

Payor Eligibility Guide

Resource for Ohio Living Holdings Referral Management

Home Health, Hospice, Palliative Medicine

Version: January 12, 2023



Ohio Living

FAITH + COMPASSION + COMMUNITY



Disclaimer

The enclosed information is for internal use only and is designed as a training aid. The following slides are not to be shared with referral sources as this may be misconstrued as a comprehensive list of preferred Ohio Living payors.



Payor Eligibility Guide

Purpose: These materials are intended to provide a guide for the information commonly necessary to successfully and efficiently enable verification of payor eligibility for the most common payor sources. It is not intended to be all-inclusive but does cover the major volume sources for all sites as of the version date of this guide reflected on the cover slide.



Payor Eligibility Guide - Index of Payors

1. Medicare
2. Aetna Commercial
3. Aetna Medicare Advantage (MyNexus)
4. Aetna MyCare Medicare
5. Anthem Medicare Advantage (MyNexus)
6. Buckeye Medicare Advantage
7. Buckeye MyCare Medicare
8. CareSource Medicare Advantage
9. CareSource MyCare Medicare
10. Humana Medicare Advantage



Payor Eligibility Guide - Index of Payors

11. Medical Mutual Medicare Advantage
12. MediGold Medicare Advantage
13. Molina Medicare Advantage
14. Molina MyCare Medicare
15. Northcoast Anthem
16. Northcoast Commercial
17. Paramount Elite Medicare Advantage
18. Paramount Commercial
19. Paramount Advantage Medicaid
20. Perennial Advantage of Ohio – Medicare Advantage



Payor Eligibility Guide - Index of Payors

- 21. United Health Care Commercial
- 22. United Health Care Medicare Advantage
- 23. United Health Care MyCare Medicare
- 24. Veterans Administration – Optum



Common Acronyms

MBI - Medicare Beneficiary Identification

MVP - Medicare Value Purchasing (Medicare Eligibility)

MSP - Medicare Secondary Payor

MITs - Medicaid Information Technology Systems (Medicaid Eligibility)

QRF - Quick Referral Form

SSN - Social Security Number



Why are the Fully Completed QRF, SSN and Insurance Card *Requested*?

To accelerate patient referral acceptance and start of care resulting from efficient verification of eligibility and acceptance of payor(s), which may occur by minimizing use of coordination notes and other communication via email, phone calls, etc. to obtain accurate information.



Fully Completed QRF

1. Complete for **ALL** referrals
2. Typed (not handwritten) – thus avoids legibility issues.
3. May be completed by Marketers/Sales Force or Other Designated Site Personnel.
4. Patient name needs to be accurately spelled and be their full name, middle initial and any generation designation if that is how they identify themselves to Federal/State agencies.

e.g. Michael H. Smith Jr. (This) vs. Mike Smith (Not This)

5. Need Patient Birth Date
6. Need Social Security Number (SSN)
7. Need Primary Residency Address
 - The address that they would document on their IRS Form 1040 Annual Tax Return
 - Not an alternative address where they may be staying for care, visiting/staying with a relative, etc.



How is the Social Security Number Used?

The SSN can assist with the following:

1. Finding the MBI# (if not obtained at front end of the referral process) to verify Medicare eligibility.
 - The Medicare eligibility shows Medicare Secondary Payor coverage based on disability, working aged, no-fault insurance, worker's compensation, etc
 - The eligibility also indicates if the patient is enrolled in a Medicare Advantage plan and lists the payer name



Social Security (cont)

- Eligibility also indicates if the patient is currently being seen under Hospice or another home health agency

2. Finding patient record in MITS for Medicaid eligibility.

- MITS eligibility shows whether a patient has elected to opt out of traditional Medicaid for a MyCare Medicaid Plan



Why is an Insurance Card Helpful?

1. Patients frequently represent that they have ‘Medicare’ but what they really have is a Medicare Advantage plan coverage. Requesting and obtaining the card enables that determination quicker.
2. Patients frequently represent they are covered by a ‘Medicare Advantage’ plan with a carrier but are actually covered by a different Commercial Plan.
3. Patients frequently indicate they are covered by a carrier (e.g. United Health Care) but do not know that there are a wide variety of plans that UHC supports).



