

Continuation of Services – The MCP must allow a new member who is transitioning from FFS to an MCP to continue to receive services from network and out-of-network providers as per the following:

Transition Requirements	Members who are 21 years of age and older	Members who are under 21 years of age
Physician Services	Must allow the member to continue with out of network physician or specialist for the first month of enrollment.	Must allow the member to continue with out of network physician or specialist for the first three months of enrollment.
Durable Medical Equipment	Honor Medicaid FFS prior authorizations (PAs) for no less than 90 days from the enrollment effective date. After the 90 days has expired, the MCP can conduct a medical necessity review pursuant to OAC rule 5160-26-03.1.	<p>Unless noted as an exception below, the MCP must honor Medicaid FFS PAs for no less than 90 days from the enrollment effective date. After the 90 days has expired, the MCP can conduct a medical necessity review pursuant to OAC rule 5160-26-03.1.</p> <p>The MCP must honor the Medicaid FFS PA for 90 days or the duration of the PA, whichever is longer, for the following items: enteral feeding supply kits, hearing aids, synthesized speech generating devices, and parenteral nutritional supply kits.</p>
Home Care and Private Duty Nursing (PDN) Services	Maintain current service level with current provider until the MCP conducts a medical necessity review and renders an authorization decision pursuant to OAC rule 5160-26-03.1	Maintain current service level with current provider pursuant to OAC rule 5160-12-01 for 90 days after initial MCP enrollment. After 90 days of enrollment and prior to transitioning to a participating provider or proposing a change in the service amount, the MCP must make a home visit, and observe the home care or PDN service being provided, to assess the current need for continued services.

Medicaid Community Behavioral Health Services	Make referral and linkage to, and follow up with, the Community Behavioral Health Centers for requested/needed services.	Make referral and linkage to, and follow up with, the Community Behavioral Health Centers for requested/needed services.
Prescription Drugs	<p>Must cover prescription refills during the first three months of membership for prescriptions covered by Ohio Medicaid during the prior FFS enrollment period. Thereafter, the MCP may not require PA of these prescriptions until the MCP has educated the member that further dispensation will require the prescribing provider to request PA. If applicable, the MCP must offer the member the option of using an alternative medication that may be available without PA. Written member education notices must use ODM-specified model language. Verbal member education may be done in place of written education but must contain the same information as a written notice. MCP member notices and, if applicable, call scripts used for verbal education, must be prior approved by ODM.</p> <p>For antidepressant and antipsychotic medications, the MCP must abide by the restrictions on PA described in Appendix G.2.b.vi. of this Agreement.</p>	
Scheduled Surgeries	Must allow the member to receive scheduled inpatient or outpatient surgery if it has been prior approved and/or pre-certified pursuant to OAC rule 5160-2-40 (surgical procedures would also include follow up care as appropriate).	
Chemotherapy or Radiation	Must allow the member to continue to receive the entire course of treatment if initiated prior to enrollment with the MCP.	
Organ, Bone Marrow, Hematopoietic Stem Cell Transplants	Must honor current FFS prior authorizations for organ, bone marrow, or hematopoietic stem cell transplant pursuant to OAC rule 5160-2-07.1 and 2.b.vii of Appendix G. MCPs must receive prior approval from ODM prior to transferring services to a network provider.	
Vision and Dental	Must honor current FFS prior authorizations for any vision and dental services that have not yet been received.	
Hospital Discharge	Must continue with treatment if the member was discharged 30 days prior to the MCP enrollment effective date.	
Pregnancy Care	Must allow a member who is in her third trimester of pregnancy to continue a relationship with her out of network obstetrician and/or delivery hospital.	

