

Employer Benefits Alliance Joins OhioHealthy

Employer Benefits Alliance (EBA) has partnered with OhioHealthy to administer medical plan benefits for an Association plan offering in central Ohio beginning July 1, 2021. Please note that the EBA logo will be on the plan member ID cards. Please visit the [OhioHealthy Provider ID Card Guide \(ohiohealthyplans.com\)](#) to review samples of the member ID cards. EBA member ID samples are included on page 4.

The OhioHealthy Mobile App

Encourage your patients to download the OhioHealthy Mobile App to easily access their member ID card, benefits, claims, and more – anytime, anywhere. Available in the App Store or Google Play, members can register or login with their OhioHealthyPlans.com credentials. Additional features in the OhioHealthy Mobile App include:

- HSA Management
- Authorizations
- EOBs
- Calculate Treatment Costs
- Find a Doctor
- Virtual Visit

Attention PCPs: Wellness Screenings for OhioHealth

OhioHealth associates and their spouses who are OhioHealthy members can earn premium discounts for the 2022 benefit year by completing an annual wellness screening. This is done at a PCP visit, typically an annual preventive exam. We'd like to remind primary care providers of the following:

- Biometrics measured are height, weight, Body Mass Index (BMI) and blood pressure.
- There are no A1C or nicotine tests required this year.
- OhioHealthy covers 100 percent of the cost of these biometric tests listed above with no co-pay or deduction from the Health Savings Account (HSA) when performed by in-network providers (OhioHealthy Preferred Network). Services should be billed as preventive.
- Complete the [Primary Care Provider Wellness Screening Results Form](#) and return to OhioHealth Employer Services via email at Wellness@OhioHealth.com or fax to (614) 533.0043 by November 30, 2021 for patient to earn discounts.

Notice of Changes to Prior Authorization Requests

The OhioHealth Associate Plan has partnered with Archimedes to review specialty medications to confirm appropriateness. Archimedes and OhioHealth Associate Plan perform periodic reviews of the formulary.

Certain specialty medications and biosimilar agents require a prior authorization. Medical drug authorization forms can be found at: www.ohiohealthyplans.com/providers/drug-authorization-forms.

The following changes to the formulary will go into effect September 1, 2021.

Medications that will now require a prior authorization:

Onivyde (irinotecan liposome)	J9205
Poteligeo (mogamulizumab-kpkc)	J9204
Evenity (romosozumab-aqqg)	J3111
Onpattro (patisiran)	J0222
Ultomiris (ravulizumab-cwvz)	J1303
Mometasone sinus sinuva	J7402
Blenrep (belantamab mafodot blmf)	J9037
Infugem (gemcitabine)	J9198
Monjuvi (tafasitamab-cxix)	J9349
Nyvepria (pegfilgrastim)	Q5122
Simponi (golimumab)	J1602

Medications that are no longer covered under the medical benefit:

Makena (hydroxyprogesterone caproate)	J1729
Makena (HYDROXYprogesterone)	J1725
Makena (HYDROXYprogesterone)	J1726
Makena (HYDROXYprogesterone)	J1729
Makena (HYDROXYprogesterone)	Q9885
Makena (HYDROXYprogesterone)	Q9986
Supprelin LA (histrelin acetate)	J9226
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358
Xembify (immune globulin)	J1558
Libtayo (cemiplimab-rwlc)	J9119
Sarclisa (isatuximab-irfc)	J9227
Asceniv (immune globulin)	J1554
Cutaquig (immune globulin)	J3590
Padcev (enfortumab vedotin-ejfv)	J9177
Beovu (brovacizumab-dblj)	J0179
Stelara (ustekinumab) SUBQ	J3357

OhioHealth Associate Plan appreciates your partnership in helping maintain an affordable and sustainable benefit for its employees.

OhioHealthy Payment Policy Changes Effective October 1, 2021

OhioHealthy wants to make you aware of changes to our provider payment policies, effective October 1, 2021. A list of the upcoming changes can be found at: <https://www.ohiohealthyplans.com/providers/news/ohiohealthy-announces-payment-policy-changes-effective-october-1-2021>. Please review the list of updates carefully to ensure you understand the changes and any potential impact to your practice/facility and your patients. If you have any questions about these changes, please contact your network educator or call the Provider Service Center at 1 (844) 853.4060.

In-Network Referrals Keep Costs Down

We appreciate your commitment to caring for OhioHealthy patients. Should you have a member that needs to see additional providers due to their condition, we ask that you be mindful to refer within the OhioHealthy Network. This helps our network be good stewards of our healthcare resources. Please use our Provider Search Tool at <https://www.ohiohealthyplans.com/find-doctors-and-locations>.

Please remember that your OhioHealthy patients who receive out-of-network services will pay more (often much more) than patients who receive in-network care.

OhioHealthy will cover services from an out-of-network provider when services are not available in the OhioHealthy Network. If out-of-network services are approved to be paid as in-network, that approval is only for the specific services requested and approved for a specific length of time. If your patient needs out-of-network services after that date, the referring provider will need to complete a new authorization request. Also, if your patient would like out-of-network services paid as in-network, this needs to be approved ahead of time. Please tell the receiving provider that he or she will need to request this on our member's behalf.

Make sure patients and the receiving provider(s) understand our prior authorization steps for out-of-network services. A standard authorization means that a service is approved as being medically necessary. When members request out-of-network services paid as in-network, the extra step of requesting this must be taken. Without the receiving physician making this request, the service will be covered, but paid at out-of-network benefit levels. Our member is responsible for making certain an out-of-network provider has requested prior authorization. A prior authorization request form can be found here: <https://www.ohiohealthyplans.com/documents/forms/prior-authorization/ohio-medical-authorization-form.pdf>.

As a reminder, emergency care is always available to your patients; regardless of where and when they need care. You can also contact our Provider Services Center at 1 (844) 853.4060 if you have questions about our out-of-network process. Our Care Management team is also here to help you and your patients and can be reached at (614) 485.7941.

Keep Your Information Up to Date

Keeping your information current is vital to the health of the OhioHealthy Network and key to keeping our members informed! If you need to update your information, please do so using the form located on our website: <https://www.ohiohealthyplans.com/providers/provider-education>.

Missed Any News?

If you would like to review past provider communications, including policy changes and newsletters, take a second look at the archives on our website: www.ohiohealthyplans.com/providers/news/