

# Medicaid Managed Care News

September, 2009 / Issue 16

<http://jfs.ohio.gov/ohp/bmhc/index.stm>

## Managed Care Enrollment Peaks

Medicaid Managed Care Plan (MCP) membership for August 2009 surpassed 1.4 million for the first time in the program's history. Membership includes the Aged, Blind or Disabled (ABD) population, as well as the Covered Families and Children (CFC) population. The number of Ohioans covered has doubled in the last three years. In August 2006 total membership was 700,000 CFC members in 15 counties, compared with August 2009 membership of 1.419 million CFC and ABD members in 88 counties.

With the August 2009 return of the Northeast ABD population to mandatory managed care status, and the anticipated return of the Northwest ABD population in September 2009, all CFC and ABD regions will be mandatory with at least two MCPs offered in each region.

## Open Enrollment Simplified

In order to simplify the open enrollment process for managed care enrollees, providers and county staff, Ohio is designating November as the statewide open enrollment month for the Medicaid Managed Care Program. Previously, the annual opportunity for MCP members to change plans was staggered throughout the year, at different months for the ABD and CFC populations. This change will simplify mail fulfillment and information system requirements while ensuring compliance with federal regulations governing managed care and open enrollment.

## Managed Care and Behavioral Health Care Coordination in Cuyahoga County

The Office of Ohio Health Plans Bureau of Managed Care staff participated in a kick-off meeting hosted by the Cleveland Clinic's Marymount Hospital, regarding collaboration between Medicaid MCPs, community mental health centers, the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board, and the hospital system. Participants shared ideas on how to optimize care for Medicaid MCP members with mental illness, for whom emergency room (ER) use and hospitalization are frequent, often because of substance and medication misuse and chronic medical issues. For these patients, a coordinated and managed plan of care can dramatically improve their lives.

The meeting was positive, with strong support and executive representation from clinical and administrative areas. Group discussion focused on each organization's roles and responsibilities for care coordination, specifically discharge planning and aftercare for hospital and ER admissions. The group will continue to work together to improve coordination between physical and behavioral health care for MCP members, and patient-centered care coordination and communication.