Insurance Card Front

The Front of Insurance card shows:

1. Member ID #
2. Group name/Group #
3. Effective date
4. Name of the Insurance



Insurance Card Back

1. Member Services telephone #
2. Provider Services telephone #
3. Where to submit claims
4. Prior Authorizations telephone #



Common Payors

The following slides provide image examples of the cards supporting the currently most prevalent payor sources.

Medicare



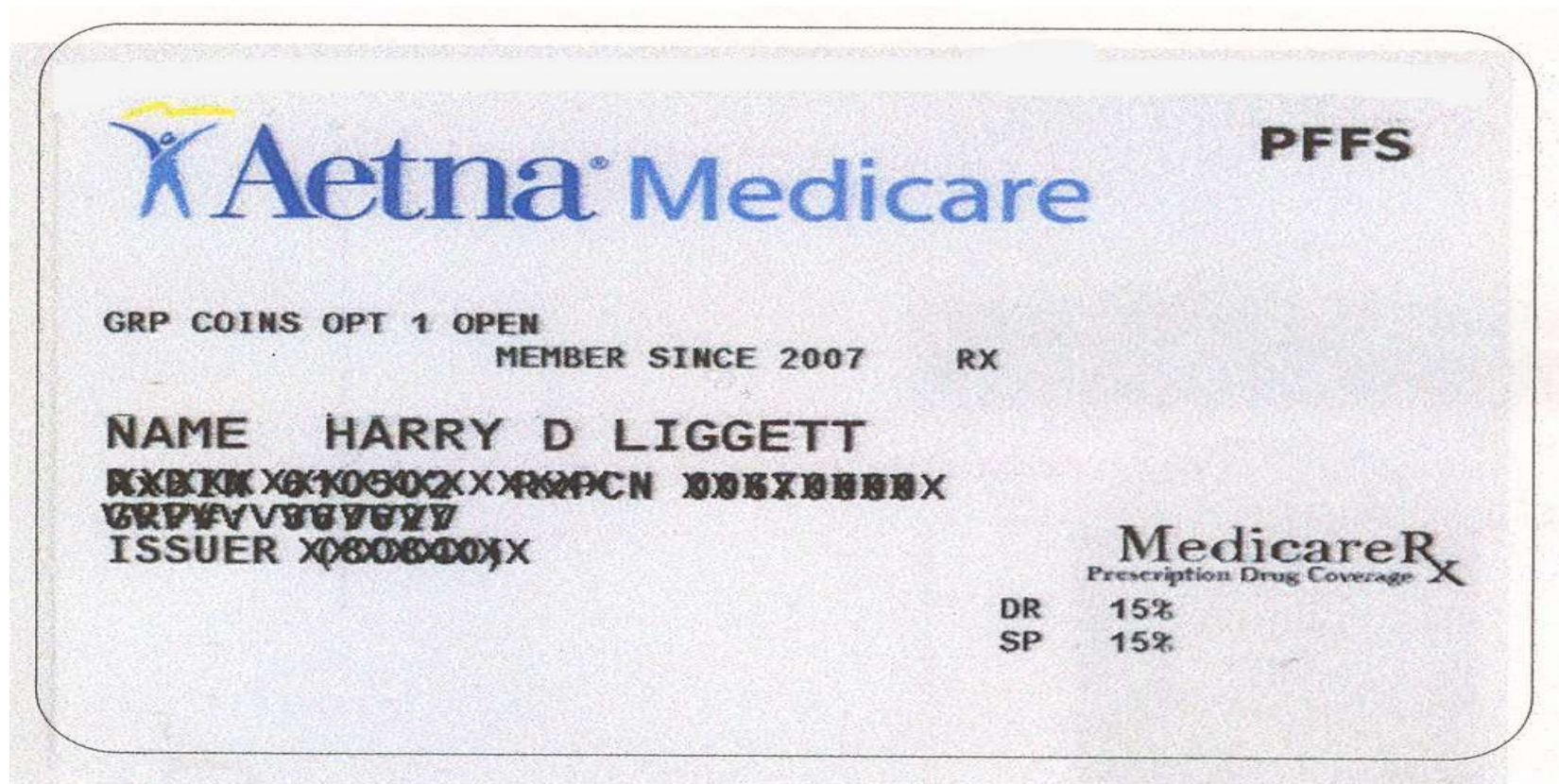
A sample Medicare Health Insurance card for John L. Smith. The card features a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name "JOHN L SMITH" is listed. The Medicare Number is "1EG4-TE5-MK72". The card indicates coverage for Hospital (Part A) and Medical (Part B), both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the center of the card.

