

MyCare Ohio Nursing Facility FAQs

Molina Healthcare of Ohio's nursing facility network is an essential part of delivering quality care to our members. We value our partnership and appreciate the care and compassion you pass on to Molina Healthcare members enrolled in Medicaid, Medicare, or Molina Dual Options MyCare Ohio Medicare-Medicaid Plan. As partners in care, one of our highest priorities is to help you serve our members..

As we progress with the onboarding of our members who are eligible for Medicare and Medicaid through the MyCare Ohio demonstration, we want to make sure we remain extremely flexible and open to meeting your needs and the needs of our members. We are committed to open communication and welcome your feedback on how the process is working. Overall, we look forward to supporting all your efforts to providing high-quality care. For more information regarding Molina, please visit our website at <http://www.MolinaHealthcare.com/providers/oh/duals>.

How to request services

We're here to help you get services authorized, including admission pre-certifications, continued length of stay authorizations or notifications of a change in the member's level of care. Molina Healthcare's Health Care Services (HCS) department assigns Care Review Clinicians (licensed nurses) and Case Managers (licensed nurses and social workers) to each facility, giving you a consistent point of contact.

What is the process for Nursing Facility Admission Pre-certifications? The majority of pre-certifications will take place through the discharge planning process, when a member in need of post-acute nursing facility care is identified. Molina Healthcare's Care Review Clinicians will be in direct contact with the acute inpatient facilities, assisting with the discharge process and ensuring that medically necessary nursing facility admissions occur in a timely manner. These requests for Nursing Facility admissions are reviewed and a determination is rendered within 24 hours. In the event that a member is an emergent admit (i.e. direct admit from home or ER due to imminent safety risk) to a nursing facility after normal business hours, Molina Healthcare will accept notification from the nursing facility of the admission on the next business day. Please provide clinical information to support the admission.

Who is responsible for calling in the request for the pre-certification? The Nursing Facility is responsible for contacting Molina Healthcare to get pre-authorization. The hospital's discharge planner responsibility lies in working with Molina Healthcare to find a facility that will accept the member. The discharge planner needs to instruct the facility to call Molina Healthcare for the precertification.

What is the process for Nursing Facility Continued Stay Authorizations? Molina Healthcare will require ongoing contact with either the nursing facility or designated review company for clinical updates, depending on the member's level of care (LOC) as follows:

- *Skilled Nursing LOC:* Notification every 7 days; or sooner, if clinical presentation changes. InterQual Skilled Nursing guidelines are utilized to determine medical necessity for skilled nursing stays.
- *Custodial Nursing LOC for Long Term Care (LTC) members for whom the nursing facility is their home:* Notification only every six months; or sooner, if the member moves to a skilled level of care. Molina Healthcare will reach out to your facility initially to clarify the original date of admission and to confirm the level of care. **Note:** When any therapies (physical, occupational or speech) being billed under the member's Part B benefit are implemented, the facility will need to contact Molina Healthcare for authorization.
- *Hospice LOC:* Notification only every 6 months; no medical necessity review is required with a physician's order

What is Molina Healthcare's preferred way of receiving clinical information to support your requests? Molina Healthcare will use whatever method works best for your facility. While fax is our preferred method for submitting clinical information, we also accept telephonic reviews and secure e-mail submission.

How does Molina Healthcare reimburse for Bed Hold Days? Medicare does not reimburse for leaves of absence from the facility. Bed hold days will be reimbursed under the member's Medicaid benefit for up to 30 days per calendar year. The nursing facility does not need to notify Molina Healthcare if bed hold days are being utilized for our Long Term Care members, but is responsible for tracking and adhering to the 30-day benefit limit.

What happens when the Medicare 100 day Skilled Nursing Benefit is exhausted? In the case of a Molina MyCare Ohio Medicaid-Only member, the primary Medicare carrier will issue the Notice of Medicare Non-Coverage (NOMNC). A Molina Dual Options MyCare Ohio member (who has chosen Molina Healthcare to administer both their Medicare and Medicaid benefits), Molina Healthcare will issue the NOMNC to the facility. In either event, Molina Healthcare will continue to review for skilled need under the member's Medicaid benefit.

How are changes in Level of Care (LOC) handled?

