Ohio Medicaid

• Is health care coverage for low-income individuals, jointly funded by state and federal government.

• Differs from Medicare - a federal insurance program mostly benefitting older adults. You can be ‘dually eligible’ for both Medicare and Medicaid if you meet eligibility requirements.

• Provides coverage for nearly 3 million children and adults, or 1 in 5 Ohioans, who meet certain eligibility requirements.

• Contracts with health plans, also called managed care organizations (MCOs), to provide coverage to nearly 90% of individuals enrolled in Medicaid.
Ohio Medicaid Managed Care Region Map

Buckeye CareSource Molina Paramount UnitedHealthcare

Buckeye CareSource Molina Paramount UnitedHealthcare

Buckeye CareSource Molina Paramount UnitedHealthcare
Managed Care Services

• MCOs work with hospitals, doctors and other providers to coordinate an individual’s care and provide access to services
  » At a minimum, plans must ensure members have access to all medically necessary services covered by Ohio Medicaid under the state plan
  » MCOs may offer additional services not normally available through traditional Medicaid coverage

• Individuals can select the MCO that best fits their needs and meets their service requirements
Managed Care Benefit Package

Ohio’s managed care program covers primary and acute care services mandated by the federal government, as well as optional services Ohio has chosen to provide:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Physician Services
- Laboratory and X-ray services
- Screening, diagnosis and treatment for children under age 21
- Immunizations
- Family planning services and supplies
- Home Health services
- Behavioral Health services
- Private Duty Nursing
- Podiatry
- Chiropractic services
- Physical, Occupational, Developmental and Speech therapy services
- Nurse mid-wife
- Prescription drugs
- Ambulance or medical transportation
- Dental services
- Long-term services and supports (LTSS)*

*LTSS services for MyCare Ohio members and Adult Extension members only
Value Added Benefits

• MCOs add value for their members by providing services not normally offered in the traditional fee-for-service Medicaid program:
  
  • Toll-free 24/7 nurse hotline
  • Toll-free member services hotline
  • Extended Office Hours (varies among plans)
  • Grievance Resolution System

  • Preventative Care Reminders
  • Care Management to coordinate care*

  • Online, searchable provider directory
  • Member Handbook
  • Health Education Materials

  • Expanded Benefits:
    » Additional transportation
    » Smoking Cessation
    » Over the Counter Cards
  • Participation Incentives

*Care management provided to all MyCare Ohio members
Connecting Restored Citizens to Medicaid
Medicaid Pre-Release Enrollment Program

• Started in 2014
• Active in all 28 DRC facilities
• Enrolls individuals in Medicaid prior to release to enable access to needed services immediately upon release
• Goals are to:
  » ensure continuity of care.
  » improve health and well-being.
  » reduce recidivism.
  » make communities safer.
Medicaid Pre-Release Enrollment Program continued

• Unique attributes:
  » Incarcerated individuals serve as peer educators during the enrollment process
  » Pre-release re-entry support is available to individuals with complex needs.

• Approximately 45,000 restored citizens have been enrolled in Medicaid at time of release since 2014.
Program Partners

• Ohio Department of Rehabilitation and Correction (ODRC) and Ohio Department of Medicaid (ODM)
• Ohio Mental Health and Addiction Services (OhioMHAS) and Ohio Department of Health (ODH)
• Medicaid Managed Care Organizations
• Medicaid Consumer Hotline
Medicaid Enrollment Process Overview

120 days prior to release

Pre-enrollment class

Peer to Peer Medicaid Guides

Release Day

Enrollment class
- Sign Medicaid Authorization
- Provide forwarding address
- Complete Release of Information
- Select Managed Care Organization

Medicaid eligibility determined
- If eligible, individual is enrolled in selected managed care plan

Released from facility:
Insurance card provided; individual can access Medicaid benefits on day of release

If an individual chooses to opt-out, he/she is educated about how to apply for Medicaid as a restored citizen.

