

## MyCare Passive Enrollment / FAQs

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## Background

- Earlier this year MyCare Ohio was a new managed care program that began to serve consumers that had both Medicaid and Medicare benefits (“dual eligibles”).
- The goal was to provide one coordinated health plan that combines both Medicaid and Medicare benefits
- If consumers did not select a MyCare plan, they were auto-enrolled in a plan for Medicaid only.
- Some consumers chose to also get their Medicare benefits from the same MyCare Plan.

## Current Situation

- MyCare Medicaid consumers will be auto –enrolled in MyCare **Medicare**, within their same plan, unless they take action. The state is sending a letter to the existing MyCare Medicaid population the week of October 6th.
- Newly eligible MyCare consumers (those who are now eligible for both Medicare and Medicaid) will receive a letter from the state on or about October 6th to enroll in a MyCare plan for both their Medicaid and Medicare benefits. The letter will list the plan options in their area. Follow up communications from the state are expected to tell them when they will be auto-assigned into a plan if they do not choose one, and explain any alternatives.
- These changes of combined coverage from one MyCare plan will be **effective January 1, 2015**, unless the consumer takes action to do something different.
- If a consumer voluntarily selects a MyCare Ohio plan, the effective date will be the first of the following month. Consumers can voluntarily select a plan starting in October 2014.
- The action required by the consumer, **if they do not want to receive both their Medicaid and Medicare benefits from one Ohio MyCare plan**, is to contact the Ohio Medicaid Consumer

Hotline at 1- (800) 324-8680 or visit the enrollment website at [www.ohiomh.com](http://www.ohiomh.com)

- The Medicaid Consumer Hotline will be able to assist consumers in selecting a MyCare plan that serves their area, including identifying if their current doctors, pharmacy and hospital are included in a plan.
- By January 2015, most MyCare members are expected to have the same benefit plan coordinating both Medicare and Medicaid; those who do not will have actively made the choice to keep their benefit plans separate.

### **What is the purpose for the changes?**

- To improve the way Medicare and Medicaid benefits work together for both the consumer and health care providers
- To better coordinate the Medicare and Medicaid programs
- The benefits of coordinating Medicare and Medicaid coverage through one managed care plan include:
  - Only 1 ID card to coordinate all Medicare and Medicaid benefits; one member ID card to verify
  - Only 1 plan to serve as the single point of contact for all Medicare and Medicaid benefits; simplified interaction for all concerned
  - Less administration with cost-sharing (CareSource has no copays!)
  - Streamlined claims process for providers: submit one claim for one payment
  - Care managers to assess needs and coordinate care and benefits provided through both programs.
  - 24-hour nurse advice line available to offer immediate help with health care questions and concerns

- CareSource MyCare Ohio (Medicare - Medicaid Plan) also provides the following additional benefits:
  - **NO COPAYS** for prescriptions, including Medicare Part D
  - **NO COPAYS** for medical services
  - **NO COPAYS** for dental or vision care
  - **NO PREMIUMS** for Medicare or Medicaid
  - **FREE Transportation:** up to 30 round trips each year for non-emergency doctor's visits and pharmacies
  - **FREE eyeglasses** each year, up to \$125
  - **TWO FREE dental** oral exams and cleanings each year
  - **CareSource 24<sup>®</sup>, nurses on-call 24 hours a day, 7 days a week, 365 days a year**

### What Providers Need to Do

- To contract with CareSource MyCare Ohio call 1-800-488-0134
- Continue to check MyCare eligibility online or by phone before appointments and services to ensure you are billing to the most recent benefit card. *This will be particularly important at the beginning of the year.*
- Explain that MyCare members and providers benefit by coordinating care through one MyCare health plan.
- Reassure members that if they are happy with their current MyCare managed care plan, they **do not need to do anything** – they will automatically be enrolled for both Medicare and Medicaid starting in January.
- Explain they will get their new ID card and updated member kit in December.
- If not currently in the member's MyCare provider network, you may continue to deliver service for the transition period (up to one year from the date of enrollment)
- Suggest that the member:
  - Review options for other providers on their MyCare benefits provider website or by calling the number listed on their ID card

- Consider another MyCare plan if they want to remain your patient and enjoy the benefits of MyCare coordinating their care for both Medicare and Medicaid. **Consumers will need to contact the Ohio Medicaid Hotline to make this change.**
- Consider the choice to opt-out of MyCare coordinating their **Medicare** benefits. Members will need to contact the Ohio Medicaid Hotline for this option. MyCare would deliver their Medicaid benefits only.

