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TO: Interested Parties

FROM: Jon Barley, Ph.D., Chief, Bureau of Managed Health Care

DATE: December 4, 2006

SUBJECT: Medicaid Managed Care—Notification of Regional Rollout and Commencement of Mandatory Managed Care Plan Enrollment for Select Aged, Blind and Disabled (ABD) Medicaid Consumers Residing in the Northeast Managed Care Region

Based upon requirements set forth in Amended Substitute House Bill 66, the Ohio Department of Job and Family Services (ODJFS) will begin the expansion of Medicaid managed care for a select portion of Aged, Blind and/or Disabled (ABD) consumers in the Northeast Managed Care Region beginning **December 1, 2006**. The Northeast Region is comprised of the following Ohio counties: **Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain and Medina**. You are receiving this notice because your organization is located in a county included in this area or serves Medicaid consumers in the area. When completed, approximately **25,373** ABD consumers residing in this region will be enrolled in the Ohio Medicaid managed care program and will receive their Medicaid-covered healthcare services through a managed care plan (MCP).

The three MCPs selected to serve this region are in the final stages of the readiness review process. Based on this, the three selected plans will likely enter into a provider agreement with the Ohio Department of Job and Family Services (ODJFS) to provide Medicaid-covered services to ABD consumers in this area effective **December 1, 2006**. The three selected MCPs for the region are: **Anthem Blue Cross Blue Shield Partnership Plan, Inc. , Buckeye Community Health Plan, Inc. and WellCare of Ohio, Inc.**

Eligible ABD consumers who make a choice of one of the above listed MCPs before **December 18, 2006** may be enrolled in an MCP as early as **January 1, 2007**. All eligible ABD consumers will be enrolled in an MCP by **February 1, 2007**. For additional information about the benefits and services offered by each health plan, you may contact the MCPs directly at:

Anthem Blue Cross Blue Shield Partnership Plan, Inc. (866) 464-9953
<http://www.anthem.com/home.html>

Buckeye Community Health Plan, Inc. (866) 246-4356
<http://www.bchpohio.com/>

WellCare of Ohio, Inc. (800) 951-7719
<http://www.wellcare.com/>

Please be aware that at this time mandatory enrollment affects only a select portion of ABD consumers. Certain ABD consumers are exempt from enrollment in an MCP. These consumers include

- Children with a disability or blindness under twenty-one (21) years of age; and
- Persons who are dually-eligible for Medicare and Medicaid; and
- Persons who are participating in a home and community-based waiver program; and
- Persons whose permanent residence is an institution (e.g. nursing facility or intermediate care facility for the mentally retarded [ICF-MR]); and
- Persons who must meet a spend down amount in order to be eligible for Medicaid.

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A series of mailings will be sent to ABD consumers in the region. This notification process will commence around November 20, 2006. These mailings inform consumers about mandatory MCP enrollment and explain that they must choose an MCP. As part of the mailing, a consumer guide provides basic information about the MCPs available and some helpful hints in choosing an MCP. Shortly thereafter, eligible ABD consumers will receive the official notice that they must choose a plan. These notices will be staggered in terms of timing in order to provide and maintain excellent customer service to both consumers, providers and community stakeholders. For this rollout, ABD consumers residing in Ashtabula, Erie, Geauga, Huron, Lake, Lorain, and Medina Counties will receive their official enrollment notice the week of December 4, 2006. For ABD consumers who reside in Cuyahoga County, their enrollment notices will be mailed the week of December 18, 2006.

Once consumers have received their consumer guide and/or an enrollment notice, they may begin contacting the State's Selection Services Center (SSC) at 1-800-605-3040 (TTY 1-800-292-3572) to receive additional information and assistance in making a health plan choice. If a consumer has received no such notice, they may contact our consumer hotline at 1-800-324-8680 to receive information about the managed care program. Translation services are also available upon request should consumers require such assistance.

The enrollment notice informs consumers of the date by which they must choose a plan (approximately 18 days from the mail date of the notice) and that if they do not choose a plan, that a health plan will be chosen for them. Consumers who do not call the SSC within the required timeframe receive a follow-up notice from the SSC, which identifies the MCP to which the assistance group will be assigned. Consumers then have an additional 18 days to contact the SSC and change their MCP choice. Once they have made an enrollment selection or have been assigned to an MCP, new members will receive a member handbook, provider directory and an MCP member identification card in place of their monthly Medicaid card.

If your organization provides services to eligible Medicaid consumers and has a Medicaid provider number, you can verify a patient's enrollment in an MCP by contacting the Ohio Medicaid Interactive Voice Response System (IVR) at 1-800-686-1516. **Please Note: there is a pause of 5-7 seconds in duration following information verifying the consumer's Medicaid eligibility and information that verifies MCP enrollment and the name of the MCP.** You may also contact the member's MCP directly for verification of enrollment. Contact information will be listed on the consumer's MCP identification card.

Enrolling MCPs will be required to allow their new members who are transitioning from Medicaid fee-for-service (FFS) to receive services from out-of-panel providers if the consumer contacts the MCP to discuss their scheduled health care services in advance of the date of service and one of the following applies:

- o The member has been approved to receive an organ, bone marrow or hematopoietic stem cell transplant;
- o The member is in her third trimester of pregnancy and has an established relationship with an obstetrician and/or delivery hospital;
- o The member has been scheduled for inpatient/outpatient surgery and has been prior approved and/or pre-certified through the applicable ODJFS process;
- o The member has appointments within the initial three months of MCP membership with a primary or specialty physician(s) that were scheduled prior to the effective date of MCP membership;
- o The member is receiving ongoing chemotherapy or radiation treatment;
- o The member has been released from the hospital within the last 30 days and is following a treatment plan; or
- o The member has been pre-certified to receive durable medical equipment which has not yet been received.

MCPs will be required to reimburse these out-of-panel providers at 100% of the current Medicaid FFS provider rate for that service(s). In addition, if a patient is receiving prescription medications, MCPs are prohibited from requiring prior authorization of any prescription medications that do not require prior authorization by Medicaid FFS for the first three months of MCP enrollment. Furthermore, MCPs are prohibited from requiring prior authorization of any atypical anti-psychotic medication through December, 2007.

For additional information about the Medicaid managed care program please visit our web site at <http://jfs.ohio.gov/ohp> and select "Managed Care" under the Providers Link. In addition, you may wish to check the web site periodically for updates regarding the managed care program in general and the statewide expansion of managed care in particular.

Should you have any further questions regarding Medicaid managed care enrollment in your area, please contact our bureau at (614) 466-4693 or email us at bmhc@odjfs.state.oh.us .

C: BMHC