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What is MyCare Ohio?

- In May 2014, Ohio Medicaid launched a new Integrated Care Delivery System (ICDS) called *MyCare Ohio* for individuals over the age of 18 who are eligible for BOTH Medicaid and Medicare.
- Buckeye's MyCare Ohio (MMP) program works to achieve optimal coordinated care for Medicare-Medicaid enrollees across all services, including behavioral health and long-term services and supports.
- Buckeye's MyCare Ohio is available to qualified residents who live in Clark, Cuyahoga, Fulton, Geauga, Greene, Lake, Lorain, Lucas, Medina, Montgomery, Ottawa, or Wood County.

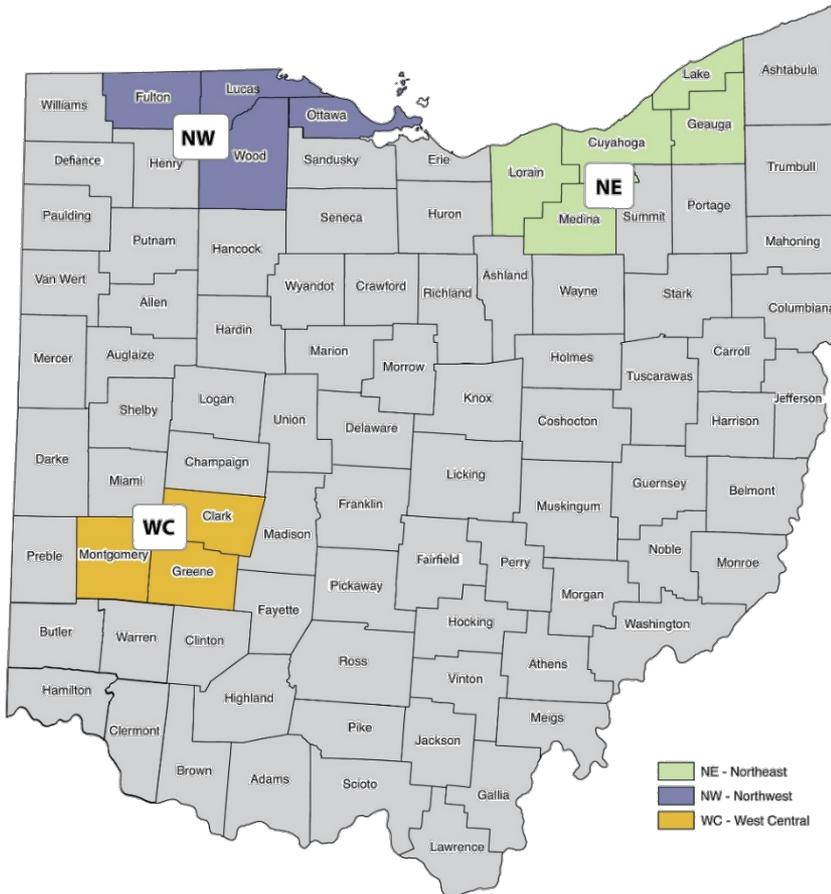
MyCare Ohio – ICDS Program

Buckeye Service Areas

- NE – Northeast
- NW – Northwest
- WC – West Central

For a complete overview of MyCare Ohio go to the Ohio Department of Medicaid website:

<http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx>



What are Waiver Services?

- 🌿 MyCare Ohio Home and Community-Based Services Waiver (Waiver Services) provided through Buckeye are designed to meet the needs of members 18 years or older, who are fully eligible for both Medicare and Medicaid, enrolled in a MyCare Ohio Plan, and who are determined by the State of Ohio, or its designee, to meet an intermediate or nursing facility level of care.
- 🌿 Home and Community-Based Service Providers help individuals to remain in the least restrictive environment of their choosing.

MyCare Ohio Waiver

🌿 MyCare Ohio Waiver includes:

- Ohio Home Care Waiver
- Transitions II Carve-Out Waiver
- Passport Waiver
- Choices Waiver
- Assisted Living Waiver

🌿 Enrollees who are eligible for Waiver will have access to all of the services included in the MyCare Ohio Waiver.