| | |
|--|---|
| MEDICARE HEALTH INSURANCE | |
| Name/Nombre JOHN L SMITH | |
| Medicare Number/Número de Medicare 1EG4-TE5-MK72 | |
| Entitled to/Con derecho a HOSPITAL (PART A) MEDICAL (PART B) | Coverage starts/Cobertura empieza 03-01-2016 03-01-2016 |

Aetna Commercial



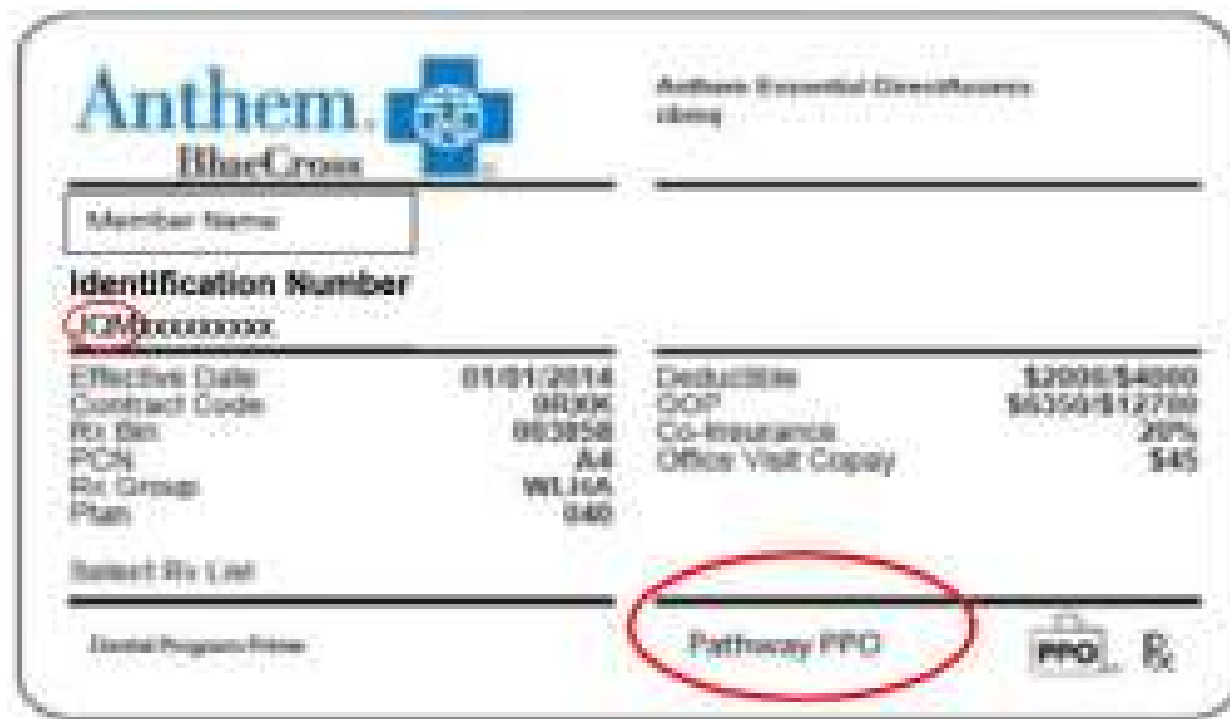
Aetna Medicare Advantage (MyNexus)



Aetna MyCare Medicare



Anthem Medicare Advantage (MyNexus)



Anthem BlueCross logo and Anthem Essential OneAdvantage plan name.

