



Very Important Information

If you were on Medicaid fee-for-service the month before you became a managed care plan (MCP) member and have health care services already approved and/or scheduled, it is important that you call your MCP's Member Services immediately (today or as soon as possible).

In certain situations, for a brief time after you enroll, your MCP may allow you to receive the care from a provider that is not contracted with the MCP. Additionally, your MCP may allow you to continue to receive services that were authorized by Medicaid fee-for-service. **However, you must call the MCP before you receive the care.** If you do not call the MCP, you may not be able to receive the care and/or the claim may not be paid. For example, you need to call your MCP's Member Services if you have the following services already approved and/or scheduled:

- Organ, bone marrow, or hematopoietic stem cell transplant
- Third trimester prenatal (pregnancy) care, including delivery
- Inpatient/outpatient surgery
- Appointment with a specialty provider
- Chemotherapy or radiation treatments
- Treatment following discharge from the hospital in the last 30 days
- Non-routine dental or vision services (for example, braces or surgery)
- Medical equipment
- Services you receive at home, including home health, therapies, and nursing

Your MCP may require prior authorization of medications differently than Medicaid fee-for-service. Therefore, it is very important that you contact your MCP's Member Services and/or look on your MCP's Web site to find out if your medication(s) requires prior approval and follow up with your provider to submit a request to your MCP. If your medication(s) requires prior approval, you cannot get the medication(s) until your provider submits a request to your MCP and it is approved.