Nursing Facility and Assisted Living Orientation

2024 | Molina Healthcare

MOLINA HEALTHCARE

MHO-PROV-0117
0124

Agenda


Provider Resources
Provider Portal
Definitions
Benefits and Coverage
Assisted Living
Respite Services
Prior Authorization
Patient Liability

Provider Resources

MOLINA HEALTHCARE

Provider Relations

Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The You Matter to Molina Program that Includes Monthly Forums, surveys, and an Information Page on the Provider Website

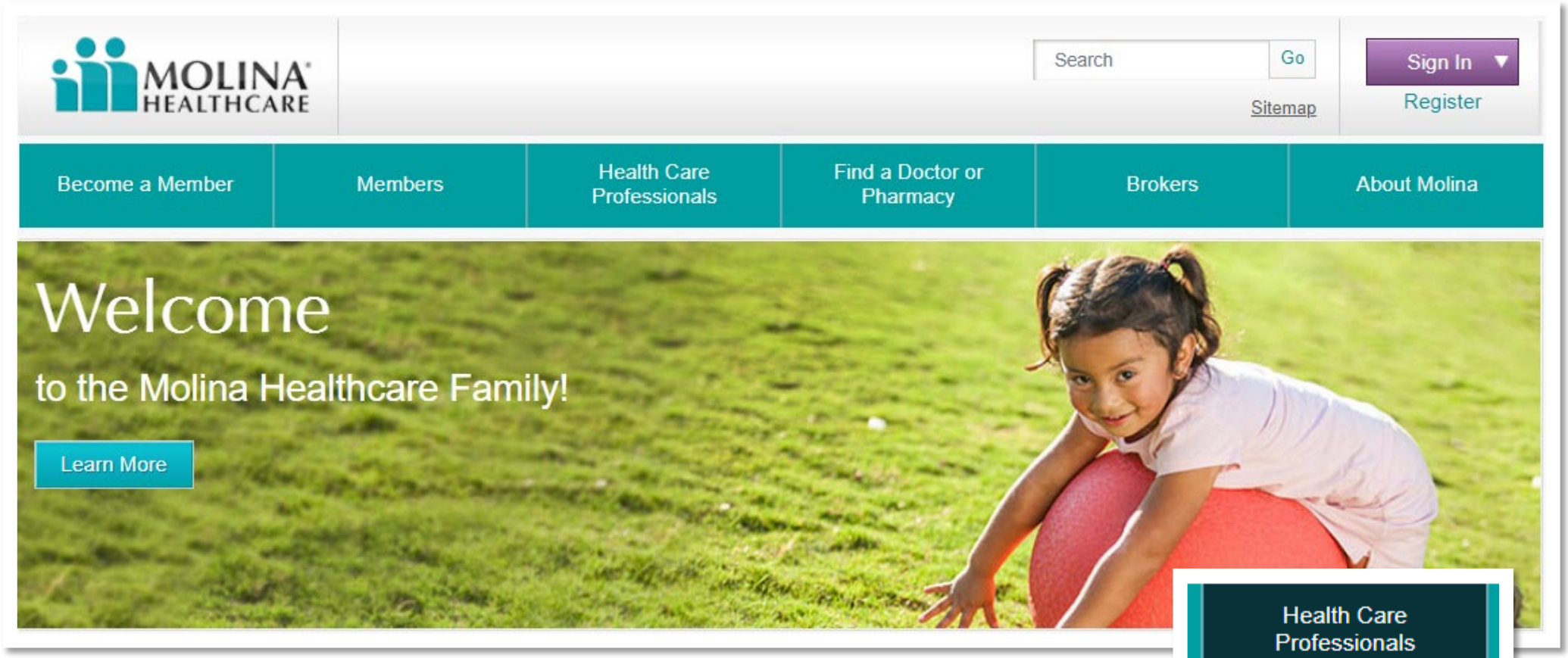
Communication

- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources, and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal (Availity)

Technology

- 24-hour Provider Portal
- Online Prior Authorization and Claim Dispute Submission
- Supplemental Prior Authorization (PA) Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Overpayments

Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.

Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

- Provider Manual
- Dental Manual
- Claims Information
- You Matter to Molina Page and a Claims Payment Systemic Errors (CPSE) Page
- Contact Information
- Provider Online Directory

- Availity Essentials Portal
- Member Rights and Responsibilities
- Preventive and Clinical Care Guidelines
- Prior Authorization Information
- Claim Dispute
- Provider Communications: Provider Bulletins and Provider Newsletters
- Fraud, Waste, and Abuse Information
- Advanced Directives
- Molina Payment Policies
  Molina Clinical Policies
- Pharmacy Information
- Health Insurance Portability and Accountability Act (HIPAA)
- Frequently Used Forms

Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

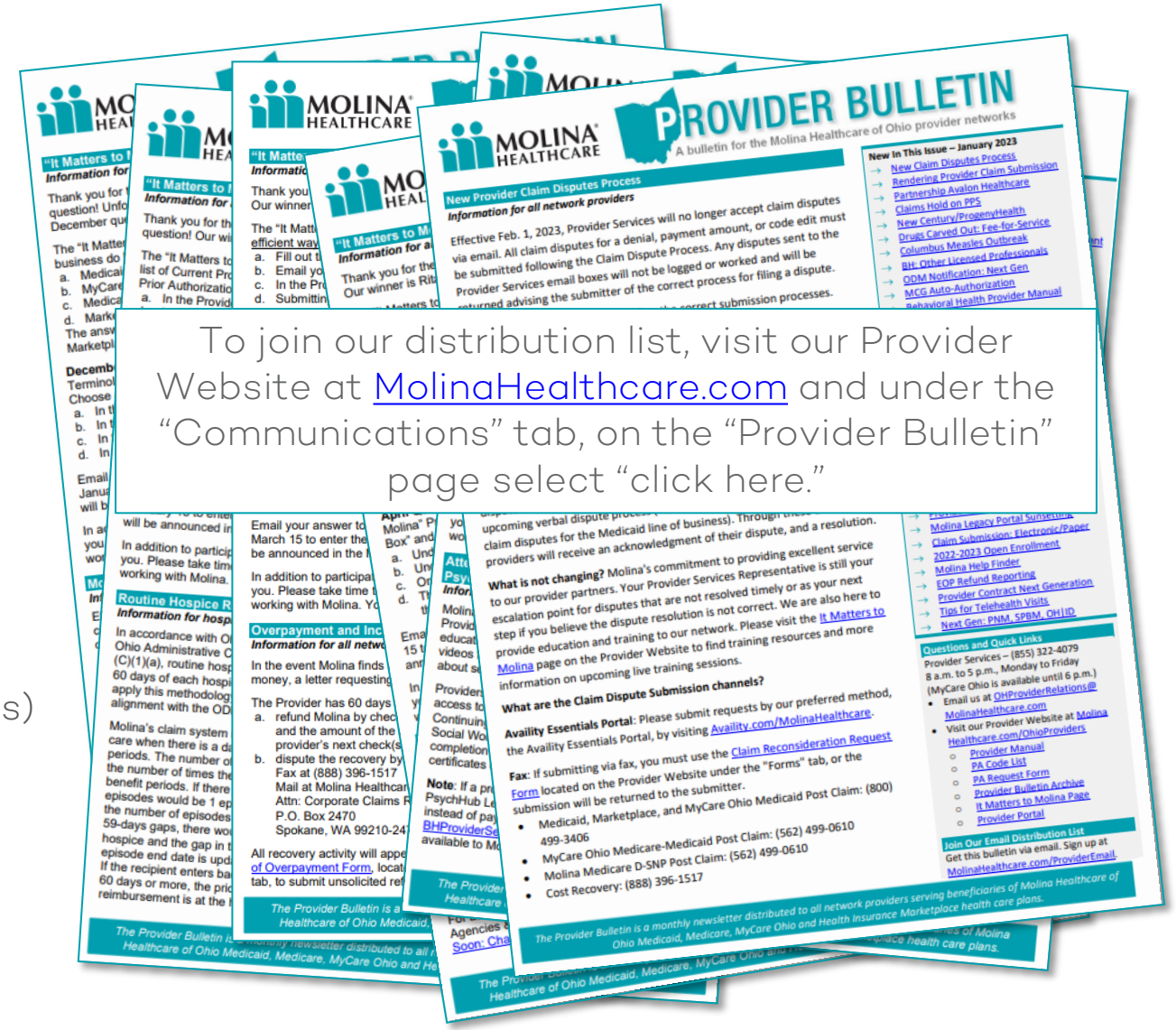
- Benefits and Covered Services
- Claims and Compensation
- Member Appeals and Grievances
- Credentialing and Recredentialing
- Delegation Oversight
- Enrollment and Disenrollment
- Eligibility
- Health Care Services
- Interpreter Services
- HIPAA
- Member Rights and Responsibilities
- Preventive Health Guidelines
- Quality Improvement
- Transportation Services
- Referral and Authorizations
- Provider Responsibilities
- Pharmacy
- Address and Phone Numbers
- Provider Data Accuracy
- Long-Term Services and Supports

Provider Bulletin

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

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- You Matter to Molina Corner
- Changes in policies that could affect:
  - Claim submissions
  - Billing procedures
  - Payment
  - Disputes & Appeals (Reconsiderations)



