

Ohio Medicaid Managed Care Member FAQs

Next Generation Ohio Medicaid Managed Care Plans

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 Health Plan of Ohio, Inc.](#)
- [Molina Healthcare of Ohio, Inc.](#)
- [UnitedHealthcare Community Plan of Ohio, Inc.](#)

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

Ohio Medicaid encourages you and every managed care member to review the next generation plans available and select the one that best meets your 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. Paramount members who do not select a plan will begin receiving healthcare benefits through Anthem Blue Cross and Blue Shield as of July 1.

These changes do not apply to MyCare members.

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

Depending on when an Ohio Medicaid member makes a plan selection, their next generation plan will be effective on different dates.

Plan Choice Date	Plan Effective Date
March 1 – June 11	July 1
June 12 – July 31	August 1
August 1 – November 30	The first day of the following month

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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 the next generation plans available and select the plan that best meets 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. Paramount members who do not select a plan will begin receiving healthcare benefits through Anthem Blue Cross and Blue Shield as of July 1.

These changes do not apply to MyCare members.

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

Ohio Medicaid encourages all members to review the next generation plans available and select the plan that best meets their healthcare needs. Current Ohio Medicaid managed care members who do not select a plan - to either move to a new plan or stay with their current plan.

MY PLAN IS LEAVING – COULD I LOSE COVERAGE?

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

Ohio Medicaid members currently receiving healthcare benefits through Paramount Advantage will continue to receive healthcare benefits through that plan through June 30. Unless a member chooses another plan by June 11, they will be enrolled with Anthem Blue Cross and Blue Shield on July 1. 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 your Medicaid coverage of 91+ days will receive care paid for through Medicaid fee-for-service through June 30.

On July 1, the members in this group who are eligible for a managed care plan will be transitioned to a next generation plan and begin receiving healthcare benefits through that plan. ODM will notify impacted members which plan they have been transitioned to, and members can select a different plan at any time during the member transition and enrollment period. Newborns and new members with family already covered by a Medicaid managed care plan will continue to be added to managed care plans as they become Medicaid eligible ² during this time.

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Next Generation Program Background

I AM A FOSTER PARENT, KINSHIP CAREGIVER OR PROVIDER, OR RECEIVE ADOPTION ASSISTANCE – WHAT DOES THE TRANSITION MEAN FOR ME?	WHAT IS THE “NEXT GENERATION OF OHIO MEDICAID?”	WHY IS OHIO MEDICAID “UPGRADING” OR CHANGING ITS PROGRAM?	WILL I RECEIVE THE SAME SERVICES I DO TODAY FROM DOCTORS / PROVIDERS?	WHERE CAN I LEARN MORE ABOUT THE NEXT GENERATION OF OHIO MEDICAID?
<p>To ensure children continue receiving the same services as they do today, Ohio Medicaid and the Ohio Department of Job and Family Services (ODJFS) will work with Public Children Services Agencies and IV-E Courts to ensure this change supports the child's healthcare treatment and services for children in custody, or under the supervision of state agencies. Foster parents and kinship caregivers or providers should contact their County Department of Job and Family Services if they have specific questions about this.</p> <p>For children receiving adoption assistance, legal guardians have the option to select a new managed care plan for their adopted child(ren) or remain with their current plan.</p>	<p>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.</p>	<p>In early 2019, Ohio Governor Mike DeWine called on Ohio Medicaid to ensure Ohioans get the best value in providing quality care.</p> <p>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.</p>	<p>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.</p>	<p>Visit our website at managedcare.medicaid.ohio.gov</p> <p>You can email us with questions at ODMNextGen@medicaid.ohio.gov</p>