

OCTOBER 2014

MyCareOhio

Connecting Medicare + Medicaid

ASSISTED LIVING BILLING

Claims submission: All assisted living services must be billed on a CMS 1500 claim form.

Molina Healthcare of Ohio requires the correct HCPC and modifier combination billed on every claim. The following chart may be referenced as a guide for billing assisted living waiver claims.

HCPCS Code	Medicaid Level of Care	Required Modifier	Unit Increment
T2031	Tier 1	U1	1 day
	Tier 2	U2	1 day
	Tier 3	U3	1 day
T2038	Community Transition Services	U4	1 Completed Job Order

For help billing claims on the Molina Healthcare Web Portal, please contact your provider service representative or email us at OHMyCareLTSS@Molinahealthcare.com.

BILLING ODMHAS SERVICES

Claims submission: For members of Molina Dual Options MyCare Ohio – those members who get Medicare and Medicaid benefits from Molina – , providers only need to bill a single claim for Ohio Department of Mental Health and Addiction (ODMHAS) services and it will automatically be processed under both the Medicare and Medicaid plan. If a non-Medicare certified provider is performing the services, that provider will need to bill with the appropriate HCPCS/CPT code and Molina Healthcare will process the claim as a Medicaid primary service.

Questions?

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

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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

Molina MyCare Ohio Prior Authorization Training

Date	Time
Oct. 31, 2014 Meeting Number: 805 444 757	9 to 10 a.m.
Nov. 5, 2014 Meeting Number: 805 046 438	9 to 10 a.m.
Nov. 14, 2014 Meeting Number: 800 260 595	9 to 10 a.m.
Nov. 19, 2014 Meeting Number: 809 180 404	9 to 10 a.m.

To attend the 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
- 5.) Follow the instructions that you hear on the phone

For Molina MyCare Ohio Medicaid Only members, Medicare will not automatically cross claims over to the managed care plans. 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. If Medicare denies the claim as an administrative denial, Molina Healthcare will not pay as the secondary carrier. A Medicare EOB is not required for services not covered by Medicare.

MEDICARE PASSIVE ENROLLMENT

The Medicare passive enrollment in the MyCare Ohio program will take place Jan. 1, 2015. Current MyCare Ohio Medicaid Only members have been notified that they will be automatically enrolled in their current MyCare Ohio plan for Medicare (including Part D prescription drugs) and Medicaid services. Their membership effective date will be Jan. 1, 2015, unless they request to remain Medicaid Only. Members enrolled as a dual benefits MyCare Ohio member get both Medicare and Medicaid from one plan.

Those newly eligible for MyCare Ohio will be provided notice of the requirement to enroll in a MyCare Ohio plan. They will get a list of the plan options available in their area. Individuals who do not choose a MyCare Ohio plan will be automatically enrolled in a pre-selected MyCare Ohio plan for both Medicare and Medicaid benefits.

MyCare Ohio enrollees may ask providers about enrolling as Dual Benefits or Medicaid Only members. Advantages of the Dual Benefits plan, which integrates both Medicare and Medicaid services, include:

- Members have a Care Manager to coordinate their health care needs.
- Members have one ID card for both Medicare and Medicaid benefits.
- Members have one dedicated Member Services line to call for all their needs.
- Providers bill one payor for Medicare and Medicaid benefits.
- The MyCare Ohio plan is the single source for member and provider information regarding Medicare and Medicaid benefits.
- Plans provide 24-hour access to Care Management, Behavioral Health Crisis and Nurse Advice phone lines.

If members have questions about choosing a MyCare Ohio plan or about enrollment options, refer them to the Ohio Medicaid Consumer Hotline at (800) 324-8680.

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

MyCare Ohio OBGYN Claims

For Molina Dual Options MyCare Ohio Medicare-Medicaid Plan members – those members who receive Medicare and Medicaid benefits from Molina – providers should bill in accordance with Medicare global billing requirements.

Molina Healthcare will process the claim under both the Medicare and Medicaid benefit. For Molina MyCare Ohio Medicaid Only members, providers will need to submit a secondary claim to Molina Healthcare. Molina Healthcare will pay full cost share as a secondary.

Ebola Information

For all questions concerning Ebola and recent events in Ohio, please visit the Ohio Department of Health (ODH) at: <http://www.odh.ohio.gov/odhprograms/dis/orbitdis/ebola/Ebola.aspx>.

The ODH website offers informational resources and materials about Ebola. In addition, ODH is operating a 24/7 call center to assist Ohio residents with their questions. Should you have questions, please call (866) 800-1404.

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.