

# It Matters to Molina: LTC

2020 | Presented by: Molina Healthcare

# Provider Resources on the Molina Provider Website

- Provider Manual
- Dental Manual
- Provider Online Directories
- Provider Portal
- Preventive & Clinical Care Guidelines
- Prior Authorization Information
- Advanced Directives
- Claims Information
- Claims Reconsiderations
- Pharmacy Information
- HIPAA
- Fraud, Waste and Abuse Information
- Frequently Used Forms
- Communications & Newsletters
- Member Rights & Responsibilities
- Contact Information



[www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders)

# Molina Provider Bulletin

## Information for all network providers

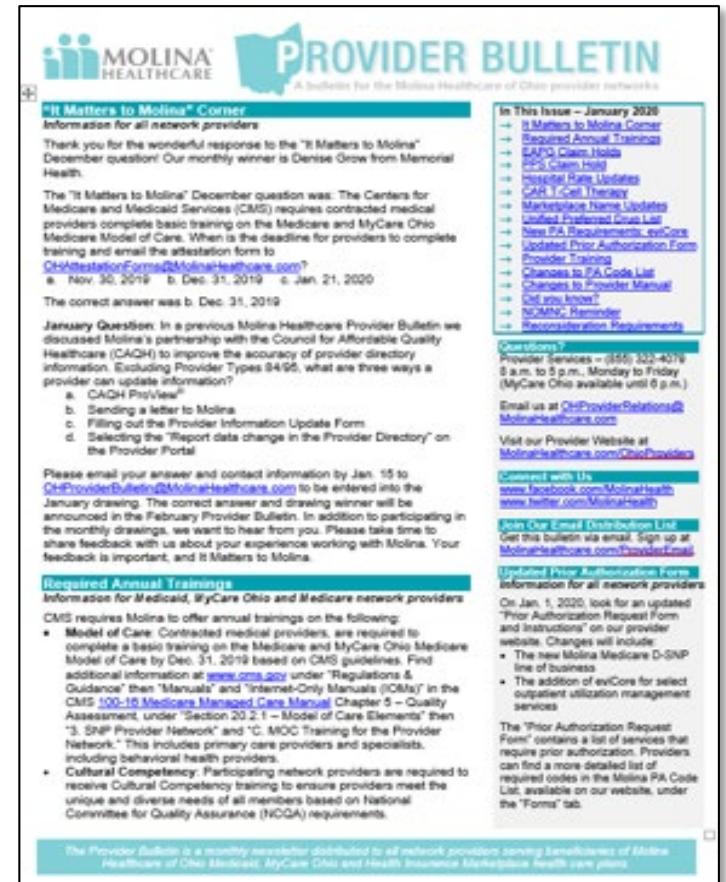
A monthly Provider Bulletin is sent to Molina's provider network to report updates.

### The Provider Bulletin includes:

#### Information for providers in all networks

- Prior authorization changes
- Provider training opportunities
- Updates to the Molina Drug Formulary
- Changes in policies that could effect claim submission, billing procedures or appeals
- Updates to the Molina Provider Portal

Visit our website at  
[www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders)  
to join our distribution list.



# Nursing Facility and Assisted Living Reference Guide

The Nursing Facility (NF) and Assisted Living (AL) Reference Guide is now available on our website under the “Manual” tab.

The NF and AL Reference Guide topics were chosen based on the most frequently asked questions and the most common feedback from nursing facilities regarding delivery of care to Molina members.

Topics include:

- Utilization Management and Authorizations
- Claims Billing Information
- Care Management Information

For additional questions, email our NF Provider Services Representative at [OHProviderServicesNF@MolinaHealthcare.com](mailto:OHProviderServicesNF@MolinaHealthcare.com).

## Quick Reference Guides and Frequently Asked Questions (FAQ) Page Includes:

Patient Driven Payment Model FAQ

Patient Driven Grouping Model FAQ

Durable Medical Equipment (DME) Quick Tips Guide

LTSS Waiver Services Billing Guide

Patient Liability Guide

[www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders)

# Reminders

1. For all Medicaid Long Term Care (LTC) discharges, please utilize Molina's Medicaid fax number (866) 449-6843 to send in the discharge disposition (including member's home medication list, any home health/Durable Medical Equipment (DME) established and any medical appointments scheduled post-discharge).
2. Molina's community connectors and care managers will be assisting the Nursing Facility and member with discharge planning and will be monitoring the member post-discharge for safe transition back to the community.
3. Molina's Utilization Management Department will be reviewing all Medicaid LTC admissions and continued stays for justification according to OAC 5160-3-08 Criteria for nursing facility-based level of care. Please be sure to submit complete clinical notes showing the member's needs in all of the below areas:
  - ADL (Activities of Daily Living)
  - Bathing Assistance
  - Assistance Grooming
  - Assistance Toileting
  - Assistance Dressing
  - Assistance with Eating
  - Medication Administration
  - Skilled Nursing
  - Skilled Rehabilitation Service
  - 24-Hour Support

For additional questions please call the Utilization Management Department at (855) 322-4079.

