

Medicaid Managed Care & Ohio's Hospice Benefit

September 2007

Managed Care Enrollment: Covered Populations

Ohio has complied with the mandates set forth in Ohio's 2006-2007 budget bill (Am. Sub H.B. 66, 126th General Assembly) requiring the enrollment of all Covered Families and Children consumers with limited exceptions and certain Aged, Blind or Disabled (ABD) consumers in the full-risk managed care program (MCP). **As of June 2007**, the Office of Ohio Health Plans' Bureau of Managed Health Care (BMHC) is responsible for the oversight of Medicaid services for over one million Covered Families and Children (CFC) enrolled in managed care plans (MCPs). In addition, approximately 121,000 Aged Blind and Disabled (ABD) consumers are enrolled in MCPs.

Hospice providers need to be aware that the following ABD Medicaid consumers will be **excluded** from managed care enrollment:

- children under twenty-one (21) years of age
- consumers dually eligible for Medicare and Medicaid
- consumers with a spend-down liability
- those enrolled in a home and community-based waiver program
- those whose permanent residence is a nursing facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Additionally, CFC consumers who are under 19 years of age may choose **not** to enroll in an MCP if they are:

- eligible for Supplemental Security Income (SSI) under Title XVI
- receiving foster care or adoption assistance under Title IV-E
- in foster care or out-of-home placement, or
- receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps.

If a hospice provider is serving a consumer on the fee-for-service Medicaid program, and that individual is subsequently enrolled with an MCP, the consumer or their authorized representative may contact BMHC (614-466-4693) and request to be disenrolled from the MCP and returned to fee-for-service. Hospice providers must continue to follow OAC rules in chapter 5101:3-56 for consumers who remain in the fee-for-service Medicaid program. Hospice providers should maintain their Medicaid provider numbers in order to continue to serve fee-for-service Medicaid consumers. Hospice services that initiate during MCP enrollment must be authorized by the MCP and will not be paid by fee-for-service Medicaid.



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Managed Care Enrollment Verification

Individuals enrolled in MCPs receive a permanent membership card prior to their first day of enrollment, which replaces the monthly fee- for-service Medicaid card. The MCP membership card includes the following information:

- the member's name
- the MCP name
- the enrollee's primary care physician name and telephone number
- MCP Member Services phone number
- the enrollee's MMIS number

Enrollees can change their MCP within the first 3 months of enrollment and annually thereafter, and at other times with the approval of the BMHC. Therefore, verification of eligibility and MCP enrollment prior to hospice admission/service provision and monthly thereafter for all Medicaid enrollees is important. Verification is available through the Interactive Voice Response System (IVR) at 1-800-686-1516. The system first verifies Medicaid eligibility and after a 6-second delay follows with MCP enrollment, if this applies.

MCP-contracted providers may also verify eligibility on-line using the MCP's Web site. Hospice providers are not required to enter MCP enrollees into the Medicaid hospice IVR database.

Managed Care Provider Contracting

Hospice services provided to Medicaid MCP enrollees must be authorized by the MCP. Some MCPs prefer to work only with the providers with which they have a contract. Hospice providers may contact MCPs directly to discuss contracts for service provision to the managed care population. Rates for hospice services are negotiated between the MCP and the hospice provider. Some MCPs prefer to negotiate with hospice providers as needed to provide services to an individual consumer. Medicaid fee-for-service billing rules do not apply to contracted MCPs. Therefore, hospice enrollees requiring NF services (whether for respite or permanent placement) may need prior authorization for the NF stay in addition to authorization for the hospice service. MCPs may require that enrollees use a contracted NF and may make arrangements directly for NF services. Regional MCP contact numbers and Web site links are available on the Medicaid managed care provider Web site: <http://www.jfs.ohio.gov/ohp/bmhc/pro-man-care.stm>

Coverage Requirements and Prior Authorization for Hospice Services

Ohio Administrative Code Rule 5101:3-26-03 requires MCPs to cover Medicaid-covered medically necessary hospice services for both CFC and ABD enrollees. Limits on hospice services are allowed on the basis of medical necessity or utilization control. Prior authorization for hospice service is currently required by all MCPs. Providers must obtain authorization before accepting a new admission for any Medicaid managed care enrollee. MCP payment is not required if prior authorization has not been obtained. MCPs are allowed 14 calendar days or as expeditiously as the enrollee's health condition requires to make a standard authorization decision. If a provider documents that the standard authorization timeframe could seriously jeopardize the enrollee's life or health, an expedited authorization can be requested, and a decision made no later than



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3 working days after the request or as expeditiously as the enrollee's health condition requires (OAC 5101:3-26-03.1). Providers should mark such requests as "expedited" in order to clearly communicate the request for expedited review.

Transition from MCP Hospice and NF to fee-for-service Hospice and NF Care

Currently ABD enrollees are eligible for medically necessary NF placement until the last day of the month following the month of NF admission (a period of up to 62 days). Beginning January 1, 2008, CFC enrollees will also be eligible for the same benefit. Upon return to fee-for-service Medicaid, OAC 5101:3-56 and all other applicable rules will apply.

Questions about this notice may be directed to BMHC@odjfs.state.oh.us or (614)466-4693.