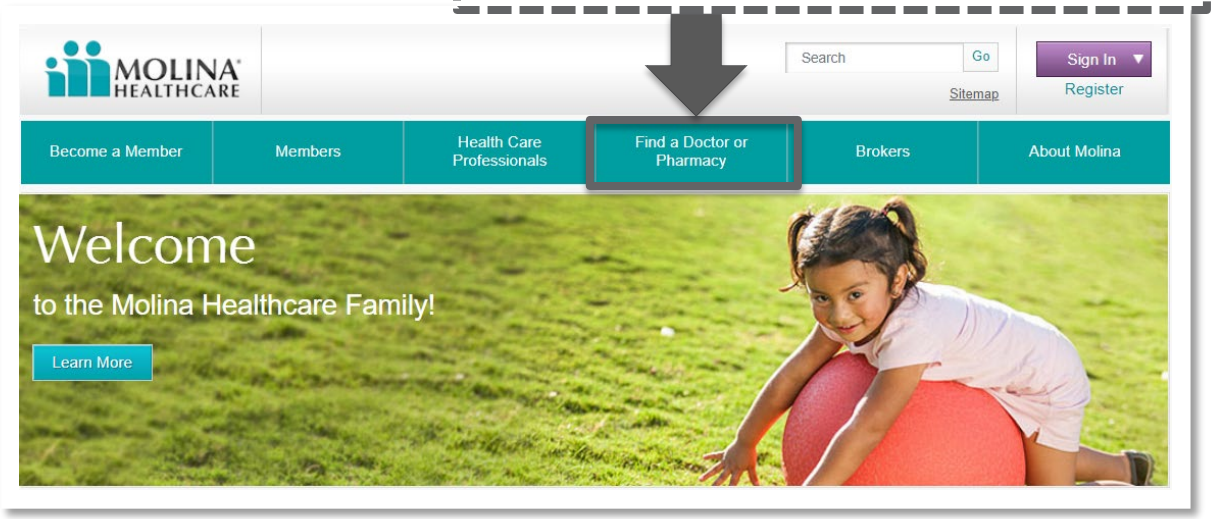
To join our distribution list, visit our Provider Website at MolinaHealthcare.com and under the "Communications" tab, on the "Provider Bulletin" page select "click here."

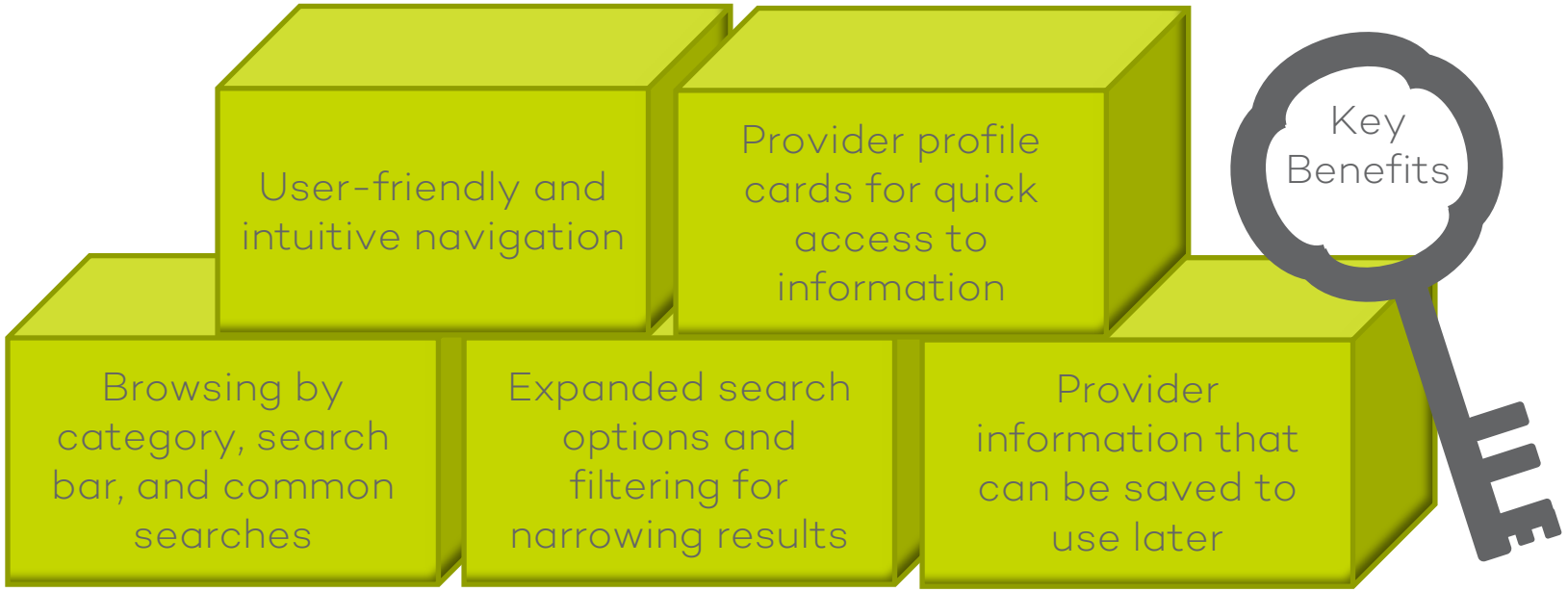
Molina Provider Online Directory

To find a Molina provider, click "Find a Doctor or Pharmacy"

The Molina Provider Online Directory offers enhanced search functionality so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.



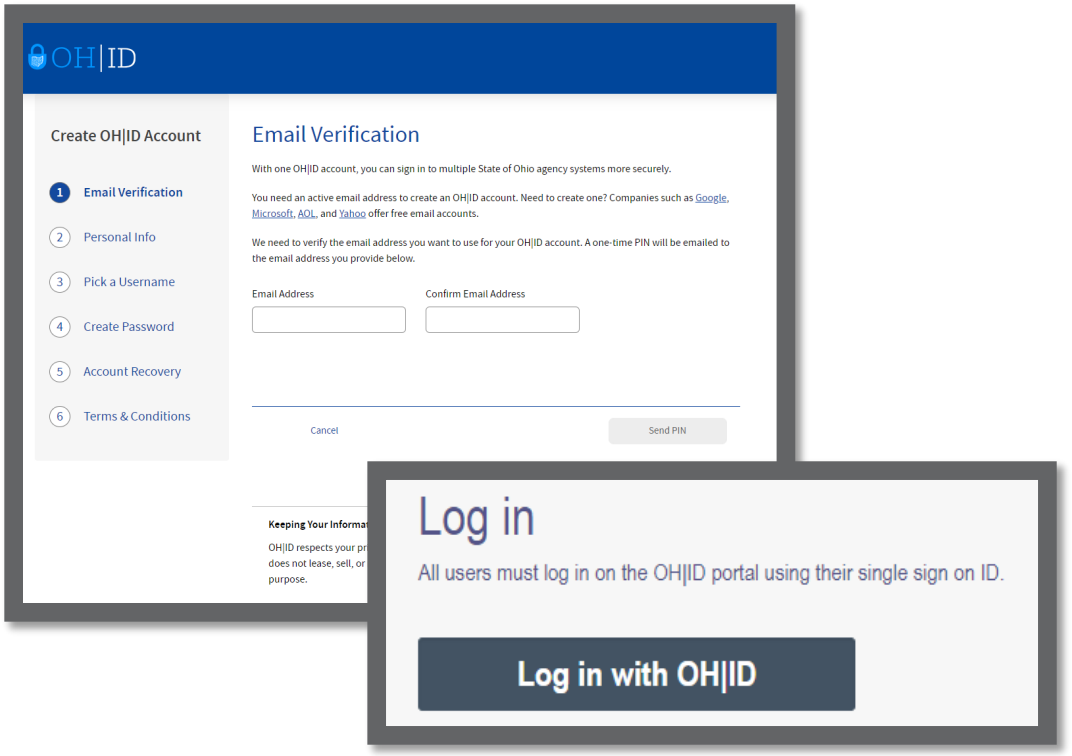


Reminder: Members should be referred to participating providers.

ODM Provider Online Directory and OH|ID

As of Oct. 1, 2022, the Ohio Department of Medicaid (ODM) launched the Provider Network Management (PNM) module to develop a comprehensive provider directory at the state level. View the ODM Quick Reference Guides to learn more.

Important! Medicaid providers are required to obtain a State of Ohio ID (OH|ID) to do business with Ohio Medicaid. Register at Create Account | OH|ID | Ohio's State Digital Identity Standard.



An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs, and services—all with a single username and password.

Find out more in the ODM Provider Network Management Frequently Asked Questions.

Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.

Medicaid and MyCare Ohio: On Oct. 1, 2022, ODM migrated to the new PNM system for provider information and updates. View the ODM Quick Reference Guides for more information. Note: The Provider Information Update Form may still be required for some Medicaid and MyCare Ohio updates.

Medicare and Marketplace: Providers can update their information via the Council for Affordable Quality Healthcare (CAQH) DirectAssure application or by submitting a Provider Information Update Form to Molina.

Important Reminders:

- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
  - Change in office location, office hours, phone, fax, or email
  - Addition or closure of an office location
  - Addition or termination of a provider
  - Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
  - Open or close your practice to new patients (PCP only)

Molina ID Cards

Providers are encouraged to review the most up-to-date version of the Molina Member ID Cards available in our Provider Manuals at MolinaHealthcare.com on the "Manual" page.

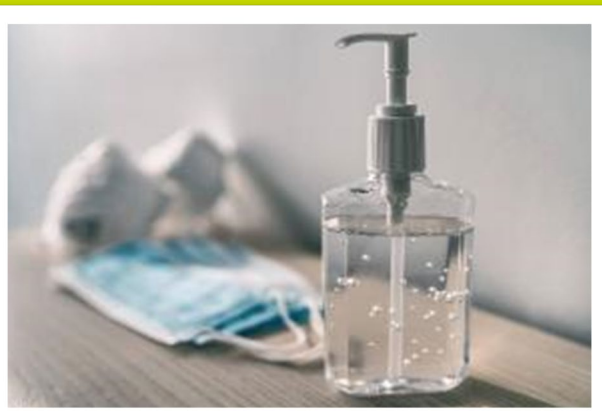
- Medicaid Member Cards
- MyCare Ohio Member Cards
- Medicare Member Card
- Marketplace Member Card

Resuming Medicaid Renewals (Redeterminations)

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated due to ineligibility.