- *Urgent acute hospital admissions from the nursing facility:* The acute facility will be responsible for contacting Molina Healthcare the next business day to provide notification of the emergent admission. The nursing facility will be responsible for tracking any required bed hold days under the member's Medicaid benefit.
- *Planned (non-emergent) acute hospital admissions:* The acute facility and/or member's treating physician are responsible for getting precertification for the planned acute admission. The nursing facility will be responsible for tracking any required bed hold days under the member's Medicaid benefit.
- *Transfer to Hospice:* Medicaid covers the facility room and board charges. Molina Healthcare requires notification when the Molina Dual Options MyCare Ohio Medicare-Medicaid plan member has elected to use their Medicare hospice benefit. Pre-certification with Molina Healthcare is not required.

How will Care Coordination (Case Management) interventions be handled?

- Case Management oversight of the member includes assistance with care coordination and development of a plan of care with perceived barriers, goals and interventions, geared to promote the member's optimal level of support and wellness.
- Collaboration with the care management team in assessing LOC needs, which may require a face-to-face assessment, is coordinated with the care management team within your facility.
- Your dedicated Molina Healthcare Case Manager will work with your team to coordinate Interdisciplinary care conferences and provide other support systems as needed.
- Contact between your facility and your dedicated case manager will be scheduled in advance by contacting the designated point person or the Social Worker or MDS coordinator.

Contacting Molina Healthcare Provider Services:

Phone: (855) 322-4079

Fax: (877) 708-2116

Behavioral Health Fax: (866) 553-9262

Provider Services: (855) 322-4079

Monday-Friday, 8am-5pm

www.MolinaHealthcare.com/providers/oh/duals/

Care	Molina Dual Options MyCare Ohio members (Molina administers both Medicare and Medicaid benefit)	Molina MyCare Ohio Medicaid member (Molina administers only the Medicaid benefit)	Molina Contact Person
Bed Hold Days	*30 days / calendar year under Medicaid benefit- *No notification required	*30 days / calendar year under Medicaid benefit- No notification required	N/A
Hospice	*Notification only. Medical necessity review is not required with physician's order *Medicaid covers facility room and board	*Notification only. Medical necessity review is not required with physician's order *Medicaid covers facility room and board	Assigned Utilization Management (UM) Care Review Clinician
Readmit from acute hospital to skilled bed	*Authorization required *3-day stay requirement waived	*Notification only. No authorization required until 100 skilled Medicare days have been exhausted	Assigned UM Care Review Clinician
Readmit from acute hospital to custodial bed	*Notification only *Authorizations entered for 6-month periods	*Notification only *Authorizations entered for 6-month periods	Assigned Case Management (CM) Case Manager
New admission-skilled	*Authorization required. 3-day stay requirement waived *Authorizations entered for 7-day periods	*Notification only. No authorization required until 100 skilled Medicare days have been exhausted *Authorizations entered for 7-day periods	Assigned UM Care Review Clinician
New admission-custodial	*Notification only with authorizations entered for 6-month periods	*Notification only with authorizations entered for 6-month periods	Assigned CM Case Manager
Currently admitted-Level of Care (LOC) moves from skilled to custodial	*Notification only if member is previously established long-term placement *If long-term placement has not been established, must notify assigned Case Manager to complete LOC assessment. Custodial authorization will be entered for 1 month, pending LOC assessment	*Notification only if member is previously established long-term placement. *If long-term placement has not been established, must notify assigned Case Manager to complete LOC assessment. Custodial authorization will be entered for 1 month, pending LOC assessment	Assigned UM Care Review Clinician / Assigned CM Case Manager (for non-LTC members)
Currently admitted-LOC moves from custodial to skilled	*Authorization required *Authorizations entered for 7-day periods	*Notification only. No authorization required until 100 skilled Medicare days have been exhausted	Assigned UM Care Review Clinician
Ancillary / Support Services not included in Per Diem (non-hospice)	*Subject to Molina Healthcare's Prior Authorization List (on Molina Healthcare website) *Service provider will obtain authorization directly with Molina Healthcare	* Medicare Primary Services : No prior authorization with Molina required. Molina Healthcare will adjudicate claims for secondary Medicaid benefit utilizing Medicare EOB. *Medicaid Primary Services: Refer to Molina Prior Authorization grid.	Assigned UM Care Review Clinician for full duals member

Therapies (Physical, Occupational and/or Speech)- to be billed under Medicare Part B, while at custodial LOC	*Authorization required	* No prior authorization with Molina Healthcare required. Molina Healthcare will adjudicate claims for secondary Medicaid benefit utilizing Medicare EOB if Part B therapy cap has been reached.	Assigned UM Care Review Clinician
New Enrollee in MyCare Ohio while in facility (either skilled or custodial)	*Contact Molina for prior authorization / notification	*Contact Molina for prior authorization / notification	Assigned UM Care Review Clinician