

## Regional Sessions Invite Community Input on Medicaid Managed Care

During July and August 2008 the Ohio Department of Job and Family Services (ODJFS) will hold five public listening sessions seeking input on Ohio's Medicaid Managed Care Program. Medicaid managed care in Ohio has recently expanded to every Ohio county, enrolling 1.3 million Medicaid consumers. Now that this unprecedented expansion has been accomplished, ODJFS is seeking ideas and opportunities for continuous improvement of Medicaid managed care.

Session attendees will be asked to offer ideas about how to further the following goals:

- 1) Contain the cost of Medicaid managed care and/or generate additional revenue.
- 2) Improve the quality of services and/or health outcomes for Medicaid consumers enrolled in managed care.
- 3) Maintain or improve consumer access to needed medical services.

Ideas and suggestions presented at the sessions will be taken into consideration when Medicaid initiatives are formatted for the upcoming biennial budget for state fiscal years 2010 and 2011.

Each session will have a panel of listeners, including representatives of the Ohio Medicaid program and members of the ODJFS Medical Care Advisory Committee (MCAC), a 25-member body of health care providers, consumers, advocates and managed care plan administrators. ODJFS is grateful for the support and assistance of the MCAC members in planning, sponsoring and participating in these sessions. Date and location details will be announced very soon.

For more information, visit: [www.jfs.ohio.gov/ohp](http://www.jfs.ohio.gov/ohp) or call (614) 466-4693.

## Regional Meetings Held for Home Health Providers and Managed Care Plans

ODJFS partnered with the Ohio Council for Home Care and the Ohio Association of Health Plans to host five regional open forum meetings specifically geared toward home care providers. The sessions provided an opportunity for home health and private duty nursing providers to have an open dialogue with the Medicaid managed care plans to improve communication, find solutions to existing contracting issues and, ultimately, build relationships.

Representatives from ODJFS presented an overview of the Medicaid managed care program and related policy issues, including care utilization and management, case management, prior authorization, home health services, medical necessity, private duty nursing, and managed care plan performance requirements. Following the presentation, attendees had the opportunity to continue the discussion with representatives from managed care plans in the region.

The regional open forum dates were:

Central Region (in Columbus): Wednesday, June 25

Northwest Region (in Findlay): Thursday, June 26

West Central and Southwest Regions (in Dayton): Friday, June 27

East Central, Northeast Central and Southeast Regions (in Zanesville): Tuesday, July 8

Northeast Region (in Cleveland): Wednesday, July 9

# Changes in Coverage for Aged, Blind and Disabled Consumers

ODJFS has recently learned that Anthem Blue Cross Blue Shield Partnership Plan, Inc. (Anthem) and WellCare Of Ohio, Inc. (WellCare) will not renew their contracts to provide Medicaid managed care benefits to Aged, Blind and Disabled (ABD) consumers. Although this is certainly unfortunate, we want to assure you that all Ohio ABD consumers will continue to have choices.

All ABD managed care members in the Northeast Central, Central and West Central managed care regions (see attached regional map) will be provided an opportunity to select from the two remaining managed care plans. Those who do not respond to the mailed opportunity to make a selection will be automatically assigned to the plan whose provider panel most closely matches their existing primary care providers. As always, consumers will have 90 days after enrollment to change plans if they are not satisfied. In order to promote a smooth transition of care, ODJFS will arrange for current prior authorization, case management and current hospitalization information to be shared with members' new managed care plans.

ABD managed care members in the Northeast and Northwest regions will be provided an opportunity to select from either the remaining managed care plan (Buckeye Community Health Plan in the Northeast and CareSource in the Northwest) or fee-for-service Medicaid. Those who do not respond to the mailed opportunity to make a selection will be automatically assigned to fee-for-service Medicaid. Additionally, those currently enrolled with Buckeye or CareSource will be allowed to choose between staying with their existing plan or may return to fee-for-service Medicaid.

Over the next month, ODJFS will provide written notice to all affected members. All enrollment changes will take effect by September 1, 2008. Please note that this change does not affect the Covered Families and Children managed care members. In addition, Anthem and WellCare will be notifying their provider networks of this change. Providers who have outstanding claims for services can bill for dates of service prior to September 1, 2008, according to their existing contracts.

If you have any concerns or questions, please contact the Bureau of Managed Health Care at 614-466-4693 or [bmhc@jfs.ohio.gov](mailto:bmhc@jfs.ohio.gov).

