Ohio Medicaid Open Enrollment Frequently Asked Questions

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What is open enrollment?

Open enrollment is the period when Ohio Medicaid members can review the managed care plans available and select the plan that best fits their healthcare needs.

Why does open enrollment matter?

Ohio's Medicaid managed care plans are required to offer medical, vision, dental, and behavioral health services as defined by law. But to stand out from the pack and earn your business, each offers extra services ranging from transportation to pregnancy care to wellness rewards. By taking part in open enrollment, you can make sure you're covered by the health plan that's best for you.

What should I look for when comparing plans?

While reviewing plans, check to see ...

- Which plan works with all or most of your doctors?
- Which plan works with the hospitals or clinics you prefer?
- Which plan offers the special services you need, such as additional unemployment assistance; access to nutritious foods, education, or wellness programs; or covers an extra dental visit or pair of eyeglasses?

- If you'll have to cover any fees or co-pays for dental services, routine eye exams, eyeglasses, mental health, substance use disorder benefits, or non-emergency services provided in a hospital emergency department?

When and how can I change my managed care plan?

You can change your managed care plan now through November 30. Plan changes go into effect on the first day of the following month.

You can select a new plan by using the Ohio Medicaid Consumer Hotline Portal at **www.ohiomh.com** or by contacting the Ohio Medicaid Consumer Hotline at 800-324-8680 (TTY 711).

How will Ohio Medicaid remind me of the open enrollment period?

You will receive a letter in the mail from Ohio Medicaid notifying you of the open enrollment period, managed care plans available, and how to change your plan. Additionally, you will receive an automated call from Ohio Medicaid allowing you the opportunity to connect with a customer service representative to ask questions or change your plan.

Make sure to keep your contact information up to date to stay informed about your Medicaid plan and coverage. You can update your contact information at any time by contacting the Ohio Medicaid Consumer Hotline at 800-324-8680 (TTY 711) or by accessing the **Ohio Benefits Self Service Portal**.

What if I want to switch my plan outside of open enrollment or the 90-day grace period?

If you have concerns about your access to healthcare or are receiving poor quality of care, you can request to change or disenroll from your current plan at any time for Just Cause. A "Just Cause" is a request to change or disenroll from a plan outside of the annual open enrollment period or initial 90-day period after enrollment.

If you have questions on what constitutes Just Cause or would like to make a Just Cause request, call the Ohio Medicaid Consumer Hotline at 800-324-8680 (TTY 711).

What if I do not want to change my plan during open enrollment?

If you would like to stay with your current plan, no action is needed. You will be re-enrolled with the one you have now.

Which managed care plans can I choose from during open enrollment?

There are seven managed care plans to choose from. You can click on each listed below to visit their website and learn more about their approach to serving you.

- AmeriHealth Caritas Ohio
- Anthem Blue Cross and Blue Shield
- Buckeye Health Plan
- CareSource
- Humana Healthy Horizons in Ohio
- Molina Healthcare of Ohio
- UnitedHealthcare Community Plan

What resources are available to assist me in selecting a managed care plan?

- The 2027 Managed Care Health Plan Comparison Guide provides an overview of the services that all managed care plans provide, and specific value-added services provided by each individual plan.
- The Find a Managed Care Provider tool can help you identify with which managed care plans your trusted providers are contracted – or "in network."
- You can call the Ohio Medicaid Consumer Hotline at 800-324-8680 (TTY 711) if you have additional questions about the managed care plan options available.

I received an open enrollment notice and a renewal packet. Is action required for both?

Medicaid renewals and open enrollment letters sometimes arrive within days or weeks of each other. But they are very different – and each is important.

- Medicaid renewal notices require your response and come with deadlines. If you don't respond on time, you risk losing your healthcare coverage. Please keep an eye out for these letters.
- Open enrollment letters are sent each year and invite you to get to know your choices in health plans and pick the one that suits you best.

I receive services through the OhioRISE program. How does open enrollment impact me?

Open enrollment applies to your physical healthcare coverage offered by Ohio's seven managed care organizations listed above. They cover your medical, dental, vision, and other physical health services. If you are enrolled in OhioRISE, your behavioral health benefits will continue to be provided by Aetna – the OhioRISE plan.

I receive services through a MyCare plan. How does open enrollment impact me?

If you choose to receive only your Medicaid benefits through MyCare, you will receive an open enrollment notice and have the option to select a plan now through November 30.

Who should I contact if I have a question about open enrollment?

If you have a question about open enrollment, call the Ohio Medicaid Consumer Hotline at 800-324-8680 (TTY 711). Representatives are available 7 a.m. – 8 p.m. Monday through Friday and Saturdays 8 a.m. – 5 p.m. (all times Eastern).