### **What CareSource MyCare Ohio Members Need to Do**

- Existing CareSource MyCare Ohio members don't have to do anything!
- They will automatically be enrolled for Medicare with CareSource.
- They will receive their new member kit by mid-December
- They will receive their new ID card before the end of the year
- If consumer does not have CareSource MyCare Ohio then they need to contact the Ohio Medicaid Consumer Hotline to make their selection. 1-(800) 324-8680 [www.ohiomh.com](http://www.ohiomh.com)

If consumer does not want their MyCare plan to handle both Medicare and Medicaid:

- They need to contact the Ohio Medicaid Consumer Hotline to “opt-out” of Medicare
  - 1-800-324-8680 or [www.ohio.mh.com](http://www.ohio.mh.com)

If the consumer is concerned about their PCP being in the CareSource MyCare Ohio plan, he/she can:

- Identify who they want as their PCP and verify participation with the plan
- If not a participating doctor, find a back-up choice that is participating
- Continue to use their existing PCP through the transition period

## FAQs for Providers

- **What letters did the state send out? Where can I get a copy?**
  - A. The **CHANGE NOTICE letter**: (this is when the recipient will be automatically/passively enrolled for Medicare with their current plan)
  - B. the **ENROLLMENT NOTICE letter**: (this is when the recipient is newly eligible for MyCare and is being told they must enroll in a MyCare managed care plan and gives options in their geography)
- **Is enrollment in a MyCare Ohio Plan required? Who must enroll?**

Yes, for those individuals that:

- Are 18 or older; and
- Live in one of the 29 designated counties; and
- Currently have full Medicaid and Medicare parts A, B, and D

Individuals do not have to receive Medicare benefits from a MyCare Ohio plan. He/she may choose to continue to receive Medicare benefits the way they do today. However, **Medicaid** benefits must be provided through a MyCare Ohio Plan.

### **Individuals cannot enroll in a MyCare Ohio plan if they:**

- a. Are under 18
- b. Do not live in one of the specified counties
- c. Have third party insurance other than Medicare Advantage plans
- d. Have a delayed spend down
- e. Are enrolled in a Department of Developmental Disabilities (DODD) waiver, have an ICR-MR level of care, or live in an intermediate care facility for individuals with intellectual disabilities (ICF-IID).

f. Do not have full Medicaid benefits

- **What happens if an eligible consumer doesn't choose a MyCare Ohio managed care plan? How long do they have to decide?**

If a MyCare plan is not selected, one will be chosen for them based on their address on file, to be effective January 1, 2015.

- **Is the consumer required to get Medicare from their MyCare plan?**

If the consumer wants to stay with their current Medicare plan he/she needs to call the Ohio Medicaid Consumer Hotline at 1-(800) 324-8680.

- **Does the consumer have other Medicare options?**

Most providers accept Medicare. Consumers can call 1-800-MEDICARE (633-4221) to find a provider that best meets their needs. Consumers can keep their Medicare the way it is now. They can call the Ohio Medicaid consumer Hotline to help them understand their options.

- 1-(800) 324-8680 or visit [www.ohiomh.com](http://www.ohiomh.com)

- **Can consumers change their Medicaid plan also?**

Yes, consumers can change to another MyCare Ohio plan for Medicaid benefits within the first three months after initial enrollment, during the annual open enrollment period which is now, or at other times under certain circumstances. To change their Medicaid plan for January 1, 2015, they can call the Ohio Medicaid Consumer Hotline for assistance at 1-(800) 324-8680 or visit [www.ohiomh.com](http://www.ohiomh.com).

- **Can combined coverage for both Medicare and Medicaid begin prior to January 1, 2015?**

Yes. Consumers will need to contact The Ohio Medicaid Consumer Hotline right away. The effective date can be as soon as the first of the following month.