On December 29, 2022, President Joe Biden signed the Consolidated Appropriations Act of 2023 (also known as the omnibus spending bill) into law, which included the resumption of Medicaid renewals.

Previously, the resumption of Medicaid renewals was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid renewals at the start of the PHE are decoupled from the PHE unwinding and termination date of April 1, 2023.



Reference:
appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

Find additional information on the ODM Website at Resuming Routine Medicaid Eligibility Operations | Medicaid (ohio.gov)

Partnering with Us on Medicaid Renewals

We're asking for your support and partnership. Together, we can provide the education and resources to retain our Medicaid members and offer solutions to those in our communities who have lost their coverage during the recertification process.

How Can You Help?

We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they don't lose their coverage. You can help us by:

- Looking for their Medicaid renewal date in your Availity provider portal's eligibility & benefits and member roster sections (see specific steps on the Provider Website Renewals FAQ page).
- Liking and sharing our Facebook page and posts or by posting your own social media posts and tagging us in the posts.

Find additional information about Medicaid Renewals at Molina Healthcare Medicaid Renewals.

How Can Members Renew?

Online: Log in to benefits.ohio.gov and click the "Renew my Benefits" tab.

By Phone: Call the Ohio Medicaid Consumer Hotline at (800) 324-8680, option 8 (TTY: (800) 292-3572). Call Monday through Friday, 7 a.m. to 8 p.m.

By Mail: Complete the Medicaid Renewal Form received in the mail. Send it to their local County Department of Job and Family Services (CDJFS). They can find the address on the front page of the letter or on the County Agency Directory.

In Person: Visit their local CDJFS office. Bring the documents needed to report income and fill out a form in person. Find the address at County Directory (ohio.gov).





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Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Health Care Professionals

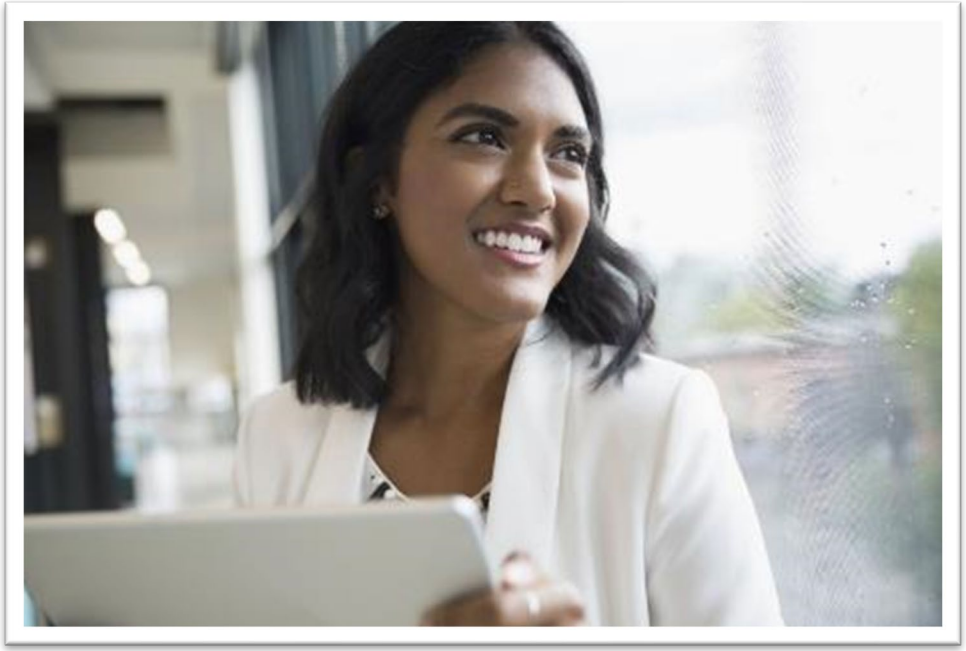
- Medicaid
- Medicare
- MyCare Ohio
- Marketplace
- Provider Portal
- Prior Auth LookUp Tool

Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required

Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the "Provider Responsibilities" section of the Provider Manual, located at MolinaHealthcare.com under the "Manual" tab. Topics include:



- Non-Discrimination of Health Care Service Delivery
- Provider Data Accuracy and Validation
- National Plan and Provider Enumeration System (NPPES) Data Verification
- Electronic Solutions/Tools Available to Providers
- Primary Care Provider (PCP) Responsibilities

You Matter to Molina

At Molina of Ohio, our providers matter! Our "You Matter to Molina" program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.
- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.
- Availity Essentials Portal access and training resources.
- Learn more now at MolinaHealthcare.com/OH/YouMatterToMolina.

Thank you for being part of the Molina family.

Medicaid Definitions of Terms: Authorization Appeal and Claim Disputes

Authorization Appeal

Formerly known as an "authorization reconsideration." A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax.

Clinical Claim Dispute

Formerly known as an "authorization reconsideration." A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). May be submitted via Availity, fax, or verbally.

Non-Clinical Claim Dispute

Formerly known as a "claim reconsideration." This process is used only for disputing a payment denial, payment amount, or a code edit. The Non-Clinical Claim Dispute must be submitted on the Claim Reconsideration Form (Non-Clinical Claim Dispute Form). May be submitted via Availity, fax, or verbally.

MyCare Ohio, Medicare and Marketplace Definitions of Terms: Authorization Reconsideration and Claim Reconsideration

Authorization Reconsideration is either:

- A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form and submitted via fax.
- A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form. May be submitted via Availity or via fax.

Claim Reconsideration is used only for disputing a payment denial, payment amount, or a code edit. The Claim Reconsideration must be submitted on the Claim Reconsideration Form. May be submitted via Availity or via fax.

Availity Essentials Portal

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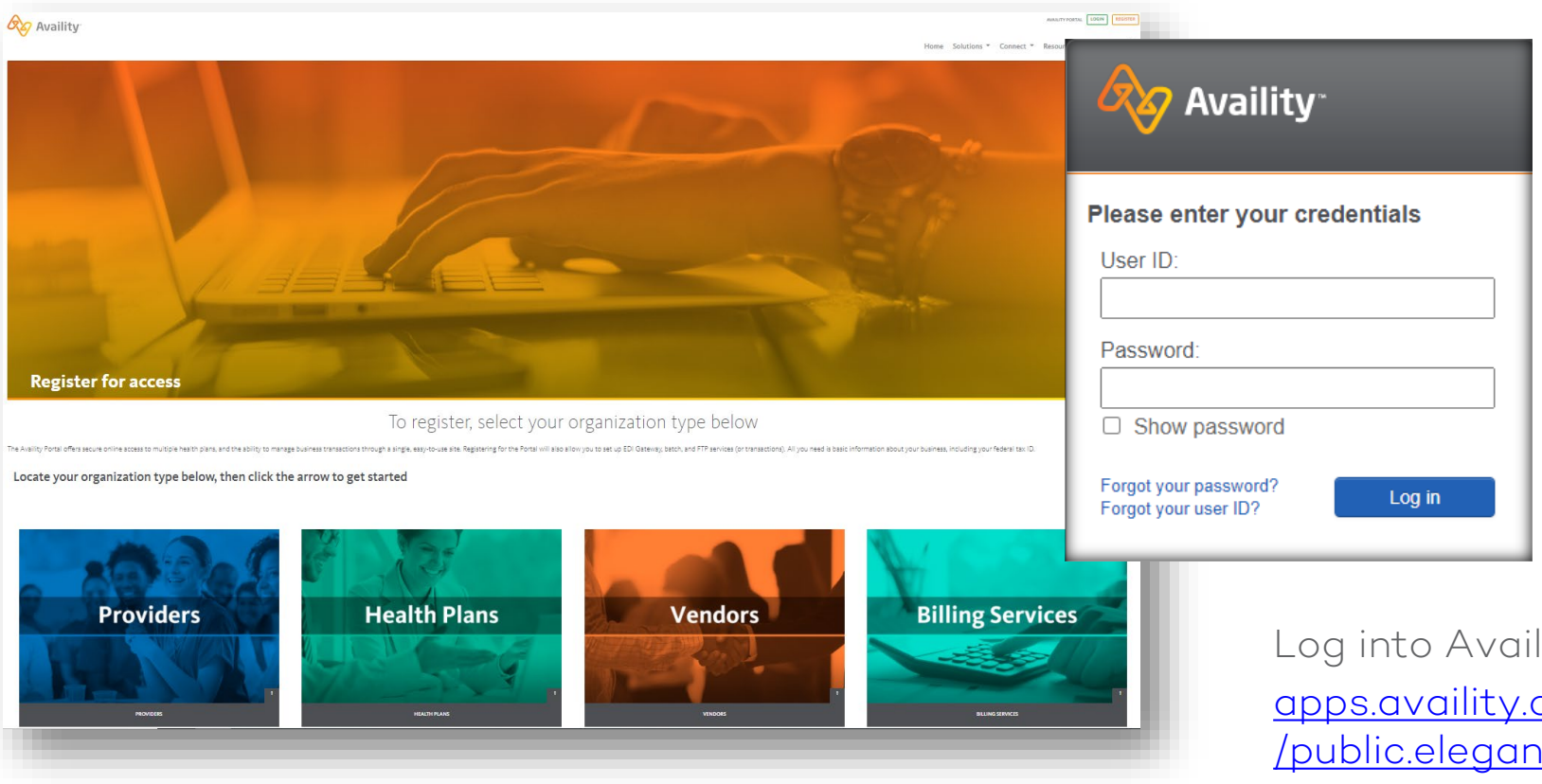
Availity Essentials (Availity) Provider Portal

Register for Availity at availity.com/provider-portal-registration and select your organization type.

