Providing continuity of healthcare; Hope for a healthier tomorrow & restoration of Ohio communities.
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March 23, 2010, President Obama signed into law the Patient Protection Affordable Care Act (PPACA). This law attempts to control rising healthcare costs, protect consumers and expand insurance coverage, make quality and system improvements, shift the focus onto wellness and prevention and to increase the healthcare workforce. Additionally, PPACA mandates that all U.S. citizens be insured or be subject to a potential tax penalty.

Uninsured adults will either pay a flat fee for themselves and their children or pay a share of their income, whichever is greater. The penalty is pro-rated; people, who have coverage for a part of the year won’t be liable, if they lack coverage for less than a three-month period during a year. Penalty grid; 2014 = $35.00 per adult or 1% of family income, 2015 = 325 per adult or 2% of family income, and 2016 = 695 per adult or 2.5% of family income (whichever is greater). Exemptions include but not limited to; Undocumented Immigrants, Native Americans, those who earn too little to file tax returns, people who would have to pay more than 8% of their income for health insurance, etc...

The Ohio story: Medicaid expansion was a key initiative of Governor Kasich and the Governor’s Office of Health Transformation (OHT). On September 26, 2013, Ohio’s Medicaid Director submitted a State Plan Amendment to extend Medicaid coverage to childless adults beyond traditional categories (pregnant, disabled, over 65, blind, etc.). The State Plan Amendment was approved on October 26, 2013 by the Controlling Board. January 1, 2014, was the official effective date for Ohio’s Medicaid expansion program.

The passing of Medicaid expansion became the platform to improve welfare between the Ohio Department of Medicaid (ODM) and the Ohio Department of Rehabilitation and Correction (ODRC). The unified goal of this partnership is to pre-enroll inmates into Medicaid and select a Managed Care Plan prior to their release. Medicaid pre-enrollment will allow for a seamless transition/eliminating the abrupt release or gaps in healthcare coverage post incarceration and establishment of a care plan for inmates who have complex healthcare needs. Overall create a continuum of healthcare within the criminal justice system in Ohio by connecting inmates to appropriate medical, mental health, and substance abuse services, which in turn has the potential to reduce recidivism.

This guide seeks to identify the steps necessary to effectively pre-enroll inmates into Medicaid and select a Managed Care Plan prior to their release.
II. Definitions

**Patient Protection Affordable Care Act (PPACA)** – 2010 Federal mandate requiring all United States citizens to have health insurance.

**Penalties for being uninsured** - PPACA requires most legal residents of the United States to either obtain insurance or pay a penalty tax. That penalty will be the greater of: a flat dollar amount per person or a percentage of the household’s income. Note: not all uninsured citizens will be subject to a penalty tax and will be considered for an exemption such as individuals who do not have to file taxes due to low income earnings.

**Ohio Department of Medicaid (ODM)** – Launched in July 2013 (formerly under Job & Family Services), the Ohio Department of Medicaid (ODM) is Ohio’s first Executive-level Medicaid agency. With a network of more than 83,000 active providers, ODM delivers health care coverage to more than 2.7 million residents of Ohio on a daily basis. Working closely with stakeholders, advocates, medical professionals, and fellow state agencies, the agency continues to find new ways to modernize Medicaid in Ohio.

**Medicaid** – is a health insurance program that provides healthcare coverage to low income families and individuals.

**Managed Care Plan (MCP)** – Ohio Managed Care Plans are health insurance companies that contract with many different types of medical providers and health care facilities to offer Ohioans health care services. Ohio’s Managed Care Plans are: Buckeye Health Plan, CareSource, Molina Healthcare of Ohio, Paramount Advantage, United Healthcare Community Plan of Ohio.

**Managed Care Coordinator (MCC)** – MCC staff member who work with hospitals, doctors, and other providers to coordinate an individual’s (inmate’s with complex medical needs) care to provide access to services post incarceration.

**Ohio Medicaid Consumer Hotline (OMCH)** – Medicaid subject matter experts that can enroll individuals into Medicaid, assist with selecting a Managed Care Plan, and field Medicaid related inquiries. OMCH staff will speak directly to the inmate population via the facility’s dedicated phone line(s).

**Peer-to-Peer Medicaid Guide (PTPMG)** - group of selected inmates *under the supervision of facility staff*, that will serve to educate the inmate population throughout various points of their incarceration about PPACA, Medicaid, Managed Care Plans, and how they can enroll prior to their release from prison. This group is to be viewed as their “sister’s” or “brother’s” keepers.

**OSC Medicaid Staff** – ODRC staff designated to serve as the liaison between ODM, Facility Staff, ODMH and Managed Care Plans.
**Health Information Technician (HIT)** – Contracted Health Information Technician who will be responsible for tracking, monitoring and coordinating all clerical aspects of the Medicaid expansion program at their assigned facility. *Not all facilities will require the use of a HIT. OSC will work closely with facility staff to determine if a HIT is required at their site.