If Medicaid is denied, individual can appeal decision
Re-Entry Support for Medicaid Individuals with Complex Needs

30 – 60 Days prior to release

Who is eligible?
- Have 2 or more of the following: Mental Illness (C1), Substance Use Disorder (R3), or a Chronic Condition.
- Pregnant.
- HIV +.
- Hepatitis C.
- Medication Assisted Treatment participant.

DRC shares clinical information with the selected MCO with individual’s permission

7 – 14 Days prior to release

MCO care manager meets with individual via video conference (currently varies by facility due to COVID).

Opportunity to identify needs of individual – e.g., health appts, meds, other supports post-release.

MCO develops a transition plan containing important information for the individual.

Day of release

Release packet includes:
- Medicaid MCO card.
- Transition Plan.

Post – Release:
Transition safely to the community with continued engagement with the health care system
Don’t Forget!

• Medicaid is a **FREE health insurance plan** that will pay for any needed health care including doctor’s visits and medications. Some visits can now be conducted via telehealth.

• Once enrolled in an MCO, you may access other services **at no cost to you**, like transportation to get to medical appointments.

• Care Managers are available to **help enrolled members with housing, transportation, food, and health appointments**. Call your health plan for help.

• Your MCO can assist with connecting to COVID support services including locating testing sites.
Important Contacts for Restored Citizens

• If you are already enrolled in a Medicaid MCO, contact your MCO’s toll-free member services line for assistance:

<table>
<thead>
<tr>
<th>MCO</th>
<th>Member Services Line</th>
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</thead>
<tbody>
<tr>
<td>Buckeye Health Plan</td>
<td>1-866-246-4358</td>
</tr>
<tr>
<td>CareSource</td>
<td>1-800-488-0134</td>
</tr>
<tr>
<td>Molina Healthcare</td>
<td>1-800-642-4168</td>
</tr>
<tr>
<td>Paramount</td>
<td>1-800-462-3589</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>1-800-895-2017</td>
</tr>
</tbody>
</table>

• Not sure if you are enrolled in Medicaid, contact the following for assistance:
  • Ohio Medicaid Consumer Hotline: 1-800-324-8680
  • Local County Department of Job and Family Services
  • Online: https://benefits.ohio.gov
## Important Contacts for Community Stakeholders

<table>
<thead>
<tr>
<th>MCO</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td><strong>Buckeye</strong></td>
<td>Brandi Hahn MSW&lt;br&gt;Supervisor Case Management, Behavioral Health&lt;br&gt;419-304-4300&lt;br&gt;<a href="mailto:Brandi.M.Hahn@centene.com">Brandi.M.Hahn@centene.com</a></td>
</tr>
<tr>
<td><strong>CareSource</strong></td>
<td>Christina Kalnicki&lt;br&gt;Behavioral Health Initiative Lead&lt;br&gt;216-816-7471&lt;br&gt;<a href="mailto:Christina.Kalnicki@CareSource.com">Christina.Kalnicki@CareSource.com</a></td>
</tr>
<tr>
<td><strong>Molina Healthcare</strong></td>
<td>Deidre Palmer&lt;br&gt;Supervisor Healthcare Services&lt;br&gt;614-212-6341&lt;br&gt;<a href="mailto:Deidre.Palmer@Molinahealthcare.com">Deidre.Palmer@Molinahealthcare.com</a></td>
</tr>
<tr>
<td><strong>Paramount</strong></td>
<td>Dawn Meyer&lt;br&gt;Clinical Support Specialist&lt;br&gt;418-887-2523&lt;br&gt;<a href="mailto:Dawn.MeyerLPN@ProMedica.org">Dawn.MeyerLPN@ProMedica.org</a></td>
</tr>
<tr>
<td><strong>UnitedHealthcare</strong></td>
<td>Ann Carter&lt;br&gt;Senior Clinical Program Manager&lt;br&gt;612-383-4544&lt;br&gt;<a href="mailto:Ann.carter@uhc.com">Ann.carter@uhc.com</a></td>
</tr>
<tr>
<td></td>
<td>Sally Fischer&lt;br&gt;Health Services Director&lt;br&gt;614-698-3681&lt;br&gt;<a href="mailto:Sally.fischer@uhc.com">Sally.fischer@uhc.com</a></td>
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