Member Name: [Redacted]

Identification Number: **K210000000000**

| | | | |
|----------------|------------|--------------------|----------------|
| Effective Date | 01/01/2014 | Deductible | \$2000/\$4000 |
| Contract Code | 9839K | ODP | \$6350-\$12700 |
| Rx Plan | 983958 | Co-insurance | 20% |
| PCN | A4 | Office Visit Copay | \$45 |
| Rx Group | W116A | | |
| Plan | 040 | | |

Select Rx List

Special Program Name: **Pathway PPO** PPO R

Buckeye Medicare Adv and MyCare



Opt IN ID Card (Medicare & Medicaid)

| Buckeye Community Health Plan – MyCare Ohio | |
|--|---|
| Member Name: <Cardholder Name> Member ID: <Cardholder ID#> <Health Plan: <Card Issuer Identifier> MMIS Number: <Medicaid Recipient ID#> PCP Name: <PCP Name> PCP Phone: <PCP Phone> H0022 001 | MyCareOhio Connecting Medicare + Medicaid MedicareRx Prescription Drug Coverage RxBin: <RX Bin#> RxPCN: <RxPCN#> RxDID: <RxDID#> |

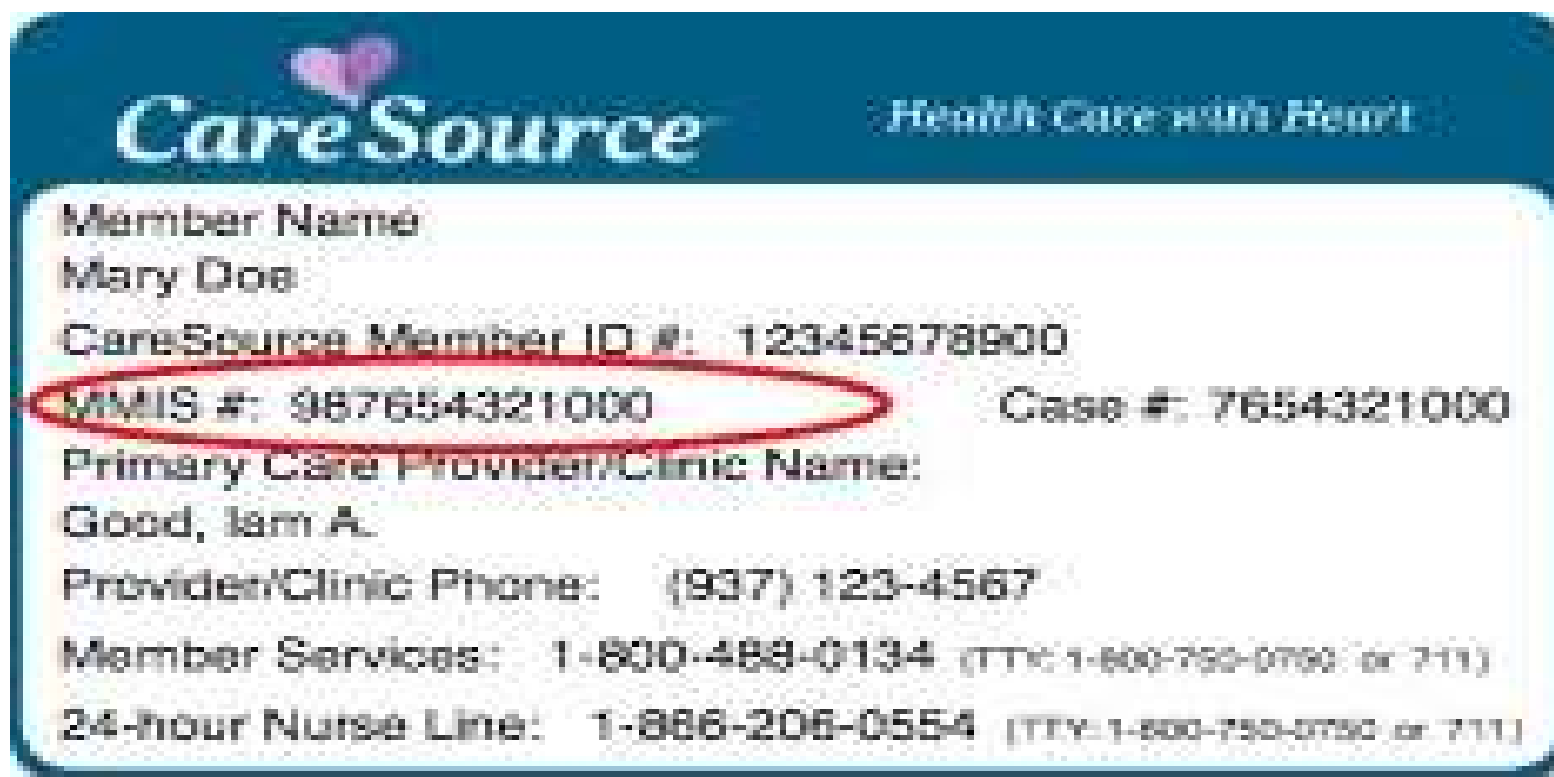
In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

