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.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Meeting Number</th>
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<tbody>
<tr>
<td>Oct. 3, 2014</td>
<td>9 to 10 a.m.</td>
<td>801 029 479</td>
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<tr>
<td>Oct. 8, 2014</td>
<td>9 to 10 a.m.</td>
<td>807 943 150</td>
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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

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
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:
   a. One member ID card
   b. One point-of-contact, the member’s Care Manager, to help you coordinate all of the member’s health needs
   c. One customer service line to answer your staff’s questions about the coordinated Molina Dual Options program
   d. 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!
   e. 24-Hour Nurse Advice Line and Behavioral Health Crisis Line
   f. 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 Medicaid 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.
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.