

### Ohio Managed Care Program Features, as of 2018

Features	Ohio PACE	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Cuyahoga County	Statewide	Central, Northwest, Northeast, Northeast Central, Southwest, West Central, East Central
Federal operating authority	PACE	1915(b), 1932(a)	1915(b)/1915(c)
Program start date	11/01/2002	07/01/2006	05/01/2014
Waiver expiration date (if applicable)		03/31/2020	12/31/2023
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	

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Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Automated Health Systems, Inc.	Automated Health Systems, Inc.
Populations enrolled: Notes on enrollment choice period	Ohio PACE operates under an open-enrollment model.	Medicaid enrollees are pre-assigned to a plan with 90 days to change plans.	Enrollees are pre-assigned to a plan and have 90 days to change plans.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management		X	X

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Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	X

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Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Immunizations, nurse midwife services, freestanding birth centers, certified family nurse practitioner, certified pediatric nurse practitioner, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, podiatry, vision, DME and medical supplies, ambulance, ambulette, care management, telemedicine, respite services for eligible children receiving SSI, services for members with a primary diagnosis of Autism Spectrum Disorder, screening and counseling for obesity	Immunizations, nurse midwife services, freestanding birth centers, care management, DME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette, podiatry, telemedicine, services for members with a primary diagnosis of autism spectrum disorder, screening and counseling for obesity
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics		X	X

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Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	McGregor PACE	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; Paramount Advantage; UnitedHealthcare Community Plan of Ohio, Inc.	Aetna Better Health of Ohio; Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.
Notes: Program notes	Regarding the coverage of HCBS services - Ohio has chosen to offer the same covered benefits in the PACE program that are available to individuals enrolled on a 1915(c) waiver to better ensure the assessed needs of individuals with an intermediate level of care are met, and better promote the health and welfare of PACE participants.	Ohio Medicaid managed care plans are responsible for payment of medically necessary nursing facility services for ABD and MAGI enrollees until discharge or until the member is disenrolled, in accordance with the processes set forth in rule 5160-26-02.1 of the Ohio Administrative Code. For enrollees in the newly eligible category (ACA Section VIII expansion group, up to 138% federal poverty level), nursing facility stays are covered for the length of time medically necessary. Individuals enrolled in 1915 (c) receiving HCBS services through the Ohio Department of Developmental Disabilities may enroll in this Medicaid managed care program voluntarily, with HCBS carved out to fee-for-service (not provided through managed care).	Ohio Medicaid's waiver for this program was renewed in the second half of 2018, and the waiver authority expiration date was changed from 3/31/2019 to 12/31/2023. The individuals that must enroll in this program are full duals who are age 18 and older. This includes children in foster care and children receiving adoption assistance who are full duals and age 18 and older.