

## MyCare Ohio Fact Sheet - Aetna

Category	Service	Aetna MyCare Ohio Plan
Authorizations	Bed Hold	UM staff will be helping to load the bed hold days according to the hospitalization for custodial care readmissions. So a precert will not be necessary.
Authorizations	Hospice	PA required for room and board. SNF required to obtain PA.
Authorizations	Hospital observation stay re-admit - Skilled	This member will require a PA prior to admitting if they elected a Mycare OH plan for their Medicare benefits. If Medicaid only beneficiary, a PA is required if returning to NF with a higher level of care/high skill need.
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	<a href="#">Aetna- Provider Manual</a>
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 and will vary per plan. Length to be determined by all plans. 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.	Need a PA; Call or fax utilization management at 855-364-0974 (fax 855-734-9398). Care manager can send info to UM for the provider if the provider is communicating with the care manager.
Authorizations	Long term institutional resident re-admit - Non Skilled.	This member can be re-admitted to the SNF if there is no significant change in care needs.
Authorizations	Part B Services	Care Management will assess and provide PA direction if any needed.
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. No PA is needed until assessed by Care Management.
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.

## MyCare Ohio Fact Sheet - Aetna

Category	Service	Aetna MyCare Ohio Plan
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.
Billing	Date of Admissions	Use date the individual was actually admitted to the facility.
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 need to contact Aetna Provider Services (855/364-0974 or OH_ProviderServices@aetna.com) to establish method of "batching" claims.
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.
Billing	Patient Liability	Will use monthly 834 data as source of truth. Use 9401 for adjusted claim submission. Currently would be a paper process; hope to have electronic capability soon.
Billing	Respite Stays Require Plan pre-cert	Bill under 160 or 169 revenue codes; 160 for waiver consumer and 169 for PA1 and PA2. Care Management will assess and provide PA direction if any needed.
Contracting	Hospice -covers room and board	SNF will bill Aetna 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	Logisticare is the transportation broker. Advanced notice is required.
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 that includes hospitalization , 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="#">Aetna</a>

## MyCare Ohio Fact Sheet - Aetna

Category	Service	Aetna MyCare Ohio Plan
Manual	Plan Resources - Provider Manual	<a href="#">Provider Manual</a>
Training	Plan Resources - Training Materials	<a href="#">Provider Training</a>
Links	Plan Links - Quick reference Guide	
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.