

Ohio Medicaid Managed Care Member FAQs

Next Generation Program Background

WHAT IS THE “NEXT GENERATION OF OHIO MEDICAID MANAGED CARE?”

This refers to the innovative changes Ohio Medicaid is making to upgrade the managed care 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.

Ohio Medicaid is “upgrading” our managed care program in order to address the issues we heard and meet the Governor’s and our goal.

WILL I CONTINUE RECEIVING THE SAME SERVICES I DO TODAY FROM MY SAME 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 you 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 MANAGED CARE?

Visit our website at managedcare.medicaid.ohio.gov

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

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New Managed Care Plans

WHICH NEW PLANS WILL BE AVAILABLE TO ME THROUGH OHIO MEDICAID?

The plans that have been selected are:

- UnitedHealthcare Community Plan of Ohio, Inc.
- Humana Health Plan of Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- AmeriHealth Caritas Ohio, Inc.
- Anthem Blue Cross and Blue Shield
- CareSource Ohio, Inc.
- Buckeye Community Health Plan

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

No. All members will continue to receive services uninterrupted with their current plan until the projected go-live date of the next generation program on July 1, 2022.

During fall 2021, members will receive annual open enrollment notices as usual and can select from Ohio Medicaid’s current plans. Members will be able to select from the next generation plans during Member Transition Enrollment in spring 2022. Additional communications will be sent to members to provide directions on how to select from the new and continuing plans.

MY PLAN IS LEAVING – COULD I LOSE COVERAGE?

No – YOU WILL NOT LOSE COVERAGE.

You will continue to receive services uninterrupted with your current plan until the projected go-live date of the next generation program on July 1, 2022.

During Member Transition Enrollment in spring 2022, you will have an opportunity to review and compare all the new and continuing plans available in order to choose the plan that is the best fit for you. Transition of coverage from one plan to another will be seamless, just as it occurs during the annual open enrollment period in cases where a member chooses to switch plans.

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

All members have the option to choose any plan. If you do not choose a plan during open enrollment, you will be assigned to a plan through an Ohio Medicaid-approved auto-assignment algorithm. The algorithm will consider family members to keep families together on the same plan.

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Managed Care Plan Transition & Open Enrollment

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

The transition for members will begin in spring 2022 allowing members the opportunity to change plans.

At this time, we are anticipating the new plans to go live with the next generation program on July 1, 2022.

WILL ALL MEMBERS HAVE TO SELECT A NEW PLAN?

Yes, all members will need to select a plan regardless of if their current plan is or is not staying.

Members who do not choose a plan during open enrollment will be assigned to a plan through an Ohio Medicaid-approved auto-assignment algorithm. The algorithm will consider family members to keep families together on the same plan.

HOW SOON AFTER OPEN ENROLLMENT WILL AUTO-ASSIGNMENT TAKE PLACE?

Auto-assignment will begin in spring 2022 and conclude prior to go-live. Members will be notified of plan assignment prior to the transition but will continue with their current plan until the transition projected to occur on July 1, 2022.

I AM A FOSTER OR KINSHIP PARENT – WHAT DOES THE TRANSITION MEAN FOR ME?

To ensure children continue receiving the same services as they do today, Ohio Medicaid and Job and Family Services (ODJFS) will work with Public Children Services Agencies and IV-E Courts to ensure this change does not have a negative impact on access to health care services for children in custody, or under the supervision of state agencies.

For children receiving adoption assistance, legal guardians must select a new managed care plan for their adopted child(ren).