

SEPTEMBER 2014

MyCareOhio

Connecting Medicare + Medicaid

HOSPICE ROOM & BOARD BILLING

Molina Healthcare of Ohio will reimburse hospice providers directly for nursing facility room and board. The Hospice provider must be a contracted provider for the Molina Dual Options MyCare Ohio Line of Business for the Medicaid covered hospice care. If a provider is not participating, prior authorization is required for all services. To receive payment for Medicaid covered hospice care, a provider:

- Must bill Molina the amount equal to 95 percent of the Medicaid nursing facility per diem rate.
- Must bill only for days that the consumer is in the nursing facility overnight.
- Can bill for consumers who have elected the hospice benefit under Medicare but are Medicaid-eligible and reside in a Medicaid-reimbursed nursing facility for the room and board.

Nursing facilities should not bill directly for room and board for a member who has elected their hospice benefit. The nursing facility must seek reimbursement directly from the hospice provider.

MYCARE OHIO MEDICARE PASSIVE ENROLLMENT

ODM will mail letters to all of the MyCare Ohio eligible members with instructions pertaining to the Medicare passive enrollment process in early October. This letter explains effective Jan. 1, 2015, all MyCare members will be passively enrolled to receive their Medicare benefits from their existing MyCare plan. A member may opt-out and elect to retain their current Medicare fee-for-service or Medicare Advantage plan by calling the Ohio Medicaid Consumer Hotline at (800) 324-8680 (7 a.m. to 8 p.m., Monday to Friday, 8 a.m. to 5 p.m. on Saturday) or for hearing impaired TTY (800) 292-3572, or visit www.ohiomh.com.

Members will have up to 60 days prior to Jan. 1, 2015, to actively choose to keep their Medicare the way it is now with their current Medicare carrier (i.e. Medicare fee-for-service, or Medicare Advantage Plan). Members will continue to have the option to opt-in or opt-out of receiving their Medicare benefits from their MyCare plan on a monthly basis. They will, however, remain with the Medicaid portion of the MyCare Ohio program for the life of the demonstration.



Questions?

Call Provider Services
 (855) 322-4079 – 8 a.m. to 6 p.m.
 Monday through Friday

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth



Join Our Email Distribution List

To receive this bulletin via email, contact ProviderServices@MolinaHealthcare.com to send us your:



- group name
- TIN
- service location address
- contact name
- contact phone number
- email

MyCare Ohio Quick Links:

- Molina Dual Options Website: www.MolinaHealthcare.com/Duals
- Ohio Department of Medicaid: <http://medicaid.ohio.gov>
- Centers for Medicare & Medicaid Services: www.cms.gov
- Ohio Association of Area Agencies on Aging: www.ohioaging.org

Long-Term Services and Supports (LTSS) Claims Submission Training

Date	Time
Oct. 3, 2014	9 to 10 a.m.
Meeting Number: 801 029 479	
Oct. 8, 2014	9 to 10 a.m.
Meeting Number: 807 943 150	

To attend the WebEx orientations, simply: Go to www.webex.com. Click "Attend Meeting," Enter the Meeting Number, Provide your number when you join the meeting to receive a call back

Molina Healthcare has implemented a new email box specifically for LTSS waiver providers. All LTSS waiver questions sent to

MOLINA DUAL OPTIONS MYCARE OHIO MEDICARE PASSIVE ENROLLMENT FAQs

Q. When will MyCare Ohio members be passively enrolled for their Medicare benefits?

A. Medicare Passive Enrollment will be effective Jan. 1, 2015.

Q. What are the benefits of having one plan for both Medicare and Medicaid from Molina Healthcare?

A. The benefits of receiving Medicare and Medicaid from Molina Dual Options MyCare Ohio include:

- One member ID card
- One point-of-contact, the member's Care Manager, to help you coordinate all of the member's health needs
- One customer service line to answer your staff's questions about the coordinated Molina Dual Options program
- Providers will only need to submit a single claim and it will be processed automatically under both the Medicare benefit and the Medicaid benefit. No coordination of benefits required; we will do this for you!
- 24-Hour Nurse Advice Line and Behavioral Health Crisis Line
- 24-hour access to a Care Manager

Q. Into which managed care plan will the member be passively enrolled? Can the member have one managed care plan for his or her Medicaid and another for his or her Medicare?

A. A member will be passively enrolled into the same plan that currently manages the Medicaid portion of the member's benefits. A member cannot be enrolled in two different MyCare managed care plans (i.e. member cannot have their Medicare managed by one MyCare plan and their Medicaid by another MyCare plan).

Q. Can a member still keep his or her current Medicare benefits and only use the managed care plan for his or her Medicaid benefits?

A. Yes, members can keep their Medicare benefits with their current carrier, which may be fee-for-service Medicare or a Medicare Advantage plan. If a member wishes to only use the MyCare plan for his or her Medicaid benefit plan, he or she must opt-out of the MyCare Medicare benefit plan by contacting the Ohio Medicaid Consumer Hotline at (800) 324-8680 or online at www.ohiomh.com. If the member has questions about Medicare, he or she can call (800) 633-4277 24 hours a day, seven days a week, or visit www.medicare.gov.

OHMyCareLTSS@MolinaHealthcare.com

will be answered by a designated Provider Relations Representative.

What Will the Molina Dual Options ID Cards Look Like?

