

Molina Dual Options MyCare Ohio Transportation Benefit

2018 | Molina Healthcare

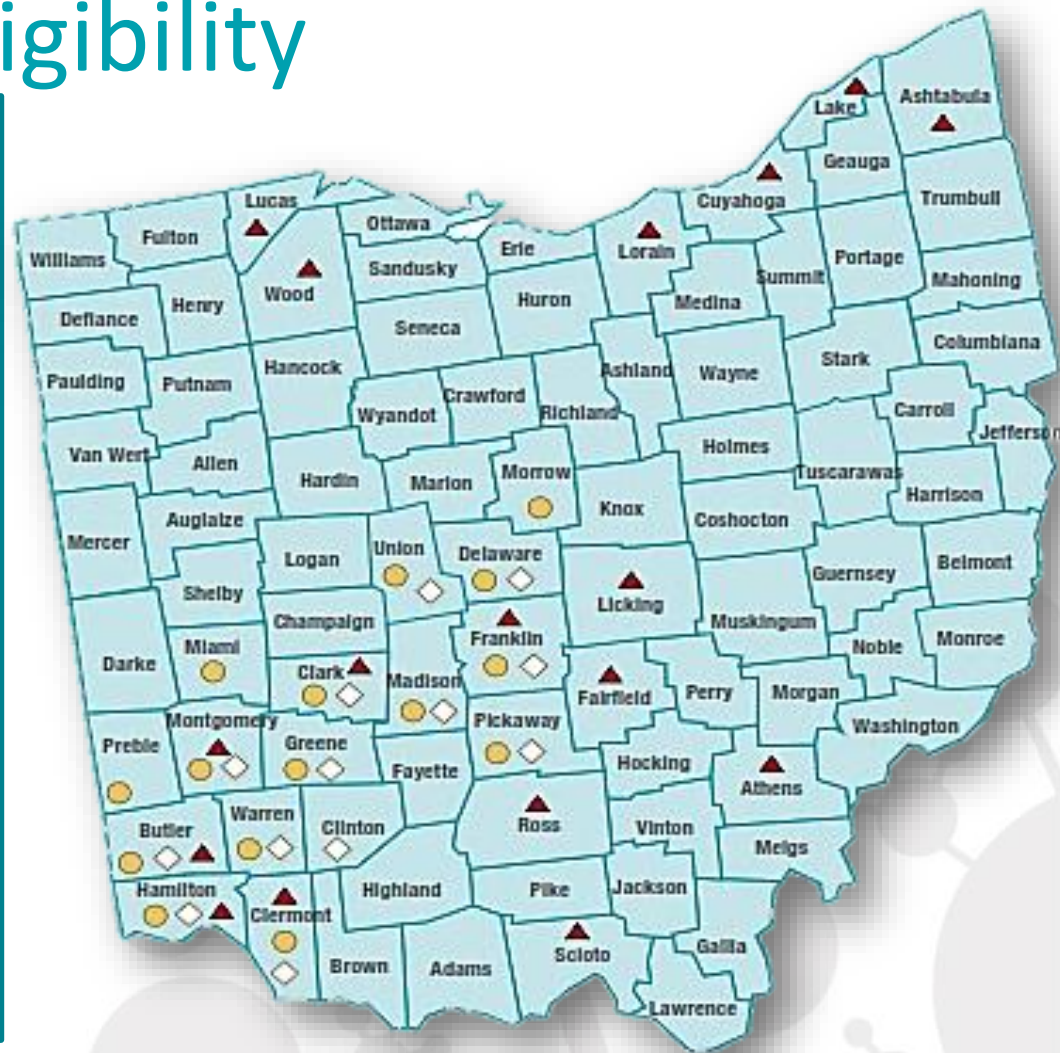


Your Extended Family.

Eligibility

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees in the **Central, West Central, and Southwest** regions.

