

# Ohio Medicaid Managed Care Member FAQs

## Next Generation Ohio Medicaid Managed Care Plans

### WHY IS THE NEXT GENERATION OF OHIO MEDICAID PROGRAM BEGIN IMPLEMENTED IN STAGES?

ODM is implementing the Next Generation of Ohio Medicaid program in stages to avoid unnecessary disruption and confusion for members and to reduce burdens on our service providers. The staggered approach remains true to our Next Generation vision – to ensure that we keep our focus on the individual, honor members' choice, and provide continuity in the provision of members' care.

### WHAT AND WHEN IS MEMBER TRANSITION AND ENROLLMENT?

Member transition is the process to introduce members to new services and benefits of the next generation of Ohio Medicaid. ODM has made a lot of changes including better coordination of care among healthcare providers, improved transportation options for unexpected medical needs, and more.

Enrollment is the way members can sign up with a managed care plan. To give members the time needed to get to know the next generation plans, ODM is kicking off member enrollment on March 1 and keeping it open through November 30.

ODM's goal is ensuring members understand the changes ahead and how to take advantage of them to serve members better.

### WHICH NEXT GENERATION PLANS WILL BE AVAILABLE TO ME THROUGH OHIO MEDICAID?

The next generation managed care plans available are:

- [AmeriHealth Caritas Ohio, Inc.](#)
- [Anthem Blue Cross and Blue Shield](#)
- [Buckeye Community Health Plan](#)
- [CareSource Ohio, Inc.](#)
- [Humana Healthy Horizons in Ohio](#)
- [Molina Healthcare of Ohio, Inc.](#)
- [UnitedHealthcare Community Plan of Ohio, Inc.](#)

### CAN I STILL USE MY CURRENT MEDICAID/MANAGED CARE PLAN ID CARD?

Yes, you can still use your current Medicaid / managed care plan ID card.

- Starting in July 2022, if you or a child in your family is in the OhioRISE program, a new ID card and more information will be sent to you.
- In October, Ohio Medicaid or your current managed care plan will be sending an ID card with new pharmacy information.
- Before the year ends, you will be sent a new Next Generation ID card if needed.

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## Member Transition and Enrollment

### DO I NEED TO DO SOMETHING NOW TO KEEP MY COVERAGE OR CHANGE PLANS?

Ohio Medicaid managed care members will not lose coverage due to the transition to the Next Generation Ohio Medicaid program.

Ohio Medicaid encourages all managed care members to review and select the next generation plan that best fits their healthcare needs. Current Ohio Medicaid managed care members who do not select a plan will stay with their current plan, with the exception of Paramount members. Refer to the “My plan is leaving – could I lose coverage?” FAQ to learn more about Paramount.

Members can review and select the next generation plan that best fits their healthcare needs at any time through open enrollment ending November 30, 2022.

These changes do not apply to MyCare members.

### WHAT IS THE TIMELINE FOR MEMBER TRANSITION TO THE NEW PLANS?

Ohio Medicaid managed care members are encouraged to review and select the next generation plan that best fits their healthcare needs now.

You will remain with your current managed care plan until Ohio Medicaid's Next Generation managed care plans begin providing healthcare benefits in the last few months of 2022. You can review and select the next generation plan that best fits your healthcare needs at any time through open enrollment ending November 30, 2022.

### AS WE TRANSITION TO THE NEXT GENERATION OF OHIO MEDICAID, WILL ALL MEMBERS HAVE TO SELECT A NEW PLAN?

Ohio Medicaid encourages all managed care members to review and select the next generation plan that best fits their healthcare needs. Current Ohio Medicaid managed care members who do not select a plan will stay with their current plan, with the exception of Paramount members. Refer to the “My plan is leaving – could I lose coverage?” FAQ to learn more about Paramount.

Members can review and select the next generation plan that best fits their healthcare needs at any time through open enrollment ending November 30, 2022.

These changes do not apply to MyCare members.

