

## **MYCARE OHIO: WHEN & WHY**

MyCare Ohio started in May 2014. The purpose of MyCare Ohio is to *coordinate* Medicaid and Medicare benefits. The goal is to *improve* the way these health care services work together for you. MyCare Ohio serves those 18 and older who qualify for both Medicare and Medicaid. Today CareSource MyCare Ohio (Medicare-Medicaid Plan) has approximately 27,000 members in northeast Ohio.

## **The CareSource MyCare Ohio Philosophy**

The CareSource “Heartbeat” and Mission Statement reads: “To make a lasting difference in our member’s lives by improving their health and well-being”. In the MyCare plan all members are offered a Care Manager. The Care Manager is a single point of contact for you. He/she is there for you to coordinate your care. Services promote independent living and a Care Manager coordinates both Medicare and Medicaid benefits, including medical, behavioral (addiction and mental health), Long Term Services and Supports (LTSS) and social needs for each member.

## **What is a Model of Care (MOC)?**

A “model of care” is a way of carrying out our mission to serve members and be financially and medically responsible for your care. These are the main parts to our MOC:

- (1) Health Risk Assessment
- (2) Individualized Care Plan and
- (3) Care Team.
- (4) Provider Network

We will review each area and let you know how we are doing.

## **HEALTH RISK ASSESSMENT**

This assessment is a review of your health history and your current needs. It helps us get to know you and then allows us stay in touch with your changing needs. We consider health needs, safety concerns, caregivers and educational needs, among others.

### **How are we doing? *PERFORMANCE EVALUATION***

The Ohio department of Medicaid (ODM) contracts with an outside company to assess how well we are following our model of care. For the annual health

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assessments CareSource received a higher mark than any other MyCare Ohio plan, with 87% completion. Sometimes we are not able to make contact with some members. We still do everything we can to reach them. These efforts were recognized as a “best practice” in the industry.

## **INDIVIDUALIZED CARE PLAN (ICP)**

After we have gotten to know you through the health risk assessment, we create an ICP or individualized care plan. Your care plan is specific to your needs. Short or long term goals are set up to help solve problems and improve your health. Your ICP will note any care changes that are needed and any roadblocks you are facing.

### **How are we doing? *PERFORMANCE EVALUATION***

CareSource Care Managers are professionally trained and keep complete notes during all member contact to ensure the best holistic care. Care Managers use an “invitation letter” to encourage participation in the development of the ICP. CareSource recently began using a specialized tool for Care Managers to monitor levels of service for nursing facility care. We are continually working to improve the care plan process and the quality of care plans.

## **Care Team (Trans-Disciplinary Care Team aka TDCT)**

The idea of a care team is to bring together those people that have an important role in your overall care. This team is sometimes referred to as a trans-disciplinary care team. It may include a variety of people and it may change as your needs change. Both you and your caregiver, if you have one, are represented. Your Care Manager takes a lead role in the care team. He/she is responsible for coordinating care across all services. He/she keeps notes of the care team discussions and updates the care plan.

### **How are we doing? *PERFORMANCE EVALUATION***

CareSource would like more care team members to participate in meetings and care plan updates. We are improving our communications to TDCT members. Care team members may give input to the care plan via the provider portal Care Managers will receive alerts when new input has been received. Care Managers are receiving more training to better understand authorized representatives, power of attorney and legal guardianship. These topics will help ensure all are part of the care team. Currently CareSource is scoring 99% in the CM/Care Management team area.

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## **Care Transitions/Discharge Planning**

When you leave the hospital your care continues to be a priority for us. That's why we take discharge planning seriously. This means that we want you to have a plan that ensures you leave the hospital and return home safely. Please talk to your Care Manager about your discharges and needs. We want you and any caregivers to understand the next steps of your recovery. Following the plan helps you get better quicker and avoid returns to the emergency room.

### **How are we doing? *PERFORMANCE EVALUATION***

CareSource was selected to participate in a care planning "pilot" project. This is a joint activity with the National Committee for Quality Assurance (NCQA). NCQA is a national non-profit organization that works to improve health care quality. Experts from NCQA provide on-site technical assistance to help us achieve best in class performance in our care management activities.

## **PROVIDER NETWORK**

CareSource offers members of the MyCare plan a comprehensive network of care. This network includes facilities and specialists in a variety of facilities and disciplines. Our network covers acute care, nursing care, x-rays and laboratory work, rehabilitation, behavioral health, waiver and community services, and more. If members ever have needs for services outside the current network, CareSource may approve an out-of-network facility or health care provider.

CareSource has strict guidelines for providers in our network. We have a credentialing process to be sure our network is high quality and meets accreditation standards. Additionally, CareSource builds relationships with organizations in the community so members have access to service options.

### **How are we doing? *PERFORMANCE EVALUATION***

CareSource was in good standing with our provider network during a contract review with the Centers for Medicare & Medicaid Services (CMS). In addition, independent providers are an integral part of our network, allowing us to meet the varied needs of our members. We work closely with independent, self-employed providers who deliver waiver services. Periodically, CareSource holds community forums to educate providers on topics of interest.