- **Southwest:** Butler, Warren, Clinton, Clermont, and Hamilton
- **West Central:** Greene, Clark, and Montgomery
- **Central:** Franklin, Madison, Union, Delaware, and Pickaway



Eligibility

Consumers are eligible to join a MyCare Ohio managed care plan if:

They are eligible to receive full benefits from both Medicare and Medicaid

They are 18 years of age or older

They reside in a MyCare Ohio service region

Molina Dual Options (opt-in) members are covered with Molina for both their Medicaid and Medicare benefits.

Molina MyCare Ohio Medicaid (opt-out) members have Medicaid through Molina Healthcare but are not covered for Medicare. These members have Medicare coverage through traditional Medicare or a Medicare Advantage plan.

Molina Duals Options Transportation

There are two types of transportation

Emergency

Non-
emergency

Emergency Transportation

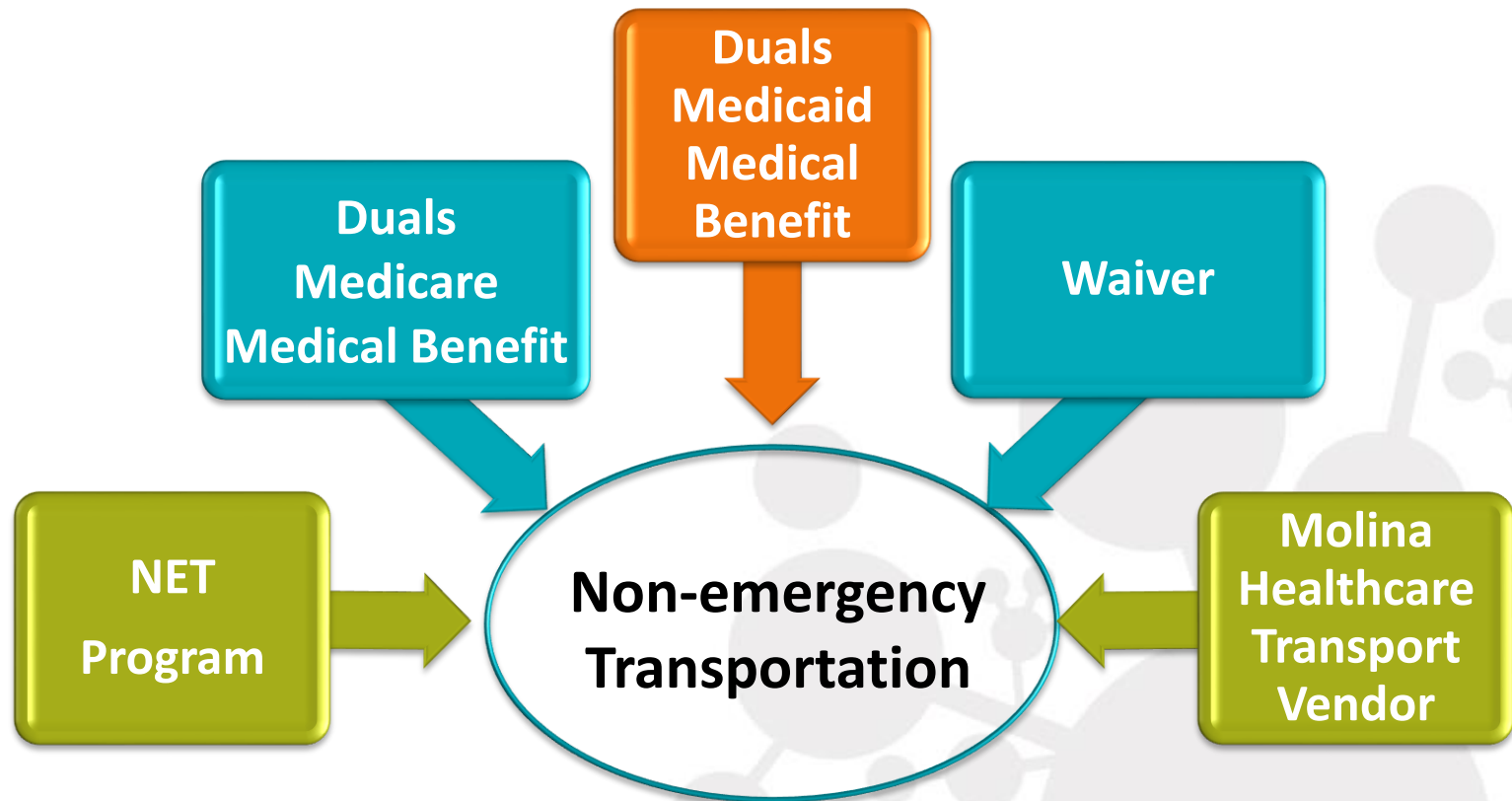
Emergency transportation (ambulance), provided through the "911" emergency response system, will always be covered when medically necessary. Emergency services are services for a medical problem that is so serious it must be treated right away by a provider.