### I MADE A NEXT GENERATION PLAN SELECTION – WHEN WILL MY PLAN BE EFFECTIVE?

Ohio Medicaid managed care members will remain with their current managed care plan until Ohio Medicaid's Next Generation managed care plans begin providing healthcare coverage in the last few months of 2022.

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## Member Transition and Enrollment

### MY PLAN IS STAYING – WHAT DOES THAT MEAN FOR ME?

Ohio Medicaid members do not need to do anything and will remain with their current managed care plan.

Ohio Medicaid encourages all members to review the next generation plans available and select the plan that best meets their healthcare needs. Members can review and select the next generation plan that best fits their healthcare needs at any time through open enrollment ending November 30, 2022.

### MY PLAN IS LEAVING – COULD I LOSE COVERAGE?

**No – MEMBERS WILL NOT LOSE COVERAGE DUE TO THE NEXT GENERATION TRANSITION.**

Paramount has been acquired by Anthem Blue Cross and Blue Shield. Anthem is working with Paramount to continue providing healthcare coverage to Ohio Medicaid members. Ohio Medicaid members currently receiving healthcare benefits through Paramount will continue to receive healthcare benefits through that plan until the implementation of next generation managed care plans. Unless a member chooses another plan, **they will be enrolled with Anthem Blue Cross and Blue Shield during the implementation process.** Current Paramount members can select a different plan at any time during the member transition and enrollment period.

### I AM A NEWLY ELIGIBLE MEMBER – WHAT DOES THIS MEAN FOR ME?

Beginning March 1, individuals who are newly eligible for managed care, those who are currently in Medicaid fee-for-service not enrolled with a managed care plan, and those with a gap in eligibility of 91+ days will receive care paid for through Medicaid fee-for-service until the last few months in 2022 when they will be transitioned to an Ohio Medicaid Next Generation plan.

ODM will notify impacted members which plan they have been transitioned to. Members can review and select the next generation plan that best fits their healthcare needs at any time through open enrollment ending November 30, 2022. Newborns and case additions will continue to be added to managed care plans as they become Medicaid eligible during this time.

### I AM A FOSTER PARENT, KINSHIP CAREGIVER OR PROVIDER, OR RECEIVE ADOPTION ASSISTANCE – WHAT DOES THE TRANSITION MEAN FOR ME?

The child or youth will be enrolled into managed care effective the first day of the month that agency custody begins. Your local Title IV-E Agency (Public Children Services Agency or IV-E Court) that holds custody of the youth may work with you to review the current managed care plans available and will select from these plans when making an enrollment decision. When the new Next Generation managed care plans are implemented before the year ends, you can coordinate with the Title IV-E Agency that holds custody to review the plans available. The new Next Generation plans can be selected 1-2 months prior to their start date to begin coordination of services.

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## Next Generation Program Background

### WHAT IS THE “NEXT GENERATION OF OHIO MEDICAID?”

This refers to the innovative changes Ohio Medicaid is making to upgrade its program to align with our mission – to focus on the individual rather than the business of managed care. ODM wants to do better for the people it serves.

### WHY IS OHIO MEDICAID “UPGRADING” OR CHANGING ITS PROGRAM?

In early 2019, Ohio Governor Mike DeWine called on Ohio Medicaid to ensure Ohioans get the best value in providing quality care.

In response, we conducted a series of listening sessions to hear from Ohio Medicaid members and providers across Ohio. We also gathered input through email, phone calls and mail. We received more than 1,000 comments including many suggestions for improving the current program.

### WILL I RECEIVE THE SAME SERVICES I DO TODAY FROM DOCTORS / PROVIDERS?

Yes, Ohio Medicaid’s contract with the managed care plans (both current and future) includes requirements – referred to as continuity of care – that ensure members continue receiving the same services from the same providers during and after the transition.

### WHERE CAN I LEARN MORE ABOUT THE NEXT GENERATION OF OHIO MEDICAID?

Visit our website at [managedcare.medicaid.ohio.gov](https://managedcare.medicaid.ohio.gov)

You can email us with questions at [ODMNextGen@medicaid.ohio.gov](mailto:ODMNextGen@medicaid.ohio.gov)