Care Management

- A Buckeye Care manager will work with the member and all providers to make sure the member's needs are met.
- Members enrolled in the Waiver program, will also have a **Waiver Service Coordinator** to help with issues that arise while on the Waiver. This may be someone different than the Care Manager.
- The **Area Agency on Aging (AAA)** is a contracted partner who provides assessments and waiver service coordination for eligible members age 60 years and older.
- In addition to a Buckeye **Care Manager**, members **age 60 and older** will be assigned to a **Waiver Service Coordinator** from the **Area Agency on Aging (AAA)**. Members **age 59 and under** will be assigned a Buckeye **Care Manager**, who will also be the member's **Waiver Service Coordinator**.

Waiver Service Plan Development

- The **All Services Plan** is a written outline of all services the member receives regardless of funding source and includes waiver services necessary to keep the member safely in the community. It identifies goals, objectives, and outcomes related to their health, as well as the treatments and services they receive.
- The **Waiver Service Coordinator** is responsible for ensuring all identified needs are addressed and included in the Waiver Service Plan. That includes exploring all feasible services and service settings available to meet the member's specific needs.
- After the service plan is developed and approved, the Waiver Service Coordinator will help arrange for the delivery of services to implement the plan.

Waiver, Home Health Authorization

- Authorization is required for coverage of services coordinated for beneficiaries of the MyCare Ohio Waiver Program.
- All approvals for **Waiver** services are obtained through the Waiver Service Coordinator.
- Upon approval, **Waiver** services added to the Services Plan will be authorized and entered into the system by a Buckeye Program Coordinator.
- The Service Plan is the provider's approval to begin and/or continue **Waiver** services – please do not delay services while awaiting an authorization.
- A Buckeye Program Coordinator will fax/email approved service providers with an authorization confirmation along with a copy of the most recent member Service Plan.

Medicaid, Home Health Authorization

- **Medicaid** (State Plan) “chronic/maintenance” home health services follow a **separate** authorization process from waiver services.
- Providers of **Medicaid** or **MHHS** (Medicaid Home Health Services) such as G0156 (Home Health Aide) or G0299/G0300 (Home Health Nursing) must submit an authorization request for medical necessity review and approval **prior** to services being rendered.*
- A Home Health **Evaluation** and **Plan of Care (POC)** are required when submitting **Medicaid** authorization requests.
- Authorization requests may be submitted by fax or secure web portal and should include all necessary clinical information.

*Waiver Service Coordinators and/or Care Managers do not approve nor authorize Medicaid (State Plan) Home Health Services.

Medicare, Home Health Authorization

- **Medicare** covered “short-term/acute” services follow a **separate** authorization process from waiver services.
- Authorization requests for services identified as **Medicare** should be submitted as a 60-day episode of care.
- Supporting documentation should be **limited** to the note that clearly identifies the reason for increased needs.
- The **485** and **OASIS** are required when submitting **Medicare** authorization requests.
- Authorization requests may be submitted by fax or secure web portal and should include all necessary clinical information.

Medicaid vs Medicare

- A **Medicaid** authorization submission, once reviewed, may be re-determined as covered by **Medicare** for the following reasons:
 - a) Recent hospital admission
 - b) Need for PT/OT
 - c) Additional nursing skills needed, i.e. wound care

- A **Medicare** authorization submissions, once reviewed, may be re-determined as covered by **Medicaid** (State Plan) or Waiver for the following reasons:
 - a) Condition is chronic
 - b) No additional nursing skills are needed
 - c) Member not homebound

For either instance, the Authorization reviewer will transfer the Authorization to the correct payer on behalf of the provider.

