

2021 Open Enrollment / 2022 Member Transition FAQs

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General

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.

Where can Ohio Medicaid managed care members learn more about the Next Generation of Ohio Medicaid Managed Care?

Visit our website at managedcare.medicaid.ohio.gov. You can also email us with questions at ODMNextGen@medicaid.ohio.gov.

2021 Annual Open Enrollment for Medicaid Managed Care

Which plans will be available to Ohio Medicaid managed care members through the 2021 Annual Open Enrollment?

The plans that are available during the 2021 Annual Open Enrollment are:

- Buckeye Health Plan
- CareSource
- Molina Health Care
- Paramount Advantage
- United Health Care Community Plan

What is the timeline for the 2021 Annual Open Enrollment?

The official open enrollment period will occur December 1, 2021 – December 31, 2021.

Beginning September 17, 2021, Ohio Medicaid managed care members will be able to change their plan by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or utilizing the Ohio Medicaid Consumer Hotline Member Portal at <https://members.ohiomh.com/Login.aspx>.

How will Ohio Medicaid managed care members be informed of the 2021 Annual Open Enrollment?

Between September 24 and December 29, 2021, Ohio Medicaid managed care members will receive letter notices via mail and an automated phone call from the Ohio Medicaid Consumer Hotline. The automated phone call will be directed to the phone number on their case, and managed care members will be able to be transferred to a customer service representative to obtain additional information or make a selection to change their plan.

Who do Ohio Medicaid managed care members contact to change their plan during the 2021 Annual Open Enrollment period?

Beginning September 17, 2021, Ohio Medicaid managed care members will be able to change their plan by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or utilizing the Ohio Medicaid Consumer Hotline Member Portal at <https://members.ohiomh.com/Login.aspx>.

What happens if an Ohio Medicaid managed care member does not make a plan selection during 2021 Annual Open Enrollment?

Ohio Medicaid managed care members do not need to make a plan selection during the 2021 Annual Open Enrollment. Those who do not make a plan selection will continue to receive coverage through their current managed care plan. There will be no change in their services.

Future Plan Selection – 2022 Member Transition Enrollment for Medicaid Managed Care

Which plans will be available to Ohio Medicaid managed care members through the Ohio Medicaid next generation program in 2022?

The managed care plans that have been selected for the next generation program 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.

Additional communications will be sent to Ohio Medicaid managed care members in Spring 2022 to provide directions on how to select from these plans.

What is the timeline for member transition to the next generation plans?

The transition for Ohio Medicaid managed care members will begin in Spring 2022, allowing Ohio Medicaid managed care members the opportunity to change plans. The new plans will go live with the next generation program on July 1, 2022.

Could an Ohio Medicaid managed care member lose coverage due to a plan leaving?

No – Ohio Medicaid managed care members will not lose coverage.

Ohio Medicaid managed care members will continue to receive services uninterrupted with their current plan until the go-live date of the next generation program on July 1, 2022.

During Member Transition Enrollment in Spring 2022, Ohio Medicaid managed care members 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 them. Transition of coverage from one plan to another will be seamless, just as it occurs during the Annual Open Enrollment period in cases where an Ohio Medicaid managed care member chooses to switch plans.

Will Ohio Medicaid managed care members have the option to move to a new plan or keep their current plan?

Yes, all Ohio Medicaid managed care members have the option to choose any participating plan during the Member Transition Enrollment period in 2022.

Will Ohio Medicaid managed care members continue receiving the same services they do today from their same doctors / providers?

Yes, Ohio Medicaid's contract with the managed care plans (current and future) includes requirements - referred to as continuity of care – that ensure Ohio Medicaid managed care members continue receiving the same services from the same providers during and after the transition.

Each managed care plan offers value added benefits and a set of additional services to their Ohio Medicaid managed care members which are available in addition to their Medicaid services. Ohio Medicaid managed care members are encouraged to consider these value-added benefits when making their plan selection.

What does the transition mean for a foster or kinship parent?

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 (PCSA) 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. Children in foster care are able to change plans monthly. The PCSA or IV-E Court is responsible for selecting the managed care plan for children in foster care.

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

What does the transition mean for a person enrolled in Medicaid and receiving home and community-based services (HCBS waiver) through the Ohio Department of Developmental Disabilities?

Individuals receiving HCBS waiver services through the Ohio Department of Development Disabilities are not required to enroll in Medicaid managed care. Each year, an individual may choose to voluntarily select a managed care plan to manage their Medicaid services (such as physician services or certain therapies). There will be no change to their HCBS waiver services if a managed care plan is selected.