

Important Information from the Ohio Department of Job and Family Services (ODJFS) for New Members Coming From Fee-For-Service

If you were on Medicaid fee-for-service the month before you became a Molina Healthcare member and have health care services already approved and/or scheduled, it is important that you call Member Services immediately (today or as soon as possible). In certain situations, for a brief time after you enroll, we may allow you to receive care from a provider that is not a Molina Healthcare panel provider. Additionally, we may allow you to continue to receive services that were authorized by Medicaid fee-for-service. **However, you must call Molina Healthcare before you receive the care.** If you do not call us, you may not be able to receive the care and/or the claim may not be paid. For example, you need to call Member Services if you have the following services already approved and/or scheduled:

- Organ, bone marrow, or hematopoietic stem cell transplant
- Third trimester prenatal (pregnancy) care, including delivery
- Inpatient/outpatient surgery
- Appointment with a primary or specialty provider
- Chemotherapy or radiation treatments
- Treatment following discharge from the hospital in the last 30 days
- Non-routine dental or vision services (for example braces or surgery)
- Medical equipment
- Services you receive at home, including home health, therapies, and nursing

Also, Molina Healthcare may require prior authorization for medications differently than Medicaid fee-for-service. Therefore, it is very important that you contact Member Services and/or look on our website at www.molinahealthcare.com to find out if your medication(s) requires prior approval and follow up with your provider to submit a request to Molina Healthcare. If your medication(s) requires prior approval, you cannot get the medication(s) until your provider submits a request and it is approved.

Exclusions – Individuals That Are Not Permitted To Join An MCP

Aged, Blind or Disabled (ABD) individuals are not permitted to join an MCP if they are:

- Children under twenty-one years of age;
- Dually eligible under both the Medicaid and Medicare programs;
- Institutionalized;
- Eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial requirements; or
- Receiving Medicaid Waiver services.

If you believe that you meet any of the above criteria and should not be a member of a managed care plan, you must call the Ohio Department of Job and Family Services (ODJFS) Managed Care Enrollment Center at 1-800-605-3040 (TTY 1-800-292-3572). If you meet the above criteria, your membership will be ended.