- **What happens from now until the end of the year?**

If the consumer takes no action, nothing changes until January 1, 2015. They will receive a new ID card before the end of the year. This ID card will be for both Medicaid and Medicare from their existing MyCare plan.

Or, as stated above, consumers can contact the Ohio Medicaid Consumer Hotline and tell them they want the benefits of a single plan from right away. The effective date for the combined benefits can be as soon as the first of next month.

- **What does CareSource have that the other plans don't offer?**

CareSource MyCare Ohio provides transportation to up to 30 free round trips each year to approved locations, two oral dentist exams and cleanings each year and one pair of eyeglasses per year, up to \$125.

- **Is CareSource cheaper than the other plans?**

CareSource has no co-pays, not even for prescription drugs. There is no additional premium or deductible with a MyCare Ohio plan. If applicable, patient liabilities still apply.

- **Does it cost the consumer more money to add Medicare benefits to their existing CareSource MyCare Ohio plan?**

No. There are no deductibles or co-pays when getting health services through CareSource MyCare Ohio.

- **Will there be new ID cards?**

There will be a single ID card for both Medicare and Medicaid from one managed care plan. CareSource MyCare Ohio will send out new ID cards before the end of the year. The effective date of the new combined coverage is January 1, 2015.



- **Can individuals keep the same PCP and other doctors?**

If doctors/providers are part of their existing MyCare Ohio network, yes. We will work with individuals to keep as many of their same doctors as possible. In some instances a change in doctor may be necessary. Doctors not currently a part of the CareSource MyCare Ohio network may contract with us by calling 1-800-488-0134. It's possible individuals may be allowed to continue to receive medically necessary health care services from out-of-network providers through a transition period of up to one year.

- **How long can individuals see current doctors that are not in network?**

For a specified time period after enrollment in the MyCare Ohio program, individuals are allowed to receive services from certain out-of-network providers and/or finish receiving services that were authorized by Ohio Medicaid. This is called the transition of care time period.

- **Who can help consumers decide which MyCare Ohio plan has their current doctors, pharmacy and hospital in their network?**

The Ohio Medicaid Consumer Hotline at 1-(800) 324-8680 can help identify which doctors, pharmacies and hospitals are in each MyCare Ohio plan network.

- **What happens with the Medicare Part D prescriptions?**

The MyCare Ohio plan will also provide prescription drug benefits effective January 1, 2015. Consumers will no longer be enrolled in their current Medicare health or Part D prescription plan, unless they have made an active choice to keep Part D plan or Medicare as it is today by calling the Ohio Medicaid Consumer Hotline. All Medicaid and Medicare benefits, including Medicare Part D, will come from the MyCare Ohio plan.

- **Can individuals keep their current Part D Medicare plan and join MyCare Ohio for both Medicaid and Medicare?**

No. MyCare Ohio becomes the new Medicare Part D plan. The last day of coverage in a current health or prescription drug plan will be December 31, 2014. Individuals cannot keep their current Part D plan and get Medicare benefits through a MyCare Ohio plan at the same time.

- **What happens if a health care service is already scheduled and the doctor/provider is not in the new plan?**

Individuals should call their new My Care Ohio plan right away, before care is received, to prevent any access or billing issues.

Services received from a non-network provider at the time of enrollment in the MyCare Ohio program will be covered from the first date of enrollment for up to 365 days in most cases.

- **Transition Period**

The transition of care timeline for Medicare benefits starts on the effective date of the Medicare enrollment and the transition of care timeline for the Medicaid benefits starts on the effective date of the Medicaid enrollment, which may be different dates based on the consumer's MyCare enrollment history.

- **When does the transition period begin and how long does it last?**

The transition period begins on the effective date with any MyCare Ohio managed care plan. If an individual changes their MyCare Ohio managed care plan, the transition period for coverage of a non-network provider **does not start over**.

- **What services are covered during the transition period and for how long?**

**For non-waiver consumers receiving both Medicare and Medicaid benefits through their MyCare Ohio managed care plan**

Service	Services you were receiving from a non-network provider at the time of your enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
<ul style="list-style-type: none"> <li>• Physician</li> <li>• Community Mental Health</li> <li>• Addiction Treatment Centers</li> </ul>	365 days except if, you are identified for high risk care management then your physician must be covered for 90 days.
Dialysis Treatment	90 days (or more if authorized by plan)
<ul style="list-style-type: none"> <li>• Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental</li> <li>• Scheduled Surgery</li> <li>• Chemotherapy/Radiation</li> <li>• Organ/Bone Marrow/Hematopoietic Stem Cell Transplant</li> </ul>	Until the planned or authorized services are received.
Medicaid Home Health and Private Duty Nursing	90 days
Assisted Living or Medicaid Nursing Facility	Unlimited period if lived in the facility on the day you enrolled in the MyCare Ohio program and the service continues to be medically necessary.

**For waiver consumers receiving both Medicare and Medicaid benefits  
through their MyCare Ohio managed care plan**

Service	Services you were receiving from a non-network provider at the time of your enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
<ul style="list-style-type: none"> <li>• Physician</li> <li>• Community Mental Health</li> <li>• Addiction Treatment Centers</li> </ul>	365 days except if you are identified for high risk care management then your physician must be covered for 90 days.
Dialysis Treatment	90 days (or more if authorized by plan)
<ul style="list-style-type: none"> <li>• Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental               <ul style="list-style-type: none"> <li>• Scheduled Surgery</li> <li>• Chemotherapy/Radiation</li> <li>• Organ/Bone Marrow/Hematopoietic Stem Cell Transplant</li> </ul> </li> </ul>	Until the planned or authorized services are received.
Medicaid Home Health and Private Duty Nursing	365 days unless a change is required due to a health or other life event that changes your needs.
Waiver Services –Direct Care including: <ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Waiver Nursing</li> <li>• Home Care Attendant</li> <li>• Choice Home Care Attendant</li> <li>• Out of Home Respite</li> <li>• Enhanced Community Living</li> <li>• Adult Day Health</li> <li>• Social Work Counseling</li> <li>• Independent Living Assistance</li> </ul>	365 days unless a change is required due to a health or other life event that changes your needs.
All other waiver services	90 days and only after an in-home assessment is completed to transition your services to a new provider. (The services amount is maintained for 365 days)

**For non-waiver consumers receiving only Medicaid benefits through the  
MyCare Ohio program**

SERVICE	SERVICES YOU WERE RECEIVING FROM A NON-NETWORK PROVIDER AT THE TIME OF YOUR ENROLLMENT WILL BE COVERED FROM THE FIRST DATE OF ENROLLMENT IN THE MYCARE OHIO PROGRAM FOR:
<ul style="list-style-type: none"> <li>- Community Mental Health</li> <li>- Addiction Treatment Centers</li> </ul>	At least 365 days
<ul style="list-style-type: none"> <li>- Ohio Medicaid prior authorized Durable Medical Equipment, Vision and Dental</li> </ul>	Until the authorized services are received.
Medicaid Home Health and Private Duty Nursing	90 days
Assisted Living or Medicaid Nursing Facility	Unlimited period if lived in the facility on the day you enrolled in the MyCare Ohio program and the service continues to be medically necessary.

**For waiver consumers receiving only Medicaid benefits through the  
MyCare Ohio program**

SERVICE	SERVICES YOU WERE RECEIVING FROM A NON-NETWORK PROVIDER AT THE TIME OF YOUR ENROLLMENT WILL BE COVERED FROM THE FIRST DATE OF ENROLLMENT IN THE MYCARE OHIO PROGRAM FOR:
-Community Mental Health -Addiction Treatment Centers	At least 365 days
-Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental	Until the authorized services are received.
Medicaid Home Health and Private Duty Nursing	365 days unless a change is required due to a health or other life event that changes your needs.
<u>Waiver Services –Direct Care including:</u> -Personal Care -Waiver Nursing -Home Care Attendant -Choice Home Care Attendant -Out of Home Respite -Enhanced Community Living -Adult Day Health -Social Work Counseling -Independent Living Assistance	365 days unless a change is required due to a health or other life event that changes your needs.
All other waiver services	90 days and only after an in-home assessment is completed to transition your services to a new provider. (The services amount is maintained for 365 days)