

Quick facts about being a Medicaid Managed Care Plan member

A Consumer's Guide to Choosing a Medicaid Managed Care Plan (MCP)

Did you know?

- ◆ Medicaid Managed Care Plans (MCPs) cover the same medically-necessary services that regular Medicaid offers.
- ◆ Every MCP has a toll-free member services telephone number to provide information about covered services and access to care.
- ◆ Every MCP has a toll-free hotline available 24-hours a day, 7 days a week, to provide medical advice or directions.
- ◆ MCP members receive a permanent MCP membership identification card from the MCP instead of getting a monthly Medicaid card.
- ◆ Help in getting the health care appointments, treatments, and medications that you need is available through your PCP and MCP.

The information in this guide is subject to change.



Especially
for... Ohioans
Receiving
Medicaid for the
Aged, Blind or Disabled

Health Care is changing for many Ohio Medicaid Consumers

This means if you are receiving health care benefits through Ohio's Medicaid program for the Aged, Blind or Disabled (ABD), you may be required to join a *Managed Care Plan (MCP)*.

This guide will help you learn about Medicaid managed care and what it means to be a member of a managed care plan. You will learn about:

- ◆ **What is a managed care plan,**
- ◆ **Who is not permitted to join an MCP,**
- ◆ **How your MCP can help you get care,**
- ◆ **Where to go for help in choosing a plan,**
- ◆ **How to choose the best plan for you, and**
- ◆ **What special benefits you can receive as a Managed Care Plan Member.**

Please read the information in this guide. You will soon receive more information about the managed care plans, or MCPs, available in your area, the providers that work with each plan and any additional benefits the MCPs offer.



What are my responsibilities when I belong to a Managed Care Plan?

As an MCP member you must:

- ◆ Choose one of your MCP's doctors as your primary care physician (PCP) and agree to see your PCP or the providers to whom your PCP refers you.
- ◆ Follow all the rules in your MCP member handbook.
- ◆ Get your health care through the doctors, specialists, hospitals, pharmacies and other health care professionals that are on your MCP's provider panel, except under certain circumstances (see headings "**What if I already have services scheduled?**" and "**What are my options when I belong to a Managed Care Plan?**").
- ◆ Tell your MCP and your county case worker right away if your address changes, so they can send you important information about your healthcare and your benefits.

What Are My Options When I Belong To A Managed Care Plan?

As an MCP member you have the option to:

- ◆ Go to certain doctors without being sent by, or getting a referral from, your PCP, as explained in your member handbook.
- ◆ Ask the MCP for help in getting services, such as help in finding a doctor, making an appointment, or getting a referral.
- ◆ Go to non-MCP providers for emergency care, or for services provided by certain other providers, such as federally qualified health centers/rural health clinics, community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services facilities that are Medicaid providers.
- ◆ Change MCPs during the first three months you are a member and annually during your area's open selection month, or at any other time for good cause by calling the toll-free Selection Services Center (SSC) number found in your member handbook.
- ◆ Change your PCP by calling the toll-free member services telephone number found in your member handbook.

What is a Managed Care Plan?

A **Managed Care Plan** or “MCP” is a private health insurance company that is licensed through the Ohio Department of Insurance and has a provider agreement with the Ohio Department of Job and Family Services to provide health care to individuals that receive Medicaid.

An MCP must provide or arrange for all the medically necessary services you now get with the monthly Medicaid card. They do this through contracts with doctors, specialists, hospitals, pharmacies and other health care professionals in your area.

Your MCP offers special services such as:

- ◆ A 24-hour (every day of the year) toll-free hotline with staff who can provide medical advice or direction on how to get care, and
- ◆ A member services line that can answer your questions about your health care coverage.



What is a Managed Care Plan? (Continued)

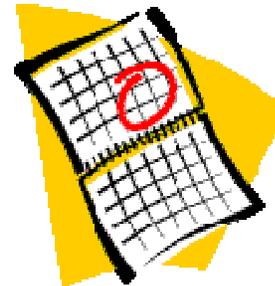
As an MCP member you will have a **primary care physician** or “**PCP**” that will provide health care for you or refer you to specialists. Your PCP and your plan work together with you in getting the health care appointments, treatments, and medications that you need. This is called **Care Coordination**.

If you have serious health problems your MCP may offer you extra help to manage your health. This is often called **Case Management**.



What if I already have services scheduled? (Continued)

If your provider is not contracted with the MCP that you select, and you call the MCP before the date of the service, your MCP must offer to pay your provider the same amount they would have received from Medicaid fee-for-service to provide the above services. If your provider agrees to this payment, he/she can provide the service. If your provider does not agree to this payment, your MCP will help you find a contracted provider you can go to for the service.



What if I already have services scheduled?

If you are changing from Medicaid fee-for-service to an MCP, and have health care services already approved and/or scheduled, **it is important that you call the member services telephone number of the MCP that you choose as soon as possible.** For the following services only, if your provider is not contracted with the MCP that you select, and you call before the date of the service, you may be able to receive the care through your current provider.

