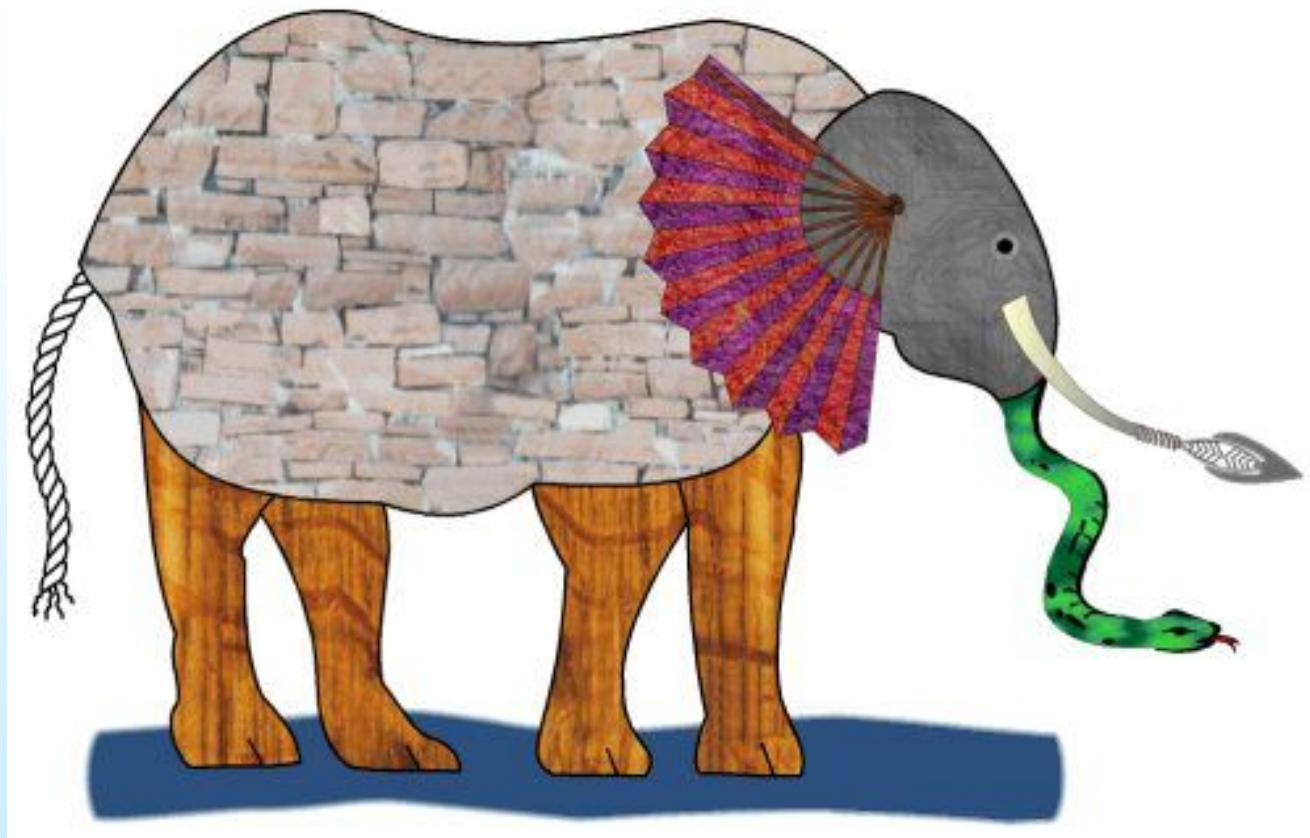




# Understanding Medicaid Managed Care

*Community Forum  
Broad Street Presbyterian Church  
Columbus, Ohio  
October 10, 2007*

# A Story



# Medicaid Managed Care



## ➤ *Our Goals for this evening are to-*

- ❖ Tell you about the changes in State law
- ❖ Tell you about Medicaid Managed Care Plans
- ❖ Tell you about how this affects you and your family
- ❖ Answer YOUR questions and to learn from you WHAT YOU NEED to KNOW to be an effective member of your managed care plan

# Medicaid Today

## *Covered Eligibility Categories*



### ➤ **COVERED FAMILIES & CHILDREN (CFC)** (Also known as Healthy Start and Healthy Families)

- Children (Up to age 19)
- Pregnant Women
- Families (Parents & Children)
- **Total Covered ~ 1.2 million**
- **Total Enrolled in MCPs=1,100,406 (as of 10/1/07)**

