

Medicaid Managed Care & Ohio's Nursing Facility Benefit

April 2008

Managed Care Enrollment: Covered Populations

Pursuant to Ohio's budget bill (Am. Sub H.B. 66, 126th General Assembly), Ohio Health Plan's Bureau of Managed Health Care is responsible for the oversight of Medicaid services for over one million Covered Families and Children (CFC) enrolled in managed care plans (MCPs). In addition, approximately 106,000 Aged Blind and Disabled (ABD) consumers have been enrolled in one of eight managed care plans contracted with the Ohio Department of Job and Family Services.

Please be aware that the following ABD Medicaid consumers will be excluded from managed care enrollment:

- children under twenty-one (21) years of age
- consumers who are dually eligible for Medicare and Medicaid
- consumers with a spend-down liability
- those enrolled in a home and community-based waiver program
- those whose permanent residence is a nursing facility or ICF/MR

For these excluded populations, or residents paying privately for NF care making application to Medicaid, the existing Level-of-Care (LOC) process is appropriate to authorize vendor payment. Medicaid NF providers should maintain their Medicaid fee- for-service provider numbers in order to continue to serve fee- for-service Medicaid consumers. The LOC process, however, will not authorize MCP payment.

Managed Care Enrollment Verification

Individuals enrolled in MCPs receive a permanent membership card prior to their first day of enrollment, which replaces the monthly fee- for-service Medicaid card. The MCP membership card includes the following information:

- the member's name
- the MCP name
- the enrollee's primary care physician name and telephone number
- MCP Member Services phone number
- the enrollee's MMIS number



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Enrollees can change their MCP within the first 3 months of enrollment and annually thereafter, and at other times under limited conditions with approval of the BMHC. Therefore, verification of eligibility and MCP enrollment prior to admission and monthly thereafter for all Medicaid enrollees is important. Verification is available through the Interactive Voice Response System (IVR) at 1-800-686-1516. The system first verifies Medicaid eligibility and the name of the consumer's MCP, if applicable.

Managed Care NF Contracting

NF services provided to Medicaid MCP enrollees must be authorized by the MCP. Some MCPs prefer to work only with the NFs with which they have a contract. NF providers may contact MCPs directly to discuss contracts for service provision to the managed care population. Rates for NF services are negotiated between the MCP and the NF provider. Some MCPs prefer to negotiate with NF providers as needed to provide services to an individual consumer, rather than build a network of contracted NF providers. NF providers interested in contracting may contact MCPs directly; regional MCP contact numbers and Web site links are available on the Medicaid managed care provider Web site at <http://www.jfs.ohio.gov/ohp/bmhc/pro-man-care.stm>.

Prior Authorization for NF Services

Prior authorization for any NF service is required by most, if not all MCPs. NFs must obtain authorization before accepting a new admission for any Medicaid managed care enrollee. MCP payment is not required if prior authorization has not been obtained.

MCP Coverage Requirements

Ohio Administrative Code Rule 5101:3-26-03 requires MCPs to cover medically necessary NF services for both CFC and ABD enrollees. Limits on services are allowed on the basis of medical necessity or utilization control. CFC and ABD managed care enrollees are eligible for NF care not to extend beyond the last day of the calendar month following admission, not exceeding 62 calendar days. For example, a managed care enrollee admitted on March 28 would be eligible for MCP payment for prior authorized NF services only through April 30. Please be advised that this rule changed effective January 1, 2008, authorizing the same NF benefit for both ABD and CFC enrollees.



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Transition from MCP NF to Long Term fee-for-service NF Care

Ohio Administrative Code Rule 5101:3-26-02.1 directs the termination of managed care enrollment and the transfer to fee- for-service Medicaid for MCP enrollees requiring long term NF placement. In all cases, the MCP submits a request to the BMHC, and not to the County Department of Job and Family Services (CDJFS). NFs should initiate the LOC determination process for fee-for-service Medicaid NF eligibility prior to the end of managed care coverage for a member requiring a longer stay.

Questions about this notice may be directed to BMHC@jfs.ohio.gov or (614)466-4693