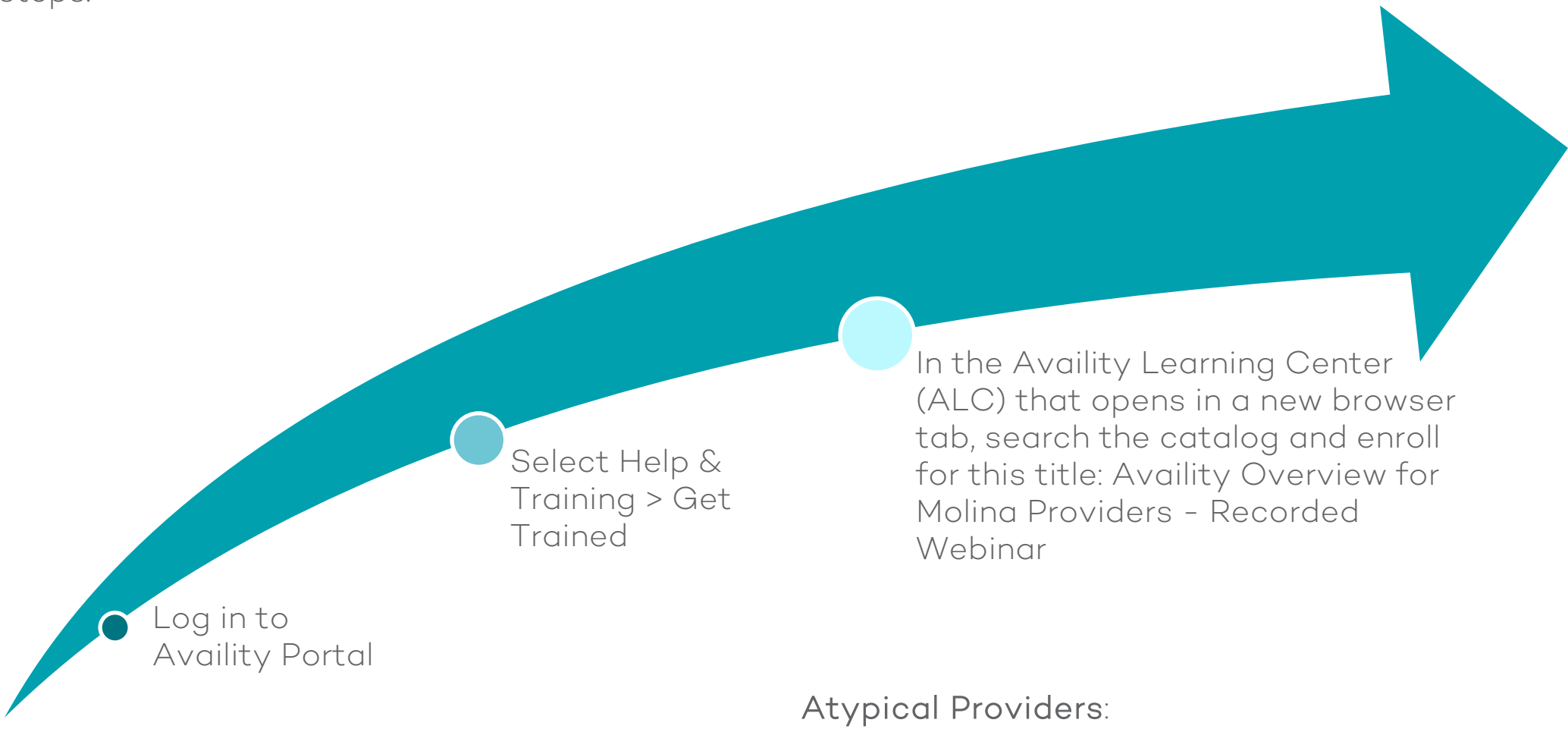


Log into Availity at: apps.availity.com/availity/web/public.elegant.login.

Note: After May 23, 2023, providers no longer have direct access to the Molina Provider Portal and its functions.

Availity Provider Portal

Once registered providers will have access to the Availity Portal training by following these steps:



Atypical Providers:
Under "News and Announcements" select "Atypical Providers: Here's your Ticket to Working with the Availity Portal" to view training sessions.

Availity Provider Portal

The Availity Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

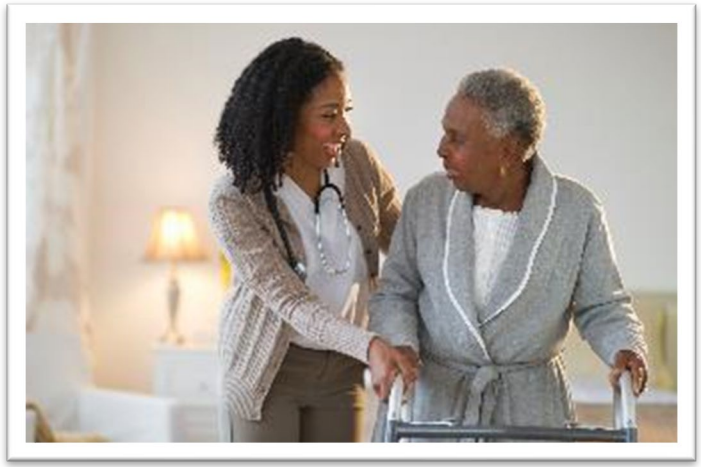
- Online Claim Submission
- Claims Status Inquiry
- Corrected Claims
- Member Eligibility Verification and Benefits
- Secure Messaging
- Check Status of Claim Dispute

- Manage Overpayment Request
- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests
- Care Coordination Portal
- Remittance Viewer
- View PCP Member Roster
- Submit and Check Status of PA Requests

Definitions

MOLINA HEALTHCARE

Short-Term vs. Long-Term Stay



Short-Term Stay

Long-Term Stay

Skilled care provided in a NF, usually for a period of time less than 100 days that is typically covered by Medicare or may be covered by Medicaid based on the member's eligibility and need.

Note: Short-term respite stays may be included under the LTC benefit.

Long-Term Stay: Care provided in a NF, covered by Medicaid, for those members who require the Long-Term Care (LTC) provided by a NF and no longer can live independently in their own home or with family or friends.

Skilled vs. Non-Skilled Care

Skilled Care

- Care that can only be provided by or under the supervision of skilled or licensed medical personnel
- Skilled rehabilitation is considered daily for the purposes of this definition if the individual is offered and utilizes the rehab services at least five days per week
- Individual must also meet additional eligibility requirements for Medicare to pay for the NF stay

Intermediate Level of Care: Non-Skilled, Non-Medical (Personal) Care

- Help with activities of daily living such as bathing, dressing, eating, getting in and out of bed or chair, moving around, and using the bathroom
- It may also include the kind of health-related care that most people do by themselves
- The care can be reasonably and safely provided by non-licensed caregivers
- Medicare will not cover custodial care if it is the only care an individual needs

MOLINA HEALTHCARE

Medicaid Level of Care (LOC)

Skilled Rehabilitation Services – means specific tasks that must, in accordance with Title 47 of the Revised Code, be provided directly by a licensed or other appropriately certified technical, or professional health care personnel

Skilled Nursing Services– means specific tasks that must, in accordance with Chapter 4723 of the Revised Code, be provided by a Licensed Practical Nurse (LPN) at the direction of a registered nurse or by a registered nurse directly

Medicaid Level of Care (LOC)

Medicaid **will** pay for NF stay

Skilled LOC – described in OAC 5160-3-08; Medicaid will pay for a NF stay if the individual meets a Skilled LOC

- Must meet Intermediate LOC first

Intermediate LOC – described in OAC 5160-3-08; Medicaid will pay for a NF stay if the individual meets an Intermediate LOC

- Must meet Protective LOC first

Medicaid **will not** pay for NF stay

Protective Level of Care (LOC) – described in OAC 5160-3-06; Medicaid will *not* pay for a NF stay if the individual *only* meets a Protective LOC

- Starting point for NF based LOC

Note: LOC definitions are described in OAC 5160-3-05 LOC definitions. LOC is determined using assessment tools that feature the essential elements of the ODM 03697 Level of Care Assessment Form.

Nursing Facility Room and Board (LOC)

Per OAC 5160-3-08, all inclusive room and board charges for the following will be covered:

Intermediate LOC (ILOC) Must need at least one:

- Assistance with two ADLs
- Assistance with one ADL and medication self administration
- One Skilled Nursing or Skilled Rehab Service
- 24-hour support

Skilled LOC (SLOC): Must exceeds the needs of ILOC and the following

- One skilled nursing service within the day on no less than seven days per week per week; or
- One skilled rehabilitation services within the day on no less than five days per week

For more information view the Frequently Asked Questions (FAQ) Managed Care and Nursing Facility-Based Level of Care document on the ODM website.

Level of Care (LOC): Assisted Living

LOC definitions are described in OAC 5160-3-05 LOC definitions

LOC is determined using assessment tools that feature the essential elements of the ODM 03697 Level of Care Assessment Form

Once an individual is enrolled in the MyCare Ohio Waiver, the LOC will be determined annually using the ODM 03697 LOC Assessment Form

The ODM 03697 LOC Assessment Form will be used to determine the LOC for a member who, prior to enrollment, did not need a Home and Community-Based Service (HCBS).

All assisted living waiver services must be authorized on a waiver services plan (WSP) per the waiver services coordinator or Molina Healthcare care manager.

