

Medicaid Managed Care for the Aged, Blind & Disabled

2006

BACKGROUND

In 2005, the Ohio General Assembly adopted legislation requiring the enrollment of certain Medicaid consumers who are Aged, Blind, or have Disabilities (ABD) into the Medicaid managed care program. This program expansion reflects ODJFS' continuing commitment to offer the benefits of care coordination, promote prevention and wellness, and provide quality care to an increasing number of Medicaid consumers.

COVERED ABD CONSUMERS

Statewide there are about 440,000 ABD consumers currently receiving Medicaid services through the traditional, fee-for-service system. Approximately 125,000 of these elderly or disabled individuals will be transitioned into arrangements in which they will receive medically necessary Medicaid covered services through managed care plans (MCPs).

Approximately two-thirds of ABD consumers in Ohio are exempt from Medicaid managed care and will continue to receive their services via the traditional fee for service system. ABD consumers who will be excluded from Medicaid managed care include:

- People with both Medicaid and Medicare coverage (“dual eligibles”).
- Children 20 years of age and under.
- Consumers enrolled in a Medicaid Home and Community-Based Waiver.
- People residing in a nursing home or an intermediate care facility for the mentally retarded (ICF-MR).
- Consumers who must “spend down” some of their income each month before they meet the financial eligibility for Medicaid.

HOW MANAGED CARE WORKS

MCPs work with a variety of providers and healthcare organizations to establish supportive and meaningful relationships between providers and patients. MCPs also develop comprehensive treatment plans, and coordinate specialist care for patients. These services are provided in an environment that seeks to optimize health-related outcomes, promote the appropriate use of cost-effective medical care, and reduce unnecessary hospital stays and emergency room visits.

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It is important to note that ABD members enrolled in an MCP will continue to receive all medically necessary healthcare services covered by their Ohio Medicaid card. However, MCPs often provide additional services that are particularly important to ABD consumers. These services include:

- Access to a 24/7 medical advice line.
- Care management services.
- Access to relevant health information to manage their medical condition(s).
- Transportation services.
- Reduced or non-existent consumer co-payments/cost sharing.

PROCUREMENT PROCESS

On May 31, 2006, ODJFS released a Request for Applications (RFA) to seek potential MCPs to serve the ABD population. Interested MCPs must submit their applications by no later than September 1, 2006. Enrollment of ABD consumers will begin in December, 2006.

COMMUNITY SERVICES

Medicaid consumers eligible for the ABD managed care program can continue to receive mental health or substance abuse services through community providers certified by the Ohio Departments of Mental Health or Alcohol and Drug Addiction Services. Consumers can receive services through community mental health and substance abuse centers, even if their health plan does not have a contract with the center.

Similarly, ABD consumers may receive services at any federally qualified health center (FQHC), rural health center (RHC), or qualified family planning provider (QFPP) without a referral from their managed care plan. Consumers may also receive services through these providers, regardless of whether the consumer's MCP contracts with them.

Most MCPs will provide transportation services for ABD consumers to and from medical appointments even though the ODJFS only requires MCPs to provide such services in the case of an emergency. In addition, ABD consumers will continue to be eligible to receive non-emergency medical transportation services through their local county department of job and family services (CDJFS.)

Value Added Services

- Case management
- 24 hour hotline for medical advice & direction
- Provider directory
- Member handbook
- Grievance resolution system
- Provider network management
- Member services
- Preventive care reminders
- Health education materials & activities
- Expanded benefits including: transportation, vision, and incentives (varies among MCPs)
- Extended office hours (varies amount MCPs)

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TRANSITION TO MANAGED CARE

During the first three (3) months of an ABD consumer's enrollment in their new health plan, MCPs must develop an individualized transition plan for each consumer to ensure a smooth transition from fee for service to managed care arrangements. The MCP must ensure that consumers continue to have full access to all medically-necessary covered services without interruption during this transition period. This includes assuring access to out-of-panel providers, if necessary, and assuring that these providers are reimbursed at 100% of the current Medicaid fee-for-service rate. During this transition period, MCPs are also prohibited from requiring prior authorization of any covered prescription drug in a manner different from Medicaid fee-for-service. All atypical anti-psychotic drugs will be exempt from prior authorization during the first year of the program.

Similarly, all MCPs must take a comprehensive and collaborative approach to coordinating care for eligible ABD health plan members and for certain chronic medical conditions specified by ODJFS. Methods to accomplish this may include case management, partnerships with primary and specialty physicians, participation by consumers and families, outreach and education and holistic planning for the member's health care needs including the complexities of multiple co-morbid conditions. In this way, participating ABD Medicaid consumers will continue to have uninterrupted access to Medicaid covered services that are medically necessary.