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan:

MyCareOhio Connecting Medicare+Medicaid		MedicareRx Prescription Drug Coverage	
Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)			
Member Name:	THIS IS A REALLY LONG NAME OF A MEMBER 1	RxBIN:	004336
Member ID:		RxPCN:	PCN1
Health Plan:	80840	RxGRP:	RxGroup1
MMIS Number:	00000001	RxID:	
PCP Name:	This is a really long PCP name to test for wrapping of the PCP name 1		
PCP Phone:	(001) 001-0001		
H5280-001			

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service:	(855) 665-4623 TTY/TDD 711 Monday - Friday, 8 a.m. - 8 p.m.
Eligibility Verification:	(855) 665-4623
Behavioral Health Crisis:	(888) 275-8750
Pharmacy Help Desk:	(866) 693-4620
Care Management:	(855) 665-4623
24-Hour Nurse Advice:	(888) 275-8750 TTY/TDD (866) 735-2929 711
Website:	www.Molinahealthcare.com/duals
Send Claims To:	P.O. Box 22712, Long Beach, CA 90801 EDI Submission Payer ID 20149

Molina MyCare Ohio Medicaid Only (opt-out):

MOLINA HEALTHCARE MyCareOhio Connecting Medicare+Medicaid		Molina Dual Options MyCare Ohio Medicaid	
Member: THIS IS A REALLY LONG NAME OF A MEMBER 1			
Member ID:	Health Plan ID:	Medicaid ID:	
00000001	80840	00000001	
PCP Name: This is a really long PCP name to test for wrapping of the PCP name 1			
PCP Phone: (001) 001-0001			
RxBIN:	BIN1		
RxPCN:	PCN1		
RxGRP:	RxGroup1		

In Case of an Emergency: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP) or you may also contact our 24-Hour Nurse Advice Line at (888) 275-8750 TTY 711.

Member Services: (855) 687-7862 TTY 711 8 A.M. - 8 P.M. seven days a week

24-Hour Behavioral Health Crisis: (888) 275-8750 TTY 711

24-Hour Care Management: (888) 275-8750 TTY 711

Website: www.MolinaHealthcare.com/duals

Send claims to: P.O. Box 227002, Long Beach, CA 90801; Payer ID #20149 (For pharmacist use only) Pharmacy Tech: (866) 693-4620

PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, eligibility, claims or benefits, visit the Molina Web Portal at www.MolinaHealthcare.com or call (855) 322-4079

Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.

Q. How will members be notified about passive enrollment?

A. The Ohio Department of Medicaid will mail letters to all dual eligible members who reside in a MyCare demonstration county to notify them of the change. The letter will inform the member that his or her Medicare benefit will be changing effective Jan. 1, 2015.

Q. How often can a member change plans?

A. Members enrolled in MyCare Ohio can change their Medicaid plans for the first three months after initial enrollment, and during open enrollment, which will be once a year. Ohio Medicaid sends a notice to members of open enrollment once a year. Members may choose to opt-in or opt-out for their Medicare on a monthly basis. Please be sure to check eligibility monthly.

Q. Will the MyCare Ohio benefits be different than traditional Medicare?

A. No, Molina Dual Options members receive, at a minimum, the same benefits as traditional Medicare Part A, Part B and Part D. In 2015, Molina Dual Options will offer additional value added benefits including supplemental transportation, over-the-counter allowance and \$0 copay on generic drugs.

Molina Healthcare's prior authorization policies may be different from fee-for-service Medicare or Medicaid or any other prior insurance carrier held by the member. Providers should review these prior authorization rules before providing services to Molina Dual Options members.

Q. Where can I find prior authorization information for Molina Healthcare?

A. All prior authorization information can be found under the forms section of the Molina Healthcare provider website at www.MolinaHealthcare.com.

Molina provides a service request form with a detailed list of services that require a prior authorization. Also available is a searchable codified prior authorization list and a separate list for behavioral health services.

Q. How will providers know in which Medicare plan the patient is enrolled and when the patient has made a plan change?

A. Ohio's Medicaid Information Technology System (MITS) portal will continue to provide Medicare Plan information as provided by CMS; no changes have been made to this process. MyCare Ohio enrollment will be newly available on the MITS portal, documenting the individual's MyCare Ohio plan and the dual benefits or Medicaid only enrollment information.

Upcoming MyCare Regional Provider Forums

Providers are invited to attend upcoming regional MyCare Ohio forums. The forums are broken into two sessions – one session with each managed care plan in the region. Topics include transition of care, prior authorizations, claim submissions, online provider resources, and information on the upcoming passive enrollment process. We strongly urge all providers to take advantage of this face-to-face training opportunity.

Molina Healthcare and Aetna Better Health

September 29, 2014 from 9 to 11:45 a.m.

**Embassy Suites Hotel
2700 Corporate Exchange Dr.
Columbus, OH 43231**

Session I 9 to 10:15 a.m.

15 minute break

Session 2 10:30 to 11:45 a.m.

Molina Healthcare and Buckeye Community Health Plan

**October 1, 2014 from 9 to 11:45 a.m.
Dayton Marriott
1414 South Patterson Boulevard
Dayton, OH 45409**

Session I 9 to 10:15 a.m.

15 minute break

Session 2 10:30 to 11:45 a.m.

Session 1 will promptly start at 9 a.m. so please plan on arriving 5 to 10 minutes early.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.