



Anthem Transition Update

Effective August 31, 2008, Anthem will no longer participate in the Aged, Blind or Disabled (ABD) program in Ohio. Members were given the option to choose a new health plan; those members not electing a choice were assigned by ODJFS to one of the remaining plans in their geographic region. These transitions will be effective on September 1, 2008.

To facilitate a smooth transition for providers and members, Molina Healthcare of Ohio, Inc. (MHO) has established a number of policies and processes that we hope will be beneficial to all parties.

Medical Affairs - Utilization

- MHO will honor Anthem prior authorized covered services for dates of service after 9/1/08; a re-authorization from Molina will not be required
- MHO will allow members receiving covered services from a non-participating provider to continue with that provider for 30 days before transitioning to an in-network provider. This time period will be extended (on a case-by-case basis) for members with a catastrophic illness or in the 3rd trimester of pregnancy until the treatment/episode of care is completed.
- MHO will perform retroactive medical-necessity review for dates of service 9/1/08-9/30/08 on any claims for covered services that were denied for no prior authorization

Pharmacy

- The medications listed below do require Prior Authorization under the MHO program, but did not require PA from Anthem:
 - AccuCheck, One Touch
 - Advair
 - Altace
 - Gleevec
 - Seroquel
 - Singulair
 - Tricor
 - Maxalt
 - Lyrica
- The medications listed below did require PA under the Anthem program, and will continue to require PA under MHO:
 - Nexium,
 - Prevacid
 - Lipitor
 - Lexapro
 - Cymbalta
 - Lunesta/Sonata
 - Celebrex
 - Xopenex HFA
- There will be no transition period for members who have transferred from another managed care plan. New ABD members who transition from FFS Medicaid will still receive a 90 day transition period.

- All patients on the Molina Healthcare Plan testing their blood sugar must be switched to the TrueTrack Glucometer and Test Strips.
- Members who are using a glucose meter other than TrueTrack® should be allowed to have their old strips for 30 days and shown how to obtain TrueTrack.
- To obtain a new TrueTrack Glucometer and test strips, all that is required is a valid prescription for the TrueTrack Kit. This kit contains a glucometer, test strips, lancet device, and lancets, and is available at all pharmacies in the MHO network.

Provider Services

- The MHO website, www.molinahealthcare.com/Ohio, the ePortal (user ID and password required) and our Integrated Voice Response telephone system offer providers a full range of 24/7 self-service options including:
 - Eligibility verification
 - Claim status
 - Claim submission
 - On-line Provider Directory
 - MHO Provider Manual
 - Prior Authorization requirements and request forms
 - Frequently Used Forms
 - Archived issues of “Just the Fax”
- MHO has a full team of internal and external Provider Services Representatives to assist you. A list of the regional representatives and their contact information is located on the website.

Important Telephone Numbers

Department/Service	Telephone Number
Member Services	1-800-642-4168, option #2
Provider Services	1-800-642-4168, options #1 and #5
Utilization Management/ Prior Authorization	1-800 357-0146 Fax 866 449 6843
Pharmacy	1-800-642-4168, options #1 and #2
Transportation	1-866-642-9279