM.



MCOIT Meeting Frequency and Future Dates

- Meetings will be held quarterly, to allow for a consistent reporting schedule
- Future 2015 Meeting Dates:
 - April 22
 - July 22
 - October 21