**Medicaid Offender Tracking Spreadsheet (MOTS)** - this spreadsheet serves as the communication device between the various stakeholders (DRC, ODM, OMCH, ODMH, MCP, and facility staff). The MOTS sheet identifies the inmate’s; Medicaid billing number, selected Managed Care Plan, Chronic Risk Indicator(s), intended residence, and so forth. The MOTS is updated weekly and maintained within the Medicaid SharePoint Site.

**Critical Risk Indicators (CRI)** - a designation for any individual with an indicator of infectious disease (HIV+ or Hepatitis C) or at least two of the following indicators: C1 designation for serious mental illness, R3 recovery services level of care, or enrolled in at least one (1) chronic condition clinic.

**Patient Release Summary** – Patient One View provides a snapshot of the inmate’s medical summary. If an inmate is screened as a Chronic Risk Individual, the Patient Release Summary will be attached to the MOTS and stored on the Medicaid SharePoint Site.

**Medicaid SharePoint Site** – The Medicaid SharePoint Site was created to serve as the communication tool between DRC, ODM, Facility Staff, MCP, OMCH Representatives, and ODMH. Additionally, this site is the storage location for training tools, program forms, contacts, etc… *requires internet to access.

**Transition Plan (TP)** – Plan generated by MCC for Chronic Risk Individuals detailing an inmate’s follow-up medical care post incarceration.

**Medicaid Video Conference** – MCCs will schedule a Video or Telephone Conference *(providing at least 7 days’ notice)* for facility staff. The Video or Telephone Conference is as an interactive session between the MCC and any inmate(s) who have been identified with two or more CRIs. *All Medicaid Video Conferences will be scheduled through the Medicaid SharePoint calendar by the MCC and confirmed by facility staff.

**Facility Enrollment Packet** – a copy of completed Medicaid Pre-Release enrollment forms to include:

- Medicaid Pre-Enrollment Sign-in/Checklist (DRC2054)
- Medicaid Enrollment Sign-in/Checklist (DRC2053)
- Medicaid Opt. Out (DRC2049) or ODM Authorization Form MUST be completed for every inmate listed on the facility’s Future Release Report from “FRMEN” or “GRMEN” Future Release List in DOTSPORTAL
  - If inmate(s) sign the ODM Authorization Form;
    - Release of Information for Medicaid (DRC2048)
    - Inmate Forwarding Address (DRC1344)

**NOTE:** The Pre & Enrollment Checklist serves as the cover letter for the Facility Enrollment packet. Facility staff will need to upload the completed packet onto the Medicaid SharePoint Site no later than three (3) business days from the Enrollment Class.
Medicaid Batch Fall-Out or Outlier Call - calls reserved for inmates who through circumstances beyond their control were **NOT** included within the DRC Medicaid Batch file (posted the 10th of every month). This process requires facility staff or HIT coordination with OMCH Representatives.

**Notice of Action Letter (NOA)** – Medicaid generated notification letter(s) pertaining to an individual’s medical benefits anytime a change occurs. These letters are customized to the individual’s situation, vary in content. For the Medicaid Pre-Release Program the NOA letters generally advise participants: application status, MCP selection status, notification of when to expect to receive their Medicaid Card, etc... Each letter allows the recipient the opportunity to appeal the decision by requesting for a State Hearing.
III. PTPMG Responsibilities

Medicaid Pre-Release Enrollment Program

Kimberly Mobley, Ohio Department of Medicaid
Ricky Seyfang, Ohio Department of Rehabilitation and Correction
October 21, 2015

Ohio Department of Rehabilitation & Correction
Ohio Department of Medicaid

Today’s Agenda

The Basics
Closer Look: Medicaid
Closer Look: Managed Care Plans & Care Management
Peer Guides & Pre-Release Enrollment Program

NOTES:

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Medicaid is a joint federal and state program that helps cover medical costs for individuals with low income or limited resources.
- Medicaid was established in 1965.
- States are not required to participate in the program, although all currently do.
- In Ohio, Medicaid provides quality care to nearly 3 million Ohioans.

It is important to note that Medicaid is different from Medicare. How? Medicare is a federal health insurance program for people 65 or older, younger people with disabilities, and people with End-Stage Renal Disease.

NOTES:
Also known as the Affordable Care Act or “Obamacare” which was signed into law in 2010. ACA mandates that all individuals have health insurance or be subject to a potential tax penalty.

As a result, in Ohio, Governor Kasich’s Office of Health Transformation (OHT) and the Ohio Dept of Medicaid pursued extending Medicaid coverage to childless adults. On January 1, 2014, Governor Kasich authorized the expansion of Medicaid services to eligible residents living in Ohio.

