

## **Important Information from the Ohio Department of Job and Family Services (ODJFS)**

**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 specialty provider
- Chemotherapy or radiation treatments
- 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](http://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.**

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### **Optional Membership Terminations**

In order to comply with federal requirements, in a managed care plan, membership is not required for certain consumers. Children under nineteen (19) years of age have the option to be a member of a managed care plan if they are:

- Eligible for Supplemental Security Income (SSI) under Title XVI;
- Receiving foster care or adoption assistance under Title IV-E;
- In foster care or an out of home placement; or
- Receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMh).

If you believe that you/your child meet any of the above criteria and do not want to be a member of a managed care plan, you can 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 someone meets the above criteria and does not want to be an MCP member, their membership will be ended.