

Optional managed care enrollment for individuals enrolled in a home and community-based services (HCBS) waiver administered through the Ohio Department of Developmental Disabilities (DoDD)

Beginning January 1, 2017, individuals enrolled in a home and community-based services (HCBS) waiver, administered through DoDD, will have the option to enroll in managed care instead of the traditional fee-for-service program.

- Enrollment is 100% optional.
- HCBS waiver services will continue “as is” with waiver services provided through fee-for-service.
- Managed care plans (MCPs) will be used for the primary/acute care needs.

What is managed care?

- » 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 Ohio Medicaid 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 toll free member services and 24-hour nurse advice phone numbers
- » Care management
- » Health and wellness programs
- » Multiple avenues for consumer input
- » 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 receive assistance in selecting a managed care plan.
- » If you do not want to enroll in managed care and would like to continue receiving fee-for-service Medicaid, no action is needed.
- » If you remain on fee-for-service Medicaid you will receive managed care enrollment notices annually.

What if I change my mind and decide later to enroll into managed care?

- » It is not necessary to wait until the open enrollment period held every November. Individuals enrolled in an HCBS waiver administered by DoDD can enroll in managed care at any time.

When does managed care coverage begin?

- » Coverage starts on the first calendar day of the month following plan selection.

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 (1-800-324-8680) 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.

Can I change managed care plans?

- » A change in plans can be requested by calling the Ohio Medicaid Consumer Hotline.

Am I able to disenroll from managed care and switch back to fee-for-service Medicaid?

- » Yes, you can disenroll from managed care at any time by calling the Ohio Medicaid Consumer Hotline at (800)-324-8680 and requesting disenrollment.
- » Should you disenroll from managed care you have the option to re-enroll in managed care at any time.

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 <https://www.ohiomh.com/> to search each MCP's directory. The website contains a search function that allows the recipient to put in all doctors and then it will return which plans cover which doctors.
 - Call the Ohio Medicaid Consumer Hotline toll free 1-800-324-8680.
 - Visit each MCP's website to view its provider directory.
 - Contact your provider to verify their MCP participation.

What happens if I switch from fee-for-service Medicaid to 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).

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.

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.

What happens if an individual who is enrolled in managed care temporarily goes into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or Developmental Center?

- » If an individual is enrolled in managed care and goes into an ICF/IID for a temporary stay, he/she will be disenrolled from managed care.
- » If an individual goes into an ICF/IID for waiver residential respite services, he/she will remain enrolled in managed care.

What happens if I am enrolled in managed care prior to receiving an HCBS waiver?

- » You will remain enrolled with the MCP.

Are individuals in the Medicaid Buy-in for Workers with Disabilities program still carved out of managed care?

- » Yes

Where will my Medicaid card be sent?

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

How will replacement Medicaid cards be obtained?

- » The member or member's authorized representative can 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 that can triage calls.
- » Each MCP has a toll free 24-hour nurse line.

Who can assist me with communicating with the MCP?

- » You or your legal guardian can communicate directly with the MCP.
- » Each MCP has a toll-free member services hotline and a 24/7 nurse/medical advice hotline telephone number listed on the back of the card.
- » Service and Support Administrators (SSAs) can call MCPs to relay information on behalf of the member in coordinating services.

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

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

Who determines the need for Medicaid state plan services?

- » MCPs authorize all state plan services, including but not limited to, home health aide services, durable medical equipment and private duty nursing services.
- » All requests for state plan services should be communicated with the MCP.
- » Requests for state plan services can be submitted to the MCP by providers or SSAs.
- » ODM will establish a communication and coordination of care protocol for MCPs and SSAs.
- » SSAs will continue to authorize all waiver services and continue to include waiver and authorized state plan services in the Individual Service Plan.

State plan services are expected to be used prior to authorization of waiver services. How will this be coordinated for individuals who require delegated nursing or waiver nursing services?

- » State plan services authorized by the MCP should be utilized prior to or in conjunction with waiver nursing.

Can SSAs still bill Targeted Case Management (TCM) for individuals who are enrolled in managed care?

- » Yes. There is no change to the TCM billing process.

How are prior authorization requests for medical equipment submitted?

- » Requests for medical equipment should be submitted through the MCP prior authorization process, typically these are submitted by the durable medical equipment provider.

How is medical necessity for equipment determined?

- » MCPs follow Medicaid fee-for-service rules and clinical criteria when making a determination of medical necessity.
- » MCPs are not able to use criteria that is more stringent than Medicaid fee-for-service rules.

If a service is denied, what do I do?

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

How will authorizations by MCP be communicated to the SSA?

- » MCPs will communicate with the enrolled member and/or legal guardian any approval and/or denial of services.
- » ODM will issue a communication and coordination of care protocol for MCPs and SSAs.

Will I continue to get my prescription medications covered through the 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 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 assigned care manager is?

- » Members and/or their legal guardian can call the MCP directly to get this information.
- » SSAs are able to call the MCP to request contact information for the individual's assigned care manager.

What is MyCare Ohio?

- » A five year demonstration project that integrates Medicare and Medicaid services into one program, operated by a MyCare Ohio Plan (MCOP).
- » MyCare Ohio includes both traditional managed health care covered services AND long-term services and supports.

Can I enroll in MyCare Ohio?

Beginning January 1, 2017, individuals enrolled in an HCBS Waiver administered through DoDD would have to forfeit (disenroll from) their existing DoDD waiver in order to enroll in MyCare Ohio.

- » 100% optional
- » Must meet eligibility requirements
- » All existing MyCare requirements apply

Will MCOPs help coordinate Medicare Part D for those that are dually eligible?

- » Yes, if an individual forfeits their DoDD waiver to enroll in MyCare Ohio managed care.