

Findings at a Glance

MODEL OVERVIEW

The Financial Alignment Initiative (FAI) aims to provide individuals dually enrolled in Medicare and Medicaid with a better care experience and better align the financial incentives of the Medicare and Medicaid programs. The Centers for Medicare and Medicaid Services (CMS) is working with States to test two integrated care delivery models: a capitated model and a managed fee-for-service model.

Ohio and CMS launched the MyCare Ohio demonstration in May 2014. The demonstration has been extended until no later than 2025.

Key Features of the Ohio Demonstration

- Uses the capitated model based on a three-way contract between each Medicare-Medicaid Plan (MMP), CMS, and the State to finance all Medicare and Medicaid services.
- MyCare Ohio serves beneficiaries age 18 and older.
- MMPs provide care coordination and flexible benefits that vary by MMP.
- The demonstration operates in seven regions, covering 29 of Ohio's 88 counties.

PARTICIPANTS



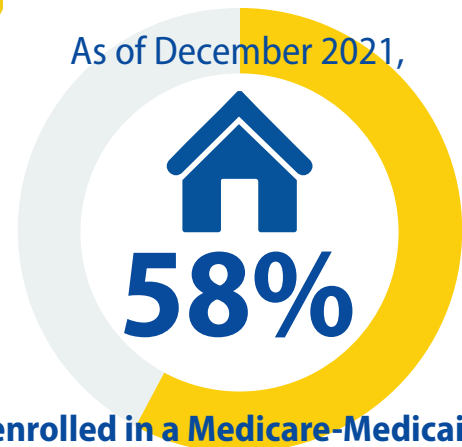
MEDICARE-MEDICAID PLANS

- Beneficiaries can enroll in one of the five MMPs that participate in MyCare Ohio.
- Two MMPs have delegated all care management to local area agencies on aging (AAAs).
- Three MMPs have delegated the coordination of long-term services and supports (LTSS) to local AAAs for enrollees age 18 and older, but provide all other care management themselves.



BENEFICIARIES

As of December 2021,



were enrolled in a Medicare-Medicaid Plan.

82,614 of the total 141,966 eligible Medicare-Medicaid beneficiaries were participating in the Ohio demonstration.

FINDINGS



IMPLEMENTATION

- In 2021, **the percentage of eligible beneficiaries enrolled dropped below 60 percent** for the first time since the end of the first demonstration year.
- Over the course of the demonstration, MMPs have been able to **provide better data analytics**, allowing AAAs to **target care management interventions** more effectively.
- The Ohio Department of Medicaid promoted **collaboration across MMPs to enhance** demonstration-wide **quality improvement**.
- The **percentage of beneficiaries rating their plans as a 9 or 10 has increased** over the course of the demonstration, to **68 percent in 2021**.

Findings at a Glance

FINDINGS *(continued)*



MEDICARE EXPENDITURES

Regression analyses of the demonstration impact on Medicare Parts A and B costs found **an increase of \$77.79 per member per month** cumulatively over demonstration years 1 through 6, for all eligible beneficiaries, relative to a comparison group.

Monthly demonstration effect on Medicare Parts A and B costs, by demonstration year

Demonstration Period	Average Demonstration Effect on Medicare Expenditures, PMPM
DY 1 (May 2014–Dec 2015)	-\$97.48*
DY 2 (2016)	\$56.42
DY 3 (2017)	\$103.12*
DY 4 (2018)	\$129.20*
DY 5 (2019)	\$159.21*
DY 6 (2020)	\$177.74*
Years 1–6, cumulative	\$77.79*

*p<0.05. DY= demonstration year; PMPM=per member per month.



**SERVICE UTILIZATION AND QUALITY OF CARE:
Demonstration Years 1 through 6 (2014–2020)**

Favorable Results	Unfavorable Results
↑ Increase in probability of a 30-day follow-up visit after a mental health discharge	↑ Increase in monthly probability of any emergency department (ED) visit
↓ Decrease in monthly probability of any inpatient admission	↑ Increase in monthly number of preventable ED visits
↓ Decrease in number of all-cause 30-day readmissions	
↓ Decrease in monthly probability of any skilled nursing facility (SNF) admission	
↓ Decrease in annual probability of any long-stay nursing facility use	

- There were no demonstration effects on the monthly probability of any ambulatory care sensitive condition (ACSC) admission (overall), monthly probability of an ACSC admission (chronic), and the monthly number of physician evaluation and management visits.

KEY TAKEAWAYS

Nearly two-thirds of eligible beneficiaries have been enrolled in the demonstration, on average, and beneficiary satisfaction has increased over time. Over the course of the demonstration, MMPs have improved their capacity for managing care and Ohio has fostered collaboration among MMPs to improve the quality of care. The demonstration had favorable impact on outcomes including hospital, SNF, and nursing facility use; however, the demonstration increased overall Medicare costs.