



**Choose Anthem
Blue Cross and Blue Shield
Medicaid and stay healthy!**

Member Services: **844-912-0938 (TTY 711)**
Monday through Friday from 7 a.m. to 8 p.m.
Eastern time
[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)

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Managed care organization membership

Anthem Blue Cross and Blue Shield is a managed care plan that works with the Ohio Department of Medicaid (ODM) to coordinate your Medicaid health benefits and your healthcare. Once you are determined to be eligible for Ohio’s Medicaid program, ODM will enroll you into a managed care plan right away. ODM will send you a letter to tell you which managed care plan you were assigned to. It is important that you read the letter and decide if you want to keep the managed care plan you were assigned to or if you want to change to another plan.

You can change to another plan for the following reasons only:

- It is still within the first three (3) months after enrollment,
- It is during annual open enrollment, or
- For just cause.

Do I have to be in a managed care plan?

If you are an Ohio resident, you may be eligible for Medicaid benefits under any of the following groups:

- Aged, Blind, or Disabled;
- Covered Families and Children (including Healthy Start and Healthy Families);
- Children in Custody and Adopted Children;
- Breast and Cervical Cancer Project (BCCP) individuals;
- Medicaid eligible individuals enrolled in the Bureau of Children with Medical handicaps (BCMH) program; or
- Adult extension.

Most individuals on Medicaid must be in a managed care plan. Being in a managed care plan will not cause you to lose your Medicaid, WIC, or other public assistance benefits. Choosing to be a member in Anthem is voluntary. It is your choice.

Ohio Medicaid managed care members will be able to change their plan by calling the Ohio Medicaid Consumer Hotline at **800-324-8680 (TTY 800-292-3572)** or utilizing the Ohio Medicaid Consumer Hotline Member Portal at <https://members.ohiomh.com>.

Certain members may be eligible for OhioRISE (Resilience through Integrated Systems and Excellence), a specialized managed care program for youth with complex behavioral health and multisystem needs. To see if you are eligible for this program, please contact Aetna Better Health of Ohio Member Services at **833-711-0773**.

With all managed care plans, you get:

- All medically necessary Medicaid-covered services, including Healthchek services for individuals under age 21.
- An Anthem ID card that replaces your monthly Medicaid card.
- A 24-hour medical advice line to help you with your questions and concerns.
- A care team that includes you, your family, your doctor(s), your managed care plan, and anyone else you want to help you make healthcare decisions.

As a member of Anthem, you will also get these value-added benefits:

- | | |
|---|-----------------------------|
| • Baby essentials | • Over-the-counter supplies |
| • Mail-order diapers | • Transportation essentials |
| • Organic baby food coupons | • Online well-being program |
| • Post-discharge meals | • Enhanced dental |
| • One-on-one tutoring | • Smartphone program |
| • Laptop computer | |
| • Industry certification assistance | |
| • Substance use disorder recovery support | |



How to disenroll from Anthem

As a member of a managed care organization (MCO), you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to tell you when your annual open enrollment month will be. If you live in a mandatory enrollment area, you will have to choose another managed care organization to cover your healthcare services.

If you want to end your membership during the first three months of your membership or during the annual open enrollment month, you can call the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**. You can also submit a request online to the Medicaid Hotline website at ohiomh.com. If you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another MCO, your new MCO will send you information in the mail before your membership start date.

Choosing a new plan

If you are thinking about ending your membership to change to another managed care organization (MCO), you should learn about your choices. Especially if you want to keep your current provider(s). Remember, each MCO has its own list of doctors and hospitals that are in the network. Each MCO also has written information that explains the benefits it offers and the rules that it has. If you would like written information about a MCO you are thinking of joining or if you simply have questions about the MCO, you may either call the plan or call the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**. You can also find information about the MCOs in your area by visiting the Medicaid Hotline website at ohiomh.com.

Just cause membership terminations

Sometimes there may be a special reason that you need to end your membership with a plan. This is called a “just cause” membership termination. Before you can ask for a just cause membership termination, you may first call Anthem and give us a chance to resolve the issue. If we cannot resolve the issue, or if you choose not to call, you can ask for a just cause termination if you have one of the following reasons:

- You move and your current MCO is not available where you now live and you need non-emergency medical care in your new area before your MCO membership ends.
- Your current MCO does not, for moral or religious objections, cover a medical service that you need.
- Your doctor has said that some of the medical services you need must be received at the same time and the services are not all in the MCO’s network.
- You have concerns that you are not receiving quality care and the services you need are not available from another provider in the Anthem network.
- You do not have access to medically necessary Medicaid-covered services or do not have access to providers that are experienced in dealing with your special healthcare needs.
- The PCP that you chose is no longer in the Anthem network and that was the only in-network PCP who spoke your primary language and was located within a reasonable distance from you; or another plan has a PCP in their network that speaks your primary language that is located within a reasonable distance from you and will accept you as a patient.
- If you think staying as a member in your current managed care plan is harmful to you and not in your best interest.