**Goals of the ACA (background):**

**Insurance Reforms**
- Covers preventative care such as immunizations, screenings for chronic disease
- Prohibits coverage denial based on pre-existing conditions

**Coverage Expansion**
- Covers young adults on parent’s policies to age 26
- Medicaid expansion in conjunction with state programs
- Increases funding for the community health centers
- Targets outreach & enrollment at “vulnerable populations”

**Delivery System Redesign**
- Encourages new primary care models such as patient-centered medical homes
- Creates Medicaid emergency psychiatric demonstration projects

**Payment Reform**
- Establishes demonstration projects to develop more efficient payment mechanisms
- Provides for testing of new delivery & payment system models in Medicaid & Medicare
- Encourages efforts to reduce health care fraud and abuse
If an inmate chooses to opt-out, how much time do they have to find other health insurance after release?

If you stay uninsured for 60 days after release, you may be charged with a tax penalty. Given that, we strongly recommend that you do not opt-out of the Medicaid Pre-Release Enrollment program. You can apply for Medicaid at no cost. You can be enrolled in Medicaid even if you have other private insurance. In that case, Medicaid will be the payer of last resort and may save you some out-of-pocket costs.

If you do not participate in the Medicaid Pre-Release Enrollment program, we encourage you to visit your local CDJFS or call the Ohio Medicaid consumer hotline upon release.

NOTES:
Medicaid Pre-Release Enrollment Program

Program Partners:
» Ohio Department of Rehabilitation and Corrections (ODRC) and Ohio Department of Medicaid (ODM)
» Ohio Mental Health and Addiction Services (OhioMHAS) and Ohio Department of Health (ODH)
» Medicaid Managed Care Plans

“If we are together nothing is impossible. If we are divided all will fail.”
-Winston Churchill

Pre-Release Program Goals

Access to Health Services

Improve Health Outcomes

Reduce Recidivism

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Medicaid Eligibility

**General Requirements:**

- Be a US citizen or a non-citizen with satisfactory immigration status
- Provide a Social Security number
- Be an Ohio resident
- Meet certain financial requirements

**Who qualifies for coverage?**

- Children and families
- Pregnant women
- Older adults and individuals with disabilities
- Adults up to age 64 living at or below 133% FPL

**Eligibility determination process for incarcerated individuals**

- Apply 90-120 days prior to release
- Application processed at the Ohio Department of Medicaid – eligibility is determined based on incarceration status as a single adult.
- Medicaid cards mailed to DRC headquarters and distributed in release packet
- Upon release, Medicaid case transferred to Job & Family Services office in the county of residence – report changes within 10 days. JFS caseworker will update case based on your family income and determine if you will remain eligible.
What Does Ohio Medicaid Cover?

• Comprehensive package, including preventive and treatment
• Benefits include:
  - Medical services
  - Preventive Health – e.g., yearly well adult exams, immunizations, screenings
  - Prescription drugs
  - Mental health & alcohol/drug addiction treatment services
  - Medical equipment
  - Dental & vision
  - Transportation
  - Hospital and emergency services
  - Pregnancy & reproductive health services
• All services covered by Medicaid must be medically necessary. This means that the treatment, test or procedure is necessary for your health.
• Some services are limited by dollar amount, number of visits per year, or setting.

NOTES:
• Most residents in Ohio eligible for Medicaid must enroll in a Managed Care Plan (MCP) to receive their health care.
• What is a Managed Care Plan?
  – Health insurance companies licensed by the state that have a contract with the Ohio Dept. of Medicaid.
  – MCPs work with hospitals, doctors, and other providers to coordinate an individual’s care and to provide access to services.
• The five (5) MCPs contracted with the Ohio Dept. of Medicaid are Buckeye Health Plan, CareSource, Molina Healthcare, Paramount, and UnitedHealthcare Community Plan. All 5 MCPs are available statewide, in all of Ohio’s 88 counties. All 5 MCPs must at a minimum cover the same benefits that Ohio Medicaid covers.
• The next few slides discuss extra services that the MCPs provide that are normally not available in the traditional Ohio Medicaid program. There are many things that an individual needs to think about when selecting an MCP. Here are some questions that an individual might find helpful when selecting an MCP:
  – What MCP has all or most of the doctors or hospitals that I may visit?
  – What MCP offers extra services that I need or want (health and wellness programs, extra transportation)?
  – How does the MCP cover medications?

NOTES:
Benefits of Managed Care

• Nurse Advice Line – toll-free number, available 24/7, provides advice or general information
• Member Services Department/Call Center – toll-free; available M-F; help with any questions or issues, e.g., what services are covered, finding a provider, filing a complaint, etc.
• Establish a Primary Care Provider (PCP) who will:
  – Work with the member to address health care needs
  – Provide check ups, shots and treatment for most routine problems
• Offers care management to individuals with special health care and/or complex needs. (Care management will be reviewed in depth on the next slide.)
• Enhanced benefits – dental care, vision, transportation to medical appointments
• Access to health and wellness programs, including incentives for attending scheduled appointments (e.g., well visits)
• Simple grievance process if there is a need to report a concern and a timely appeals process.
• No co pays or lower co-pays for some prescription drugs, dental services, and routine eye exams
• A permanent health insurance card.

