

Ohio Medicaid Managed Care Member FAQs

Next Generation Ohio Medicaid Managed Care Plans

What are the key changes in the Next Generation of managed care?

The Next Generation of managed care expands member benefits to help address their unique healthcare needs. This includes enhanced transportation services to and from appointments, a dedicated 24/7 mental health hotline, improved care management services, support for pregnant members and newborns, and more.

To learn more about these benefits, please review the Next Generation Plan Comparison, available on the [Ohio Medicaid Consumer Hotline website](#).

When do the Next Generation managed care plans begin?

Ohio Medicaid and its Next Generation of managed care launched on February 1. All managed care members are now receiving improved healthcare benefits.

Members have the option to change to another plan within three months after enrollment in a new plan. Any changes made in this period will be effective on the first day of the month following their selection.

Which Next Generation plans are available to members through Ohio Medicaid?

There are seven **Next Generation managed care plans** available:

- [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.](#)

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Who should a member contact if they have a question about their benefits or accessing benefits?

Members should contact their managed care plan for more information about their benefits. Contact information is available on the back of their managed care plan ID card and on each managed care website:

- [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.](#)

Members can also contact the Ohio Medicaid Consumer Hotline at 800-324-8680.

Can members see the same doctors/providers that they do today?

Ohio Medicaid's contracts with managed care organizations have requirements – referred to as transition of care – to help members continue to receive the same services from the same providers during and after the transition in certain situations.

While members may continue to receive the same services from the same providers after the transition for most services, there may be some situations where a member will need to be seeing a new provider that is in-network with their new managed care organization.

Does this change impact the member's pharmacy benefits?

Ohio Medicaid's single pharmacy benefit manager (SPBM), Gainwell Technologies, will continue to provide pharmacy benefits for all members who are enrolled in a Medicaid managed care plan. Gainwell pharmacy benefits will continue to be provided after the transition to the Next Generation managed care plans.

For questions about the SPBM, pharmacy benefits, or prescriptions, please visit [Gainwell's Ohio Medicaid webpage](#) or call the Gainwell Customer Support Center at 833-491-0344.

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Next Generation Ohio Medicaid Managed Care Plans Changes

Do members need to do something now to keep coverage or change plans?

Given the volume of communications Ohio Medicaid members receive about their healthcare coverage, it is incredibly important to ensure members' contact information is up to date. Additionally, please carefully review all communications shared by ODM and follow the instructions provided in a timely manner to ensure continuity of coverage. Learn more [here](#).

When and how can I change my Next Generation managed care plan?

Members can change to the managed care plan they decide best fits their healthcare needs during annual open enrollment which runs from November 1- November 30, or within the first three months after their plan effective date. Any selection changes will go into effect on the first day of the month after their selection.

Members can find out their plan effective date or make a new plan selection by using the Ohio Medicaid Consumer Hotline Portal at www.ohiomh.com or by contacting the Ohio Medicaid Consumer Hotline at 800-324-8680.

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

If members have concerns about their access to healthcare, they can request to change or disenroll from their 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 any questions on what constitutes Just Cause or to make a Just Cause request, call the Medicaid Hotline at 800-324-8680.

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Member Transition and Enrollment

What does this mean for newly eligible members?

Individuals who, prior to February 1, were **1)** newly eligible for managed care, **OR 2)** those who were enrolled in Medicaid fee-for-service **BUT** not enrolled with a managed care plan, and **OR 3)** those with a gap in eligibility of 91+ days received care paid for through Medicaid fee-for-service. Beginning February 1, they were transitioned to a Next Generation plan.

ODM notified impacted members about which plan they have been transitioned to. Newborns and family additions continue to be added to managed care plans as they become Medicaid eligible.

What does this mean for members previously with Paramount?

Paramount has been acquired by Anthem Blue Cross and Blue Shield. Anthem is working with Paramount to continue providing healthcare coverage to Ohio Medicaid members.

Ohio Medicaid members who previously received healthcare benefits through Paramount **have been automatically enrolled with Anthem Blue Cross and Blue Shield**. However, Paramount members who chose a different plan during member transition and open enrollment (March 1, 2022- November 30, 2022) are now enrolled in that plan.

Members can find out their plan effective date or make a new plan selection by using the Ohio Medicaid Consumer Hotline Portal at www.ohiomh.com or by contacting the Ohio Medicaid Consumer Hotline at 800-324-8680.

What does it mean if a member's current plan is part of the new program?