- ◆ Organ, bone marrow, or hematopoietic stem cell transplant,
- ◆ Inpatient/outpatient surgery,
- ◆ Appointment with a primary or specialty physician in the first three months of MCP membership,
- ◆ Chemotherapy or radiation treatment,
- ◆ Third trimester prenatal (pregnancy) care, including delivery,
- ◆ Treatment plan related to a hospital discharge within the last 30 days, and
- ◆ Durable medical equipment.

What is Case Management?

MCP members who have one or more of the serious health conditions listed in the box below will receive special help from an MCP case manager, who will:

- Help members learn more about how to manage their medical condition(s), and answer questions;
- Check on members to ask how they are feeling and to learn more about their health care needs;
- Coordinate member health care needs and appointments with their providers; and
- Connect members to services in their community.

Health Conditions That Require Case Management

- Asthma
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Arterial Disease
- Diabetes
- Non-Mild Hypertension
- Select Behavioral Health Conditions
- Substance Abuse Behaviors
- Select Cognitive and/or Developmental Disabilities

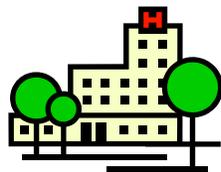
Contact your MCP if you think you may need case management services or to learn more about additional services offered by your MCP.

What should I consider when choosing a Managed Care Plan?

Because your health care is so important, choosing the *Managed Care Plan* (MCP) that best suits your needs is also important. **Here are some questions to ask yourself before choosing your MCP:**

- ◆ Which MCP has all or most of the doctors I go to, or want to go to, on their list of providers?
- ◆ Which MCP has the hospitals and pharmacies I like to use on their list of providers?
- ◆ Which MCP offers the extra services that I need or want?

You may have other concerns or questions that are important to you and your health care that you need to consider when choosing a MCP. Once you receive the information about the MCPs that are available in your area, you can call the MCP's member services to ask your questions to help you make a choice.



What can I expect from my Managed Care Plan?

Your Managed Care Plan **MUST**:

- ◆ Provide you with all the same medically necessary services that are covered by Medicaid.
- ◆ Give you a **member handbook** that explains how to get health care through the MCP, and the rules you must follow when getting health care.
- ◆ Give you a **member identification card** to use every time you get health care. You will no longer get the monthly Medicaid card once you are an MCP member.
- ◆ Give you a list of addresses and telephone numbers of all doctors, specialists, hospitals, pharmacies and other health care professionals who are in your MCP. You can also see this information on your MCP's member website.
- ◆ Offer a toll-free member services telephone number to help you and answer your questions.
- ◆ Offer a 24-hour, 7 days a week, toll-free medical advice hotline.
- ◆ Arrange translation services, when needed, if you do not speak English.

Exclusions

Does everyone have to join a Managed Care Plan?

Certain Aged, Blind or Disabled (ABD) individuals are not permitted to join the statewide full-risk managed care program if they are:

- ◆ Children under twenty-one years of age;
- ◆ Individuals who are dually eligible under both the Medicaid and Medicare programs;
- ◆ Institutionalized individuals;
- ◆ Individuals eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial eligibility requirements; or
- ◆ Individuals receiving Medicaid Waiver services.

If you receive a notice to choose an MCP but you fit one of the categories listed above, call the Selection Services Center (SSC) telephone number that is provided on the notice to prevent being enrolled in an MCP.

Why is my Primary Care Physician (PCP) so important to me?

Your **Primary Care Physician (PCP)** will work with you to coordinate your health care, such as giving you check-ups, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

When choosing a PCP, keep the following in mind:

- ◆ Each MCP has their own list of health care providers called a provider panel. Make sure the PCP you want is on the MCP's provider panel.
- ◆ You will be able to find out which doctors you can choose from in your area by calling the MCPs' toll-free member services telephone numbers, looking on the MCPs' websites, by calling the Selection Service Center (SSC), or checking the SSC website.
- ◆ Your doctor can tell you if they are listed on any of the Medicaid MCP provider panels.



My Current Providers of Health Care Services

Use the space below to record the names of the doctors and other health care providers you currently use or would like to use. Refer to this list when choosing an MCP and PCP for your health care needs.

Primary Care Physician (PCP)	
Specialists	
Hospital	
Pharmacies	
Dentist	

Other Concerns:

How do I choose a Managed Care Plan?

It is easy to join an MCP – you can make a selection by phone, through the mail, face-to-face or at www.ohiosccs.com. You will receive a notice in the mail that tells you when it is time to choose an MCP. The notice will tell you that:

- ◆ You can call the toll-free telephone number that is on the notice anytime Monday-Friday 8AM to 8 PM.
- ◆ If you are hearing impaired, you can call the toll-free TDD/TTY number on the notice.
- ◆ You can have your questions answered about the MCPs in your service area to help you choose the MCP that is best for you.
- ◆ You will be asked questions about your health care needs so that the MCP you choose will have information to begin helping you.

You can always change MCPs at any time during your first three months in the MCP. You can also change MCPs during your annual open selection month.