# Reminder: Notice of Medicare Non-Coverage (NOMNC)

## *Information for all network providers*

To avoid financial liability after the last covered date on a Molina-issued Notice of Medicare Non-Coverage (NOMNC), providers must:

- Issue a complete NOMNC on the correct CMS form
- Deliver the NOMNC to the member and receive a valid signature dated at least two calendar days before the “Services Will End” date
- Fax the signed NOMNC to Molina at (877) 708-2116 within 48 hours

If requesting an appeal, to avoid financial liability after the last covered date on a Molina-issued NOMNC, providers must:

- Send the request for immediate appeal no later than 12 p.m. on the day before the effective date indicated on the NOMNC to the Quality Improvement Organization (QIO) Livanta. All medical records requested by the QIO must be faxed with a copy of the signed NOMNC. A copy of the signed NOMNC must also be faxed to Molina at (877) 708-2116.
- If the deadline to request an immediate appeal is missed, refer to the NOMNC for instructions on how to file an appeal through Molina. Providers may contact Molina Appeals at (877) 902-1203, TTY 711. Providers must fax the signed NOMNC to Molina Appeals at (562) 499-0610 in addition to Molina at (877) 708-2116.

Please refer to the cover letter sent with each NOMNC for detailed instructions pertaining to the NOMNC and appeal process.

# Reminder: Cultural Competency

## *Information for Medicaid and MyCare Ohio providers*

Molina is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by the Centers for Medicare and Medicaid Services (CMS) to ensure providers meet the unique and diverse needs of all members.

Molina offers educational opportunities in cultural competency concepts for providers, their staff and Community Based Organizations through training modules, delivered through a variety of methods including:

- Written materials
- Cultural competency training videos are available on the Molina website under the “Health Resources” tab, under “Culturally and Linguistically Appropriate Resources”
- Access to reference materials available through the Molina website including translated materials and accessible formats like Braille
- For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800)750-0750 or 711

Look for updates in the Molina Provider Bulletin noting when the 2020 Cultural Competency Attestation Form becomes available on the Molina Provider Website.

# Medicare Reimbursement: SNF PPS Patient Driven Payment Model

## *Information for all network providers*

On Oct. 1, the new Patient Driven Payment Model (PDPM) was implemented by the Centers for Medicare and Medicaid Services (CMS). CMS is replacing the Resource Utilization Group (RUG), Version IV for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS).

Molina will follow CMS Medicare methodology for the PDPM implementation, and has posted a Frequently Asked Questions (FAQ) resource document on our [MyCare Ohio website](#), under the “Manual” tab, under the “Quick Reference Guides & FAQs” header.

Molina providers reimbursed under the Medicare SNF PPS are subject to the PDPM payment transition starting with dates of service on/after Oct. 1, 2019. The payment transition applies to all lines of business that are contracted/required to pay Medicare allowable rates.

In order to prevent payment disruption, action is required to modify claim billing practices. There is no transition period between RUG-IV and PDPM. RUG-IV billing ends Sept. 30, 2019. PDPM billing began Oct. 1, 2019.

CMS has released resources to help you prepare on their PDPM webpage; including fact sheets, FAQs and training materials. Please visit the CMS website at: [www.cms.gov](http://www.cms.gov) and under the “Medicare” tab find the “Medicare Fee-for-Service Payment” section, then select “[Skilled Nursing Facility PPS.](#)”



# Medicare Reimbursement: Patient Driven Groupings Model

## *Information for all network providers*

On Jan. 1, the new Patient Driven Groupings Model (PDGM) was implemented by the Centers for Medicare and Medicaid Services (CMS). CMS modernized the Home Health Prospective Payment System (PPS) case-mix classification system and promotion of patient-driven care. This update by CMS shifted the unit of payment from 60 days to 30 days as required by the Bipartisan Budget Act of 2018.

Molina will follow CMS Medicare methodology for the PDGM implementation and has posted a Frequently Asked Questions (FAQ) resource document on our MyCare Ohio website, under the “Manual” tab, under the “Quick Reference Guides & FAQs” header.

Molina providers reimbursed under the Medicare Home Health PPS are now subject to the PDGM payment transition. Claims with a “from” date of service on and after Jan. 1, 2020 will be billed and paid under the PDGM rules. Those episodes of care that span the 2019-2020 calendar years (CY) will be billed and paid under the Home Health PPS rules and adjusted for CY 2020 national rates.

CMS has released resources on the PDGM webpage. Please visit the CMS website at [www.cms.gov](http://www.cms.gov) and under the “Medicare” tab find the “Medicare-Fee-For-Service-Payment” section, then select “[Home Health PPS](#).”