### ➤ **AGED, BLIND & DISABLED (ABD)**

- Seniors (65 & over)
- People with disabilities
- **Total Covered ~ 445,000**
- **Total Enrolled in MCPs=104,011 (as of 10/1/07)**

# What is a Managed Care Plan?



➤ A *Managed Care Plan* or **MCP** is a health insurance company that:

- ❖ Provides or arranges for the same medically necessary health care services consumers get with their regular Medicaid Card, but with some important differences and some important extras
- ❖ Is licensed by the Ohio Department of Insurance
- ❖ Has a provider agreement with the Ohio Department of Job and Family Services (ODJFS)

# What is Managed Care?

## *Managed Care Plan Basics*



- **A Managed Care Plan (MCP) contracts with doctors, hospitals and other medical providers; members must receive health care services from the MCP's panel**

# Why Managed Care?

## *Added Program Value-Services*



### ➤ **Key Managed Care Plan Benefits Include:**

- Focused attention on prevention and care coordination within a Medical Home setting
- Advice and direction for medical issues via a 24/7 Medical Advice
- Help in accessing services through a dedicated call center and a provider directory listing primary care providers (PCPs), hospitals, and specialists
- Additional services for consumers with special health care needs including case management

# Why Managed Care?

## *Added Program Value-Additional Benefits*



➤ **Some MCPs may provide more services and benefits than the traditional Medicaid program offers. These might include:**

- Transportation, e.g. cab fare, shuttle services, etc.
- Extended hours for member services (after 7:00 PM and/or weekends)
- Over-the-Counter medications
- Additional health care benefits



# Why Managed Care?

## *Added Program Value—Additional Benefits*

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- **Additional services continued:**
  - Gifts/gift certificates for obtaining prenatal care
  - Gifts/gift certificates for getting immunizations and/or keeping Healthchek appointments
  - Waiver of co-payments

# Why Managed Care?

## *CFC Case Management Requirements*



- **MCPs must offer and provide case management services for certain CFC members**
  - **Children with Special Health Care Needs (CSHCN)**
    - Under age 17 who are pregnant
    - Under age 21 with Asthma; HIV/AIDS; a chronic physical, emotional or mental condition; receiving SSI; or approved for services with the Bureau of Children with Medical Handicaps (BCMh)
  - **Members with specific diagnoses, or who require high-cost and/or extensive services**

# Why Managed Care?

## *ABD Case Management Requirements*



➤ **ABD members with serious health problems will receive special help from an MCP case manager**

- Conditions that require case management
  - Asthma
  - Chronic Obstructive Pulmonary Disease
  - Coronary Artery Disease
  - Congestive Heart Failure
  - Diabetes
  - Non-Mild Hypertension
  - Select Mental Health Conditions
  - Substance use/Addiction
  - Selective Cognitive and/or Developmental Disabilities

# What is Care Coordination?



- In a managed care setting care coordination and case management
  - ❖ Identifies members with specific health conditions
  - ❖ Develops a comprehensive, member-focused plan of care to manage identified conditions
  - ❖ Builds collaborative relationship between physician, patient and managed care plan
  
- These services do not replace any case management services you may receive from your community mental health center or addiction treatment provider but instead compliment the services provided by each system

# ABD Medicaid Managed Care Program

## Selected Managed Care Plans



**Aged, Blind or Disabled (ABD) Regions**

<span style="display:inline-block; width:15px; height:15px; background-color: #f8cbad; border: 1px solid black;"></span> CEN - Central	<span style="display:inline-block; width:15px; height:15px; background-color: #f4a460; border: 1px solid black;"></span> NW - Northwest
<span style="display:inline-block; width:15px; height:15px; background-color: #4a7ebb; border: 1px solid black;"></span> EC - East Central	<span style="display:inline-block; width:15px; height:15px; background-color: #a52a2a; border: 1px solid black;"></span> SE - Southeast
<span style="display:inline-block; width:15px; height:15px; background-color: #d2b48c; border: 1px solid black;"></span> NE - Northeast	<span style="display:inline-block; width:15px; height:15px; background-color: #40e0d0; border: 1px solid black;"></span> SW - Southwest
<span style="display:inline-block; width:15px; height:15px; background-color: #38a83d; border: 1px solid black;"></span> NEC - Northeast Central	<span style="display:inline-block; width:15px; height:15px; background-color: #ffff00; border: 1px solid black;"></span> WC - West Central

These selected applicants must successfully demonstrate that they have met all ODJFS program requirements before they can receive final approval to begin providing services to Medicaid consumers in these regions.