NOTES:
What is care management?

- A program where nurses or social workers (care manager) talk to the consumer, doctors, and providers to coordinate care.
- A care manager is the glue holding the care team together.
- How can a care manager help a member?
  - Helps the member to understand how to better care for him/herself.
  - Advocates on the member’s behalf.
  - Assists member with accessing services that are available through the MCP (finding a provider, transportation, etc.).
  - Helps member to navigate the health care system.
  - Refers & links member & family to needed services and supports in the community.
Peer to Peer Group Medicaid Guides - where we need your help

• Inform and Educate
  - Advise individuals about the Federal Mandate for all U.S. Citizens to be insured & the potential tax penalty, if uninsured.
  - Educate your peers about benefits of applying for Medicaid and enrolling in a Managed Care Plan.
  - Encourage your peers to apply for Medicaid and to provide consent for medical information to be shared so critical assistance can be provided.
  - Empower your peers to actively participate in their health care.

• Orientation
  - Speak to transferred individuals about PPACA & Medicaid Pre-Release Enrollment Program.
  - Show Medicaid Orientation Video

• Pre-Enrollment & Enrollment
  - Provide guidance and assistance throughout the entire Pre-Release Enrollment Program.
Pre-Enrollment Class

*All forms are available on DRC's Electronic Form Catalog

- Pre-Enrollment for Medicaid Sign-in/Checklist (DRC205A)
- Medicaid Enrollment Preparation (DRC1633)
- Medicaid Out-Out (DRC2049)

Pre-Enrollment Class

It is recommended the Pre-Enrollment Class be conducted at least 2-3 days prior to enrollment.

- Peer to Peer Medicaid Group (PTPMG):
  - Assist with the overall pre-enrollment process
  - Conclusion of the Pre-Enrollment Class:
    - Why they need to be insured & benefits of having health insurance
    - Potential penalties of being uninsured
    - NO fee to apply for Medicaid
    - The Medicaid Enrollment Program is NOT mandatory
    - Understanding participation requires their consent
    - If approved for Medicaid they may qualify for a MCP Transition Plan
    - Aware all denials will be provided an opportunity to appeal Medicaid’s decision

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FACILITY STAFF will monitor the entire process and maintain the completed forms.

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Enrollment Class

- Enrollment for Medicaid Sign In/Checklist (DRC2054)
- Medicaid Opt-Out (DRC2062)
- ODM Authorization Form
- Forwarding Address for Medicaid Application (DRC1545)
- Release of Information for Medicaid (DRC2045)

Medicaid Enrollment Class

It is recommended the enrollment class be conducted at least 90 days prior to scheduled release.

- Facility Staff, Health Information Technology (HIT), & PTMPG
  - Assist with the overall enrollment process
  - Conclusion of the Enrollment Class:
    - Participation in applying for Medicaid & selecting an MCP
    - Existing health conditions may qualify for MCP Transition Plan
    - Denials provided an opportunity to appeal Medicaid's decision
    - Copy of MCP Card, will be provided on the day of scheduled release
    - Instructed to follow-up with selected MCP to request a new permanent card post incarceration.

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RICI Medicaid Enrollment Schedule

2nd & 4th Wednesday Every Month
5:00pm - 6:00pm
*As needed

2nd Wednesday
1:00pm - 3:00pm

4th Wednesday
8:00am - 10:30am

Communication is KEY — Notify Medicaid staff of any delays!

Medicaid Eligibility

Determination - takes several weeks
Denied will be provided an opportunity to appeal
Copy of MCP Cards - distributed on day of release

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Pre-Release Care Management: Who is Eligible?

» Mental Illness
» Substance Abuse
» Chronic Condition

» HIV Positive
» Hepatitis C

Must meet two or more to qualify

Qualify automatically

Pre-Release Care Management – who is eligible?

• Care management is available to individuals with complex needs.
  – Assist with a successful transition to the community.
  – Process begins before the individual is released from the facility.

• Who is eligible?
  – Meets two or more of the following criteria: serious persistent mental illness, substance abuse (recovery services level of care), or a chronic condition.
  – HIV positive or Hepatitis C (automatic qualifier)
Transitioning to the Community

Approximately 30-60 days prior to release date:
- Pre-screen individuals to determine if qualify for care management.
- MCP Care Manager (CM) is assigned to individuals who qualify.
- CM develops a transition plan that identifies important, needed health care services and community supports. Includes:
  - PCP/specialists -- for new/continued treatment
  - Scheduled appointments & where to obtain medications
  - Document and address non-medical needs - transportation, housing, food assistance, etc.
  - Key contact information for the MCP and CM

7-14 days prior to release
- CM & individual review the transition plan together in a video conference.
- Opportunity for individual to meet his/her CM, confirm information in the transition plan, identify changes, and request additional needs.

