



Dear **Valued Provider:**

**Effective February 1, 2010 prescription drug coverage for members of all Ohio Medicaid MCPs will transfer to the Medicaid fee-for-service (FFS) program.** That means prescription drug claims beginning with a February 1 date-of-service for all Unison Medicaid members should be billed through the Ohio Medicaid Program POS vendor, ACS. ACS' BIN, PCN and GROUP numbers are BIN 610084, PCN DROHPROD and group OHMEDICAID . The member ID number submitted should be the MMIS billing number, which is indicated on the member's Unison identification card.

Here is a brief overview of the new program.

- Prescription drugs that are self-administered and filled through retail pharmacies **must be billed to ACS.** All written prescriptions that are given to the patient or patient's representative to present to the pharmacy must be tamper resistant. Prescriptions transmitted to the pharmacy via telephone, fax or e-prescribing, in accordance with Ohio Board of Pharmacy regulations, are exempt from this requirement.
- Drugs administered in a provider setting such as a physician office, hospital, outpatient department, clinic, dialysis center, or infusion center will still **be covered by Unison Health Plan and previous prior authorization requirements will still apply.** You should bill these drugs as part of the office visit.
- For Medicaid recipients receiving infusion treatments in the home, infusion providers must bill ACS for the medication (prior authorization may be required), and bill Unison Health Plan for per diem staffing and supplies (prior authorization required).
- Some medical supplies such as diabetic testing supplies, supplies for injection of insulin and other drugs, inhaler spacers and peak flow meters must be billed to ACS by pharmacies (including hospital pharmacies) and will no longer be covered by Unison Health Plan effective February 1.
- Prior authorization requirements may change since ODJFS will provide coverage for prescription drugs,. A transition period for MCP members will be in effect February 1, 2010 through April 30, 2010. For claims with these dates of service, members will continue to receive their medications that were authorized through Unison Health Plan. Please refer to ODJFS' website: **[jfs.ohio.gov](http://jfs.ohio.gov)** or call:
  - 1.877.518.1545 for technical assistance
  - 1.877.518.1546 for prior authorization
  - Fax to: 1.800.396.4111

Prescriptions billed through fee-for-service may be subject to co-payments. Brand name prescriptions will be subject to a **\$2.00** co-payment. Drugs requiring Ohio Medicaid prior authorization are subject to a **\$3.00** copayment. Members should not be charged more than \$3.00 for a prescription. There will be no co-payment for generic drugs that do not require a prior authorization. Members may frequently ask you for an alternate generic medication that will not be subject to the co-payment. If there is an alternative generic that can safely and effectively replace the brand name prescribed, you have the option to prescribe the generic equivalent to your member. Co-payments cannot be charged by a pharmacy if the member is:

- younger than 21,
- pregnant or her pregnancy ended recently (up to 90 days after her pregnancy ends),
- receiving hospice care,
- in a nursing home or an intermediate care facility for the mentally retarded,
- given the prescription as a family planning service (such as contraceptives or prenatal vitamins),
- given the drug during an emergency care in a hospital, clinic, office or other facility, or
- given the drug in a doctor's office, hospital outpatient department, clinic, dialysis center, infusion center or during some other medical encounter.

If the member cannot afford a co-payment they still will be able to receive their prescription. The pharmacy cannot refuse the member their prescription. The pharmacy can bill that member the unpaid co-payment. In the future, the pharmacy has the right to refuse the member their prescription if (1) the member has an outstanding balance of unpaid co-payments (2) the pharmacy's routine business practice for all customers is to refuse services because of outstanding balances. If it is part of the pharmacy's business practice to refuse services because of unpaid/outstanding balances, the pharmacy must notify the member of these business practices.

Members may receive prescriptions at any pharmacy that accepts Ohio Medicaid. If a member is planning to travel out-of-state, you will need to work with the member to make sure they have enough meds to cover them while they are traveling. Most out of state pharmacies will not take Ohio Medicaid.

If a member is pregnant, you need to encourage the member to enroll their newborn in Medicaid right away. Ohio Medicaid does not recognize the mother's coverage as immediate coverage for the newborn. Therefore, the newborn will incur prescription drug denials until they are enrolled in Medicaid.

Members with questions may call the Ohio Medicaid Consumer hotline at 1.800.324.8680. Providers with Medicaid questions can call the ODJFS Integrated Voice Response (IVR) system at 1-800-686-1516. For specific claims issues, training needs or assistance with a wide range of Medicaid-related questions and issues, providers can also call the Medicaid Provider Ombudsman unit at 614-752-9551. The Ombudsman area conducts Medicaid provider training; provides seminars in conjunction with provider associations; and resolves specific Medicaid claim issues and a range of other Medicaid issues.

For more information on Unison Health Plan, call 1.800.600.9007 or visit us at [www.unisonhealthplan.com](http://www.unisonhealthplan.com)

Sincerely,  
Unison Health Plan

*Si desea recibir una copia de esta información en español, por favor llame al número 1.800.895.2017,*

*(Si tiene problemas auditivos 711).*

*Health Plan coverage provided by Unison Health Plan of Ohio, Inc., a licensed HMO in the state of Ohio.*