You may ask to end your membership for just cause by calling the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**. The Ohio Department of Medicaid will review your request and decide if you meet a just cause reason. You will receive a letter

in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date your membership ends. If you live in a mandatory enrollment area, you will have to choose another plan unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use Anthem doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.
- If you chose a new MCO and have not received a member ID card before the first day of the month when you are a member of the new plan, call Anthem Member Services at **844-912-0938 (TTY 711)**. If they are unable to help you, call the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**.
- If you were allowed to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new MCO and have any medical visits scheduled, call your new plan to be sure that these providers are in the new plan’s provider network and that any needed paperwork is done. Some examples of when you should call your new plan include:
 - When you have an appointment to see a new doctor.
 - When a surgery, blood test, or X-ray is scheduled.
 - If you are pregnant.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Optional membership terminations

You have the option not to be a member of a managed care organization (MCO) if:

- You are a member of a federally recognized Indian tribe, regardless of your age.
- You are an individual who receives home- and community-based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you or your child meet any of the above criteria and do not want to be a member of a managed care organization (MCO), you can call the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**. If you meet the above criteria and do not want to be an MCO member, your MCO membership will be ended.

Individuals that are not permitted to join a Medicaid managed care organization (MCO):

You may not be allowed to join a Medicaid MCO if you are:

- Dually eligible under both the Medicaid and Medicare programs.
- Institutionalized (in a nursing home and are not eligible under the Adult Extension category*, long-term care facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or some other kind of institution).
- Receiving Medicaid Waiver services and are not eligible under the Adult Extension category.

* If you are eligible for Medicaid under the Adult Extension category, you will receive your nursing home services through the Managed Care Organization. Additionally, Adult Extension members approved for waiver services will remain in the MCO.

If you believe that you meet any of the above criteria and should not be a member of a MCO, you must call the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**. If you meet the above criteria, your MCO membership will be ended.

Choosing a primary care provider (PCP)

You must choose a primary care provider (PCP) from the Anthem network of providers. Your PCP is your personal doctor and will direct most of your healthcare needs or send you to other doctors (specialists) if needed.

To find a network provider, call **844-912-0938 (TTY 711)** or visit **anthem.com/oh/medicaid**. You can also contact the Ohio Medicaid Consumer Hotline at **800-324-8680 or (TTY 800-292-3572)** or visit the Medicaid Hotline website at **ohiomh.com**.

You can change your PCP on your ID card once a month if you want. To change your PCP, call Member Services at **844-912-0938 (TTY 711)** Monday through Friday from 7 a.m. to 8 p.m. Eastern time or visit **anthem.com/oh/medicaid**.

As an Anthem member, you must use network providers, facilities, and pharmacies to get covered services. The only time you can use an out-of-network provider is for:

- Emergency services.
- Services at federally qualified health centers or rural health clinics.
- Behavioral health services provided through facilities.
- Certified nurse midwives or certified nurse practitioners and any other services or provider types if Anthem does not contract with such providers and such providers are present in the service area.
- An out-of-network provider Anthem has approved you to see.

Emergency services

Emergency services are services for a medical problem that you think is so serious that it must be treated right away. We cover emergency care in and outside of the county where you live. If you have an emergency, call 911 or go to the nearest emergency department (ED) or other appropriate setting. If you are not sure if you have an emergency, call your PCP. Anthem members can also call 24/7 NurseLine at **844-430-0341 (TTY 711)**.

Prescription drug coverage

As an Anthem member, all your pharmacy services are covered by Gainwell, Ohio Medicaid's Single Pharmacy Benefit Manager (SPBM). Gainwell covers all Medicaid-covered, medically necessary prescription and over-the-counter (OTC) medications. You must use only Gainwell network pharmacies to get medications under the pharmacy benefit.

Where can I get more information?

For more information about the managed care plans available and for help selecting a managed care plan, call the Ohio Medicaid Consumer Hotline at **800-324-8680 (TTY 800-292-3572)** or visit ohiomh.com.

You may ask ODM to end your membership at any time for certain reasons. If ODM decides that you meet one of these reasons, it will end your membership. Also, if there is something special about the care you need or how you get the care and your managed care plan is not able to provide it, you can ask to end your membership. ODM will give you more information about this.

To learn more about Anthem, call **844-912-0938 (TTY 711)** or visit anthem.com/oh/medicaid.

This brochure is only a summary of important information. Anthem can provide you a list of network providers, share information on how we pay our providers, and answer any other questions.

Anthem Blue Cross Blue Shield follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

Your rights

If you feel we discriminated against you for reasons listed above, you can file a grievance (complaint). File by mail, fax, or phone:

Medical Appeals
Anthem Blue Cross and Blue Shield
Anthem Grievance and Appeals Representative
P.O. Box 62429
Virginia Beach, VA 23466-2429
Phone: 844-912-0938 (TTY 711)
Fax: 866-587-3316

Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats, including braille, large print, and audio at no cost to you. Call us toll free at 844-912-0938 (TTY 711).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos, incluyendo braille, letras grandes y audio sin costo para usted. Llámenos a la línea gratuita al 844-912-0938 (TTY 711).



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