

Financial Alignment Initiative: Ohio

States participate in the Financial Alignment Initiative, a demonstration program administered by the Centers for Medicare & Medicaid Services, under either a capitated model, a managed fee-for-service model, or an alternative model. The purpose of the demonstration is to test ways to improve care for dually eligible beneficiaries and reduce program costs by aligning financing and coordinating care across Medicaid and Medicare. This fact sheet provides details about Ohio's demonstration.

TABLE 1. Ohio's Capitated Model

Demonstration name: MyCare Ohio	
Timeline	
MOU signed	December 11, 2012
Opt-in enrollment starts	May 1, 2014
Passive enrollment	January 1, 2015
Scheduled to end	December 31, 2022
Enrollment	
Covered population	Age 18 and older; individuals with developmental disabilities who are not being served in an ICF/IDD or a waiver program; individuals who are not enrolled in PACE or the Independence at Home demonstration; living in one of the demonstration regions: Northeast, Northeast Central, Northwest, Southwest, East Central, Central and West Central
Enrolled (as of January 2022)	81,358
Payment	
Number of participating plans	5
Savings percentage range	1–4%
Number of rating categories	2
Other risk mitigation strategies	Medical loss ratio
Benefits	
Expanded benefits	Not specified
Carved out benefits	Hospice
Required community involvement	Plans are required to contract with AAAs for waiver service coordination for individuals over the age 60
Care coordination	



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Number of days to complete HRA	Within 90 days of enrollment, and the assessment must be completed in person for the highest risk enrollees, and for all enrollees receiving services through an HCBS waiver
Number of days to establish ICP	Within 15 days of HRA completion
Education requirements for care coordinator	Not specified
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	Maintain current physician services for 90 days for beneficiaries identified for high-risk care management and one year for all other beneficiaries; for HCBS waiver enrollees, plans must maintain current waiver service levels for one year and providers for either one year or 90 days, depending on the type of service
Consumer protections	
Ombudsman	Ohio Ombudsman

Notes: AAAs are area agencies on aging. HCBS is home- and community-based services. HRA is health risk assessment. ICF/IDD is intermediate care facility for individuals with development disabilities. MOU is memorandum of understanding. PACE is Program of All-Inclusive Care for the Elderly.

Sources: CMS 2012, 2019, 2020, and 2021; ICRC 2022; Medicare Payment Advisory Commission (MedPAC) 2018; and Ohio Department of Aging 2021.

References

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