

## MyCare Ohio Fact Sheet - Buckeye

Category	Service	Buckeye MyCare Ohio Plan
Authorizations	Bed Hold	Bed Holds require a separate precert authorization prior to readmission. Ideally, Buckeye will create the bedhold authorization the same time we're getting the transition to the hospital. The original PA for custodial care is in effect until the end of the span.
Authorizations	Hospice	PA required for room and board. Hospice required to obtain PA. Once a member decides to go into Hospice, Buckeye will authorize the entire sequence.
Authorizations	Hospital observation stay re-admit - Skilled	This member will require a pre-cert prior to admitting if they elected a Mycare OH plan for their medicare benefits. If Medicaid only beneficiary, the original custodial PA will remain in effect until the end of the auth period.
Authorizations	Hospital observation stay re-admit - Non skilled	Notification to care manager
Authorizations	Ancillary/Support Services not Included in Per Deim (non-Hospice) - levels that do not require pre-cert authorization	Provider manual - Buckeye
Authorizations	PASRR	Need PASRR prior to any admission; PASRR process remains unchanged.
Authorizations	Level of Care - MyCare Ohio enrolled member without previous LOC	Plan will have process for determining OAC LOC criteria. Need LOC prior to any Medicaid admission or switch to Medicaid service
Authorizations	Long Term Care Institutional Authorization - Need Notification/ Auth number for claims to process	Long term care institutional populations will have authorization periods. Buckeye's initial authorization for long-term stays will ideally be 12 months. If in facility at enrollment, current services available until plan assessment.
Authorizations	Long term institutional member re-admit - Skilled	This member will require a pre-cert prior to admitting if they elected a Mycare OH plan for their medicare benefits. If Medicaid only beneficiary, the original custodial PA will remain in effect until the end of the auth period.
Authorizations	Authorization process - New non-skilled or skilled dual benefit members.	Contact prior authorization number or care manager. 24 hour nurse line available after hours and can issue pre-cert authorization.
Authorizations	Long term institutional resident re-admit - Non Skilled.	If during previous authorization authorization span, will not need a new PA.
Authorizations	Part B Services	Authorizations will be completed by the SNF directly with the Plans. Level of services available prior to need for PA (need reference). If in facility at enrollment, current authorized services available until plan assessment.
Authorizations	New or Re-admit to the SNF with MyCare OH benefits for Medicare and Medicaid	All services must be pre-certified/authorized. New admits, current in house skilled with change in payer, and skilled re-admits require pre-cert authorization.
Authorizations	Pre-certification and Authorizations - MyCare Beneficiaries Enroll While in Facility	If in facility at enrollment, current services available until plan assessment. Provider must get PA number from Buckeye for billing.

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Authorizations	Pre-certification and Authorizations - Emergency	Federal regulations prohibit precert for emergencies. Use best clinical judgement to determine if time to contact care manager prior to emergency call. If not, contact care manager as soon as possible after emergency.
Authorizations	"Skilled" determinations for beneficiaries.	No three-day stay requirement. Based on assessment. Pre-cert required as noted above. Can skill directly from community, but prior auth needed.
Billing	Billing - Post-acute and LTC services	Use standard format and Medicare and Medicaid fee schedules
Billing	Billing - Medicaid as secondary payor - Non skilled	"Medicaid only" beneficiaries. Need denial from primary payor (Medicare or MA plan) for Medicaid benefit (Still require plan clarification)
Billing	Date of Admissions	For billing MyCare Ohio, use the first date of the program. Plan will acquire original admission date at later time.
Billing	Non-par physician	Falls under transition of care. Can bill using non-par physician until resident transitions to participating physician.
Billing	Claims submission	Accepts Electronic Claims; Providers who do not use a clearing house can use the "Long-Term Care Wizard" on their provider portal.
Billing	Co-insurance "Medicaid Only" beneficiaries	Providers have to bill plan for any co-insurance or patient liability as COB. Plan will follow current Medicaid crossover protocols for processing claim.
Billing	Co-insurance "Medicaid and Medicare Enrolled" beneficiaries	Plans cannot bill member for LTC services. Will use retroactive process to settle Medicare coinsurance amounts.
Billing	Patient Liability	Buckeye will use the SNF claim as source of truth. Will reconcile later if necessary.
Billing	Respite Stays Require Plan pre-cert	Out of home respite services are code H0045. The fee associated with this is 199.82 per day
Contracting	Hospice -covers room and board	Hospice provider will bill plan directly. Must be contracted or facilitate single case agreement
Contracting	Ancillary/Support Services not Included in Per Deim (non-Hospice)	Plan will contract with service provider directly.
Services	Transportation: Non-emergency	Access2Care is transportation broker (866-531-0615). 48 hr. advanced scheduling required. For stretcher transportation, contact Utilization Management at 866/296-8731.
Eligibility	Eligibility Checks	Complete eligibility check for your existing long term residents, current skilled patients and new admits. It is critical to identify the correct payor. MITS Portal ( <a href="http://medicaid.ohio.gov/PROVIDERS/MITS.aspx">http://medicaid.ohio.gov/PROVIDERS/MITS.aspx</a> ) or <a href="http://www.ohiomh.com">www.ohiomh.com</a>
Eligibility	Eligible for Mycare OH	Receives Medicare and Medicaid full benefits, adults with disabilities and persons 65 years and older, persons with serious mental illness will be included in the program, Community based and institutionalized.
Eligibility	Exempt from MyCare OH	medicaid pending on a delayed spend down, individual with third party insurance, Individual with ICF/ID level of care served either in ICF/ID facility or on a waiver are exempt from enrollment
Website	Plan Resources - MyCare Website	<a href="#">Buckeye</a>

## MyCare Ohio Fact Sheet - Buckeye

Category	Service	Buckeye MyCare Ohio Plan
Manual	Plan Resources - Provider Manual	
Training	Plan Resources - Training Materials	<a href="#">Training slides</a>
Links	Plan Links - Quick reference Guide	<a href="#">Quick Reference Guide</a>
Contacts	Plan Resources - Key Contacts	

This document is meant to be a guide only. While the information in this document is believed to be accurate as of June 16, 2014, please consult the plan or current rules and regulations for more details. There is no legal interpretations or advice given in this document.