

For Parents & Guardians of Children with Special Health Care Needs

1 Question: My child is enrolled in Medicaid and has special health care needs. Am I required to enroll my child in a Medicaid managed care plan?

Answer: Yes. If your child is one of the roughly 37,000 children with special health care needs and receives a monthly medical card, you will be required to enroll him/her in a Medicaid managed care plan.*

2 Question: How will my child benefit from being enrolled in a Medicaid managed care plan?

Answer: Ohio Medicaid understands that high quality medical care and health services are essential to the health and well-being of your child. By enrolling your child in a Medicaid managed care plan, your child's health care needs will be met in a coordinated manner and supported with additional services available through each plan.

3 Question: When will I be able to enroll my child?

Answer: *Starting in April 2013*, you will be able to choose one of five Medicaid managed care plans to assist in addressing the specific health care needs of your child.

You will receive an enrollment letter from Ohio Medicaid with information on how to choose the plan that is right for your son or daughter. If you do not choose a plan, Medicaid will select one for your child.

Effective July 1, children with special health care needs will receive their health care from a Medicaid managed care plan.

4 Question: Which managed care plans are available to choose from?

Answer: The five participating plans are: Buckeye Community Health Plan, CareSource, Paramount Advantage, Molina Healthcare of Ohio, and UnitedHealthcare.

5 Question: Before I choose a plan, I would like to find out which one best meets my child's specific care needs. How do I contact the plans for more information?

Answer: There are several ways to find the contact information for each plan.

1) On the Medicaid Web site, visit: <http://www.jfs.ohio.gov/ohp/bmhc/transition.stm>

2) Ohio Medicaid Hotline: Call 1-800-324-8680 or visit the web site: <http://www.ohiomh.com>

6 Question: What is the difference between the monthly fee-for-service Medicaid card my child receives now and Medicaid managed care?

Answer: Managed care plans are health care companies that contract with Ohio Medicaid to provide services to your child in a coordinated manner. While there is no difference in the medical coverage or availability of services, there may be different processes and procedures in accessing these services. (cont...)

Answer to Question 6 continued: The managed care plan that you select will have its own network of doctors, hospitals, and other health care professionals that you may use. Plans offer additional benefits, such as 24-hour nurse advice lines and care managers for members with complex medical conditions. Medicaid managed care plans may also offer benefits such as transportation to medical appointments or incentives for receiving certain medical services. Please contact the member services department for more information about additional services offered by each plan.

7 Question: What extra benefits are provided by the managed care plan I choose?

Answer: While enrolled in a managed care plan, your child will receive the following:

- The availability of **added transportation benefits** to and from health care appointments.
- **Specialized programs** such as care management and health and wellness programs that address your child's specific needs.
- **24/7 Nurse Advice Line** to provide immediate assistance with your health care questions and concerns.
- A **permanent medical card** to use for all of your child's health care services.
- A **primary care doctor** with knowledge of your child's health history, an understanding of your concerns about your child's health, and assistance with care coordination.
- A **simplified grievance and appeals process** to address any discontentment or concerns you may have regarding your child's care and health benefits.

8 Question: Will this limit the services that are currently available for my child's health needs?

Answer: **No.** Managed care plans must cover all medically necessary services that are covered by Ohio Medicaid. The plans may have different prior authorization requirements or policies for receiving services.

It is important that you contact the managed care plan you have selected to discuss the services your child currently receives. This will help to avoid any service access issues. The managed care plan can assist you in coordinating care for your child.



Exceptions and Exclusions to Mandatory Managed Care Enrollment

For some children, enrollment in a plan is **optional**. A child is **not required** to enroll if he/she meets **one** of the following criteria:

- Younger than 19 years of age and receives title IV-E federal foster care maintenance.
- Younger than 19 years of age and is in foster care.
- Younger than 19 years of age and receives title IV-E federal adoption assistance.
- Younger than 19 years of age and receives services through the Bureau for Children with Medical Handicaps (BCMh)

Some children are **excluded** from enrollment. A child who meets **at least one** of the following criteria will **not be able** to enroll:

- Medicaid-eligible and enrolled on a home and community-based waiver program
- Medicaid-eligible and is institutionalized
- Eligible for both Medicaid and Medicare coverage
- Eligible for Medicaid and has a spend-down
- Diagnosed with hemophilia and enrolled with BCMh***
- Diagnosed with cancer and enrolled with BCMh***
- Diagnosed with cystic fibrosis and enrolled with BCMh***



***Please note that the current exclusion of children diagnosed with cancer, hemophilia, and cystic fibrosis that are enrolled will end as of 6/30/2014. Effective 7/1/2014, families of these BCMh children will have the ability choose managed care if they feel it is in the best interest of their child.