MOLINA HEALTHCARE
Your Extended Family.

MyCareOhio
Connecting Medicare + Medicaid

Molina Dual Options MyCare Ohio
Uniform Authorization Request Instructions

Document Overview
The five MyCare Ohio Plans that are active in managing the dual eligible demonstration project for CMS and ODM have agreed to the mutual benefit of allowing providers to use a single Authorization Request form regardless of which company is managing the patient. (This form is to be used only with the MyCare Ohio Plans.) The benefit to providers is simplicity. The benefit to the Plans is a heightened accuracy in program direction because providers specify the type of service and code to be used in their request. Program direction can be determined from MITS on which waivers and programs the patient is eligible.

General Directions
The entire top portion of the form must be completed. The member name, DOB and ID must match the data on the HMO's system from whom authorization to serve is being sought. Fill in the date the authorization was requested. Fill in your agency name, NPI#, phone #, and fax #. The service date span can be any period the provider wants but may not be approved as requested. Fill in the Primary ICD-10 Code for skilled services, and for unskilled services write out the diagnosis. The primary ICD-10 listed on the OASIS/ Assessment and Plan of Care must match. Check what documents are forwarded with the request. If the individual needs both skilled and supportive services place a check mark in the "Please send copy to Care Management" box, so not only will medical management department receive this form but also the care management department will receive the request for supportive service.

Requested Services fall into five categories and requires some thoughtful consideration from the provider. In the RN Assessment category the type of assessment must be checked: SOC (Start of Care), ROC (Resumption of Care), Recert (Recertification), or Significant Change (in Condition). Medicare and /or Medicaid state plan benefit services must be used first, if applicable, before waiver services are requested. If an individual's condition is at a point of needing intervention "urgently" or expeditiously, or when the 14 day authorization process is too long of a wait, phone the plan's prior authorization department and also fax the form. If it is a weekend or holiday, services should be started and a retrospective authorization can be requested by phone.

Medicare Services Requested: Are skilled services going to be rendered? If the eligibility requirements of Medicare (homebound status, part-time intermittent skilled care, & medical necessity) are met, then the request should be for a 60-day Medicare episode and the top section completed. The number of visits for each skilled discipline should be outlined in the plan of care/orders and forwarded with the initial authorization request. *Call PA office prior to billing to notify them of actual number of RN and LPN visits, and bill with appropriate RN or LPN codes &/or modifiers.

Medicaid State Plan Home Health Services: Are skilled services going to be rendered but the patient is not homebound? Then the Medicaid State Plan section should be completed. For instance, three nurse visits per week are required for wound care, and 14 hours of aide hands on personal care services are required - the Skilled Nursing box would get "3 Vis/Wk." in it and Home Health Aide would get "14 hrs/wk." Reminder that homemaking can only be incidental to the hands on personal care. The main purpose of a home health aide visit cannot be solely to provide these incidental services since they are not health related services. Also, respite care is not covered. (*see note above)

PDN Services: If more extensive nursing requiring shifts of 4-12 hours/day is ordered, then a PDN request is being made for T1000 billing. (*see note above)

Waiver Services: Finally, if the patient previously had PASSPORT services, or is eligible for the PASSPORT Waiver on MITS and needs unskilled services (that have been ordered), use the last section of the form for the request of T1019 services. Also this last section is used to obtain prior authorization for Waiver Nursing services (RN -T1002 or LPN – T1003).

Provider Comments should be used to further explain complex requests, and also include the name of the agency's contact, title/department, and extension.

MyCare Ohio Plan FAX numbers are all listed on the top of the form. If you are sending support documentation along with the request, it is suggested you use one of your own FAX header pages to transmit everything.

Effective Date: Jan. 1, 2017

MHO-2342 60930540H1117

MYCARE OHIO
UNIFORM AUTHORIZATION REQUEST FORM

Plan Fax #s: Aetna 855-734-9389 / Buckeye 877-861-6722
CareSource 844-417-6157 / Molina 877-708-2116
UHC 866-839-6454

MEMBER NAME | DOB | REQUEST DATE

MEMBER ID # | Primary ICD-10 Code or Diagnosis

AGENCY REQUESTING | PHONE

HOME HEALTH AGENCY'S NPI# | FAX

DATES OF SERVICE SPAN REQUESTED FROM: TO: | **CURRENT PA#**

TYPE OF REQUEST NEW ☐ CHANGE ☐ EXTENSION ☐

REFER/ADMITTING PHYSICIAN

DOCUMENTATION FORWARDED:
OASIS/Assessments ☐
F2F Encounter Doc. ☐
Plan of Care/Orders ☐
Clinicians' Visit Notes ☐

REQUESTED SERVICES

RN ASSESSMENT (T1001)
SOC ☐ ROC ☐ Recert ☐ Significant Change ☐

Medicare Services Requested Homebound status required.

	Visits/Wk			Visits/Wk
SKILLED NURSE (G0299;G0300)		PT	(G0151)	
HOME HEALTH AIDE (G0156)		OT	(G0152)	
MED SOCIAL SERVICES (G0155)		SPEECH	(G0153)	

Discharge Summary ☐
ABN/HHCCN/NOMNC ☐

Medicaid State Plan Home Health Services

	Visits or Hrs/Wk			Visits /Wk
Skilled Nurse (SN) (RN-G0299;LPN-G0300)		PT	(G0151)	
Increased SN Post-Hospital Discharge Day _____		OT	(G0152)	
Home Health Aide (G0156)		SPEECH	(G0153)	
Post Hospital Aide (G0156) Discharge Day _____				
Healthchek (G0154 U5)		Frequency:	Day Wk Month	

PDN Services (Private Duty Nursing - shift work)
(RN - TD; LPN - TE)

			Hours	Frequency
State Plan PDN	(T1000 U5 or U6)	Discharge Day _____		Day Wk Month
Post Hospital	(T1000 U5 or U6)	Discharge Day _____		Day Wk Month

Waiver Services: **Please send copy to Care Management** ☐

Unskilled and Skilled	**Hours**	**Frequency**
Home Care Waiver/PASSPORT Aide (T1019)		Day Wk Month
Homemaker (S5130)		Day Wk Month
Waiver Nursing (T1002 (RN) or T1003 (LPN))		Day Wk Month
Medical Social Services (G0155)		Visits/Wk

PROVIDER COMMENTS:
Contact at Agency, Title/Dept., & Extension #: