

MyCare Ohio frequently asked questions

Overview

This frequently asked questions document provides answers to the most common questions regarding MyCare Ohio and the options available for Ohioans who are dually eligible.

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Options available for receiving your Medicare and Medicaid benefits

I'm enrolled in Medicaid and Medicare. What are my options for receiving my Medicare benefits?

There are a few options for receiving your Medicare benefits. The most common ways to receive Medicare benefits are through:

- **Medicare fee-for-service:** The federal government pays your healthcare claims directly. Through some plans, members can receive additional benefits provided by the plan, called value-added benefits. Through Medicare fee-for-service, no additional value-added benefits are available, and members do not receive care coordination support.
- **Medicare Advantage plan:** These plans cover various benefits depending on what part of coverage you are eligible for. Medicare Part A covers your hospital inpatient care, home or skilled care, and hospice. Medicare Part B covers your hospital outpatient care, preventive services, and durable medical equipment. Part D is your prescription drug benefit.
- **Dual eligible special needs plan (D-SNP):** Plan that provides Medicaid benefits to individuals who are dually eligible for both Medicare and Medicaid benefits. Some D-SNPs cover Medicare and help to provide some guidance in obtaining Medicaid services. Others cover the full array of both benefits.
- **MyCare Ohio plan:** Like a fully integrated D-SNP, MyCare Ohio plans combine Medicaid and Medicare into one streamlined benefit for individuals eligible for both Medicaid and Medicare services.
- **Institutional special needs plan (I-SNP):** Plan that provides Medicare Advantage eligible individuals who have had or are expected to need the level of services provided in a long-term care skilled nursing facility, long-term care facility, skilled nursing facility, intermediate care facility for individuals with intellectual disabilities, and inpatient psychiatric facility.
- **Chronic special needs plan (C-SNP):** Plan for individuals with specific severe or disabling chronic conditions.
- **Program for all-inclusive care for the elderly (PACE):** Program to provide individuals with all their needed healthcare, medical care, and ancillary services in acute, sub-acute, institutional, and community settings.

What is MyCare Ohio?

MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center.

The MyCare Ohio plan that you choose provides all of the same benefits that Medicare and Medicaid offer, including long-term care services and behavioral health. Plus, your MyCare Ohio plans may include additional services to their members.

You have two choices for receiving your MyCare Ohio benefits:

1. **Dual benefits:** A MyCare Ohio plan provides both the Medicare and Medicaid benefits for members. Members are eligible to receive added benefits of the plan, such as \$0 copayments for prescription drugs covered by Medicare, additional transportation services, etc.
2. **Medicaid-Only Benefits:** A MyCare Ohio plan only covers Medicaid-covered services. Members will continue to receive prescription drugs through their Part D plans and any associated co-payments. Your Medicare benefits would be provided through traditional Medicare or through a private insurance company, commonly referred to as a “Part C” plan.

Why are Medicare Advantage plans not right for everyone?

If you choose to receive your Medicare benefits through a Medicare Advantage plan instead of a MyCare Ohio plan, you will be navigating two separate healthcare payment systems. This means that you will receive separate communications, deal with multiple appeals and grievance processes, and need to determine what plan will pay for what services. The providers in your Medicare plan’s network may not be Medicaid providers, making it more likely that you will receive bills from your providers for deductibles and out-of-pocket costs than if a single plan managed both benefits.

Receiving both your Medicare and Medicaid benefits through a MyCare Ohio plan allows you to have one care coordinator to streamline both your Medicare and Medicaid benefits, streamlined communications, one appeals and grievance process, and increased healthcare service coverage due to Medicaid paying some of the additional costs you would have without care coordinated through MyCare Ohio. You will not have to worry about what plan covers what service with MyCare Ohio. The integration of both benefits by a single plan also reduces delays and denials and lowers barriers to care that more often occur when Medicare and Medicaid are managed separately.

Why should I elect to receive dual benefits from a MyCare Ohio plan?

One of the main benefits of having MyCare Ohio for both Medicare and Medicaid are the coordination of all of your services, including medical, behavioral, and long-term care. Individuals who choose a Medicare Advantage plan or Medicare fee-for-service do not have anyone who helps them arrange and coordinate all their healthcare services, and some services have no care coordination at all, leaving the members to figure it out for themselves.

Knowing which program covers which services can be confusing and difficult to figure out. It is not uncommon to have different coverage for Medicare, Medicaid, pharmacy, behavioral health, and sometimes dental and vision too. With MyCare Ohio, there is always a care manager who is accountable coordinating and ensuring all of those services are arranged when needed. MyCare Ohio dual-benefits members only have to carry one medical coverage card. MyCare Ohio offers you one point of contact, person-centered care, seamless care across services and settings, easy navigation for members and providers, and wellness, prevention, coordination, and community-based services. MyCare Ohio dual-benefits enrollment integrates care coordination through a care team, led by you, to ensure that all parties are knowledgeable of and involved in your care.

The MyCare Ohio plan benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including long-term care services both in the community and in a nursing facility as well as behavioral health services. MyCare Ohio plans may also elect to include supplemental ‘value-added’ benefits in their benefit packages, such as additional transportation, over-the-counter allowances, member rewards, and other benefits. You should contact your plans’ member services department or consult your member handbook to learn more about your MyCare Ohio plan benefits.

Additionally, the Ohio Department of Medicaid (ODM) has the ability to ensure certain consumer protections are met by the MyCare Ohio plan. For example, recently through our Next Generation of Medicaid managed care, ODM increased requirements on the MyCare Ohio plans related to medical transportation.

MyCare Ohio enrollment

What if I still want to pick a Medicare Advantage plan?

You do not have to receive your Medicare benefits from your MyCare Ohio plan despite the benefits it offers. You may choose to continue to receive your Medicare benefits through Medicare, Medicare Advantage, or possibly one of the other options listed above. However, your Medicaid benefits will only be available through a MyCare Ohio plan.

MyCare Ohio is currently only available in 29 counties. Not all plans are available in each of the 29 counties. [Review the What MyCare Ohio plans are currently available?](#) question below to find out which plans are available in your area and your enrollment options. Please note that if your county is not in the list, it means that MyCare Ohio is not available in your county. In the future, MyCare Ohio will be available statewide.

You must enroll in a MyCare Ohio plan if you:

- Are 18 or older; and
- [Live in one of the 29 counties](#); and
- Currently have full Medicaid and Medicare parts A, B, and D.

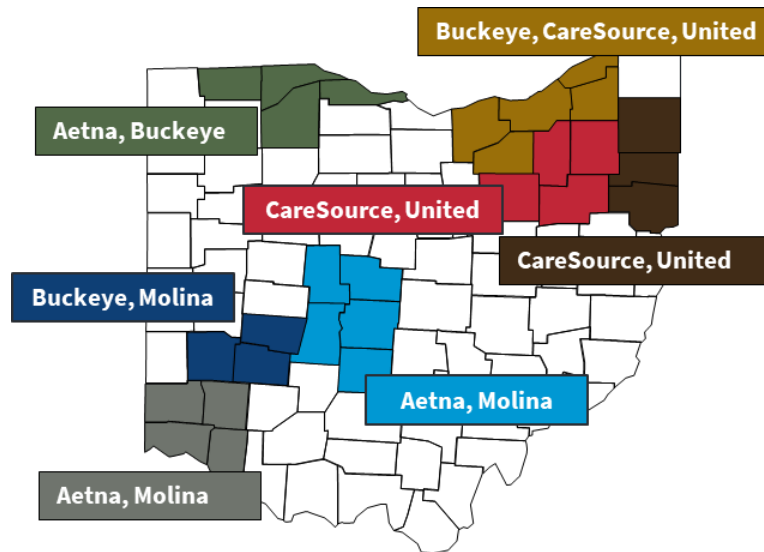
You cannot enroll in a MyCare Ohio plan if you:

- Are under 18.
- Do not live in one of the 29 counties.
- Have creditable third-party insurance (i.e. covers both inpatient hospital stays and doctor visits), other than Medicare or Medicare Advantage plans.
- Are enrolled in a Department of Developmental Disabilities (DODD) waiver, have an Intermediate Care Facilities for Individuals with Mental Retardation (ICF-MR) level of care, or live in an intermediate care facility for individuals with intellectual disabilities (ICF-IID).
- Do not have full Medicaid benefits and do not have Medicare parts A, B, and D.

If you are eligible for MyCare Ohio and do not make a choice of a MyCare Ohio plan, a plan will be selected for you.

What MyCare Ohio plans are currently available?

MyCare Ohio is currently available in 29 counties. The plans available to you depend on the county you reside in as noted in the map below. The plans available include [Aetna Better Health of Ohio](#), [Buckeye Health Plan](#), [CareSource](#), [Molina Healthcare](#), and [United Healthcare Community Plan](#).



Is there someone impartial I can talk to about my health care options?

The Ohio Department of Insurance provides Medicare beneficiaries with free, objective health insurance information and one-on-one counseling through its Ohio Senior Health Insurance Information Program (OSHIIP). OSHIIP's speaker's bureau, hotline experts and trained volunteers educate consumers about Medicare, Medicaid, MyCare Ohio, Medicare prescription drug coverage (Part D), Medicare Advantage options, Medicare supplement insurance, long-term care insurance and other health insurance matters.

- Toll Free Number: 800-686-1578
- Fax Number: 614-752-0740
- Email: oshiipmail@insurance.ohio.gov

Additionally, Ohio Department of Medicaid has a hotline to help dual-eligible individuals choose the MyCare Ohio plan that best meets their needs. The hotline has no affiliation with any of the MyCare Ohio plans and can offer one-on-one assistance with no conflicts of interest. The Ohio Medicaid Consumer Hotline can be reached at 800-324-8680 Monday through Friday 7 a.m. – 8 a.m. and Saturdays 8 a.m. – 5 p.m. Eastern time.

How do I know which plan to choose?

Each MyCare Ohio plan provides a variety of value-added benefits to their members. To compare plan benefits, please refer to this [comparison chart](#). Additionally, The Ohio Department of Medicaid operates a consumer hotline to help dual eligible individuals pick the MyCare Ohio plan that best fits their needs.

What should I expect to receive from my MyCare Ohio plan as a new member?

Once you are enrolled in a MyCare Ohio plan, you will get a welcome letter, your member identification (ID) card, and member handbook in the mail. MyCare Ohio plans send one permanent card when you enroll, instead of the monthly paper card that is sent by Medicaid fee-for-service. Keep this card while you are on the plan. The MyCare Ohio plan will also send you information about your doctors, health services, and scope of coverage. You will receive other communications from your managed care plan, including newsletters, healthcare reminders, opportunities to earn wellness incentives, and more.

If you need to replace your ID card, you can get a new card by either calling your MyCare Ohio plan member services department or by signing up with your MyCare Ohio plan in their member services portal. You can print a copy of your ID card immediately from the MyCare Ohio plan portal. If you order a card via telephone, it should arrive in the mail in 7-10 business days from the date of your request.

I am currently enrolled in a MyCare Ohio plan, but I recently moved to a county that is not part of the MyCare Ohio program. What happens now?

When you move to a county that does not have MyCare Ohio, enrollment in MyCare Ohio will end on the last day the month. You will receive additional information on your Medicaid enrollment moving forward. In the future, the MyCare Ohio program will be available statewide so then you should be able to move within the state and keep your MyCare Ohio plan.

Receiving healthcare services and other benefits through MyCare Ohio

What about medical services I already have approved or scheduled? What if my doctor or hospital is not in the MyCare Ohio plan network?

MyCare Ohio plans are required to provide transition of care benefits for non-contracted providers of many services, including physician and pharmacy services. After the transition period, you must utilize providers who are within the MyCare Ohio plan's provider network. You can contact your plan's member services department, visit the plans' websites, or utilize the provider search available on the Medicaid Consumer Hotline at <http://www.ohiomh.com/home/findaprovider>.

What services are covered by my managed care plan?

Managed care plans cover all the same services covered by Medicaid fee-for-service but may require prior approval for services. Your plan's member handbook will tell you what services require prior approval. Your provider requests prior approval from the managed care plan. Medicaid waiver services can operate differently.

If you need help to get to a medical appointment, your managed care plan may be able to help you. If your medical appointment is 30 or more miles away from your home, and there aren't any closer participating network providers, your managed care plan is required to assist you with getting to and from your appointment, if you need help. Managed care plans also offer enhanced transportation benefits, which vary by region, to help you with transportation to medical appointments, WIC appointments, and visiting your County Department of Job and Family Services.

How can I arrange transportation?

If you have full Medicaid eligibility and are having difficulty in getting a medically necessary service, you may request transportation assistance. The type of assistance available may depend on whether you are a member of a Medicaid managed care or MyCare Ohio plan, in which county you live, and whether you are bringing along a non-folding wheelchair or power scooter that doesn't fit easily in a standard vehicle.

Medicaid managed care and MyCare Ohio plans can offer free transportation to you as an additional benefit above and beyond what the state requires. This value-added benefit can be limited to a specific number of trips a year. You may take these trips to get to healthcare appointments and other services as well, but you are not required to use them at all. Any Medicaid-eligible individual may contact the local County Department of Job and Family Services to request transportation assistance.

If you are a member of a Medicaid managed care or MyCare Ohio plan, then contact your plan in any of the following circumstances:

- You use a non-folding wheelchair or power scooter that doesn't fit easily in a standard vehicle, or you need to sit in your folding wheelchair during transport.
- You must travel 30 miles or more (one way) because the medically necessary treatment covered under your plan is not available at a closer location.
- You have a value-added ride available that you want to use.

More information on [Transportation Assistance](#).