Date of release:
- Final copy of the transition plan and insurance card provided to individual on the date of release.

Post-release:
- Member follows the transition plan – attends appointments, obtains medications.
- CM contacts the member within 5 days of release from the facility.
- Member and CM continue ongoing relationship.
Care Management – Success Story

- Release Challenges
  - No housing, primary care physician or transportation
  - Addiction and history of relapse
- Care Manager Outreach
  - Established primary care physician, connected member to a sober living
    home and mental health resources
- Member Success
  - Referred for Hepatitis C treatment, smoking cessation, mental health and
    substance abuse treatments
  - Completed financial aid applications for college and plans to attend the
    University of Toledo Social Work Program

Participant Feedback

- Appreciation for support and regular contact with care manager
- Renewed sense of hope and determination
- Strengthened by health plan’s involvement and care managers that stayed connected and followed member’s progress
Attachment A

Tab #1: Pre-Enrollment Sign-in Checklist (DRC2054)
# Pre-enrollment for Medicaid Sign-in/Checklist

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<td>Y</td>
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</table>

DRC-2054 E (03/2015)  Distribution:  OSC Medicaid Staff  Page 1 of 1
Attachment B

Tab #2: Medicaid Enrollment Preparation (DRC1333)
The Ohio Department of Rehabilitation and Correction (ODRC) partnered with the Ohio Department of Medicaid (ODM) to ensure all released inmates are made aware of the following:

- **The Patient Protection Affordable Care Act (P-PACA),** passed by President Obama in 2010, requires all legal residents of the United States to either obtain health insurance or be subject to a potential tax penalty.

- **January 1, 2014,** Governor Kasich authorized the expansion of Medicaid services to all residents living in Ohio. Given your status as an inmate, it is likely that you may be eligible for Medicaid.

- Medicaid is a form of health insurance that makes available access to healthcare providers, services, and medications.

- **Managed Care Plan (MCP)** health insurance companies licensed by Ohio Department of Insurance that have a contract with ODM. Ohio’s Medicaid Managed Care Plans are:
  - Buckeye Community Health Plan
  - CareSource
  - Molina Healthcare
  - Paramount Advantage
  - United Healthcare

ODRC and ODM’s partnership provides an opportunity for you to apply for Medicaid at least ninety (90) days prior to your release:

- **Apply for Medicaid** – In order to apply for Medicaid you must sign ODM’s **Authorization Form.**
  - ODM’s Authorization Form gives permission for Medicaid:
    - To pursue any money from other health insurance, legal settlements, or other third parties. Also, allows ODM the right to pursue medical support from a spouse or parent.
    - To offer any person who provides health care or medical supplies to give the departments of Medicaid, Job & Family Services, or Health Department any information related to the services provided under the Medicaid program, WIC, and medical assistance programs. Also, permits the department to exchange any information provided, to enable the departments to determine your eligibility.

*If you think that cooperating to collect medical support will harm your children or yourself, you do not have to participate by signing DRC’s Opt. Out Form, DRC2049.*
*There are no fees to apply for Medicaid and healthcare insurance coverage options vary for each individual; it is dependent on employment and income*

- If you agree to participate in the Medicaid Pre-Release Enrollment program by signing ODM's Authorization Form; you will be offered an opportunity to select a MCP.

- In order to select a MCP, you will be connected directly to an Ohio Medicaid Consumer Hotline (OMCH) representative, via a dedicated phone line. During the course of the call you will be asked the following questions:

  1. May I have your name and Offender number?
  2. Can you please confirm your Social Security Number and Date of Birth for me?
  3. Which facility do you currently reside?
  4. What date was you admitted to the Ohio Department of Rehabilitation and Correction?
  5. What is your current release date?
  6. Do you or your family have a Primary Care Physician? If yes, what is his/her name?
  7. Which Managed Care Plan do you want to select if you are approved for Medicaid?
  8. What is your preferred language?