| | |
|--|---|
| Member Service: <866-549-8289> | Eligibility Verification: <866-246-4358> |
| TTY: <800-750-0750> | Pharmacy Help Desk: <877-935-8021> |
| Behavioral Health Crisis: <866-549-8289> | Claim Inquiry: <866-246-4358> |
| Care Management: <866-549-8289> | |
| 24-Hour Nurse Advice: <866-246-4358 (TTY 800-750-0750)> | |

Website: <<http://mmp.bchpohio.com>>

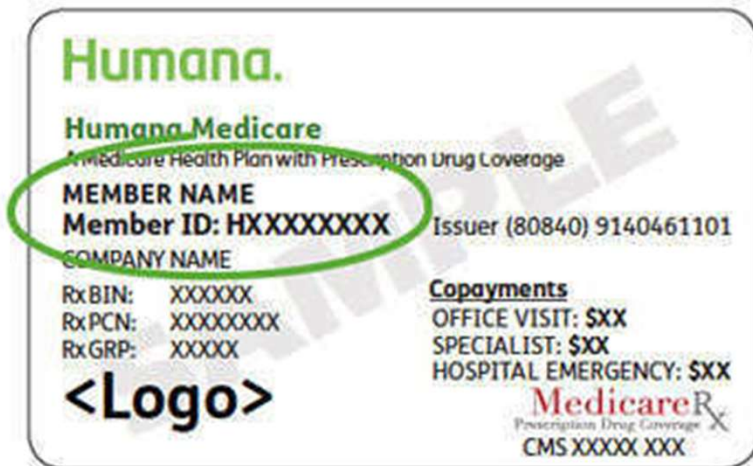
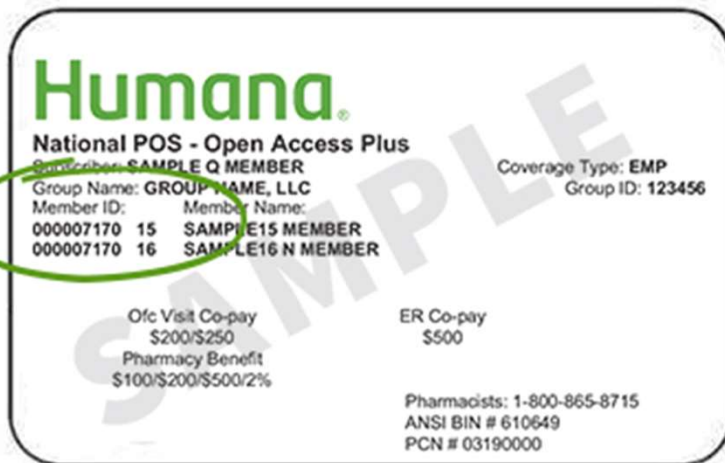
Send claims to: <Buckeye Community Health Plan
PO Box 3060
Farmington, MO 63640>