For the Medicare Claims Processing Manual visit [www.cms.gov](http://www.cms.gov) and select “Regulations & Guidance,” then under “Guidance” select “Manuals” followed by “Internet-Only Manuals (IOMs) and “100-04 Medicare Claims Processing Manual” and “[Chapter 10 – Home Health Agency Billing \(PDF\)](#).”

# Medicare Reimbursement: Patient Driven Groupings Model

## *Information for all network providers*

### Molina Recommendations for Billing/Claim Simplification:

With CMS's update of the Home Health unit of payment from 60 days to 30 days period and the phase-out of Request for Anticipated Payment (RAP), Molina has already implemented the necessary modifications to our claims payment system to prepare for these changes.

In order to simplify the billing of claims and subsequent payments, Molina strongly recommends providers no longer bill RAP claims. Instead, Molina recommends billing for each 30 day period of care on the final claim. Providers will save administrative time by not billing for the RAP and this billing recommendation will allow providers to reconcile payments from Molina more easily.

We hope your organization will take advantage of this simplification!

# Waiver Provider Signature Requirement

***Impacted providers include: personal care, waiver nursing, home care attendant, choice home care attendant, out of home respite, enhanced community living, adult day health services, social work counseling, and independent living assistance***

On Jan. 1, 2019, waiver service providers for the Assisted Living, MyCare Ohio, Ohio Home Care and PASSPORT waivers started being required to sign the individual’s person-centered service plan (PCSP), previously waiver services plan (WSP). This change meets Centers for Medicare and Medicaid Services (CMS) and Ohio Department of Medicaid (ODM) requirements.

The provider’s signature shows that the provider acknowledges and agrees to provide the waiver service, as authorized in the person-centered service plan. Providers who are affected by this requirement include those who are delivering “direct care” services including:

- Personal care
- Waiver nursing
- Home-care attendant
- Choices home-care attendant
- Out-of-home respite
- Enhanced community living
- Adult day services
- Social work counseling
- Independent living assistance

The direct care provider’s signature will be required when:

1. The provider receives a waiver service authorization for a new service
2. The waiver service authorization reflects a permanent change to a previously authorized service

To facilitate this process, Molina will attach a signature page to the front of the waiver service authorization listing the name of the provider who is required to sign, the corresponding authorization number and a space for the provider’s signature. This signature form should be signed and returned to Molina via secure email to [WaiverServiceAuthorizations@MolinaHealthcare.com](mailto:WaiverServiceAuthorizations@MolinaHealthcare.com).

# Electronic Visit Verification

***Information for impacted home and community-based service providers who will bill the following codes: G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019***

On Aug. 5, 2019, Electronic Visit Verification (EVV) became mandatory for Phase 2 services.

**New Sandata EVV User:** If you are a new EVV user, you must complete the Sandata training before you can access the EVV system. At least one representative from your agency **must** complete all required training to receive your Welcome Kit with login credentials to the Sandata system

**Providers using Alternate Vendor:** If you are using an alternate EVV vendor visit <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification> and select “Alternate System” to locate “Alternate EVV Webinar Training” under “Resources.”

For more information read the Frequently Asked Questions ([FAQ](#)) at <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification>.

If you have general questions about EVV, email the ODM EVV Unit at [EVV@medicaid.ohio.gov](mailto:EVV@medicaid.ohio.gov).

# Medicare Products in 2020

Molina is committed to providing quality health care to Medicare beneficiaries. In 2020, we've made that commitment a key focus, as we expand and improve our Medicare program.

## Our Medicare Products' Names Have Changed!

- Molina Medicare Options Plus (D-SNP) is now **Molina Medicare Complete Care**
- Molina Medicare Options (MAPD) is now **Molina Medicare Choice Care**

## Expanding our Medicare Business

- We are also expanding our national footprint by adding 148 new counties
- Launching new Medicare Advantage plans in Ohio and South Carolina
- Our new Ohio Medicare Advantage Dual Special Needs Plan will be offered in 27 counties: Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Madison, Mahoning, Medina, Miami, Montgomery, Pickaway, Portage, Stark, Summit, Trumbull, Union and Warren

## Richer Supplemental Benefits

- Molina's 2020 Medicare plans offer a generous allowance of over-the-counter items selected from our catalog, vision, dental, hearing, transportation, fitness coaching, meals, personal emergency response system and a 24-hour nurse advice line.

## Molina is Partnering with Best-In-Class Supplemental Vendors

- Delta Dental
- HearUSA
- Access2Care Transportation

# Contact Information

MyCare Ohio specific questions:

- [OHMyCareLTSS@MolinaHealthcare.com](mailto:OHMyCareLTSS@MolinaHealthcare.com)

Nursing Facilities specific questions:

- [OHProviderServicesNF@MolinaHealthcare.com](mailto:OHProviderServicesNF@MolinaHealthcare.com)

Contact for general questions or training:

- [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

Provider Services:

- (855) 322-4079