The Buckeye Basics

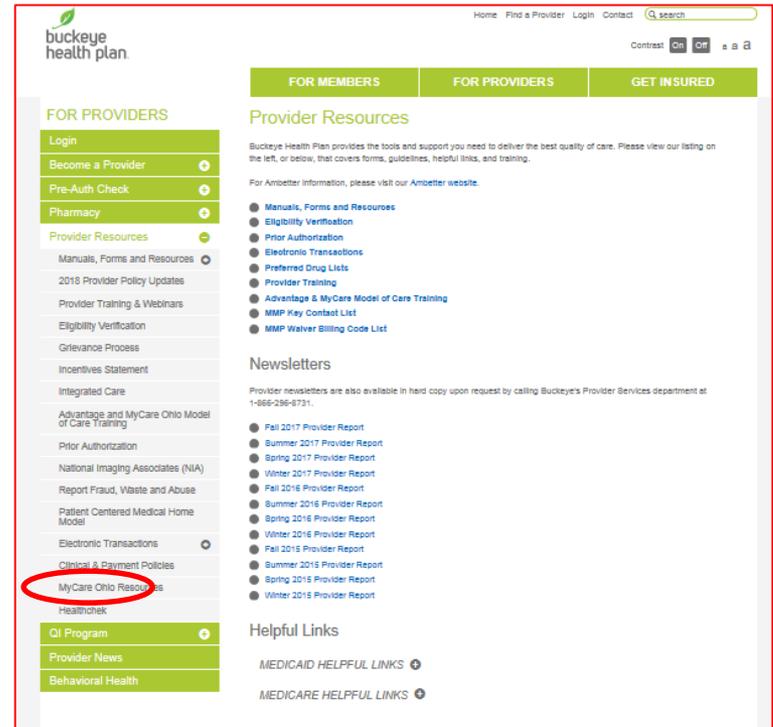
The following basic information is required for all Authorization requests for home health services:

1. Verify member eligibility with Buckeye.
2. Complete the appropriate authorization form to be submitted via fax or submit your request electronically through our secure provider web portal .
3. Attach all required supporting documentation.

****Remember, authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.*

Provider Resources

Buckeye Health Plan provides the tools and support you need to deliver the best quality of care. Please view our listing on our website <https://www.buckeyehealthplan.com/> > For Providers > Provider Resources > MyCare Ohio Resources.



The screenshot shows the Buckeye Health Plan website interface for providers. The top navigation bar includes 'Home', 'Find a Provider', 'Login', 'Contact', and a search bar. Below the navigation are three tabs: 'FOR MEMBERS', 'FOR PROVIDERS', and 'GET INSURED'. The 'FOR PROVIDERS' tab is active, displaying the 'Provider Resources' page. On the left is a sidebar menu with various links, including 'Login', 'Become a Provider', 'Pre-Auth Check', 'Pharmacy', 'Provider Resources', 'Manuals, Forms and Resources', '2018 Provider Policy Updates', 'Provider Training & Webinars', 'Eligibility Verification', 'Grievance Process', 'Incentives Statement', 'Integrated Care', 'Advantage and MyCare Ohio Model of Care Training', 'Prior Authorization', 'National Imaging Associates (NIA)', 'Report Fraud, Waste and Abuse', 'Patient Centered Medical Home Model', 'Electronic Transactions', 'Clinical & Payment Policies', 'MyCare Ohio Resources' (circled in red), 'Healthcheck', 'QI Program', 'Provider News', and 'Behavioral Health'. The main content area features a 'Provider Resources' section with a description and a list of links: 'Manuals, Forms and Resources', 'Eligibility Verification', 'Prior Authorization', 'Electronic Transactions', 'Preferred Drug Lists', 'Provider Training', 'Advantage & MyCare Model of Care Training', 'MMP Key Contact List', and 'MMP Waiver Billing Code List'. Below this is a 'Newsletters' section with a list of reports from Fall 2017 to Winter 2015. At the bottom, there are 'Helpful Links' for 'MEDICAID HELPFUL LINKS' and 'MEDICARE HELPFUL LINKS'.

Important Phone Numbers



Provider Services 1-866-296-8731



Prior Authorization 1-866-246-4359



Care Management 1-866-549-8289



Thank You!