Coverage

MOLINA HEALTHCARE

Occupied Day

NF “occupied day” means one of the following:

- A day of admission or readmission
- When NF admission and discharge occurs on the same day (even if less than eight hours)
- When an eligible resident's stay in a NF is eight hours or more, and for which the facility received the full per resident per day payment directly from Medicaid in accordance with Chapter 5165 of the Revised Code
- A day begins at 12:00 a.m. and ends at 11:59 p.m.
- NF discharge day is not counted as a bed hold or an occupied day
- For more details reference OAC 5160-3-16.4

Bed Hold Days

A bed hold day, or "NF Leave Day" is when a bed is reserved for a NF resident who is temporarily absent from the NF for one of the following reasons:

- Hospitalization
- Therapeutic Leave Days
- Visitation with Friends or Relatives

Per OAC 5160-3-16.4, bed hold days are not available to Medicaid eligible NF residents in the following situations:

- Hospice
- HCBS Waiver Respite Care Service
- Institutions for Mental Disease
- Restricted Medicaid Coverage
- Facility Closure and Resident Relocation

Payment for NF bed hold days are only made if the resident has the intent and ability to return to the same NF and is not considered discharged from the NF.

Bed Hold Reimbursement

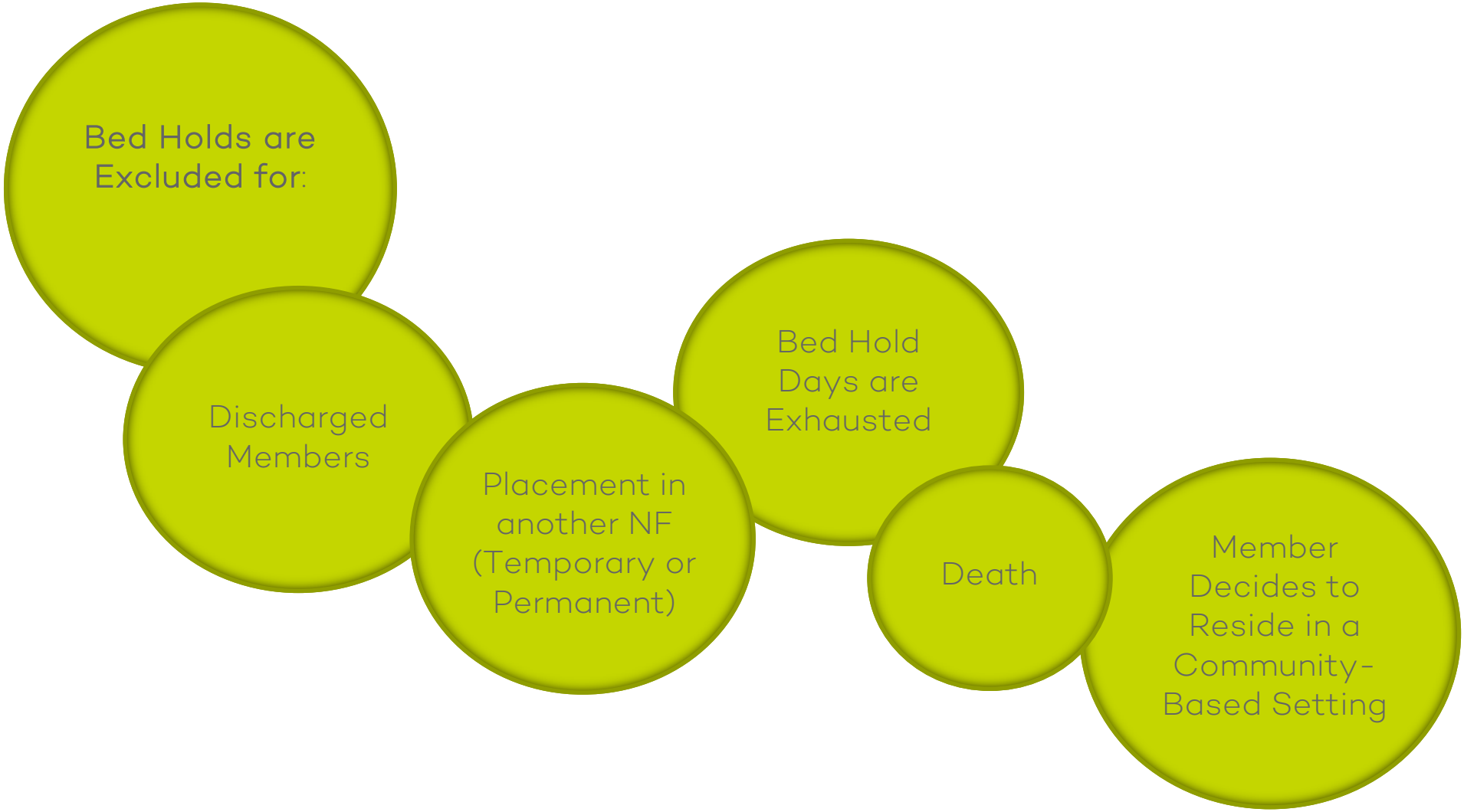
The NF is required to reserve a bed for a maximum of 30 days in any calendar year.

Occupancy Rate	Reimbursement at Facility's Per Diem Rate
95% or Below	18%
Greater than 95%	50%

Reimbursement for bed hold days is based on the individual NF's occupancy rate the previous calendar year. See ORC 5165.34 for additional details.

Bed Hold Reimbursement Acuity Level

Reimbursement for NF bed hold days are considered payment in full and the NF provider will not seek supplemental payment from the resident.



Hospice Coverage

Medicare does NOT cover room and board for hospice care for members living in a NF or a hospice inpatient facility.

When a Molina member resides in a NF and is receiving services from a hospice provider, the hospice provider must bill Medicaid Managed Care Plans (MCPs) and MyCare Ohio plans for room and board.

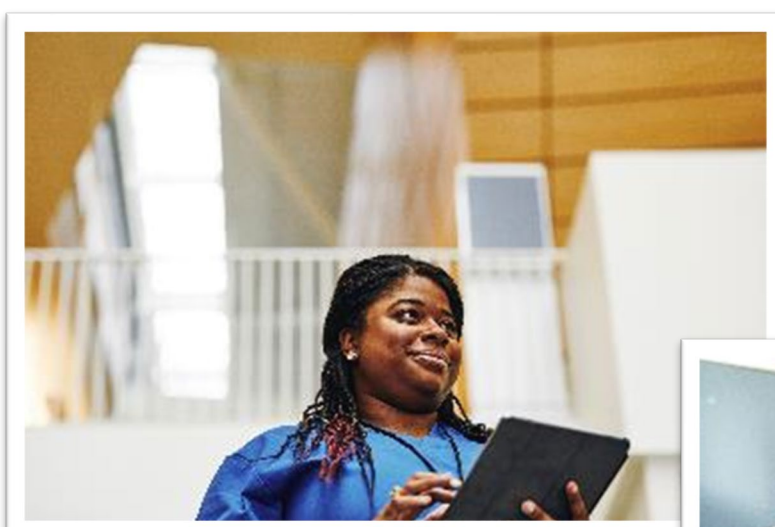
Per Centers for Medicare & Medicaid Services (CMS), room and board payments are required to be paid to the hospice provider, not the NF, as the hospice provider is considered the provider of record per Social Security Act (SSA) 1905(o)(3)(C).

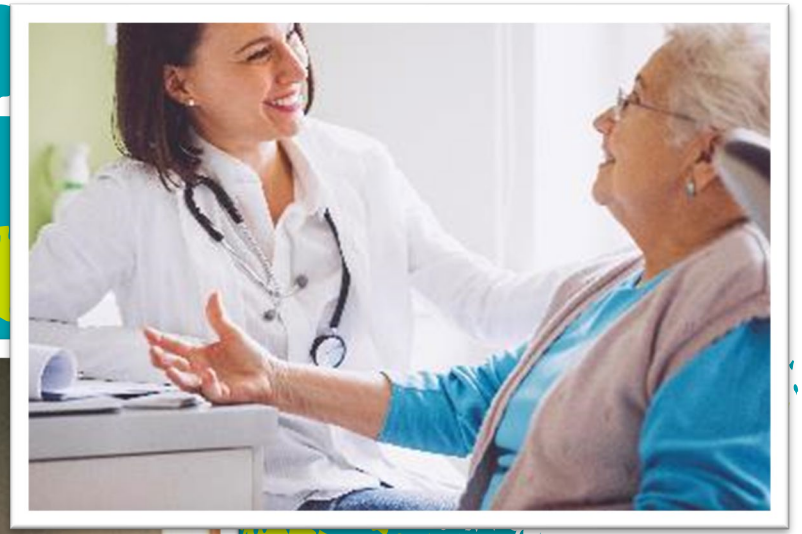
For more information on Hospice billing requirements visit our Provider Bulletin: Billing Hospice Services Provider Bulletin.