An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

Non-Emergency Transportation

"Non-emergency medical transportation service" means a service that transports a consumer from one place to another for a non-emergency medical purpose, through the use of a transportation service. Examples of places to which the service may transport a consumer are a doctor's or dentist's office.



NET Program

Opt-in and opt-out members may get help with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Transportation (NET) program, such as transportation to and from Medicaid approved medical appointments. Inform your patients to call the County Department of Job and Family Services for questions or assistance with NET services.

Transportation is “curb-to-curb,” meaning the driver cannot offer assistance to or from the vehicle.

Public Transportation may be utilized if it is feasible for the member.



This service is not available in all counties. Call your local County Department of Job and Family Services for availability.

Medicare Covered Transportation Benefits

Molina Healthcare, for Molina Dual Options (opt-in) members, will cover the following services under their Medicare benefit, when other transportation could endanger their health:

- Ambulance services to or from a hospital,
- Critical access hospital (CAH),
- Skilled nursing facility (SNF)

In some cases, Medicare may also cover ambulance services if the member has End-Stage Renal Disease (ESRD), needs dialysis, and needs ambulance transportation to or from a dialysis facility. Medicare covered transportation will require prior authorization. Providers should call a Molina Healthcare participating ambulance provider to schedule transportation.

If a member has Molina Healthcare for Medicaid only, but the transportation is covered under the member's Medicare Part B benefits, then the provider is responsible for working with the primary Medicare carrier for payment and Molina Healthcare will cover as a secondary payer.

Medicaid Medical Benefit

The benefit covers medically necessary covered services under state plan benefits for both opt-in and opt-out members, including transportation for needed medical services not available within 30 miles.

Wheelchair Van Transport

- Billing Code – A0130 and S0209
- No prior authorization required unless provider is non-contracted
- Provider to call a Molina Healthcare participating ambulance provider to schedule transportation

Ambulance/Non-wheelchair Transport

- A0426, A0428, A0430, A0431
- Prior authorization required
- Provider to call Molina Healthcare participating ambulance provider to schedule transportation
- Ambulance provider calls Molina Healthcare for prior authorization
- Eligibility dependent upon meeting criteria specified in OAC 5160-15-03

Waiver Transportation

Members who qualify must use the local County Department of Job and Family Services NET program whether they are on a waiver or not. If NET cannot meet your patient's needs, Molina Healthcare may approve the waiver covered benefits. All waiver services must be approved by Molina Care Managers.

Transition of Care (TOC)

Molina Dual Options MyCare Ohio members have a period after enrollment to continue seeing their current providers before they must switch to contracted providers in the Molina Dual Options MyCare Ohio provider network (also known as “in-network,” “participating” or “PAR” providers). This period is referred to as the **TOC period and lasts typically 90 or 365 days**. During the TOC period, supplemental transportation will continue to be an inclusive benefit for both opt-in and opt-out members on the following waivers of origin:



Transitions II
Aging Carve-
Out Waiver

Ohio Home
Care Waiver

PASSPORT
Waiver

Waiver Transportation

Transportation for Members on an HCBS Waiver

When the transition of care period is over, all waiver eligible members will be enrolled in Molina Healthcare's combined waiver.

Waiver transportation will be determined on a case by case basis.

Waiver transportation must be included on the waiver service plan that is authorized by the Waiver Service Coordinator/Molina Care Manager to be covered.

Transportation services must be provided by a transportation provider certified by the Ohio Department of Aging to render this waiver service.

Providers can contact the Molina Care Manager to set up transportation services.