CareSource MyCare and Medicare Adv



Humana Medicare Advantage

Card:



Medical Mutual Medicare Advantage




MediGold Medicare Advantage

| | |
|---|---|
| <Plan Name> (HMO) <div style="float: right;"> MediGold <small>Medicare made easy!</small> </div> | |
| Health Plan (80840) <Plan Name> Member ID <ID Number> Member Name <Member Name> | Benefits Effective: 01/01/2020 RXBIN <000000> RXPCN <MEDDADV> RXGRP <RXxxxx> Payor ID: <xxxx> |
| <div style="position: relative; height: 100px;"> SAMPLE </div> | |
| <div style="background-color: #f4a460; padding: 5px; border-radius: 5px;"> MedicareRx <small>Prescription Drug Coverage</small> Carrier: 00000000 CMS - Hxxxx; <xxx> </div> | |
| <div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;"> MediGold is a Medicare Advantage Plan </div> <div style="padding: 10px;"> <p> Member Services: <1-8xx-xxx-xxxx (TTY 711)> Drug Questions: <1-8xx-xxx-xxxx> </p> <p> Prior authorization/ admission notification: <1-8xx-xxx-xxxx> </p> <p> 6150 East Broad Street Columbus, Ohio 43213 </p> <p style="font-size: 1.2em; font-weight: bold;">MediGold.com</p> </div> <div style="background-color: #e6f2ff; padding: 10px; border: 1px solid #add8e6;"> <p>Provider Use Only:</p> <p> Provider Service Center: <1-8xx-xxx-xxxx> </p> <p> CVS Caremark: <1-8xx-xxx-xxxx> </p> <p> Electronic Billing: <1-8xx-xxx-xxxx> </p> <p> Mail Paper Claims To: <MediGold P.O. Box xxxxxx City, ST xxxxx> </p> </div> | |

Molina Medicare Advantage

Ohio Member

**MOLINA**
HEALTHCARE

CPC

Member:
Johnathan Doe

Identification #: **987654321P** Date of Birth: 03/22/1978 Effective Date: 05/01/2012