# CFC Medicaid Managed Care Program

## Selected Managed Care Plans



**Covered Families and Children (CFC) Regions**

<span style="display:inline-block; width:15px; height:10px; background-color: #FFB6C1; border: 1px solid black;"></span> CEN - Central	<span style="display:inline-block; width:15px; height:10px; background-color: #FFA500; border: 1px solid black;"></span> NW - Northwest
<span style="display:inline-block; width:15px; height:10px; background-color: #4169E1; border: 1px solid black;"></span> EC - East Central	<span style="display:inline-block; width:15px; height:10px; background-color: #8B0000; border: 1px solid black;"></span> SE - Southeast
<span style="display:inline-block; width:15px; height:10px; background-color: #D2B48C; border: 1px solid black;"></span> NE - Northeast	<span style="display:inline-block; width:15px; height:10px; background-color: #40E0D0; border: 1px solid black;"></span> SW - Southwest
<span style="display:inline-block; width:15px; height:10px; background-color: #32CD32; border: 1px solid black;"></span> NEC - Northeast Central	<span style="display:inline-block; width:15px; height:10px; background-color: #FFFF00; border: 1px solid black;"></span> WC - West Central

These selected plans must successfully demonstrate that they have met all ODJFS program requirements before they can receive final approval to begin providing services to Medicaid consumers in these regions.

# CFC Optional Enrollment



➤ **Certain CFC consumers may choose to be exempted from enrollment in an MCP. These are children under nineteen (19) years of age who are:**

- Eligible for Supplemental Security Income (SSI)
- Receiving federal foster care maintenance or federal adoption assistance under Title IV-E
- In foster care or out of home placement
- Receiving services through the Ohio Department of Health's Bureau of Children with Medical Handicaps (BCMh)

# Transition to Membership

## *CFC Program Expansion*



- MCPs required to allow new members to transition from traditional Medicaid to health plan enrollment and use out-of-panel providers in certain circumstances
- Member must contact the MCP prior to accessing services



# Transition to Membership

## *CFC Program Expansion (continued)*



➤ **If the member contacts the MCP prior to discuss their scheduled health services in advance of receiving services and**

- The member is scheduled to receive an organ, bone marrow or hematopoietic stem cell transplant, or
- The member is in her third trimester of pregnancy and has an established relationship with an OB/GYN and/or delivery hospital, or
- The member has been scheduled for inpatient/outpatient surgery that has been prior authorized and/or pre-certified through the standard ODJFS processes, or
- The member has appointments within their initial month of MCP enrollment with specialty physicians that were scheduled prior to their enrollment effective date, or
- The member is receiving ongoing radiation or chemotherapy treatment.

➤ **Then, the MCP must cover the service when provided by an out-of-panel provider at 100% of fee schedule**

# ABD Statewide Expansion

## *Excluded ABD Populations*



- Dual-Eligibles (Medicare/Medicaid)
- Children 20 years of age and under
- Waiver Service Consumers
- Institutionalized Consumers
- Consumers with a Spend-down

# Transition to Membership

## *ABD Program Expansion*



- MCPs must develop a transition plan to assist member in transitioning from traditional Medicaid to MCP enrollment during the first three months of MCP membership
  
- Transition plan must include
  - Development of a member profile
  - Strategy for the member to obtain needed therapies from appropriate sources of care as an MCP member
  - Identification of scheduled health services

# Transition to Membership

## *ABD Program Expansion (continued)*



- MCPs must have an effective outreach process to identify new members' existing or potential health care needs
- Must develop a new member profile that identifies health care needs from all sources of care, primary and specialty physicians and current or scheduled treatments and therapies

# Transition to Membership

## *ABD Program Expansion (continued)*



- **If the member contacts the MCP to discuss their scheduled health services in advance of receiving service and**
  - The member is scheduled to receive an organ, bone marrow or hematopoietic stem cell transplant, or
  - The member is in her third trimester of pregnancy and has an established relationship with an OB/GYN and/or delivery hospital, or
  - The member has been scheduled for inpatient/outpatient surgery that has been prior authorized and/or pre-certified through the standard ODJFS processes, or
  - The member has appointments within their initial three months of MCP enrollment with primary or specialty physicians that were scheduled prior to their enrollment effective date, or
  - The member is receiving ongoing radiation or chemotherapy treatment,
  - The member has been released from the hospital within the last 30 days and is following a treatment plan; or
  - The member has been pre-certified to receive durable medical equipment which has not yet been received.
- **The MCP must cover the service when provided by an out-of-panel provider at 100% of fee schedule**

# Transition to Membership

## *ABD Program Expansion (continued)*



- MCPs are prohibited, for the first three months of an ABD member's MCP enrollment, from requiring authorization for any prescription medication that does not require prior authorization by traditional Medicaid.
- MCPs are prohibited, through December 2007, from requiring prior authorization of any atypical anti-psychotic medication that does not require prior-authorization under traditional Medicaid.

