



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Handbook Transmittal Letter (MHTL) No. 3334-19-11

**TO: Eligible Providers of Medicaid Services
Chief Executive Officers, Managed Care Plans (MCPs)**

FROM: Maureen M. Corcoran, Director

SUBJECT: Transitioning prior authorized state plan services from managed care to fee-for-service

In some cases, individuals covered by a Medicaid managed care or MyCare Ohio plan become ineligible for managed care enrollment and are converted to fee-for-service (FFS) coverage. When this occurs, concerns related to gaps in care may arise if the individual had a previously approved prior authorization for state plan services issued by the managed care plan. To ensure there are no gaps in care, the Ohio Department of Medicaid (ODM) will honor the previously approved prior authorization through the expiration date issued by the managed care plan. If the service or item authorized by the managed care plan requires prior authorization under FFS requirements, an ODM-specific prior authorization number must be obtained and reported on the claim for that item or service to be paid. Any provider seeking payment through ODM must be enrolled as an active provider in the Medicaid Information Technology System (MITS).

Providers should follow the existing process to obtain a FFS prior authorization and upload the approved prior authorization documentation issued by the managed care plan. In the “provider notes” field of the form, enter a description that clearly indicates the reason for the request. If the item or service has already been provided to the individual and the request is for retroactive authorization, clearly indicate the circumstances in this field.

FFS prior authorization requirements are found in Administrative Code rule 5160-1-31. Further information and step-by-step instructions for entering a prior authorization can be found on the ODM website: <https://medicaid.ohio.gov/Provider/PriorAuthorizationRequirements>.

Transition of care requirements for waiver services are currently under review by ODM. Once the comprehensive review is complete, this transmittal letter will be updated to reflect specific guidance as applicable.

Access to Rules and Related Material

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>

Additional Information

Questions pertaining to this letter should be addressed to:

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