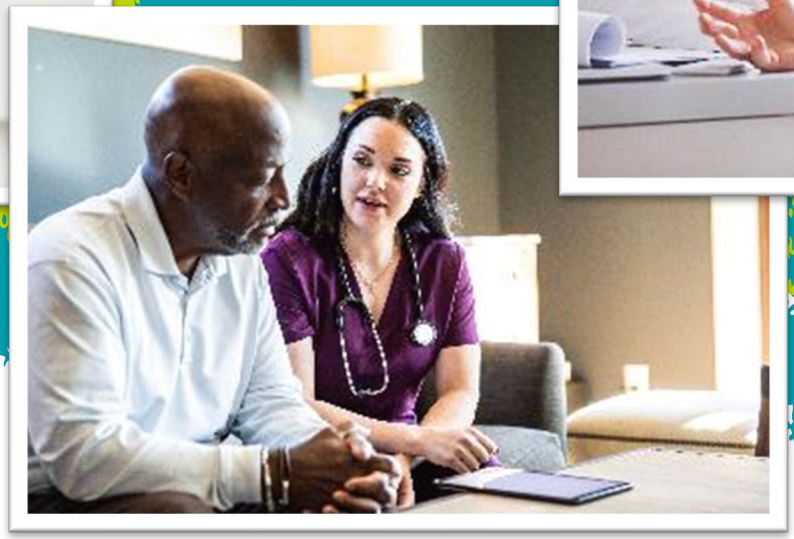
Home and Community-Based Services

Individuals with HCBS needs enrolled in Ohio's NF LOC Medicaid waivers on a fee-for-services (FFS) basis prior to MyCare Ohio Waiver enrollment will carry the LOC determination for the effective period of the previous waiver, absent a change of condition.

When admitting someone on waiver to a facility, notify the Case Manager.







Assisted Living

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MyCare Ohio Waiver

The MyCare Ohio Waiver pays for care in an Assisted Living Facility for certain people with Medicaid, so that the individual uses their resources to cover room and board expenses.

Services Provided: View the Managed Long-Term Services and Supports (MLTSS) chapter in the MyCare Ohio Provider Manual for a list of services

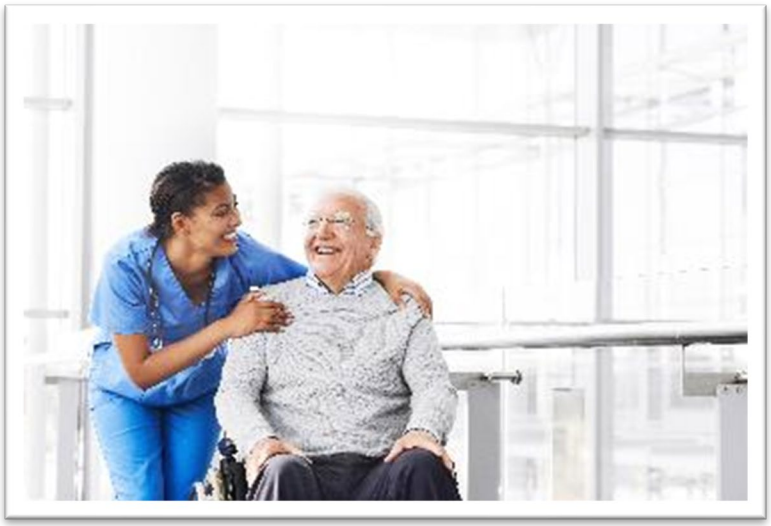
Billing: Services must be billed on a CMS-1500 claim form and requires the correct Healthcare Common Procedure Codes (HCPCs) and modifier on every claim

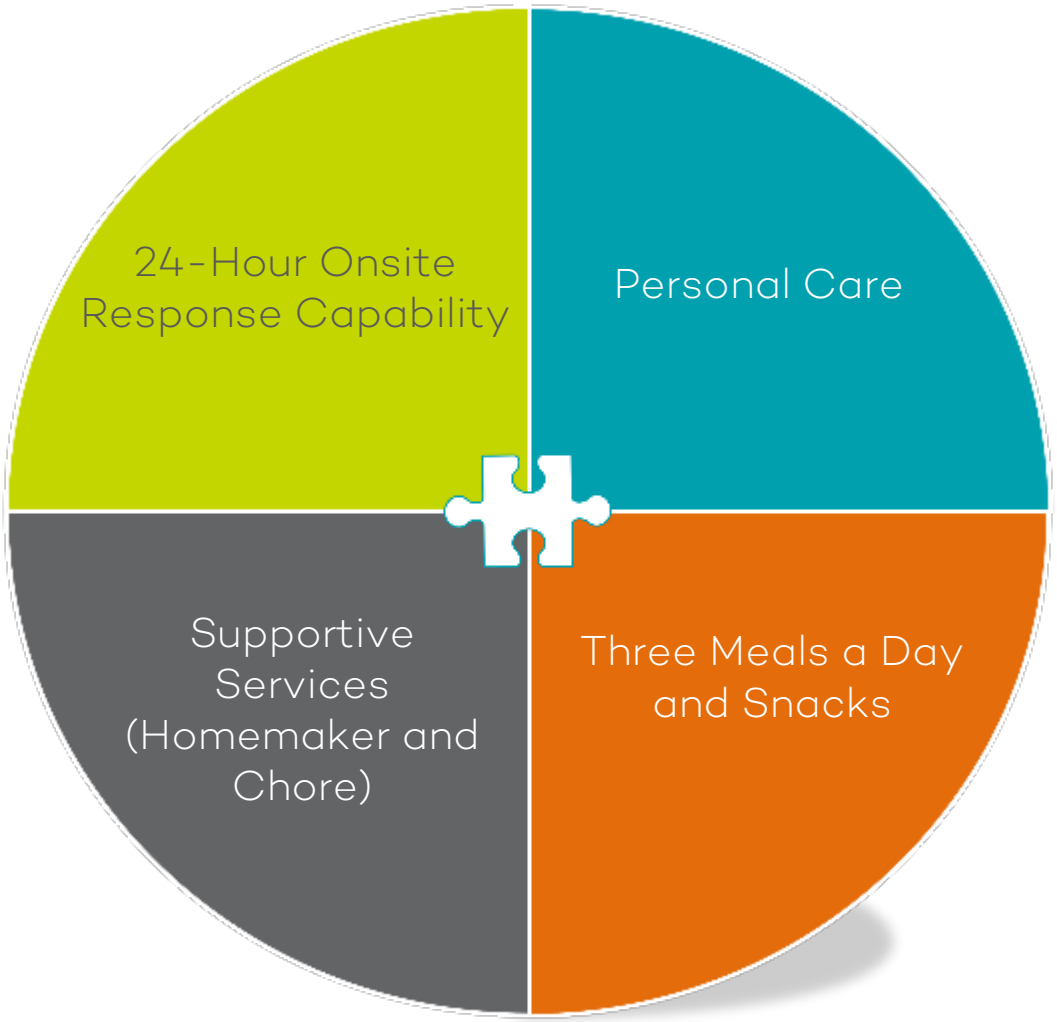
Bed Hold Days: Bed hold days are not billable for MyCare Ohio Waiver members

Find additional information in OAC 5160-58-04 MyCare Ohio Waiver: covered services and providers, and OAC 173-39-02.16: ODA provider certification: assisted living service

Assisted Living: Services

Nursing and skilled therapy services are incidental, rather than integral, to the provision of the Assisted Living Service.





Reminder: Prior authorizations from care management is required for all Assisted Living authorizations.

Prior Authorization

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Prior Authorization Information

Nursing Facility Admission Pre-Certification:

- The majority of pre-certifications are through the hospital discharge planning process, when a member in need of post-acute NF care is identified.
- Molina's Care Review Clinicians contact the acute inpatient facilities directly. Molina assists with the discharge process and timely NF admissions.

- Molina accepts next business day notification for members emergently admitted after normal business hours.
- Clinical information is needed to support the admission including proof that PASRR requirements have been met.

Prior Authorization Information, Continued

The **NF** is responsible for contacting Molina to get pre-authorization. The **Hospital's Discharge Planner** is responsible for working with Molina to find a facility that will accept the member.

Routine (non-expedited) Pre-service determinations:

- Documentation required within 10 calendar days of receipt of the request

Expedited/Urgent determinations:

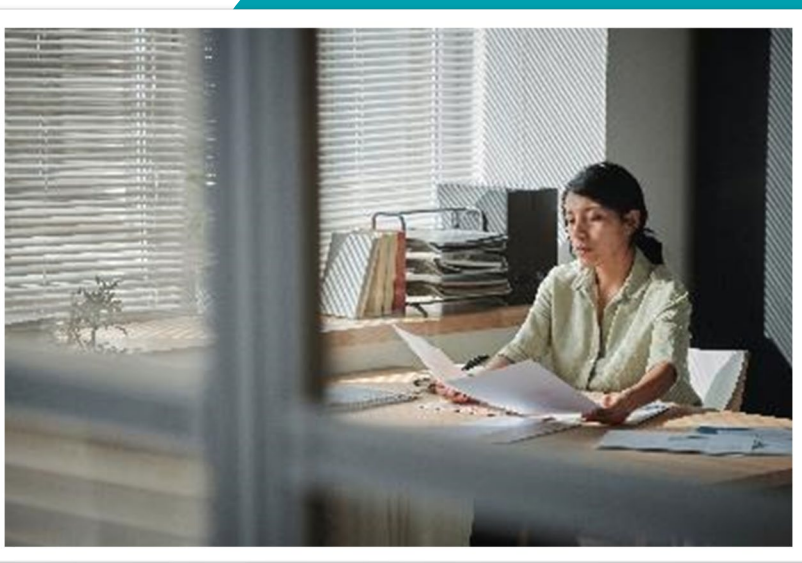
- Documentation required within 48 hours from receipt of information reasonably necessary to make a decision

The authorization is documented electronically and immediately available to the NF.

Prior Authorization Information, Continued

Submission Process for Molina can Include:

- Availity
- PA Request Form
- NF Request Form (and instructions)
- PAC Provider Intake Form: Post-Acute Care Form for NF admit



Required Documents Include:

- Medical Doctor (MD) Orders
- History/Physical
- Pre-Admission Screening and Resident Review (PASRR) documents
- Minimum Data Sets (MDS)

Find the PA Request Form, NF Request Form (and instructions), PAC Provider Intake Form, and access to the Provider Portal on the Provider Website at MolinaHealthcare.com/OhioProviders.

Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff. A list of services and procedures that require PA is in the Provider Manual, listed on the Molina PA Request Form, and via the PA Lookup Tool on the Provider Website.

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Preadmission Screening and Resident Review (PASRR)

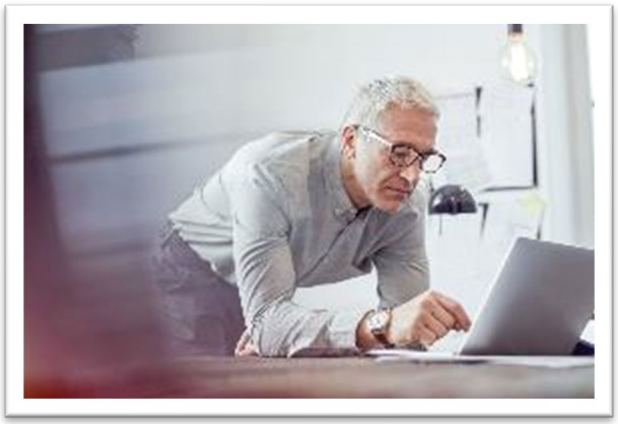
Pursuant to OAC 5160-3-14: Process and timeframes for a level of care determination for nursing facility-based level of care programs, the PASRR process must be completed before Molina issues a level of care determination for nursing facility services.

Providers are required to include proof of PASRR determination letter(s) and/or Hospital Exemption with each PA request and/or applicable continued stay review requests.

The PASRR form, ODM 03622, is available on the ODM website.

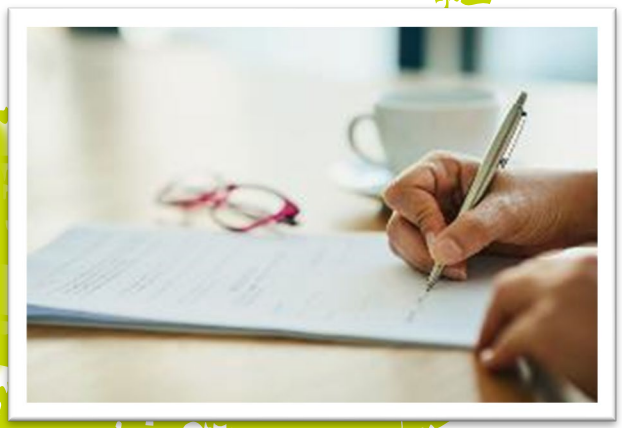
Find additional information and the PASRR Screening Tool Training for Hospitals and Nursing Facilities on the Ohio Mental Health and Addiction Services (OhioMHAS) website.

Continued Stay Authorizations



Skilled Nursing LOC:

- Notification every seven days or sooner if clinical presentation changes
- OAC 5160-3-08 and MCG skilled nursing guidelines are utilized to determine medical necessity for skilled nursing stays



Intermediate LOC for LTC members who live in the nursing facility:

- Notification required every six months or sooner, if the member moves to a Skilled LOC
- Molina will reach out to the facility to confirm the original date of admission and to confirm the LOC

Ongoing contact for clinical updates depending on the member's LOC as follows:

- Contact Molina for authorization when any therapies (physical, occupational, or speech) are planned under the member's Part B benefit for MyCare Ohio
- For hospice LOC, notification is only available every six months; no medical necessity review is required with a physician's order

Patient Liability

MOLINA HEALTHCARE

Patient Liability (PL)

Patient Liability (PL) is the monthly amount that a member may be required to contribute to the cost of their care depending on the individual state income regulations.

This amount is calculated using the member's income and subtracting reasonable allowances for personal needs and other living expenses.

Patient liability applies to claims for the following services:

- Nursing Facility
- Personal Care Aide
- Assisted Living
- Hospice
- Nursing Services
- Adult Day Services
- Certain Home and Community-Based Services
- Home Care Attendant (Nursing and Personal Care)

Additional information is available in our Patient Liability Guide.

Patient Liability (PL)

The entire monthly amount of PL should be reported by the NF on the monthly claim.

If the PL exceeds the amount Medicaid would reimburse, the claim shall be processed with a payment of zero dollars.

If a member is admitted, discharged, transferred to another facility, or switched from Medicare to Medicaid mid-month, the entire monthly amount of PL should still be reported on the claim for that month.

Lump Sums

Members who receive a lump sum of money (e.g., estate settlement, lottery winnings) can choose to spend down the lump sum in lieu of losing Medicaid eligibility.

The member's amount is maintained by the provider and submitted on the claim form with the value code 31 "Patient Liability Amount." Even though this value code refers to PL, it is specifically referring to the Lump Sum amount.

The lump sum must be taken on the claim after any applicable PL amount. Lump sum payments are not monthly amounts. They are applied from date of creation until amount is exhausted.

To learn more visit OAC 5160-3-39.1.

Coding and Billing

MOLINA HEALTHCARE

Non-Covered Services and Days

Claims with non-covered days must bill value code 81 (Medicaid Non-Covered Days) to indicate the total number of full days that are not reimbursable.

- Units billed with value code 81 must correspond with units billed on the room and board Claim line.
- Charges would be reported under Total Charges and Non-Covered Charges on the room and board Claim line.
- The discharge date or day of death should not be included as a non-covered day in the value code or the room and board line.
- Claims reporting non-covered days must report an occurrence code of 74 with the date span of the non-covered days. Claims billed with 81 but not 74 will be denied even if 81 is 0 units.
- If the covered and non-covered days' values are not reported on separate lines, the claim will be denied.
- The total covered days and non-covered days billed must match at the line and header level and should not include the discharge day in the count of covered and non-covered days.

Note: If non-covered days are equal to 0 then 81 is not required. For more information, please refer to the Medicaid Billing Guidelines for Value Codes on the ODM website.

Billing

Common Revenue Codes and Bill Types

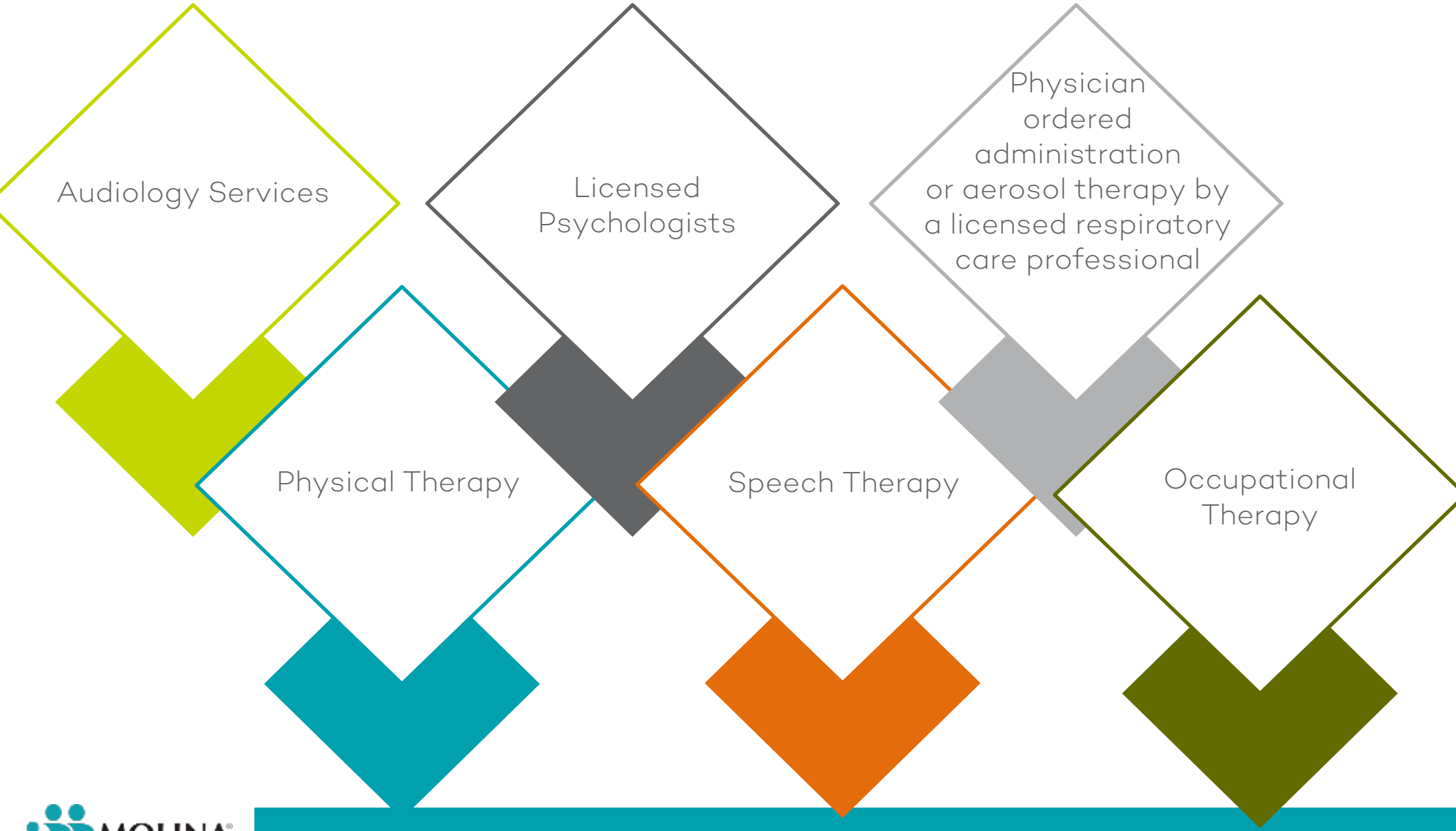
Revenue Codes	Type of Bill
0101	21x
0160	23x
0169	25x
0183	
0185	
0189	
0220	
0410	
0419	

- Long-Term Care facility room and board claims do not require procedure (CPT/HCPCS) codes.
- Medicare Part A does not cover the costs of custodial care.

