SAMPLE MEMBER ID CARDS
Full MyCare Medicare and Medicaid (Opt-In)

MyCare Medicaid Only (Opt-Out)

COORDINATION OF BENEFITS (COB) FOR DUAL OPTIONS MEMBERS

During the planned three-year MyCare Ohio demonstration, Molina Healthcare of Ohio will be using the following Coordination of Benefits (COB) guidelines for all Dual Options Members:

If a service is covered by Medicare, an Explanation of Benefits (EOB) must be attached to the paper claim, or the appropriate Loop/Segments filled in for EDI claim submissions for all opt-out members. Only one claim will need to be submitted for opt-in members, as Molina Healthcare will automatically adjudicate the claim twice, under both Medicare and Medicaid benefits.

A Medicare EOB will not be required for HCPC codes not covered by Medicare (beginning with **H, T, or S**). Medicaid processing guidelines and payment policies will apply to such cases. If Medicare denies the claim as an administrative denial, Molina Healthcare will not pay as the secondary carrier.

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

Website Roundup
Visit www.MolinaHealthcare.com/Duals
for the following updates:
- Drug Formulary
- Prior Authorization Grid
- Forms:
  - Corrected Claim
  - Claim Reconsideration
  - Return of Overpayment
  - Claim Status Inquiry Form

Don't miss the Duals Question and Answer Forum, August 1 from 2 to 4 p.m. (Meeting Number: 807 873 496).

You can call in at any time during the two-hour window to ask any questions you may have about Molina Dual Options MyCare Ohio.

If Medicare denies a claim, the provider must submit the Medicare EOB, showing the service(s) denied by Medicare, as well as the denial reason code and explanation from the Medicare EOB.

CLAIMS SUBMISSION

When billing for services rendered to Molina Dual Options MyCare Ohio members, providers must bill with the most current Medicare and Medicaid approved coding (ICD-9, ICD-10 CPT, HCPCS, etc.). Each claim must be submitted with the proper claim form/format and/or appropriate billing documents. Paper claims require CMS1500 or UB04 format, while an electronically submitted claim must be 5010 compliant.
It is recommended that providers submit each claim as if it is being billed to fee-for-service Medicare and Medicaid.

Molina Healthcare can accept claims by mail, EDI claims from a clearinghouse through our vendor, Emdeon, and individual claims through our Web Portal. Waiver providers who use Rhino billing may submit claims through the Web Portal or use another clearinghouse such as Dyserv, which is able to submit claims to Molina Healthcare.

Molina Healthcare is not able, at this time, to directly receive bulk claim file submissions. Behavioral health or nursing facilities acting as their own clearinghouses must contact their Provider Service representatives about claim submissions.

TRANSITION OF CARE & PRIOR AUTHORIZATION

In order to minimize service disruption for members, there is a transition of care period (TOC) built into the requirements from CMS and ODM for all Integrated Care Delivery System (ICDS) plans. During this TOC, the member is able to retain his/her current provider(s) for all services the member was receiving prior to MyCare Ohio implementation services, regardless of the contracting status of the provider. Please see the Provider Manual for a current list of TOC timeframes.

DEPARTMENT	PHONE NUMBER
Case Management	(855) 322-4079
Claims Reconsideration	(855) 322-4079
Claims Inquiry – Customer Service	(855) 322-4079
Community Outreach	(855) 665-4623
Fraud, Waste & Abuse Tip Line	(866) 606-3889
Member Eligibility Ohio Medicaid	(800) 686-1516
Member Services – MyCare Ohio	(855) 665-4623
Member Services – Medicaid	(800) 642-4168
Member Services – Medicare	(866) 472-4584
Member Services – Marketplace	(888) 296-7677
Pharmacy	(855) 322-4079
Prior Authorization	(855) 322-4079
Provider Services	(855) 322-4079
Provider Web Portal Help	(866) 449-6848
Utilization Management	(855) 322-4079
24-Hour Nurse Advice Line	(888) 275-8750

Molina Healthcare will be providing Molina Dual Options MyCare Ohio provider training from 9 to 10:30am (unless otherwise noted) via Cisco WebEx on the following dates:

Behavioral Health	Long Term Support Services (LTSS)	Nursing Facility
07/01/2014 Meeting Number: 809 882 691	07/02/2014 Meeting Number: 805 431 802 *10:30-12pm	07/03/2014 Meeting Number: 804 936 100 *10:30-12pm
07/09/2014 Meeting Number: 804 004 820	07/10/2014 Meeting Number: 806 047 638	07/11/2014 Meeting Number: 807 182 148
07/16/2014 Meeting Number: 800 498 429	07/17/2014 Meeting Number: 807 585 142	07/18/2014 Meeting Number: 808 590 403 *10:30-12pm
07/23/2014 Meeting Number: 801 779 449	07/24/2014 Meeting Number: 804 212 917	07/25/2014 Meeting Number: 802 007 678
07/30/2014 Meeting Number: 807 640 536	07/31/2014 Meeting Number: 803 249 143	08/01/2014 Meeting Number: 806 916 466

LTSS Claims Submission Training

July 02 from 9 to 10am Meeting Number: 804 247 691
July 03 from 9 to 10am Meeting Number: 807 839 674
July 08 from 10 to 11am Meeting Number: 805 832 115
July 15 from 10 to 11am Meeting Number: 805 736 734
July 22 from 10 to 11am Meeting Number: 802 633 489
July 29 from 10 to 11am Meeting Number: 800 452 190

To attend these valuable WebEx orientations, simply:
1) Go to www.WebEx.com,
2) Click "Attend Meeting,"
3) Enter the Meeting Number,
4) Provide your number when you join the meeting to receive a call back,
Follow the instructions that you hear on the phone.