

Ohio Medicaid Managed Care Member FAQs

Next Generation Ohio Medicaid Managed Care Plans

WHY IS THE NEXT GENERATION OF OHIO MEDICAID PROGRAM BEING 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 kicked off member enrollment on March 1 and is 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?

There are seven **Next Generation Managed Care Plans** available:

- [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.](#)

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.

Members will remain with your current managed care plan until Ohio Medicaid's Next Generation managed care plans begin providing healthcare benefits on December 1, 2022. Members can review and select the Next Generation plan that best fits your healthcare needs at any time through open enrollment ending November 30, 2022.

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Member Transition and Enrollment

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

In the coming months, Ohio Medicaid members will receive many communications about their healthcare coverage. It is incredibly important for you to ensure your contact information is up to date. Additionally, please carefully review all communications shared by ODM and follow the instructions provided to ensure continuity of coverage. Learn more [here](#).

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.

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.

FOR MEMBERS WHO MADE A NEXT GENERATION PLAN SELECTION – WHEN WILL THEIR 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 on December 1, 2022.

WITH THE 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 “For members whose plan Will not be available with the new program – could they 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.

IF A MEMBER’S PLAN IS PART OF THE NEW PROGRAM – WHAT DOES THAT MEAN FOR THEM?

For members who are currently enrolled with a plan that will be participating as part of the Next Generation managed care program and wish to stay with said plan, no action is required.

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.

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WHAT DOES THIS MEAN FOR NEWLY ELIGIBLE MEMBERS?

As of March 1, 2022, individuals who are newly eligible for managed care, those who are currently in Medicaid fee-for-service **BUT** 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 December 1, 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.

FOR MEMBERS WHOSE PLAN WILL NOT BE AVAILABLE WITH THE NEW PROGRAM – COULD THEY LOSE COVERAGE?

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.** 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.

WHAT DOES THE TRANSITION MEAN FOR FOSTERS PARENTS, KINSHIP CAREGIVERS OR PROVIDERS, O MEMBERS WHO RECEIVE ADOPTION ASSISTANCE?

The child or youth will be enrolled into managed care effective the first day of the month that agency custody begins. A member's local Title IV-E Agency (Public Children Services Agency or IV-E Court) that holds custody of the youth may work with members to review the current managed care plans available and will select from these plans when making an enrollment decision. Members can begin coordinating with the Title IV-E Agency that holds custody to review and select a Next Generation managed care plan 1-2 months prior to the plan start date of December 1, 2022.

WHAT DOES THIS MEAN FOR MEMBERS WHO ARE ENROLLED IN OHIORISE?

OhioRISE enrollees will receive their behavioral health benefits through Aetna (the OhioRISE plan) and their physical health services through one of the seven Next Generation managed care plans or fee-for-service Medicaid.

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WHAT DOES THIS MEAN FOR MEMBERS WHO ARE ENROLLED IN A MYCARE OHIO PLAN?

The Next Generation managed care plans changes do not apply to MyCare Ohio plans, which will continue to provide benefits to Ohioans who receive both Medicaid and Medicare benefits, with enhanced coordination of medical, behavioral, and long-term care services.

WILL MEMBERS RECEIVE A NEW MEMBER ID CARD?

New Medicaid managed care ID cards have been mailed to members and are effective beginning October 1 with the launch of Medicaid's new single pharmacy benefit manager (SPBM). This new ID card will be a member's only ID card for all healthcare services including pharmacy benefits. This ID card also indicates if a member's child is enrolled in OhioRISE.

Members enrolled with Paramount Advantage will receive an updated Member ID card from Anthem once the Next Generation managed care plans go live on December 1. Also, members who select a different managed care plan during open enrollment, which goes through November 30, will receive a Member ID card from their newly selected plan.

If a member has questions about what member ID card they should be using, please contact the Ohio Medicaid Consumer Hotline at (800) 324-8680.

FOR MEMBERS WHO HAVEN'T RECEIVED MY NEW ID CARD. WHO DO I CONTACT?

If members haven't received their new card by October 1, don't panic! Members can still have prescriptions filled and see your healthcare providers. Members should contact their MCO to learn more about how to print their card or access an electronic version. Members may find relevant contact information on their website or on the back of their current member ID card:

- [Anthem Blue Cross and Blue Shield Ohio](#)
- [Buckeye Health Plan – Ohio Medicaid ID Card](#)
- [Care Source – Ohio Medicaid](#)
- [Molina Healthcare – Ohio Medicaid ID Card](#)
- [Paramount – Ohio Medicaid](#)
- [United Healthcare Community Plan of Ohio](#)

IF MEMBERS DON'T HAVE THEIR CARD, CAN THEY STILL RECEIVE PHARMACY BENEFITS?

Yes. Members may still bring their old ID cards to their pharmacy and let the pharmacy know they are a part of Ohio Medicaid and have an old ID.

Beginning October 1, pharmacies will need to submit claims to Ohio's new pharmacy benefit manager, Gainwell Technologies. Pharmacies have been given the information they will need to submit claims.

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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. Through this effort, ODM is working to achieve the following goals:

- Improve wellness and health outcomes
- Emphasize a personalized care experience
- Support providers in better patient care
- Improve care for children and adults with complex needs
- Increase program transparency and accountability

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

You can email us with questions at ODMNextGen@medicaid.ohio.gov