

## Children in Custody and Adopted Children

Beginning January 1, 2017, children in custody of the local Public Children Services Agency (PCSA) and adopted children will be required to receive their benefits through a Managed Care Plan (MCP). Children in custody can be enrolled in managed care prior to January 1 at the discretion of the PCSA, to promote a smooth transition and continuity of care. Prior to January 1 PCSAs will select the plans for which they want the child enrolled and submit to ODM. (Refer to the instructions sent to PCSAs). ODM will contact adoptive parents to enroll their children in managed care.

### What is a managed care plan?

- » ODM contracts with health insurance companies to pay for medical services provided.
- » In fee-for-service (monthly paper card) Medicaid, providers bill Ohio Medicaid for each individual service provided. In managed care Medicaid providers bill the managed care plan and the managed care plan pays the providers. Ohio Medicaid pays the managed care plan 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 the services covered by Medicaid fee-for-service (preventative care, hospital, emergency, prescription, and more).
- » Managed care plans may cover additional benefits such as vision, dental, and transportation.
- » Individuals enrolled in a 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 benefit since both the MCP ID number and the Medicaid recipient ID (fee-for-service Medicaid) number are listed on the card.

### What are the benefits of a managed care plan?

- » One point of accountability for members
- » Access to care and providers
- » 24-hour nurse line
- » Care management
- » Improved health outcomes
- » Long-term efficiencies
- » Health and wellness programs
- » Member interaction/call center, nurse lines, advisory groups.

## What data elements will PCSAs need to enter into their system (SACWIS) to trigger Medicaid eligibility?

- » Medicaid eligibility requirements do not change as a result of enrollment of the person into managed care. The data elements and system design defining eligibility requirements is in process for IV-E and Non IV-E eligibility groups. PCSAs will receive technical training in Fall/Winter on the new system developments and required elements.

## How do I select a plan?

- » **Children in Custody** – PCSAs will receive instructions on how to communicate MCP selection for the children in their custody from ODJFS and ODM for the initial enrollment. After the SACWIS updates are completed, the county children services worker or court will select a plan when opening Medicaid coverage in SACWIS.
- » **Adoption** – the adoptive parent(s) will receive an enrollment notice notifying them of the requirement to enroll in managed care. They will make a selection for the child by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or through the Hotline’s website (<http://ohiomh.com/>). If a selection is not made, the child will be assigned to a plan based on information known about the child, such as prior fee-for-service medical services.

## How is confidential information shared with the plans?

- » When a child is in custody, PCSA representatives shall communicate with the selected MCP on behalf of the child, and the Plan is obligated to work with the PCSA to ensure the child’s needs are met.
- » The MCP may work directly with a designated individual (i.e., foster family) on specific issues if the PCSA has signed a HIPAA-compliant authorization form authorizing the exchange of Private Health Information (PHI). In this situation, local county policies should be consulted on limitations.

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

- » There are easy ways to find out which plan contracts (or works with) your doctor or specialist:
  - Visit the Medicaid Consumer Hotline’s website <https://www.ohiomh.com/> to search each MCP’s directory.
  - Call the Medicaid Consumer Hotline toll free 1-800-324-8680.
  - Visit each plan’s website for its provider directory.

## What happens when I enroll into Managed Care and find that my healthcare provider is not in the plan’s network?

- » Transition of care is a priority of ODM as well as the MCPs. Plans are held to specific transition of care requirements and must allow a new member who is transitioning from fee-for-service Medicaid to an MCP to continue to receive services from network and out-of-network providers for a designated period of time.
- » For example, if the child’s physician is out-of-network, the plan must allow the member to continue with the out of network physician or specialist for the first three months of enrollment.
- » Choosing an MCP based on contract with providers is key to minimize disruption.
- » MCPs may try to do a single case agreement with a provider or reach out to contract.

## Can I change managed care plans?

- » **Children in custody** – children services worker can request a change in enrollment at any time. The switch to the new plan will be effective the beginning of the next effective month.
- » **Adoption** – follow the normal enrollment process. A change in plans can be requested within the first 90 days of enrollment or during open enrollment in November.

## If I switch plans, does the child's information transfer to the new plan?

- » MCPs receive claim history when members switch MCPs.

## When does managed care coverage begin?

- » Coverage starts at the beginning of the month and is for the entire month. The only exception is birth and death. Coverage would begin on date of birth and end on date of death.
- » **Children in custody** – coverage will be retroactive to the first day of Medicaid eligibility.
- » **Adoption** – coverage will begin the next effective month following plan selection.

## What happens when a child moves/relocates/placement changes?

- » All MCPs are available statewide, so the child will remain enrolled in his/her plan. The plan is a good resource for identifying providers in the new location.
- » The PCSA will update the systems when a child moves, relocates or placement changes occur. This information will flow to the MCPs.

## What happens when a child leaves custody and returns to their parent(s)?

- » The managed care enrollment span will close in the foster care eligibility system (SACWIS) when the PCSA closes the child's Medicaid case. The local Job and Family Services agency will then need to re-evaluate the family's situation to determine if the child qualifies for Medicaid outside of the foster care situation.
- » It is important for a smooth transition of care and the PCSA should communicate which plan the child was enrolled in so the parents are aware.

## How does enrollment work if a child is out of state?

- » Children whose official residence is out of state are not eligible for managed care enrollment; those residing in state but receiving some services out of state will enroll in managed care.
- » Children who are IV-E will receive Medicaid from the state in which they are placed.
- » Most states offer reciprocity for non-IV-E adoptive children. If a child is in receipt of adoption assistance and they move to another state, that state must provide Medicaid coverage for the child.

## Where will the Medicaid card be sent for a child in custody?

- » MCPs send only one permanent ID card, which should be kept for the entire time the child is on the MCP. The MCP card replaces the monthly paper Medicaid medical card.
- » If the PCSA has chosen to receive the child's card, the card will be sent to the children services agency for use or disbursement as agency chooses.
- » If the agency does not choose to receive the cards, they will be sent to the agency's designee.

- » For adopted children, MCP will send the card to the adoptive parents.

## How will replacement Medicaid cards be obtained?

- » The member or member's authorized representative can contact the MCP's member services line 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 point of contact that can triage calls.
- » Each MCP has a 24-hour nurse line.
- » Care manager is a point of contact.
- » Refer to '*Medicaid Managed Care Plan Children in Custody Contacts*' list that was created for PCSAs

## Will I still be able to use the county non-emergency medical transportation (NEMT)?

- » Members will still have access to NEMT services provided through the county. In addition, the MCPs are required to make transportation available to members when they must travel (30) miles or more from their home to receive medically necessary Medicaid covered services.

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

- » Each plan's website provides access to the formulary list.

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

- » Plans 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 initial transition period.

## How quickly is prior authorization for outpatient medications?

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

## If a service is denied, what do I do?

- » If a service is denied, terminated, suspended or reduced, the MCP issues a notice of action to the member along with appeal and state hearing rights.