Medicaid Children with Special Health Care Needs to Enroll in Ohio’s Medicaid Managed Care Program

Who?
There are approximately 37,000 Ohio children who are currently eligible for Medicaid due to a disability and who are receiving a monthly medical card. (This will not affect children eligible for Medicaid on waivers; or children who reside in institutional settings; or children who receive both Medicare and Medicaid benefits.)

What?
Ohio Medicaid understands that high quality medical care and health services are essential to the health and well-being of your child. As a result of our commitment to your family, we are making changes that will help you get additional support to manage your child’s health care.

When?
Starting in April 2013, you will be able to choose from one of five managed care plans. These plans include: Buckeye Community Health Plan, CareSource, Molina Healthcare of Ohio, Paramount Advantage, and UnitedHealthcare Community Plan of Ohio. Each of these plans is qualified to address your child’s specific health care needs effectively and in a coordinated manner. You can learn more about the five plans by visiting our web site: http://jfs.ohio.gov/ohp/bmhc/transition.stm.

Why Does My Child Need to Enroll?
Through the Medicaid managed care plans, Ohio Medicaid is offering a more comprehensive approach to managing your child’s health care. The five managed care plans chosen by Ohio Medicaid will provide coordinated services that are necessary to address your child’s specific health care needs. In addition to medical benefits, your child will have access to:

- **Added transportation benefits** for your child’s health care appointments.
• **Specialized programs** such as care management and health and wellness programs, focused on your child’s specific needs.

• **24/7 Nurse Advice Line** to provide immediate assistance with your health care questions and concerns.

• **A permanent medical card** based on eligibility to use for all of your child’s health care services.

• **A primary care provider** with knowledge of your child’s health history, an understanding of your concerns about your child’s health, and a commitment to care coordination.

• **A more simplified grievance and appeals process** to address any discontentment or concerns you may have regarding your child’s care and health benefits.

**What Do I Need to Do?**

In the next few weeks, you will receive a letter from Ohio Medicaid with instructions for how to choose one of five managed care plans. If you do not choose a plan, Ohio Medicaid will choose one for you. If you are comfortable with letting Ohio Medicaid choose your managed care plan, there is nothing else you will need to do. Once you have selected a plan, we encourage you to contact the plan to discuss your child’s needs and any concerns you may have. Ohio Medicaid will send the selected plan your child’s health history information from your previous Medicaid experience to help them with having a better understanding of your child’s health care needs.

If you are not happy with the plan selected by you or chosen for you then you can select another managed care plan in the future. Instructions on how and when you can select a different managed care plan will be included in a future enrollment letter.

Ohio Medicaid is committed to making sure that your child receives the best possible health care. We believe you and your child will benefit from the outstanding services provided by Ohio’s Medicaid managed care plans. We look forward to working with you as you make this transition to a new and improved way of receiving Medicaid benefits.

If your child has been diagnosed with cystic fibrosis, cancer, or hemophilia there may be other support available through the Ohio Department of Health, Bureau of Children with Medical Handicaps. For more information please email the Ohio Department of Health, Bureau of Children with Medical Handicaps at BCMH@odh.ohio.gov.