Primary Care Provider: Samuel Gold

Primary Care Provider Phone: (927) 505-8181

HHID# 12345678 ID# 4321098 Issue Date: 04/24/2012

COVERAGE TYPE

Member: Ventura, Jessica
Member P#:XXXXXXXX

**MOLINA**
MEDICARE

Molina MyCare Medicare



Member:
Jane Doe

CIN #:
ABC12345C

Date of Birth:
01/01/1964

Effective Date:
01/01/2016

PCP Name: Joe Smith

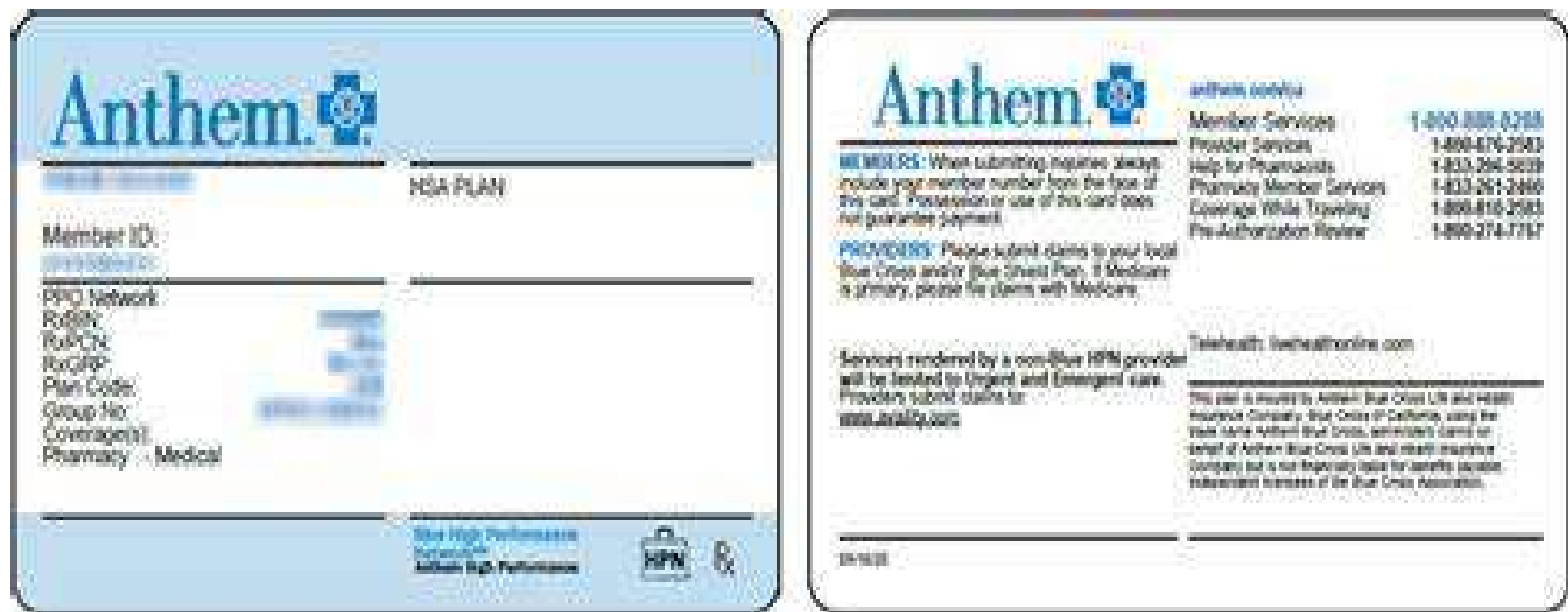
PCP Phone: (315) 999-9999

PRESCRIPTION DRUGS

| | | |
|--------------------------------|--------|---|
| Non-Preferred Brand Name Drugs | \$3.00 | RX BIN 004336 RXPCN ADV RXGRP RX0546 |
| Preferred Brand Name Drugs | \$1.00 | |
| Generic Drugs | \$1.00 | |
| Over the Counter Drugs (OTC) | \$0.50 | |

