

Managed care enrollment for children receiving services through the Bureau for Children with Medical Handicaps (BCMh)

Beginning January 1, 2017, Medicaid recipients receiving services through BCMh are required to enroll in managed care.

What is managed care?

- » Managed care plans (MCPs) contract with the Ohio Department of Medicaid (ODM) to pay for medically necessary services.
- » In fee-for-service (monthly paper card) Medicaid, providers bill ODM for each individual service provided. In managed care, Medicaid providers bill the MCP and the MCP pays the providers. Ohio Medicaid pays the MCP a set monthly rate per member for all services provided.

What services are covered in a managed care plan benefit package?

- » The benefit package includes all medically necessary services covered by Medicaid fee-for-service (preventative care, hospital, emergency, prescription, and more).
- » MCPs may cover additional value added benefits, which vary by plan.
- » Individuals enrolled in an MCP may access the Medicaid behavioral health benefit even though these services are paid for by Medicaid fee-for-service. MCPs are required to coordinate behavioral health services. The MCP member ID card can be used to access the Medicaid behavioral health benefit.

What are the benefits of managed care?

- » One point of accountability for members
- » Expanded provider networks
- » Dedicated 24-hour nurse advice line
- » Person-centered care management
- » Family-centered care planning
- » Health and wellness programs
- » Grievance and appeal system
- » Additional benefits like vision, dental, and transportation

What is the managed care enrollment process?

- » Individuals will receive an enrollment notice informing them to call the Ohio Medicaid Consumer Hotline at (800)324-8680 to select a managed care plan.
- » If a selection is not made, a plan will be assigned. Assignment is based on previous managed care enrollment and/or prior services received.
- » Individuals will have 90-days, from the date of enrollment, to switch to a different managed care plan.
- » Individuals/families can call the Ohio Medicaid Consumer Hotline at (800)324-8680 to switch plans.
- » Open Enrollment is held each year during the month of November.

How do I select a plan?

- » It is important to select a plan that best fits your health care needs and works with all or most of your doctors, specialists, preferred hospitals, etc. (See "How do I know which plan contracts with my doctor or specialist?" below). You may also want to see which plans offer extra services you need such as additional transportation, vision or dental services prior to selecting a managed care plan.
- » The Ohio Medicaid Consumer Hotline can help you identify which managed care plan works with your doctors, pharmacy, and other providers; answer your questions about Medicaid managed care; and enroll you in a plan.
 - When talking with the Hotline about enrollment and choosing a plan let them know the recipient is receiving services through BCMH so it can be identified on the enrollment record. The enrollment record can include diagnosis, specialists, treatments, medications, etc. to quickly provide the chosen plan with detailed information.

When does managed care coverage begin?

- » Coverage begins the first of the month.

Can I change managed care plans?

- » A change in plans can be requested within the first 90 days of enrollment or during annual open enrollment in November.
- » When changing plans, coverage begins on the first day of the following month.

If I switch plans, does my information transfer to the new plan?

- » MCPs receive up to two years of historical data about the health services you received when you move from fee-for-service to managed care or when you switch MCPs.

How do I know which MCP contracts with my doctor or specialist?

- » There are easy ways to find out which MCP contracts with (works with) your doctor or specialist:
 - Visit the Ohio Medicaid Consumer Hotline's website at <https://www.ohiomh.com/> to search each MCP's directory. The website search function allows you to enter all of your doctors and will show which MCPs cover which doctors.
 - Call the Ohio Medicaid Consumer Hotline toll free at (800)324-8680.
 - Visit each MCP's website to view its provider directory.
- » All MCPs were provided a list of all providers utilized by BCMH recipients to assess their network and pursue contracts with the providers not yet in their networks. They were also provided with lists of the Cystic Fibrosis, Hemophilia, and Sickle Cell Anemia treatment centers.

What happens if I enroll into managed care and find that my healthcare provider is not in the MCPs network?

- » ODM encourages you to select an MCP that will best meet your needs and that works with most of your providers. However, if after you are enrolled, you find that your provider does not work with your MCP, you can:
 - Be assured that during the first few months of enrollment, the MCP will allow you to receive services from in-network and out-of-network providers; and
 - Let the MCP know if you have certain providers you work with and the MCP may try to arrange a contract or single case agreement with the provider(s).

What happens if I move to another county?

- » All MCPs are available statewide, so if you move to another county, you will remain enrolled in your plan. The MCP is a good resource for identifying providers in your new location.
- » When you notify the local Job and Family Services (JFS) agency of your change, they will update the eligibility system. This information will be sent to the MCPs.

Where will my Medicaid card be sent?

- » A permanent MCP Member ID card will be mailed to your residence; this card will replace the monthly paper Medicaid medical card.

How can I get a replacement Medicaid card?

- » Contact the MCP's member services hotline at any time to request a replacement card.

How will I get in touch with my MCP when I need something?

- » Each MCP has a toll free member services line.
- » Each MCP has a toll free 24-hour nurse line.
- » These numbers will be printed on your MCP Member ID card for your convenience.

Where can I find information about each plan's formulary?

- » Each MCPs website provides access to the formulary list.

How are prior authorization requests submitted?

- » During the transition of care period, the MCPs will work with members and providers to identify any services that may require prior authorization to ensure that there are no gaps in services once the transition period ends.
- » If prior authorization is needed after the transition period, the MCP will notify the member and/or provider in advance of requiring prior authorization.
- » For any prior authorization requests, a decision must be made within:
 - 14 calendar days for standard requests
 - 3 working days for expedited requests
 - Within 24 hours for covered outpatient drugs
 - Within two business days for all other drugs
 - **OR** as expeditiously as the members health condition requires

If a service is denied, what do I do?

- » If an MCP is unable to approve a request for services, the MCP will issue a written Notice of Action to the member which details the members' right to request an appeal or a State Fair Hearing.
- » Appeals must be initiated within 90 calendar days from the day following the mailing date of the notice.
- » Appeals can be requested by calling MCP, in writing, completing the form on-line, in person or by fax.
- » Standard appeals must be resolved within 15 calendar days.
- » Expedited appeals must be resolved no later than 72 hours after appeal request.

Will I continue to get my prescription medications covered through the managed care plan?

- » MCPs must cover prescription refills during the first three months of membership for prescriptions covered by Ohio Medicaid during the prior fee-for-service enrollment period.
- » The prescribing provider will need to submit a request for prior authorization as needed after the initial transition period.

How quickly is prior authorization for outpatient medications?

- » MCPs are required to provide a decision within 24 hours.

How do I find out who the care manager is?

- » Members can call the MCP directly to get this information.

What is the care manager's responsibility?

- » Care managers will work with the recipient, their family, and providers to make sure there are no gaps in care and help coordinate necessary services and treatments.

Will managed care members still be able to work with their BCMH public health nurse (PHN)?

- » Yes. Recipients and their families will continue to work with their PHN. MCPs will not be taking their place, but coordinating with them to help ensure there are no gaps in care, providing additional support and resources.

Will the BCMH renewal and BCMH enrollment process be the same?

- » Yes

Will the annual Medicaid redetermination change as a result of enrolling in managed care?

- » No, there are no changes to Medicaid redetermination.