Non-Emergent Transportation

If a member does not qualify for Medicare or Medicaid transportation then Molina Healthcare of Ohio provides non-emergent medical transportation for opt-in (patients who have selected Molina to manage both Medicare and Medicaid benefits) members and for the following services:

Dialysis

Chemotherapy

Radiation

**Wheelchair
Supports**

If a provider is not available within 30 miles of the member, then Molina Healthcare will also provide transportation to and from the provider for opt-in and opt-out.

Members should contact Molina Healthcare's transportation vendor or our Member Services Department to see if they qualify. It is important to have your patient(s) call 2 business days in advance of the appointment to schedule the transportation. One additional passenger or escort is allowed to accompany the member if there is space availability.

To schedule, call the Molina Healthcare transportation vendor: (844) 491-4761 (TTY (866) 288-3133) or Molina Dual Options Member Services: (855) 665-4623 (TTY 711)

Note: The Molina Healthcare transportation vendor does not cover door-to-door transportation.

Additional Benefits for Members (Opt-In Only)

Supplemental transportation is available for members who have chosen to opt in to the Molina Dual Options plan. Members can receive up to 30 of these add value benefit trips. Members of Molina MyCare Ohio Medicaid only do not qualify to receive this value added benefit.

Members who have opted in qualify for an additional 30 one way trips.

Public transportation may be utilized if the member is ambulatory

To schedule you can call the Molina Healthcare transportation vendor: (844) 491 4761 (TTY (866) 288 3133) or Molina Dual Options Member Services: (855) 665 4623 (TTY 711)

Gas Reimbursement available for members who meet the applicable requirements

Arranging for Transportation

For the NET Program, members should call their County Department of Job and Family Services.

For the Medicaid medical benefit or Medicare ambulance benefit, providers should contact a Molina contracted transportation vendor.

Molina Healthcare's Transport Vendor:
(844) 491-4761
TTY (866) 288-3133

Transportation Preparation

- Members should call to arrange their transportation at least 2 business days in advance of the day of the service. Standard operation hours are 7 a.m. – 7 p.m. but availability is 24/7.
- When they call, they should make sure to notify the scheduler if they will be bringing one additional passenger or escort to accompany them.
- Members should have the exact address for pick-up, and the name and address of the provider or facility for drop-off.
- Members should be ready for pick-up one hour prior to the scheduled pick up time (the driver will not wait longer than 15 minutes).
- Members should know that this transportation is “curb-to-curb,” meaning the driver cannot offer assistance to or from the vehicle.
- Members traveling alone must be at least 18 years of age or be accompanied by an adult at least 21 years or older, unless it is a teen seeking family planning or pregnancy related services.

Contacting Provider Services

Provider Services is available 8 a.m. to 6 p.m. Monday – Friday.
Call (855) 322-4079 and follow the prompts for the following services.

**Care
Management**

**Claims/Claims
Inquiry**

Pharmacy

**Prior
Authorizations**

**Web Portal
Help Desk**

Eligibility

**Utilization
Management**

**Behavioral
Health**

**Contracting/
Credentialing**

Other Phone and Fax Numbers

DEPARTMENT	NUMBER
Community Outreach	(800) 642-4168
Fraud, Waste, and Abuse Alert Line	(866) 606-3889
Molina Member Eligibility IVR	(866) 402-3467
Member Services:	fax: (888) 295-4761
Medicaid	(800) 642-4168 - 7 a.m. to 7 p.m., M-F
MMP Duals	(855) 665-4623 - 8 a.m. to 6 p.m., M-F
MMP Medicaid Only	(855) 687-7862 - 8 a.m. to 6 p.m., M-F
Medicare	(866) 403-8293 - 8 a.m. to 8p.m., S-S
Marketplace	(888) 296-7677 - 7 a.m. to 7 p.m., M-F
24 Hour Medicaid Nurse Advice Line	(888) 275-8750 / TTY: (866) 735-2929
24 Hour MMP Nurse Advice Line	(888) 295-4761 / TTY: 711
Behavioral Health	(855) 322-4079 / fax: (866) 553-9262