

Ohio Managed Care Program Features, as of 2015

Features	Medicaid Managed Care	Ohio PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Cuyahoga County
Federal operating authority	1915(b),1932(a)	PACE
Program start date	07/01/2005	11/01/2002
Waiver expiration date (if applicable)	06/30/2017	
If the program ended in 2015, 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	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
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Varies	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.	
Populations enrolled: Notes on enrollment choice period	Enrollment letters are sent to individuals at the time of eligibility, which can be at any time. The length of the enrollment choice period is dependent upon when the letter is sent; it can be anywhere between 18 and 60 days.	Ohio PACE operates under an open enrollment model.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	

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Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management		
Benefits covered: Health home (SSA 1945)		
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Home health agency services	X	X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, freestanding birth centers, podiatry, Care management, OME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette), respite services for eligible children receiving Supplemental Security Income (SSI)	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No

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Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives? Payment bonuses/differentials to reward plans	X	
Performance incentives? Preferential auto-enrollment to reward plans	X	
Performance incentives? Public reports comparing MCO performance on key metrics	X	
Performance incentives? Withholds tied to performance metrics		
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served: Plans in Program	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio; Paramount Advantage; United Healthcare Community Plan of Ohio	McGregor PACE
Notes: Program notes	1) MCOs/PHPs are required or encouraged to pay providers for value/quality outcomes, but we don't specify how, so its not necessarily through "using shared-risk or shared- savings methods." 2) Children with Special Health Care Needs (SSI population ONLY) are mandatorially enrolled in Ohio's Medicaid Managed Care program. 3) Children with Special Health Care Needs (BCMh population only) are enrolled voluntarily in Ohio's Medicaid Managed Care program.	