<table>
<thead>
<tr>
<th>Prep-question worksheet:</th>
<th><em>This form is for personal use and should NOT be shared with anyone.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>Answers</td>
</tr>
<tr>
<td>What is your expected release date?</td>
<td></td>
</tr>
<tr>
<td>Do you or your family have a Primary Care Physician?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, what is his/her name?</td>
<td></td>
</tr>
<tr>
<td>What is the address that you expect to reside in upon release? You are required to complete a DRC-1344, Medicaid Forwarding Address Form.</td>
<td></td>
</tr>
<tr>
<td>What Managed Care Plan would you like to select?</td>
<td>Buckeye Community Health Plan CareSource Molina Healthcare Paramount Advantage United Healthcare</td>
</tr>
</tbody>
</table>

• Managed Care Plan Guides can be accessed through the facility library or the Peer-to-Peer Medicaid work group.
• You will be notified if you are denied Medicaid and provided an opportunity to appeal Medicaid's decision.
Attachment C

Tab #3: Medicaid Opt Out/In Form (DRC2049)
OHIO DEPARTMENT OF REHABILITATION & CORRECTION
MEDICAID – Opt-Out/In Form

The Ohio Department of Rehabilitation & Correction (DRC) has partnered with the Ohio Department of Medicaid (ODM) to offer incarcerated inmates the opportunity to apply for Medicaid and select a Managed Care Plan ninety (90) days prior to release. Our efforts are to ensure inmates continuity of care post incarceration and compliance with the Patient Protection Affordable Care Act (P-PACA). P-PACA mandates most legal residents of the United States to either obtain insurance or be subject to a potential tax penalty.

By signing below you are indicating you choose NOT to apply for Medicaid and select a Managed Care Plan prior to release from prison. By signing below you acknowledge that you could be subject to a tax penalty if uninsured and it will be your responsibility to obtain healthcare insurance.

Reason for opting out:
☐ Pre-existing insurance
☐ Out of State Detainer
☐ Other: __________________________

Opting-In - the Medicaid Pre-Release Program is NOT a mandatory program.
By Opting-In you are choosing to override your previous decision NOT to participate in the Medicaid Pre-Release Program.
☐ Opt-In Date: __________

Distribution: Inmate OSC Medicaid Staff

DRC-2049 E (Rev. 07/2015)
Attachment D
Tab #4: Enrollment Sign-in Checklist (DRC2053)
# Enrollment for Medicaid Sign-in/Checklist

**Date:**

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<tr>
<th>Printed Name</th>
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<th>ODM Auth Form</th>
<th>Complete IFA</th>
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</table>
Attachment E

Tab #5: ODM Authorization Form
Medicaid Application Signature Page

I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.

I know that I must tell the Ohio Department of Medicaid if anything changes (and is different than) what I wrote on this application. I can call 1-800-524-8660 to report any changes within 10 days. I understand that a change in my information could affect the eligibility for member(s) of my household.

I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

Renewal of coverage in future years
To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Ohio Department of Medicaid or Marketplace to use income data, including information from tax returns.

The Ohio Department of Medicaid or the Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my/our eligibility automatically for the next
☐ 5 years (the maximum number of years allowed), or for a shorter number of years:
☐ 4 years  ☐ 3 years  ☐ 2 years  ☐ 1 year  ☐ Don't use information from tax returns to renew my coverage.

If anyone on this application is eligible for Medicaid
☐ I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
☐ Does any child on this application have a parent living outside of the home?  ☐ Yes  ☐ No
☐ If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.
☐ I authorize any person who furnishes health care or medical supplies to give the Ohio Department of Medicaid, the Ohio Department of Job & Family Services, or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Healthy Start, Healthy Families Medicaid program, WIC, and medical assistance programs. I also authorize the Ohio Department of Medicaid, the Ohio Department of Job & Family Services, and the Ohio Department of Health to exchange any information I have provided on this form, to enable the departments to determine my eligibility.

My right to appeal
If I think the Ohio Department of Medicaid or the Health Insurance Marketplace has made a mistake, I can appeal its decision. To appeal means to tell someone at the Ohio Department of Medicaid or the Health Insurance Marketplace that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Ohio Department of Medicaid at (800) 524-8660. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application. The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Appendix C.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date (mm/dd/yyyy)</th>
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34
Attachment F

Tab #6: Forwarding Address for Medicaid (DRC1344)
OHIO DEPARTMENT OF REHABILITATION AND CORRECTION
FORWARDING ADDRESS FOR MEDICAID APPLICATION

The Ohio Department of Rehabilitation and Correction (DRC) has partnered with the Ohio Department of Medicaid (ODM) to offer incarcerated inmates the opportunity to apply for Medicaid and select a Managed Care Plan (MCP) ninety (90) days prior to release.

In order to participate with the program you will be required to provide ODM the address you intend to reside post incarceration. This information will allow ODM to transfer your information to the appropriate Job & Family Services Case Worker.

If intended address is unknown, please specify the county of potential residence.

Name:  
Phone Number:  
Address:  
Check if individual homeless:  
City:  
State:  
Zip:  
County:  

Inmate Number and Signature:  
Date:  
Institution:  

Sign:  
Clear:  

*Any changes to address provided, please notify the facility Medicaid Coordinator by KITE.

DRC-1344 E (Rev. 07/2015)  Distribution:  Inmate  OSC Medicaid Staff
Attachment G
Tab #7: Release/Receipt of Information for Medicaid (DRC2048)
Authorization for Release/Receipt of Confidential Healthcare Information to include release of the entire medical (to include HIV diagnosis), mental health, and recovery services files and the receipt of transition of care information unless indicated below.

