



Ohio Medicaid Open Enrollment Frequently Asked Questions (FAQs)

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What is open enrollment?

Open enrollment is the month when Ohio Medicaid members can review the managed care plans available and select the plan that best fits their healthcare needs.

When and how can I change my managed care plan?

You can change to the managed care plan that best fits your healthcare needs from now through November 30. Any changes will go into effect on the first day of the following month.

You can select a new plan by using the Ohio Medicaid Consumer Hotline Portal at www.ohiomh.com or by contacting the Ohio Medicaid Consumer Hotline at 800-324-8680.

How will Ohio Medicaid remind me of the open enrollment period?

You will receive an open enrollment letter in the mail from Ohio Medicaid to notify you of the open enrollment period, plans available, and how to change your plan. Additionally, you will receive an automated call from Ohio Medicaid allowing you the opportunity to connect with a customer service representative to ask questions or change your plan.

Make sure to keep your contact information up to date to stay informed about your Medicaid plan and coverage. Update your contact information at any time by contacting the Ohio Medicaid Consumer Hotline at 800-324-8680 or by accessing the [Ohio Benefits Self-Service Portal](#).

What if I want to switch my plan outside of the open enrollment period or 90-day period following my plan selection?

If you have concerns about your access to healthcare, you can request to change or disenroll from your current plan at any time for Just Cause.

A “Just Cause” is a request to change or disenroll from a plan outside of the annual open enrollment period or initial 90-day period after enrollment.

If you have questions on what constitutes Just Cause or to make a Just Cause request, call the Ohio Medicaid Consumer Hotline at 800-324-8680.

What if I do not want to change my plan?

If you would like to stay with the plan you currently receive healthcare benefits through, you do not have to take any action related to open enrollment.

Which managed care plans are available during open enrollment?

There are seven managed care plans available during open enrollment:

- [AmeriHealth Caritas Ohio, Inc.](#)
- [Anthem Blue Cross and Blue Shield](#)

- [Buckeye Community Health Plan](#)
- [CareSource Ohio, Inc.](#)
- [Humana Healthy Horizons in Ohio](#)
- [Molina Healthcare of Ohio, Inc.](#)
- [UnitedHealthcare Community Plan of Ohio, Inc.](#)

What resources are available to assist me in selecting a managed care plan?

- The [Health Plan Comparison document](#) provides an overview of the services that all managed care plans provide, and specific value-added services provided by each individual plan.
- The [Find A Provider search tool](#) can help you identify which managed care plans your trusted providers are contracted – or “in network” – with.
- Each managed care plan has a member website that you can visit to learn more about each plan and their approach to serving you.
 - [AmeriHealth Caritas Ohio, Inc.](#)
 - [Anthem Blue Cross and Blue Shield](#)
 - [Buckeye Community Health Plan](#)
 - [CareSource Ohio, Inc.](#)
 - [Humana Healthy Horizons in Ohio](#)
 - [Molina Healthcare of Ohio, Inc.](#)
 - [UnitedHealthcare Community Plan of Ohio, Inc.](#)
- You can call the Ohio Medicaid Consumer Hotline at (800) 324-8680 if you have additional questions about the managed care plan options available.

I received an open enrollment notice and a renewal packet, is action required for both?

You may have received both an open enrollment notice and a renewal packet from Ohio Medicaid. Renewing your eligibility for Medicaid is separate and different from open enrollment and choosing your plan. If you receive a renewal packet you must complete it on time to keep your coverage.

I receive services through the OhioRISE program, how does open enrollment impact me?

If you are enrolled in OhioRISE and in a managed care plan, you may change your managed care plan to the one that best fits your healthcare needs without impacting your OhioRISE benefits.

You will continue to receive your behavioral health benefits through Aetna, the OhioRISE plan, and your physical health benefits through your managed care plan or fee-for-service Medicaid.

I receive services through a MyCare Ohio plan, how does open enrollment impact me?

If you have opted-into MyCare Ohio, open enrollment does not impact you and you are able to change your plan whenever you would like.

If you have not opted-into MyCare Ohio and receive your healthcare benefits through a non-MyCare Ohio plan, you will receive an open enrollment notice and the option to select a plan through November 30. If you select a new plan, you will begin receiving healthcare benefits through that plan the first day of the following month.

Who should I contact if I have a question about open enrollment?

If you have a question about open enrollment, call the Ohio Medicaid Consumer Hotline at 800-324-8680. Representatives are available 7 a.m. – 8 p.m. Monday through Friday and Saturdays 8 a.m. – 5 p.m.