

FACT SHEET

Ohio Medicaid Managed Care

As a value purchaser of health care, Ohio Medicaid has incorporated the use of managed care since 1978 to enhance access, quality and to achieve greater cost predictability. Managed care offers an opportunity to assure access to a primary care provider, emphasizes preventive care, and encourages the appropriate utilization of services in the most cost-effective settings.

How Managed Care Works

Managed Care Plans (MCPs) are health care companies that contract with a variety of medical providers and health care organizations to establish relationships between providers and patients. MCPs also develop comprehensive treatment plans and coordinate specialty care for patients. These services are provided in an environment that seeks to optimize health-related outcomes, promote the appropriate use of cost-effective medical care, and reduce unnecessary hospital stays and emergency room visits.

Statewide Managed Care

In 2005, House Bill 66 mandated the statewide expansion of the Medicaid managed care program for the entire Covered Families and Children (CFC) population and a portion of the Aged, Blind, or Disabled (ABD) population. To meet the legislative mandate, Ohio Medicaid took a regional approach to implement the statewide expansion.

Eight regions were developed based on health care utilization patterns of Medicaid consumers in each county. MCPs serving Medicaid consumers in a particular region serve all counties in the region. In addition, provider panel requirements were developed that indicate the number and location of providers based on utilization patterns and availability to serve patients. Each region has at least two but no more than three MCPs under contract with ODJFS.

Enrollment

Most consumers are required to choose an MCP after becoming eligible for Medicaid and are enrolled in a plan within 30 to 60 days. Prior to joining an MCP, consumers will use their regular medical card for all services covered by Ohio Medicaid. During this time, they will be notified if they are required to choose an MCP. Information about each plan available in their region and instructions on how to select a plan are also provided. To enroll in the plan of their choice, consumers can call the Managed Care Enrollment Center: 1-800-605-3040 / TTY 1-800-292-3572 or visit <http://www.ohiomcec.com>. After a consumer chooses a plan, they will be issued a permanent ID card and will receive specific member services information. Consumers who do not select a plan will be automatically enrolled in a plan available in their region and will have 90 days to make a change, if necessary.

CFC consumers not required to choose a plan must be under the age of 19 and meet one of the following criteria:

- are eligible for Supplemental Security Income (SSI)
- receive federal foster care maintenance or federal adoption assistance under Title IV-E
- are in foster care or in out-of-home placement
- receive services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BMHC)
- are Native Americans who are members of a federally recognized tribe

ABD consumers not required to choose a plan are:

- dual-eligibles (eligible for both Medicare and Medicaid)
- children age 20 or younger

- consumers on a waiver
- consumers who are institutionalized (e.g. in a nursing facility or intermediate care facility for the mentally retarded)
- consumers who have a spenddown

For current enrollment information, visit: <http://jfs.ohio.gov/ohp/bmhc/con-man-care-reports.stm>.

Value-Added Services

MCPs add value by providing services not normally offered in the traditional Medicaid fee-for-service program. Some of these services include the following:

- case management
- 24-hour hotline for medical advice & direction
- provider directory
- member handbook
- grievance resolution system
- provider network management
- member services
- preventive care reminders
- health education materials & activities
- expanded benefits including: transportation, vision, and incentives (varies among MCPs)
- extended office hours (varies among MCPs)

Advantages of Managed Care in Ohio

Managed care ensures access.

Provider networks and provider turnover rates are monitored to ensure consumers have appropriate access to care. Consumers report high levels of satisfaction with their access to care.

Managed care enhances quality.

MCPs are held accountable to high standards of quality in their delivery of care to consumers. A variety of performance standards are continually monitored to ensure timely and appropriate services are rendered by MCPs.

Managed care ensures consumer satisfaction.

A combination of contractual and program requirements along with evaluation tools are used to protect consumers, meet their health care needs, and ensure their satisfaction with the program. Consumers report high levels of satisfaction with their health plans, health care, and the resolution of any problems.

Managed care is cost-effective.

The use of MCPs has resulted in savings to the Medicaid program in Ohio. The SFY 2004 cost savings were approximately \$72 million. Medicaid managed care reduces overall costs by 3-5% when compared to the fee-for-service delivery system.

Managed care controls resource utilization.

MCPs are required to evaluate members' utilization of services to determine the appropriate use of medical care resources. MCPs direct enrollees to appropriate care settings by focusing on prevention, patient education, and care coordination.

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The ODJFS Office of Ohio Health Plans' Bureau of Managed Health Care (BMHC) is responsible for the development, administration, and assessment of the Ohio Medicaid managed care program.

For additional information about Ohio Medicaid managed care, please visit: <http://jfs.ohio.gov/OHP/bmhc/index.stm>.