Purpose:
The purpose of the disclosure is to authorize my below selected Ohio Medicaid Managed Care Plan Provider (MCP) to receive applicable requested records as they relate to my continued care/treatment following incarceration for medical, mental health, and recovery services conditions and to authorize the Ohio Department of Rehabilitation and Correction to receive information from the MCP on my behalf.

Ohio Medicaid Managed Care Plans (select one):

☐ United Healthcare  ☐ Buckeye Health Plan
☐ CareSource  ☐ Molina Healthcare
☐ Paramount Advantage

I acknowledge that the information, even though released, will be maintained in a confidential manner and accessed only by my selected MCP on a need to know basis.

Indicate here desired exceptions or exclusions, if any, to information that may be released or received.
This consent is subject to revocation at any time. If not revoked early it will be valid for 180 days from the date of the inmate’s signature.

This authorization may be revoked in writing by the inmate at any time but shall not be retroactive for information released or received in good faith prior to receipt of the revocation.

Notice to MCP: This mental health information has been disclosed to you from records whose confidentiality is protected by disclosure by State law. Section 5122.31 and/or Section 3701.243 of the Ohio Revised Code prohibit you from making any further disclosure of it without the specific written and informed release of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Notice to MCP: This recovery services information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse by patient.

<table>
<thead>
<tr>
<th>Inmate Printed Name:</th>
<th>Inmate Number:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Inmate Signature:</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Witness Signature:</th>
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Distribution: Client
Medical File
Mental Health File
Recovery Services File
Attachment H

Tab #8: Standardized Release Notice (DRC2045)
The Ohio Department of Rehabilitation and Correction (ODRC) partnered with the Ohio Department of Medicaid (ODM) to ensure all released inmates are made aware of the following:

- **The Patient Protection Affordable Care Act (PPACA)**, passed by President Obama in 2010, requires all legal residents of the United States to either obtain health insurance or be subject to a potential tax penalty.

- **Medicaid** is a form of health insurance that may provide you with access to healthcare providers, services, and medications.

- **Effective January 1, 2014**, Governor Kasich authorized the expansion of Medicaid services to additional adults living in Ohio. Given your recent status as an inmate, it is likely that you may be eligible for Medicaid.

- **If you do NOT have insurance**, it is recommended that you: 1. see if you are eligible for Medicaid by completing an application online, 2. visit your local Ohio Department of Job and Family Services, or 3. call the Ohio Medicaid Consumer Hotline.

### Medicaid Coverage Information:

- To see if you are eligible for Medicaid benefits, you should complete an application online at [Benefits Ohio Gov.](http://benefits.ohio.gov).
- If you cannot complete an application online you can go to your local JFS office to complete an application with a case worker or call the Ohio Medicaid Consumer Hotline at (800) 324-8680.

**NOTE**: Healthcare insurance coverage options vary for each citizen; it is dependent on employment and income.

- **If you have questions** about Medicaid, please call the Ohio Medicaid Consumer Hotline at (800) 324-8680 or send your questions to:
  
  Ohio Department of Medicaid  
  50 West Town Street, Suite 400  
  Columbus, Ohio 43215

- **If you applied** for Medicaid and selected a Managed Care Plan (MCP) while incarcerated:
  
  - A copy of your Medicaid and/or Managed Care Plan card should be contained within your release packet.
  
  - Upon release, please contact your selected MCP to request a replacement card

### Ohio Medicaid Managed Care Plans:

<table>
<thead>
<tr>
<th>Available Managed Care Plan</th>
<th>Member Services</th>
<th>Websites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckeye Community Health Plan</td>
<td>1-866-246-4358</td>
<td><a href="http://www.bchphiohio.com">http://www.bchphiohio.com</a></td>
</tr>
<tr>
<td>CareSource</td>
<td>1-800-488-0134</td>
<td><a href="http://www.caresource.com">http://www.caresource.com</a></td>
</tr>
<tr>
<td>Molina HealthCare</td>
<td>1-800-642-4168</td>
<td><a href="http://www.molinaihealthcare.com">http://www.molinaihealthcare.com</a></td>
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<tr>
<td>Paramount Advantage</td>
<td>1-800-462-3589</td>
<td><a href="http://www.paramounthealthcare.com">http://www.paramounthealthcare.com</a></td>
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</table>

DRC-2045 (07/2015)
Attachment I

Tab #9: Transition Plan
Transition Plan

Name: 
Street Address: 
City/State/Zip: 
County: Phone No. 