For more information, please refer to the Medicaid Billing Guidelines for Value Codes on the ODM website.

Services in the Per Diem Rate

Cost incurred that are reimbursed through the nursing facility per diem:

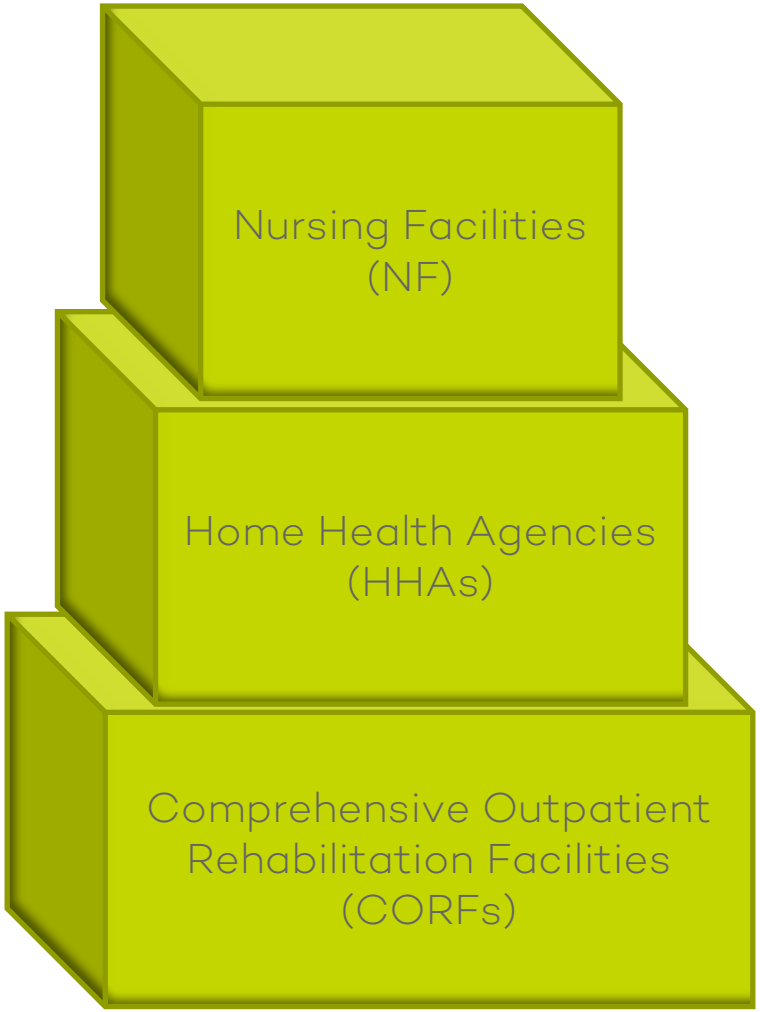


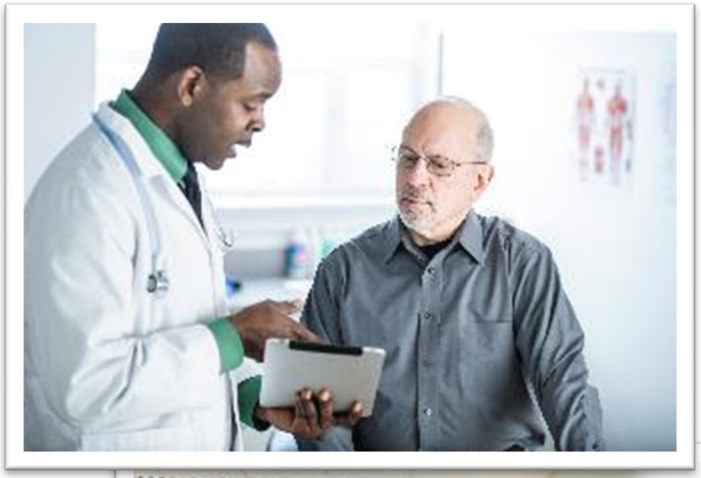
Notice of Medicare Non-Coverage (NOMNC)

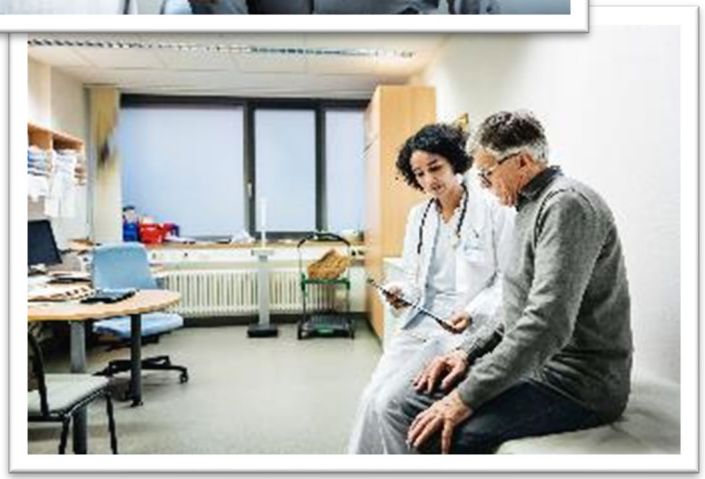
MOLINA HEALTHCARE

Medicare Part B Letter of Non-Coverage

According to the MyCare Ohio member handbook, members receiving services from the following must receive a Notice of Medicare Non-coverage (NOMNC) at least two calendar days before a Medicare-covered service is scheduled to end:







The NOMNC gives members access to a fast Medicare appeal process designed to prevent inappropriate termination of services or discharge from a facility.

Providers are responsible for delivering this notice.

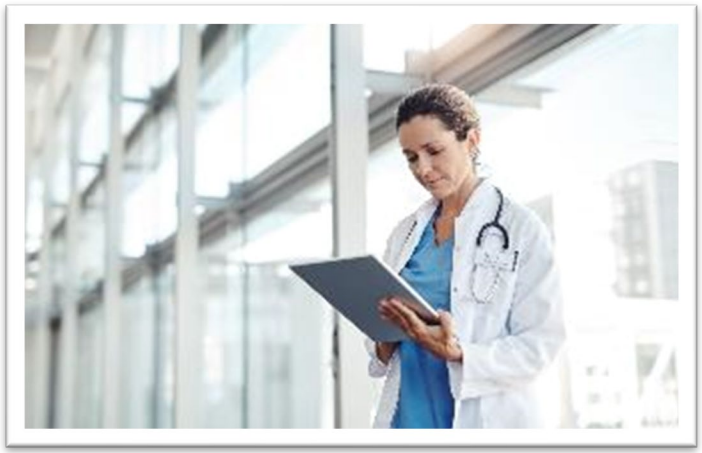
Contact Molina

MOLINA HEALTHCARE

Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.

Please share your feedback with us so we can continue to provide you with excellent customer service!



Please take a few minutes to complete the Molina Provider Training survey to provide feedback on this session. The survey is located on the You Matter to Molina Page of our Provider Website, under the "Communications" tab.

Molina wants to hear about what other topics you'd like training on in the future.

Molina of Ohio Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

Provider Type	PS Rep.	Email Address
Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/ Radiology, Ambulatory Surgical Centers, Anesthesiologists, and Hospitalists	Jeanneen Williams	OHProviderRelationsPhysician@MolinaHealthcare.com
Skilled Nursing, Long Term Acute Care, Hospice, and Assisted Living Facilities	Yvonne Mitchell	OHProviderRelationsNF@MolinaHealthcare.com
Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers, and Durable Medical Equipment	Alexandrea Grier	OHMyCareLTSS@MolinaHealthcare.com
BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	BHProviderRelations@MolinaHealthcare.com
Multi-Specialty and assists with all provider types	Sarah Stevens	OHProviderRelations@MolinaHealthcare.com

Molina Provider Relations Contact Information, Continued

Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	OHProvider.RelationsHospital@MolinaHealthcare.com
All State	Christopher Jones	OHProvider.RelationsHospital@MolinaHealthcare.com
East Region	Andrea Williams	OHProvider.RelationsHospital@MolinaHealthcare.com
West Region	Crysta Davis	OHProvider.RelationsHospital@MolinaHealthcare.com

Contact information for Provider Engagement Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	OHProviderServicesPET@MolinaHealthCare.Com
All State	Shard'e Stubbs	OHProviderServicesPET@MolinaHealthCare.Com

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	OHProviderRelations@MolinaHealthcare.com

For general inquiries, questions, or comments or to identify your specific representative:

Email Address
OHProviderRelations@MolinaHealthcare.com

Additional Contacts

Healthcare Services: Utilization Management: Phone: (855) 322-4079

MyCare Ohio Care Management: Phone: (855) 322-4079

Nurse Advice Line: Registered nurses are available 24 hours a day, seven days a week, 365 days a year

- Medicaid, Medicare, and Marketplace:
  English Phone: (888) 275-8750
  Spanish Phone: (866) 648-3537
- MyCare Ohio: English and Spanish Phone: (855) 895-9986
- TTY: 711

Behavioral Health (BH): Phone: (855) 322-4079

Questions?

Additional Resources

- Nursing Facility and Assisted Living Reference Guide
- Medicaid, MyCare Ohio, and Medicare Provider Manuals
- PA Code List
- You Matter to Molina and Provider Trainings
- NF Form Instructions
- OAC 5160-3 Long-Term Care Facilities

Any Questions ?

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