

The Changing Face of Medicaid in the State of Ohio

The face of Medicare in the State of Ohio will be changing of the next few months. By law the State of Ohio will stop processing transactions and transferring Medicare eligible recipients to one of nine approved Health Management Organizations. This change over is to be completed during the 2007 calendar year.

Each county in the state will chose up-to three of the nine HMO for recipients to enroll by their choosing. If a recipient does not voice a choice the county will place the recipient in the HMO of their own choosing. Most HMO programs are located regionally across the State of Ohio. Plans include Amerigroup (SW, W Central), Buckeye Community (NW, E Central), Care Source (Everywhere except NW), Molina Healthcare (Central, SE, SW, W Central), Paramount (NW), QualChoice (NE), Unison (E Central, NE, Central, SE), and WellPoint (NE, N Central, NW).

Currently every one participates as an enrolled provider with Ohio Medicaid. There are advantages of participating and even not participating with your local Medicaid HMO. Participating as a provider will allow MBI to access eligibility and claim status information more efficiently through each respective HMO website. Not participating as a provider will allow MBI to potentially collect a slightly more revenue per claim once we receive the information required to submit the claim. MBI currently recommends participating with at least the three local HMO programs for your respective county. Over the next very short weeks, MBI will be contacting each county's Medicaid program to ascertain their choice of Medicaid HMO. During this fourth quarter of 2006, your department will be receiving by mail paperwork to be reviewed, signed, and returned to MBI as quickly as possible.

For additional information on the Ohio Medicaid HMO system, contact Andy Cook at 937-619-3003 or 800-875-0136 extension 3003.