



## Plan Payment Requirements for Existing Providers of Care

MyCare Ohio plans entered into contracts with CMS and Ohio Medicaid in February 2014 to achieve integrated delivery of medical, behavioral, and long term care services to Medicare-Medicaid enrollees (“duals”). Both CMS and Ohio Medicaid require specific service transition periods for new members, and Ohio Medicaid specifies certain payment requirements for non-contracted providers during transition periods. These payment requirements do not apply to providers with MyCare Ohio plan contracts.

MyCare Ohio plans include: **Aetna, Buckeye, CareSource, Molina and UnitedHealthcare**

### MyCare Ohio Enrollment

Eligible Medicare-Medicaid enrollees **must** choose a MyCare Ohio plan. MyCare Ohio members may enroll for both Medicare and Medicaid services, to maximize coordination of care and benefits. These members are called “**Dual Benefits Members**”. MyCare Ohio members may also choose to enroll as “**Medicaid Only Members**” solely for Medicaid benefits, while maintaining traditional Medicare or a Part C (Medicare Advantage) plan that is not a contracted MyCare Ohio plan. The Medicaid portal will be updated to provide enrollees’ MyCare Plan name and Dual Benefits or Medicaid Only enrollment status. Medicaid MyCare Ohio enrollment is **mandatory** for eligible Medicare-Medicaid individuals.

### Contracted Providers

Providers who have entered into contracts with MyCare Ohio plans must refer to payment schedules within those contracts. In many cases, MyCare Ohio plan contracts document separate payment amounts for Medicare and Medicaid services. Service transition timeframes may apply to contracted providers, as noted in this memo, but the payment amounts referenced below do not apply.

## Non-contracted Providers

For Medicaid Only members using services paid by Medicare or Medicare Advantage, the fee-for-service Medicaid secondary payment methodology will be paid by the MyCare Ohio plan. Medicaid service and payment transition timeframes are documented below for both Medicaid only and Dual Benefits members.

## Physician Services

For physicians serving Dual Benefits MyCare Ohio members at the time of enrollment in the MyCare Ohio program, the transition period for non-contracted physicians extends for a period of one year after the member's initial MyCare Ohio effective date with any MyCare Ohio plan. Members who are identified by the plan for high-risk care management may be required to transition to plan-network physicians after 90 days of MyCare Ohio enrollment, to ensure full participation in the member's care team. For Dual Benefits members using non-contracted physicians, the current Medicare and FFS Medicaid secondary payment rates apply.

For Medicaid Only members, Ohio Medicaid requires MyCare Ohio plans to pay non-contracted physician "crossover" or secondary claims in accordance with the fee-for-service Medicaid claims payment methodology.

### Non-contracted Provider: Physician Payment Transition

	<b>Medicaid Secondary Payment</b>	<b>Medicare payment</b>
<b>Dual Benefits Members (Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	365 days after MyCare Ohio initial enrollment; 90 days if the member requires high-risk care management.	365 days after MyCare Ohio initial enrollment; 90 days if the member requires high-risk care management.
<b>Medicaid Only Members</b>	FFS Medicaid secondary claims methodology applies.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid only members.

## Medicaid DME, Vision and Dental Services

For items prior authorized by Medicare or Medicaid FFS prior to MyCare enrollment, MyCare Ohio plans are required to pay for these items upon delivery (e.g. wheelchairs, dentures or glasses). Non-contracted providers must be paid at the applicable Medicare or Medicaid fee schedule rate. For prior authorized ongoing items or services (e.g. oxygen or incontinence supplies), MyCare Ohio plans must continue to provide services until a medical necessity review and transition to another provider are completed. Non-contracted providers must be paid for these ongoing services at the FFS Medicaid or Medicare rate.

### Non-contracted Provider: DME, Vision and Dental Payment Transition

	<b>Medicaid Primary Payment</b>	<b>Medicaid Secondary Payment</b>	<b>Medicare payment</b>
<b>Dual Benefits Members (Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	Items and Services prior authorized by FFS Medicaid are paid at the Medicaid rate until a medical necessity determination and/or transition to a contracted provider is complete.	Items and Services prior authorized until a medical necessity determination and/or transition to contracted provider is complete. FFS Medicaid claims methodology applies.	Items and Services prior authorized by Medicare until a medical necessity determination and/or transition to contracted provider is complete. Medicare FFS rate applies.
<b>Medicaid Only Members</b>	Items and Services prior authorized by FFS Medicaid are paid at the Medicaid rate until a medical necessity determination and/or transition to contracted provider are complete.	FFS Medicaid secondary claims methodology applies.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid only members.

## Pre-Scheduled Surgeries/Transplants and Chemo/Radiation Treatments

Surgeries, transplants and chemo/radiation treatment that are scheduled prior to the enrollment effective date with the MyCare Ohio plan must be covered. Non-contracted providers must be paid at established Medicare primary and Medicaid secondary rates.

### Non-Contracted Provider: Pre-scheduled Surgery/Transplant and Chemo/Radiation Payment Transition

	Medicaid Secondary Payment	Medicare Payment
<b>Dual Benefits Members</b> <b>(Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	FFS Medicaid secondary claims methodology applies.	Medicare FFS payment amount.
<b>Medicaid Only Members</b>	FFS Medicaid secondary claims methodology applies.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid Only members.

## Dialysis Treatment

Dialysis services must be continued for Dual Benefits members with the same provider for at least 90 days after initial MyCare Ohio enrollment. The comprehensive plan of care must also document a transition plan to a contracted provider before transition may occur.