Managed Care Plan: 
Care Manager's Name and Phone #: 

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<th>Primary Issues:</th>
<th>Scheduled follow up appointments:</th>
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<td>Medical:</td>
<td>Date: Provider: Time: Location:</td>
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<tr>
<td>Mental Health:</td>
<td>Date: Provider: Time: Location:</td>
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<tr>
<td>Recovery Services:</td>
<td>Date: Provider: Time: Location:</td>
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</table>

Contact information for providers:

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<tr>
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<th>Name of Provider</th>
<th>Address/Phone Number</th>
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<td>Pharmacy</td>
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Medications: (attach a current list of medications if more room is needed)

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Additional needs:

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<td>Food and Clothing</td>
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<td>Housing</td>
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<td>Other</td>
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Emergency Contact:

Name: Phone No: 

Prepared by: Date: 
Review with member: Date: 
Copied to: Facility & OSC Date:
Attachment J
Tab #10: Medicaid – Ohio County Zip Code Listing
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Attachment K
Tab #11: 2015 Managed Care Plans Report Card
# OHIO MEDICAID

## 2015 MANAGED CARE PLANS REPORT CARD

### Comparing Ohio Medicaid Managed Care Plans

Your health care is important. Choosing the managed care plan that works best for you and your family is also important. One thing to think about before you decide is how well the different plans provide care and services. This report card shows how Ohio Medicaid's managed care plans compare to one another in key performance areas. The ratings for each area summarize plan performance on a number of related standards.

<table>
<thead>
<tr>
<th>Performance Areas</th>
<th>Buckeye Health Plan</th>
<th>CareSource</th>
<th>Molina Healthcare</th>
<th>Paramount Advantage</th>
<th>UnitedHealthcare Community Plan</th>
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<tr>
<td>Getting Care</td>
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<td>Keeping Kids Healthy</td>
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<td>★★★</td>
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<td>Living with Illness</td>
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<td>★★★</td>
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<tr>
<td>Women’s Health</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
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### Key

- **Above Ohio Medicaid Average** ★★★
- **Ohio Medicaid Average** ★★★
- **Below Ohio Medicaid Average** ★

The information used for this report was collected from the managed care plans and their members and was reviewed for accuracy by independent organizations. The most current information available was used for this report (Data Source: National Committee for Quality Assurance [NCQA] Healthcare Effectiveness Data and Information Set [HEDIS® & Consumer Assessment of Healthcare Providers and Systems [CAHPS®] (2015)). CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

### What is Measured in Each Performance Area?

Ohio Medicaid evaluates each plan on the following:

#### Getting Care
- How well the plan provides members with access to care
- If members report they can get the care they need, when they need it

#### Doctors' Communication and Service
- How happy members are with their doctors
- If members feel their doctors communicate well
- If members report their doctors involve them in decisions about their care

#### Keeping Kids Healthy
- If children receive care needed to stay healthy, such as immunizations, well-child visits, and dental visits

#### Living with Illness
- How well the plan provides care and services to help people manage illnesses, such as diabetes, high blood pressure, asthma, and depression

#### Women's Health
- If women receive tests that screen for female cancers and diseases
- If women receive care before and after their babies are born
Choosing a Medicaid Managed Care Plan

There are many things to think about when choosing a plan for you and your family. Here are some questions to ask yourself before you pick a plan:

» Which plans have all or most of the doctors and hospitals my family and I visit?

» Which plans have doctors with office hours and locations that are convenient for my family and me?

» Which plans offer extra services that I need or want (like health and wellness programs, extra help for pregnant women, and more transportation choices)?

» How do the plans cover my medications?

» How well did the plans perform in each section of this report card?

You may have other questions or concerns that are important to you. You can contact the plans using the information below. They can tell you which providers and extra services they offer. You can also use the Medicaid Provider Search tool at www.ohiomh.com to find out which providers each plan offers.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone Number</th>
<th>Website</th>
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</thead>
<tbody>
<tr>
<td>Buckeye Health Plan</td>
<td>1-866-246-4358</td>
<td><a href="http://www.buckeyehealthplan.com">www.buckeyehealthplan.com</a></td>
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<tr>
<td>CareSource</td>
<td>1-800-488-0134</td>
<td><a href="http://www.caresource.com">www.caresource.com</a></td>
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<tr>
<td>Molina Healthcare</td>
<td>1-800-642-4168</td>
<td><a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a></td>
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<tr>
<td>Paramount Advantage</td>
<td>1-800-462-3589</td>
<td><a href="http://www.paramountadvantage.org">www.paramountadvantage.org</a></td>
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<tr>
<td>UnitedHealthcare Community Plan</td>
<td>1-800-895-2017</td>
<td><a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a></td>
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Information as of June 2015

Ohio Department of Medicaid

Learn More:
Visit the Ohio Department of Medicaid online: www.medicaid.ohio.gov

Call the Ohio Medicaid Consumer Hotline toll-free: 1-800-324-8680
or go online: www.ohiomh.com

The Ohio Department of Medicaid is an equal opportunity employer and service provider.