Medicaid Managed Care & Children with Special Health Care Needs

Icilda Dickerson, MSA, Section Chief
Bureau of Long-Term Care Services & Support

Dale Lehmann, Esq
Chief, Managed Care Contracting

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Outcome of Procurement

• Effective 7/1/2013 the number of managed care regions will be reduced from 8 to 3

• Coverage for Aged, Blind, and Disabled (ABD) and Covered Families and Children (CFC) will be combined
CFC Medicaid Managed Care Program
Managed Care Plans
Effective as of April 1, 2008

Medicaid Managed Care Program
Managed Care Regions
Effective July 1, 2013

Covered Families and Children (CFC) Regions
- CEN - Central
- NW - Northwest
- EC - East Central
- SE - Southeast
- NEC - Northeast Central
- WC - West Central

CareSource
WellCare of Ohio
Molina Healthcare of Ohio
Unison Health Plan of Ohio
Buckeye Community Health Plan
AMERIGROUP Ohio
Paramount Advantage
Computers

*Map showing Ohio's regions with different managed care plans highlighted.*
Why?

• Increases individual choice
• Increases competition in the managed care marketplace
• Delivers efficiencies and allows for program improvements
• Reduces the administrative burden for the state and managed care organizations
Who are the Managed Care Plans?

- Buckeye Community Health Plan
- CareSource
- Molina Healthcare of Ohio
- Paramount *Advantage*
- UnitedHealthcare Community Plan
Who will be included?

• Current 1.9 Million Medicaid eligible managed care beneficiaries (1.6+ enrolled)

• Approximately 37,000 Medicaid enrolled children with special healthcare needs (a.k.a. ABD Children)
Who will be excluded?
(cannot under any circumstance enroll)

- Individuals on waivers
- Individuals that are institutionalized
- Individuals eligible for both Medicaid and Medicare
- Individuals with a spend-down
Who is not required to enroll but may?  
(Optional)

- Under 19 years of age receiving title IV-E federal foster care maintenance or foster care
- Under 19 years of age receiving title IV-E federal adoption assistance
- Under 19 years of age receiving services through the Bureau for Children With Medical Handicaps (BCMH)
- Parents with children diagnosed with cystic fibrosis, cancer, or hemophilia may contact Bureau of Children with Medical Handicaps at BCMH@odh.ohio.gov
Enrollment Process
Children with Special Health Care Needs

• Informational letter sent 3/13/2013

• Enrollment letter on 3/28/2013

• For those beneficiaries that did not select an MCP one was chosen for them
Enrollment Process
(continued)

• Implementation
  – Open enrollment will run from spring until November 2013
  – Assigned members always have 90 days to change MCPs
  – MCPs will receive information housed and collected by Medicaid & reaching out to families
Fee-for-Service vs. Managed Care

- MCPs must cover all medically necessary Medicaid-covered services and have flexibility to offer more at the discretion of the MCP.

- MCPs have to use same medical necessary standard, but may have different prior authorization requirements or procedures than FFS.

- MCPs have a network of doctors, hospitals, and healthcare professionals that consumers must use to receive their services. Most FFS physicians are part of the managed care program and managed are program offers thousands of physicians not contracted with FFS.
Fee-for-Service vs. Managed Care

• MCPs offer additional benefits beyond FFS such as 24 hour nurse advice lines and care managers for members with complex medical conditions.

• MCPs also offer additional benefits such as transportation to medical appointments, additional coverage for medical services for adults or incentives for receiving certain medical services.
Care Management

• MCPs offer various levels of care management dependent on need

• Not designed to replace successful care management, but to enhance and support.

• MCPs will coordinate with providers (e.g. County Boards of DD, schools) regarding children receiving targeted case management (TCM) services or other services
Transition

• Key to Success = communication
• Each person looked at as an individual
• MCPs will have access to Medicaid information
• Transition requirements designed to allow time to access services and work with families
• Development of in-home respite benefit
Consumer Protections

- State hearing and/or MCP appeal for denied services
- State Oversight
  - Dedicated State Staff Monitoring MCPs
  - Monitoring MCP grievance/appeal information
  - Provider panel requirements
  - Provider/consumer complaint
  - Quality Improvement Strategy
<table>
<thead>
<tr>
<th>Managed Care Plan</th>
<th>Website</th>
<th>How to contact care management dept?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckeye Community Health Plan</td>
<td><a href="http://www.bchpohio.com">www.bchpohio.com</a></td>
<td>1-866-246-4359</td>
</tr>
<tr>
<td>CareSource</td>
<td><a href="http://www.caresource.com">www.caresource.com</a></td>
<td>1-800-993-6902</td>
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<tr>
<td>Molina Healthcare</td>
<td><a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a></td>
<td>1-866-774-1510</td>
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<td>Paramount</td>
<td><a href="http://www.paramounthealthcare.com">www.paramounthealthcare.com</a></td>
<td>1-800-462-3589</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td><a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a></td>
<td>1-800-895-2017</td>
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Thank you
Icilda.dickerson@medicaid.ohio.gov
Dale.lehmann@medicaid.ohio.gov