Members who, prior to February 1, were enrolled with a plan that is participating in the Next Generation managed care program will remain with that plan. However, if the member actively selected a new plan by November 30, 2022, they are now enrolled with that plan.

Although members have been enrolled in a Next Generation managed care plan, they have the option to change their managed care plan to the plan they decide best fits their healthcare needs within the first three months after enrollment. Any changes will be made effective on the first day of the month following their selection.

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Member Transition and Enrollment

What does this mean for OhioRISE members?

OhioRISE enrollees continue to receive their behavioral health benefits through Aetna, the OhioRISE plan, and their physical health services through one of the seven Next Generation managed care plans or fee-for-service Medicaid.

What does this mean for members who are enrolled in a MyCare Ohio plan?

The Next Generation managed care plan changes do not apply to MyCare Ohio plans, which will continue to provide benefits to Ohioans who receive both Medicaid and Medicare benefits, with enhanced coordination of medical, behavioral, and long-term care services.

What does the transition mean for foster parents, kinship caregivers or providers, or members who receive adoption assistance?

The child or youth will be enrolled in managed care, which will become effective the first day of the month that agency custody begins. A member's local Title IV-E agency (Public Children Services Agency or IV-E Court) that holds custody of the youth may work with members to review the current managed care plans available and will select from these plans when making an enrollment decision. Members can coordinate with the Title IV-E agency that holds custody to review and select a Next Generation managed care plan if they would like to do so.

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Managed Care Member ID Cards

What member ID card should I be using on and after February 1?

All managed care plan members should use their Next Generation managed care plan ID card.

The following members should have received a new ID card for use beginning February 1:

- Members who made a new plan selection (Anthem Blue Cross and Blue Shield, AmeriHealth Caritas, or Humana Healthy Horizons) received a new ID from that plan.
- Paramount Advantage members received a new Anthem ID from Anthem Blue Cross and Blue Shield Ohio.
- Members who received services through Medicaid fee-for-service and have been enrolled in the Next Generation managed care program will receive a member ID from their new managed care plan.

If a member has questions about what member ID card they should be using, please contact the Ohio Medicaid Consumer Hotline at 800-324-8680.

If I don't have my ID card, can I still receive pharmacy benefits?

Yes. Members may still bring their old ID cards and let the pharmacy know they are a part of Ohio Medicaid and have an old ID.

Pharmacies are submitting claims to Ohio's new pharmacy benefit manager, Gainwell Technologies. Pharmacies have been given the information they will need to submit claims.

I haven't received my new ID card. Who do I contact?

If members haven't received their new card, they don't need to panic! Members can still have prescriptions filled and see their healthcare providers. Members should contact their MCO to learn more about how to print their card or access an electronic version. Relevant contact information can be found on their plan's website or on the back of their current member ID card:

- [AmeriHealth Caritas Ohio](#)
- [Anthem Blue Cross and Blue Shield Ohio](#)
- [Buckeye Health Plan – Ohio Medicaid ID Card](#)
- [Care Source – Ohio Medicaid](#)
- [Molina Healthcare – Ohio Medicaid ID Card](#)
- [Paramount – Ohio Medicaid](#)
- [United Healthcare Community Plan of Ohio](#)

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Next Generation Ohio Medicaid Managed Care Plans

What is the “Next Generation of Ohio Medicaid?”

In early 2019, Ohio Governor Mike DeWine called on Ohio Medicaid to ensure Ohioans get the best value in providing quality care.

In response, we conducted a series of listening sessions to hear from Ohio Medicaid members and providers across Ohio. We also gathered input through email, phone calls, and mail. We received more than 1,000 comments including many suggestions for improving the current program.

To learn more about the Next Generation of Ohio Medicaid, visit our website at managedcare.medicare.ohio.gov. You can also email us with questions at ODMNextGen@medicaid.ohio.gov.

Why is Ohio Medicaid “upgrading” or changing its program?

In early 2019, Ohio Governor Mike DeWine called on Ohio Medicaid to ensure Ohioans get the best value in providing quality care.

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When is the Ohio Medicaid Consumer Hotline available?

Contact the Ohio Medicaid Consumer Hotline at 800-324-8680. Representatives are available during special hours February 1-24:

- 7 a.m.-8 p.m. Monday-Friday, except Monday, February 20, they are 8 a.m.-5 p.m.
 - 8 a.m.-5 p.m. Saturdays and Sundays.
- After February 24, regular hours of 7 a.m.- 8 p.m. will resume Monday-Friday and 8 a.m.-5 p.m. Saturday.