Ohio Department of Health Director Amy Acton, M.D., MPH and Ohio Department of Medicaid Director Maureen Corcoran strongly recommend that Ohio Medicaid members and physicians and other providers are aware of the following policy changes. Designed as a collaboration between the Ohio Department of Medicaid, Medicaid managed care plans, and MyCare Ohio plans, these changes safeguard individual health and well-being, and reduce burdens on providers.

Medicaid emergency policy changes are designed to keep health care access on par with levels before the pandemic occurred. Additionally, they reduce obstacles to preventative care and/or maintenance of chronic health conditions to mitigate the onset of complex, expensive health care needs in the future. The emergency provisions do this by addressing three overarching goals.

a. Remove barriers to care for Medicaid members during this emergency health crisis.

b. Sustain/maintain individual health and well-being throughout the community to reduce hospital admissions and undue strain on the state’s healthcare system.

c. Reduce provider administrative requirements to enable physicians, specialists and support technicians to safely care for patients as demands on their time increase.

To ensure members receive new prescriptions without obstacles, Medicaid, through the managed care plans and MyCare Ohio plans, eased several pharmacy benefit restrictions including the following.

a. Allowing members to receive new prescriptions, bypassing prior authorization requirements.

b. Enabling members to shop any pharmacy, regardless of provider network status status.

c. Relaxing medication refill thresholds on certain prescriptions.

d. Authorizing reimbursement to pharmacists who dispense emergency refills without prescription.
e. Reimbursing pharmacies dispensing over-the-counter medication without prescription.

f. Waiving member co-pays regardless of pharmaceutical relation to COVID-19.

g. Authorizing 90-day supplies on maintenance medications.

The managed care plans have lifted prior authorization requirements for all, but a few services. Effective March 27, managed care plans are deferring medical necessity determinations to providers. Providers will use clinical judgement to determine necessity for services. Once determined, they have three options.

a. Continue the current process – submit requests following standard procedures.

b. Request an administrative authorization to quickly provide notice to the plan that covers the member receiving services.

c. By-pass prior authorization without risking reimbursement.

For additional information, visit coronavirus.ohio.gov.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available. Call the Disaster Distress Helpline at 1-800-985-5990 (1-800-846-8517 TTY); connect with a trained counselor through the Ohio Crisis Text Line by texting the keyword “4HOPE” to 741 741; or call the Ohio Department of Mental Health and Addiction Services help line at 1-877-275-6364 to find resources in your community.