

9/20/2006

RA to ALL provider types

BASED UPON REQUIREMENTS SET FORTH IN AMENDED SUBSTITUTE HOUSE BILL 66, THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (ODJFS) WILL IMPLEMENT THE EXPANSION OF MEDICAID MANAGED CARE FOR COVERED FAMILIES AND CHILDREN (CFC) CONSUMERS IN THE NORTHWEST REGION BEGINNING OCTOBER 1, 2006. THE NORTHWEST REGION IS COMPRISED OF THE FOLLOWING COUNTIES: ALLEN, AUGLAIZE, DEFIANCE, FULTON, HANCOCK, HARDIN, HENRY, LUCAS, MERCER, OTTAWA, PAULDING, PUTNAM, SANDUSKY, SENECA, VAN WERT, WILLIAMS, WOOD, AND WYANDOT. PRIOR TO PROVIDING SERVICES TO CFC CONSUMERS ENROLLED IN ONE OF THE MANAGED CARE PLANS (MCPS) IN THE REGION, YOU MUST CONTRACT WITH THE MCP. FOR ADDITIONAL INFORMATION ABOUT CONTRACTING, CONTACT THE MCPS PARTICIPATING IN THE N.W. MANAGED CARE REGION DIRECTLY. (ANTHEM BLUE CROSS BLUE SHIELD COMMUNITY HEALTH PLAN (866) 268-1473, BUCKEYE COMMUNITY HEALTH PLAN, INC. (614) 220-4900, EXT. 24291, PARAMOUNT ADVANTAGE (419) 887-2845) IF YOU SHOULD HAVE ANY FURTHER QUESTIONS REGARDING MEDICAID MANAGED CARE ENROLLMENT, PLEASE CONTACT THE BMHC AT BMHC@ODJFS.STATE.OH.US

9/27/2006

RA for Provider Type 70

FOR MORE INFORMATION ABOUT THE PHARMACY PROGRAM VISIT THE WEBSITE @ <http://JFS.OHIO.GOV/OHP/BHPP/MEDDRUG.STM> OR FOR DRUG SPECIFIC INFO SEE <http://MEDLIST.OHIO.GOV>

BASED ON A DIRECTIVE FROM THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) SELECTED IRON PRODUCTS SUCH AS FERROUS SULFATE AND FERROUS GLUCONATE HAVE BEEN DEEMED TO BE NON-DRUGS AND AS SUCH HAD TO BE REMOVED FROM MEDICAID COVERAGE. ONLY THOSE SPECIFIC NDCS REFERENCED IN THE DIRECTIVE WERE DELETED.