# MCP Enrollment Process



- ODJFS/Managed Care Enrollment Center (MCEC)
  - Current Contractor -- Automated Health Systems (AHS)
  - AHS has served as the MCEC since 1998
  - Extensive experience providing healthcare information to Medicaid consumers in NJ, NY, OH, PA, WV, WI
  - Provides consumers with information on doctors, hospitals and other providers contracting with MCPs
  - Assist consumers with making selection of the plan that best meets their needs
    - Toll-Free 1-800-605-3040;
    - TTY 1-800-292-3572
    - Hours: Monday – Friday, 8 AM to 8 PM

**<http://www.ohiomcec.org/>**

# MCP Enrollment Process

## *Initial Enrollment*



- Upon initial approval for Medicaid, consumers receive a letter instructing them to enroll in an MCP
- Consumer guide and enrollment information is available from the MCEC
- If letter is disregarded or if no enrollment selection is made, the consumer is automatically enrolled to one of the MCPs in their region.
- Consumers generally have 45-60 days to make an initial choice



# MCP Enrollment Process

## *Membership Processes—Changing Health Plans*



- **Initial three months of MCP membership**
- **Annual Open Selection Month**
- **Just Cause Termination Requests**
  - Only for extenuating circumstances
- **Third Party Insurance (TPL)**
  - Certain provider panel conflicts

# MCP Enrollment Process

## *Annual Open Enrollment Periods*



<u>Region</u>	<u>ABD</u>	<u>CFC</u>
Central	May	November
East Central	March	June
Northeast	December	October
Northeast Central	April*	April*
Northwest	February	September
Southeast	April	August
Southwest	January	July
West Central	February	July

\* Pending

# MCP Enrollment Process

## *Membership Card Information*



- **MCP members do not receive monthly cards.**
- **A permanent ID card is issued prior to the first day of initial enrollment.**
- **The ID card includes:**
  - MCP Name
  - Member Name
  - MMIS Billing Number
  - Information on how to verify current eligibility
  - MCP's Emergency Procedures/Contact
  - Toll-free Member Services Number
  - Name of Member's PCP
- **MCP may also choose to include program information (CFC or ABD)**

# MCP Enrollment Process

## *New Member Information Packet*



### ➤ **Members receive the following information:**

- Member Handbook
- Provider Directory
- Member's Rights
- New Member Materials
- How to Notify their MCP about Current Health Care Needs
- How to Change PCP
- Population Groups Not Affected

# MCP Additional Benefits & Services

## *Emergency Services*



- An MCP must cover emergency services, anywhere in the US, without requiring prior authorization from the MCP.
- Claims for these services cannot be denied regardless of whether the services meet an emergency medical condition as defined.
- MCPs cannot require that the member contact the MCP or PCP before seeking emergency care.

# MCP Additional Benefits & Services

## *Emergency Services--continued*



- Emergency services must be paid by the MCP regardless of whether they are provided within the the MCP's service area or outside the service area (out of network)
- If an inpatient admission results from the emergency room visit, the MCP is required to cover the inpatient stay including any tests, consultations, etc.
- The MCP may return a member to an in-network facility once the member can be safely transferred.

# MCP Additional Benefits & Services

## *Emergency Services--continued*



### ➤ **Emergency Department Diversion**

- ❖ Managed care plans must have processes to identify high users of emergency department (ED) services
- ❖ MCPs must implement action plans to minimize inappropriate ED use. Plans may include
  - ✓ Identification of issues leading to inappropriate use of ED services
  - ✓ Education on appropriate use of services
  - ✓ Enrollment in case management

# MCP Additional Benefits & Services

## *Behavioral Health Care*



- MCPs must ensure that their members have access to all medically-necessary behavioral health services covered by the Ohio Medicaid program.
- Services provided through ODMH-certified community mental health centers and ODADAS certified treatment programs are available to members on a self-referral basis.
- If a member is unwilling to access community behavioral health services or cannot do so on a timely basis, then the MCP is responsible for providing or arranging for MCP-covered services.



