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Transitioning Anthem's Covered Families & Children Members

As reported in earlier issues of this publication, Anthem Blue Cross and Blue Shield Partnership Plan will terminate their Ohio Medicaid managed care agreement for Covered Families and Children (CFC) on March 31, 2008. (See map on page two for the geographic regions in which this transition is occurring and the Medicaid managed care plans that will remain in each county.) Anthem will continue to serve Aged, Blind, or Disabled (ABD) consumers. Ohio Department of Job and Family Services (ODJFS) staff are working closely with Anthem to ensure continuity of care and minimize disruption for the 147,000 Medicaid consumers enrolled with Anthem. Below is a list of activities underway to assist CFC consumers as they transition to a new Medicaid managed care plan.

Expanding Provider Networks: Remaining managed care plans in each region are expanding their health care provider networks to incorporate as many as possible of the providers serving Anthem members. This will help Anthem consumers to avoid having to change providers. Large hospital systems in the affected counties will retain their contracts with the remaining MCPs. This will bring many affiliated physicians into MCP provider networks. By the time Medicaid consumers must select a new plan, it is likely that their provider of choice may be participating with one or both of the remaining MCPs.

Provider Communication: All Medicaid providers in the affected regions received a written update on how the Anthem termination will affect them. This correspondence instructed them about actions they must take depending on whether or not they chose to contract

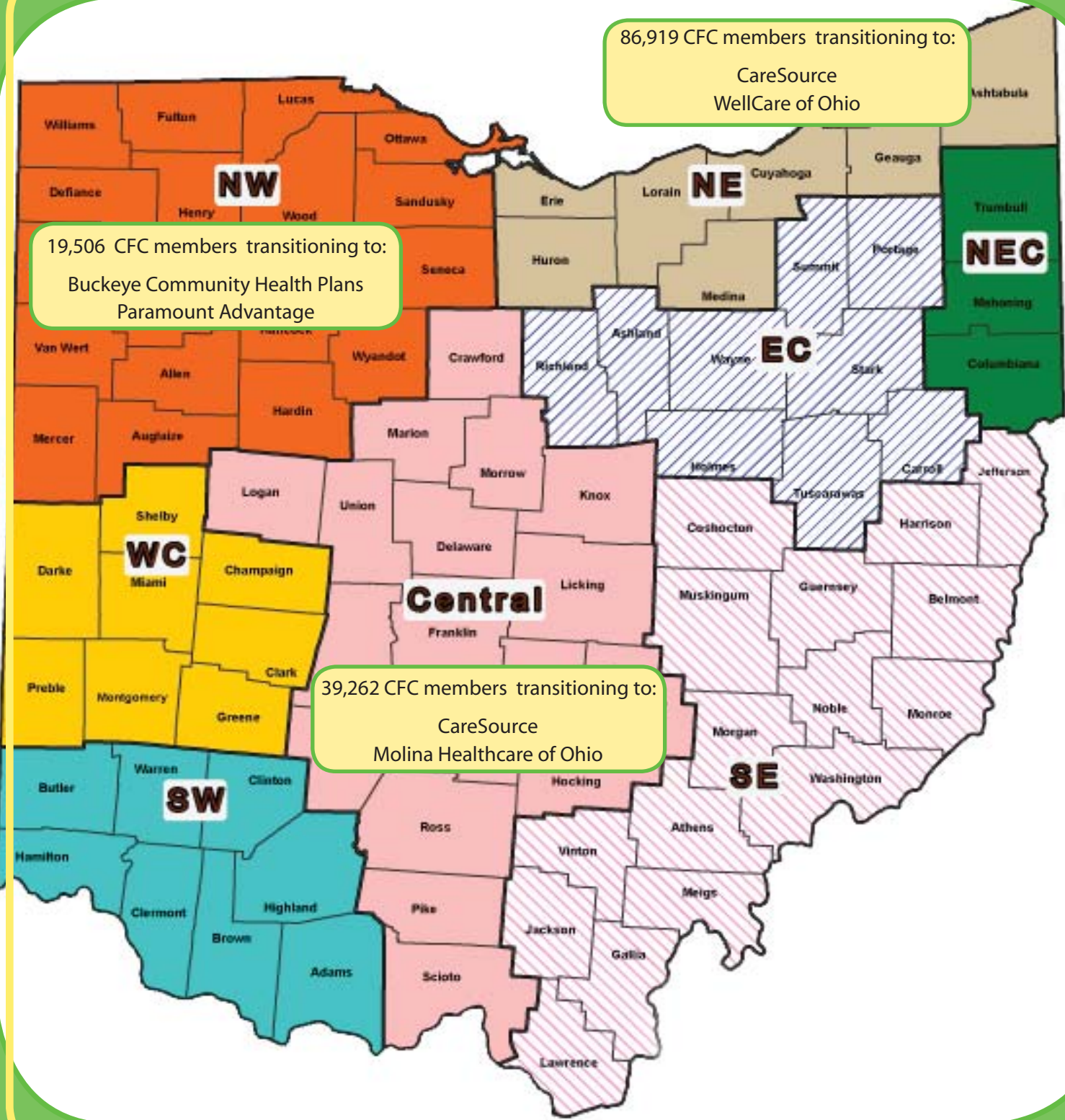
with the remaining Medicaid MCPs in their geographic region. Because Anthem's termination is only for members in the CFC category, they have communicated to their provider panel that they will continue to serve ABD members.

Assistance with Enrollment in a New MCP: Affected Anthem members have received written notice that they must choose one of the remaining MCPs. Anthem members have been directed to call the Managed Care Enrollment Center to speak with an enrollment counselor who can help them choose between the two remaining MCPs in their region based on their individual health care needs. If Anthem members do not actively choose a new MCP, they will be auto-assigned to a new plan. When possible, the assignment will be made to whichever MCP has arrangements with providers that most closely match the previous health care utilization patterns of the member. Members who find they are dissatisfied with their MCP selection or assignment will be able to change to a different MCP within the first 90 days of enrollment.

Transition of Care Strategy: Anthem is informing their current members and providers about the process and timeline for seeking prior authorization for services prior to and after March 31, 2008. Anthem is working with the enrolling MCP to assist in processing prior authorization requests needed for services after April 1, 2008. Additionally, Anthem will provide a data file to the enrolling MCP identifying members with open prior authorizations; receiving case management services; or with current inpatient hospitalization stays that will span the transition date.

ODJFS staff are confident that these transition of care strategies along with coordinated communication efforts between ODJFS and the affected MCPs, providers and consumers will help ease the transition of consumers from Anthem to their new Medicaid MCP.

Affected Regions



86,919 CFC members transitioning to:
CareSource
WellCare of Ohio

19,506 CFC members transitioning to:
Buckeye Community Health Plans
Paramount Advantage

39,262 CFC members transitioning to:
CareSource
Molina Healthcare of Ohio