### Non-contracted Provider: Dialysis Payment Transition

	Medicaid Secondary Payment	Medicare Payment
<b>Dual Benefits Members</b> <b>(Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	FFS Medicaid secondary claims methodology applies for 90 day transition period.	Medicare FFS payment amount for 90 days after initial MyCare Ohio enrollment.
<b>Medicaid Only Members</b>	FFS Medicaid secondary claims methodology applies.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid only members.

## Medicaid Home Health Services and Private Duty Nursing (PDN)

Medicaid-covered home health services and private duty nursing services must continue at the level provided prior to initial MyCare Ohio enrollment for 90 days for individuals with home health needs that reside in the community and are not enrolled on a waiver, or who reside in an assisted living facility. For MyCare Ohio waiver enrollees, transition of the current level of service and non-contracted provider is maintained for one year, unless a significant change occurs or the member or provider elects not to continue services.

### Non-contracted Provider: Medicaid Home Health and PDN Payment Transition

	Medicaid Primary Payment	Medicare Payment
<b>Dual Benefits Members (Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	MyCare waiver enrollees for one year at the Medicaid FFS rate. Non-waiver and Assisted Living enrollees' services are maintained at the Medicaid FFS rate for 90 days and an in-person assessment is performed and medical necessity is reviewed.	No Medicare home health transition is required.
<b>Medicaid Only Members</b>	Non-waiver and Assisted Living enrollee services are maintained at the Medicaid FFS rate for 90 days and an in-person assessment is performed and medical necessity is reviewed.  MyCare waiver enrollees for one year at the Medicaid FFS rate.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid only members.

## Assisted Living (AL) and Nursing Facility (NF) Providers

MyCare Ohio members may continue to receive Medicaid long term care services from non-contracted AL or NF providers where they reside at the time of initial enrollment in MyCare Ohio for the duration of the member's enrollment.

### Non-contracted Provider: Assisted Living and Nursing Facility Payment Transition

	<b>Medicaid Primary Payment</b>	<b>Medicaid Secondary Payment</b>	<b>Medicare Payment</b>
<b>Dual Benefits Members (Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	Medicaid long term care AL and NF residents may continue to reside with the provider at the time of initial MyCare Ohio enrollment for the life of the demonstration. The Medicaid FFS rate is guaranteed.	No transition required, but Plan must consider quality and continuity when authorizing Medicare SNF care.	No transition required, but Plan must consider quality and continuity when authorizing Medicare SNF care.
<b>Medicaid Only Members</b>	Medicaid long term care residents may continue to reside with the provider at the time of initial MyCare Ohio enrollment for the life of the demonstration. The Medicaid FFS rate is guaranteed.	FFS Medicaid secondary claims methodology applies.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid only members.

## Medicaid Waiver Services

MyCare Ohio waiver enrollees' waiver services authorized at the time of enrollment are required to be paid for a period of one year or 90 days, depending on the service type. See required service transition timeframes below. Non-contracted providers will be paid at the Medicaid FFS rate for the transition period.

### Non-contracted Provider: Waiver Payment Transition

	<b>Medicaid Primary Payment</b>
<b>Dual Benefits Members (Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	<p>Providers and current service levels for Personal Care, Waiver Nursing, Home Care Attendant, Choices Home Care Attendant, Out of Home Respite, Enhanced Community Living, Adult Day Health Services, Social Work Counseling, Independent Living Assistance are maintained for one year after initial MyCare enrollment. Non-contracted providers are paid at FFS Medicaid rates.</p> <p>All other waiver services are continued at the current level for one year. Payment to non-contracted providers is required for 90 days after initial MyCare Ohio enrollment. Non-contracted providers are paid at FFS Medicaid rates. Transition to contracted providers for these services requires an in-home assessment.</p>
<b>Medicaid Only Members</b>	Same as Dual Benefits members above.

## Medicaid Behavioral Health Services (BH) Providers certified by OhioMAS

Behavioral health services covered by Medicaid and Medicare that are part of the treatment plan at the time of enrollment must be maintained for a period of one year after initial enrollment in the MyCare Ohio program. Non-contracted providers will be paid at FFS Medicare and Medicaid rates.

### Non-contracted Provider: Certified Medicaid Behavioral Health Payment Transition

	<b>Medicaid Primary Payment</b>	<b>Medicaid Secondary Payment</b>	<b>Medicare Payment</b>
<b>Dual Benefits Members (Medicare and Medicaid benefits paid by the MyCare OH plan)</b>	Medicaid BH services are maintained as documented in the treatment plan at the time of initial enrollment in MyCare Ohio for a period of one year after enrollment.  For non-contracted providers, the FFS Medicaid rate applies.	Medicare BH primary services documented in the member's treatment must be paid using the FFS Medicaid secondary claims methodology for a period of one year after initial MyCare Ohio enrollment.	Medicare covered BH services documented in the member's treatment plan must also transition for a period of one year after initial program enrollment. Non-contracted providers must be paid at the FFS Medicare rate.
<b>Medicaid Only Members</b>	Medicaid BH services are maintained as documented in the member's treatment plan at the time of initial enrollment in MyCare Ohio for a period of one year after enrollment. For non-contracted providers, the FFS Medicaid rate applies.	Medicare primary BH services must be paid using the FFS Medicaid secondary payment methodology.	MyCare Ohio Plan is not responsible for Medicare payment for Medicaid only members.