# MCP Additional Benefits & Services

## *Behavioral Health Care (continued)*



- **Covered, MCP behavioral health services include**
  - ❖ **Psychiatric hospitalization in general hospitals for all ages**
  - ❖ **MH/Alcohol and Other Drug (AOD) physician/psychiatrist services**
  - ❖ **MH/AOD Independent Psychology Services**
  - ❖ **Psychiatric general hospital outpatient services**
  - ❖ **MH/AOD outpatient clinic services**
  - ❖ **Inpatient detoxification**
  - ❖ **General hospital outpatient AOD services**
  - ❖ **Prescription Medications**

# MCP Additional Benefits & Services

## *Behavioral Health Care (continued)*



### ➤ Covered, community-based mental health services include

- ❖ Group and individual counseling and psychotherapy
- ❖ Medication/somatic treatment services
- ❖ Pre-hospitalization screening
- ❖ Diagnostic assessment
- ❖ Crisis intervention
- ❖ Partial hospitalization
- ❖ Community Support Program
- ❖ Free-standing inpatient psychiatric care in psychiatric hospitals (persons under 22 and 65 and older)

# MCP Additional Benefits & Services

## *Behavioral Health Care (continued)*



- **Covered, community-based substance use disorder services include**
  - ❖ AOD urinalysis screening
  - ❖ Assessment
  - ❖ Case management
  - ❖ Group counseling
  - ❖ Individual counseling
  - ❖ Crisis intervention
  - ❖ Intensive outpatient
  - ❖ Methadone maintenance
  - ❖ Ambulatory medical and social detoxification
  - ❖ Medication/somatic

# MCP Additional Benefits & Services

## *Pharmacy Services*



- MCPs must cover the same drugs as covered by the traditional Ohio Medicaid program
- Ohio Medicaid drug list: <http://medlist.odjfs.state.oh.us>
- MCPs may establish a preferred drug list (PDL)
- MCPs may require that certain medications require prior authorization (PA)
- MCPs must post their PDL and PA lists on their provider and member websites and must update their members and providers of any changes and include this information in the member handbook

# MCP Additional Benefits & Services

## *Self-Referral for Certain Specialty Services*



- **Members may self-refer for certain services:**
  - Federally Qualified Health Centers (FQHCs)
  - Rural Health Centers (RHCs)
  - Qualified Family Planning Providers (QFPPs)
  - Medicaid-participating Community Mental Health Centers
  - Medicaid-participating ODADAS-Certified Substance Abuse Services
  - In-panel OB/GYNs

# MCP Additional Benefits & Services

## *Transportation Services*



- **MCPs must provide** transportation for members if:
  - It is medically necessary for a member to use an ambulance or ambulette for transport to an MCP-covered service; and/or
  - A member must travel 30 miles or more from their home to reach an MCP-authorized provider.
- **MCPs may provide** additional transportation services as an extra benefit to members. The extra transportation assistance is in addition to the transportation MCPs must provide to their members as listed above.
- **The county department of job and family services will** provide transportation through the Non-Emergency Transportation (NET) program whenever transportation is not provided by the MCP.

# Member Concerns



- **MCP members should contact their MCP member services department for assistance (grievance, appeal, state hearing rights)**
- Members can contact the Ohio Medicaid Managed Care Enrollment Center at 1-800-605-3040 for MCP enrollment information or online at [www.ohiomcec.org](http://www.ohiomcec.org)
- Bureau of Managed Health Care at 614-466-4693 or by email at [bmhc@odjfs.state.oh.us](mailto:bmhc@odjfs.state.oh.us)

# Questions and Answers



**<http://www.jfs.ohio.gov/ohp/bmhc/con-man-care.stm>**  
(Consumers and Managed Care Website)

**<http://www.ohiomcec.org/>**  
(Ohio Medicaid Managed Care Enrollment Center)

**<http://jfs.ohio.gov/ohp/bmhc/newsletter.stm>**  
(Medicaid Managed Care Weekly)

**<http://www.jfs.ohio.gov/ohp/bmhc/pro-man-care.stm>**  
(Providers and Managed Care Website)

**<http://www.jfs.ohio.gov/ohp/bmhc/mhcri.stm>**  
(Reports and Information Website)

**On the  
Web at:**