



Molina Healthcare Dual Options Patient Liability



Dual Options MyCare Ohio Eligibility

Dual Options (MMP) is the name of Molina's Medicare-Medicaid plan and will be an option for consumers in the **Central, West Central, and Southwest** regions.

- **Southwest:** Butler, Warren, Clinton, Clermont, and Hamilton
- **West Central:** Greene, Clark, and Montgomery
- **Central:** Franklin, Madison, Union, Delaware, and Pickaway

Consumers are eligible to join a MyCare Ohio managed care plan if:

- They are receiving full benefits from both Medicare and Medicaid
- They are 18 years of age or older
- They reside in a MyCare Ohio service region



Patient Liability (PL)

Patient Liability

- Defined in rule 5101:1-39-24
- Patient liability is a post-eligibility treatment of income.
- The amount of the patient responsibility is variable based on the income of the member and has the potential to change on a monthly basis.
- Providers do not have authority to calculate and impose a PL on a member


When Will Patient Liability Apply?

- The MHO Molina Dual Options program will include PL for members.
- PL only applies to Nursing Home facilities, Hospice providers billing room and board, and Community-based providers
- PL applies to claims only from the above mentioned providers
- Not all waiver or NF residents have a Patient Liability amount assigned.
- PL will be included in the eligibility files Molina receives from the State of Ohio

Who is Responsible for Collecting Patient Responsibility?

Provider/Waiver of Origin	Responsible Party
PASSPORT/CHOICES	Collected by the AAA
Ohio Home Care Waiver /Traditions Carve Out Waiver	Collected by the provider(s) designated on the Waiver Service Plan
Assisted Living	Collected by the AL provider
ICDS Waiver (new to waiver after MyCare enrollment)	Collected by the provider(s) designated on the Waiver Service Plan
Nursing Facility	Collected by the NF provider

Changes to the Waiver Service Coordinator (WSC)?



Anytime the AAA is no longer the WSC, the provider of record (POR) will collect PL even if the AAA was previously collecting. Molina will educate the member and provider about the change in process.

If the waiver of origin was previously Ohio Home Care Waiver or Traditions Carve Out Waiver, the provider will collect, even if the WSC is changed to the AAA.

Regardless of who is the WSC, whenever the individual is in **Assisted Living** facility, the AL provider will collect the PL.

Regardless of who is the WSC, whenever the individual is in **Nursing Facility**, the NF provider will collect the PL.

How will PL be Applied to Claims?

PL will be deducted from the first claim of the month.

- The liability amount is subtracted from the Medicare co-insurance payment (we will deduct this from the secondary segment (Medicaid) when co-insurance or deductible applies, it isn't applied on the Medicare claim.) and/or Medicaid payment.
- if multiple claims are submitted in a given month, patient liability will be applied until it is exhausted for that month.
- If a member transfers from one facility to another within the same month, the liability amount will be applied to the first facilities claim. If patient liability amount is not satisfied fully in first claim, remaining amount will be applied to second claim (other facility) as needed.

If Molina is Secondary we would apply patient liability to the lesser of:

- Balance due as secondary carrier
- Medicaid allowable
- Member's patient liability amount

ACT 52

- PL for members with a past balance that fall under ACT 52 will be applied in the same way it is today
- Molina Healthcare will receive the PL information in the eligibility files from the state; it's expected this amount will be \$0 until the past debt has been paid

Reporting PL

The **Patient Liability** will be captured on claims as follows:



- Loop 2300: AMT – Patient Responsibility – Estimated
- Segment AMT02
- Revenue Center Value code 31

Lump Sum payments: If a member receives a lump sum of money, it is possible that he/she may pay the NF directly to maintain Medicaid eligibility. As with patient liability, Molina will reduce amounts to the designated NF if a lump sum payment is received by the NF. Once the code is no longer present on claims submission, Molina would resume paying the full amount as appropriate. Lump Sum payments received by NFs will be captured on claims as follows:

- Loop 2300: HI – Value Information
- Segment HI01-01
- Revenue Center Value code 31

What Happens if the Incorrect PL was Applied to the Claim?

- Although the PL received in the eligibility files is correct it is not always timely.
- Providers will need to submit a claims reconsideration along with the 9401 form to have the PL adjusted.
- In case of an overpayment, the provider should submit a Return of Overpayment Form along with the 97401 form

Claims Reconsideration Request Form
 (Requests must be received within 120 days of date of original remittance advice)
 Please allow 30 days to process this reconsideration request

Number of faxed pages (including cover sheet): _____

MyCare Ohio Marketplace Medicaid Reconsideration
 Medicare Appeal Participating Non-Participating


Please return this complete form and any supporting documentation to: Fax #: (800) 499-3406 Or mail to:
 Molina Healthcare of Ohio, Attn: Provider Services, PO BOX 349020, Columbus, OH 43234-9020

PROVIDERS NOTE: Please send Corrected Claims as normal claim submissions via electronic or paper.

Section 1: General Information

Claim Number (One claim per form)		Member Id #	
Member Name		Date of Service	
Provider Name		Billed Charges (\$)	Contact Person
Provider ID (TIN)	NPI	Provider Phone #	Provider Fax #

Section 2: Type of Claim Adjustment
 Based upon the following reason(s), we are requesting reconsideration of this claim.



Return of Overpayment

Medicaid Medicare Marketplace MyCare Ohio

Date: _____

Provider Name: _____

Provider Tax Identification Number: _____

Provider Contact Person: _____

Provider Phone Number: _____

Please fill out the form below with all applicable information.

Molina Claim Number	Molina Check Number	Amount Refunded to Molina	Provider Check Number (if applicable)

Reason the payment is being returned to Molina Healthcare (check one):

Claims are for patients not affiliated with this office.

Frequently Used Numbers

DEPARTMENT	NUMBER
Case Management	(855) 322-4079 (follow phone prompts)
Claims Reconsideration	(855) 322-4079 / fax (800) 499-3406
Claims Inquiry – Customer Service	(855) 322-4079 (follow phone prompts)
Community Outreach	(855) 665-4623
Fraud, Waste, and Abuse Tip Line	(866) 606-3889/ fax (888) 665-0860
Member Eligibility Ohio Medicaid	(800) 686-1516
Member Services – Duals	(855) 665-4623/fax: (855) 266-5462
Member Services – Medicare	(866) 472-4584
Pharmacy (Medicare/Duals)	(855) 322-4079 / fax: (888) 858-3090
Prior Authorization (Inpatient)	(855) 322-4079
Prior Authorization (Outpatient)	(855) 322-4079
Provider Services	(855) 322-4079 / fax: (866) 713-1893
Provider Services – Web Portal Help Desk	(866) 449-6848
Utilization Management	(855) 322-4079 / fax: (866) 449-6843
24 Hour Nurse Advise Line	(888) 275-8750 / TTY: (866) 735-2929
Behavioral Health	(855) 322-4079 / fax(866) 553-9262

Member Services
8 a.m. to 8 p.m.
Monday - Friday

Provider Services
8 a.m. to 6 p.m.
Monday - Friday

Questions?

