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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-039

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



October 23, 2017

Barbara R. Sears, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 17-039

Dear Ms. Sears:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-039 - Managed Care: Enrollment Update
 - Effective Date: January 1, 2018
 - Approval Date: October 23, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.


Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17 - 039	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 438.50, 42 CFR 438.54		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$0.00 b. FFY 2018 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Pages 7, 8		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, Pages 7, 8 (TN 16-014)	
10. SUBJECT OF AMENDMENT: Managed Care: Enrollment Update			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: BARBARA R. SEARS			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: October 17, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 17, 2017		18. DATE APPROVED: October 23, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

State: OH

Citation	Condition or Requirement
	<ul style="list-style-type: none">i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).ii. What action the state takes if the applicant does not indicate a plan selection on the application.iii. If action includes making a default assignment, describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).iv. The state's process for notifying the beneficiary of the default assignment. (Example: <i>state generated correspondence</i>.)
	b. <input type="checkbox"/> The beneficiary has an active choice period following the eligibility determination. <ul style="list-style-type: none">i. How the beneficiary is notified of their initial choice period, including its duration.ii. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).iii. Describe the algorithm used for default assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).iv. The state's process for notifying the beneficiary of the default assignment.
	c. <input checked="" type="checkbox"/> The beneficiary is auto-assigned to a health plan immediately upon being determined eligible. <ul style="list-style-type: none">i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e). The enrollment notice explains the managed care program, the population(s) required to enroll in an MCO, the exempt populations, contact information including the enrollment broker's toll free phone number, website, available MCOs, and the ability to switch managed care plans within the first 90 days of enrollment in the plan.ii. The state's process for notifying the beneficiary of the auto-assignment. (Example: <i>state generated correspondence</i>.) The individual is sent a notice with the managed care plan information on it. The enrollment notice explains the managed care program, the population(s) required to enroll in

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Citation	Condition or Requirement
1932(a)(4) 42 CFR 438.50	<p data-bbox="641 462 1443 583">an MCO, the exempt populations, contact information including the enrollment broker's toll free phone number, website, available MCOs, and the ability to switch managed care plans within the first 90 days of enrollment in the plan.</p> <p data-bbox="565 619 1443 1375">iii. Describe the algorithm used for auto-assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f). The auto-assignment algorithm is a hierarchy of multiple steps with the goal of assigning individuals to the managed care plan that best matches their needs and preserves the existing provider-patient relationships, including relationships that may exist for persons with special health care needs. If an individual has been enrolled in an MCO in the previous six months, he or she is enrolled into the same MCO. If an individual has a family member in the same Medicaid case that is currently enrolled, the individual is enrolled in the same MCO as the rest of his or her family. For individuals who do not have an enrollment history, an assignment will be created based on the Medicaid fee-for-service providers the member has utilized in the last 12 months, matched to each of the MCOs' provider networks, if prior utilization exists. If the Medicaid recipient does not have an existing relationship with a Medicaid fee-for-service provider, the managed care assignment is based on quarterly quality assessments of the MCO in five key health-related performance standards. ODM weights the percentages of assignments to each individual MCO based on the results of the quality assessments. Assignments are also based on the MCO's member enrollment and provider network capacity in each county. If an MCO's ratio of member enrollment to provider network capacity is too high in a particular county, assignments will be blocked for that MCO in that county for the entire month. Enrollees have up to 90 days from enrollment to change MCO without cause, and, after that, annually during open enrollment.</p> <p data-bbox="474 1411 993 1440">3. State assurances on the enrollment process.</p> <p data-bbox="532 1472 1443 1528">Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.</p> <p data-bbox="521 1566 1443 1686">a. <input checked="" type="checkbox"/>The state assures it has an enrollment system that allows Beneficiaries who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.</p>