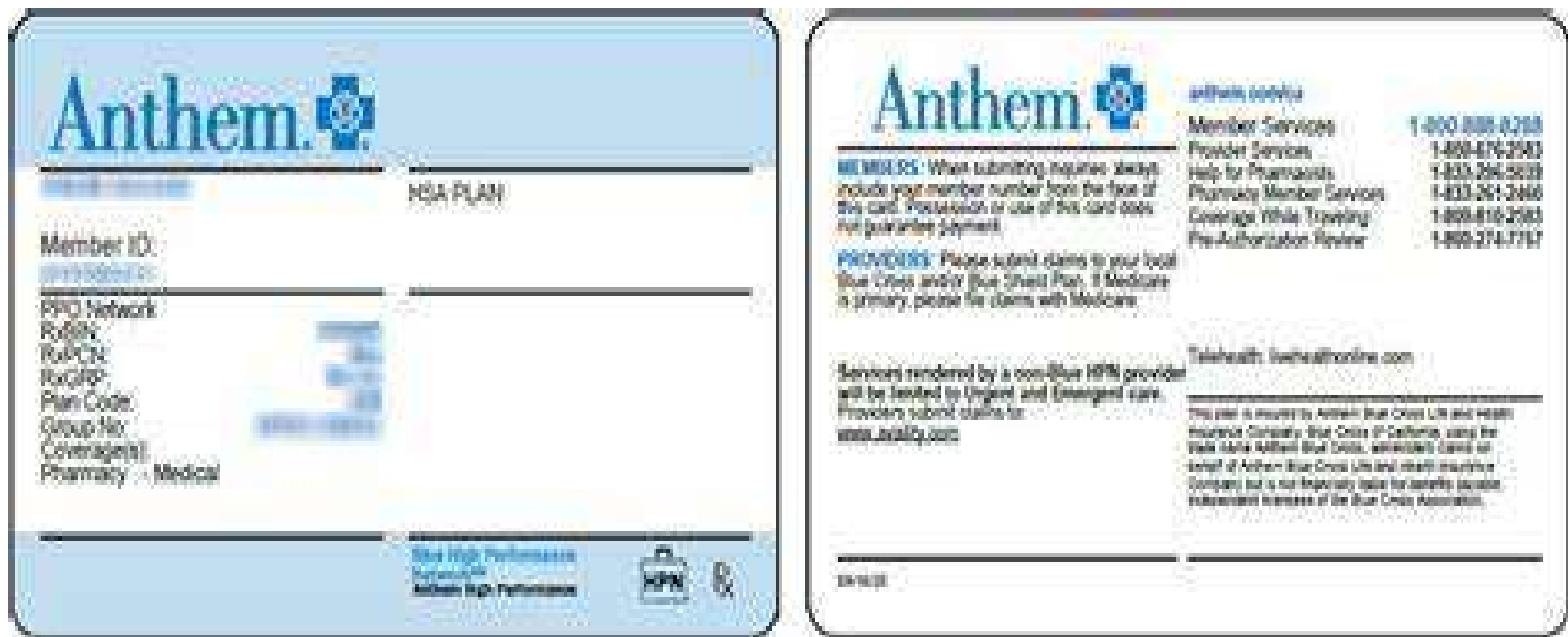
Northcoast Anthem

(Intermediary for several payors)

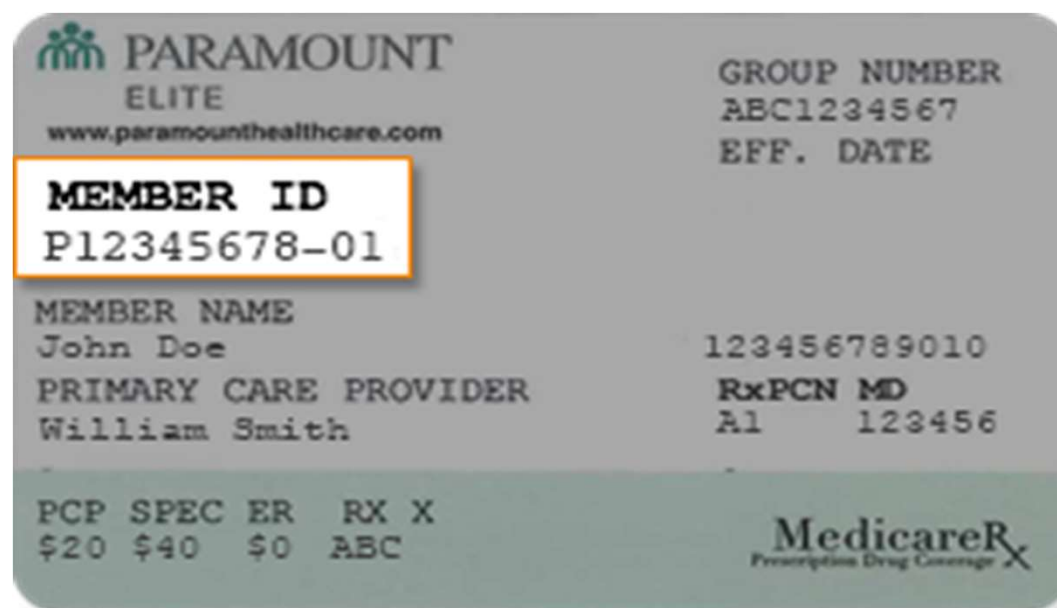


Northcoast Commercial

(Intermediary for several payors)



Paramount Elite Medicare Advantage



Paramount Commercial and Medicaid Adv



www.paramountadvantage.org

MEMBER NAME

Jane Doe

PRIMARY CARE PROVIDER

John Smith, MD

419-555-1212

MEMBER ID

10000000000

GROUP NUMBER

ADV0010011

EFF. DATE

01/01/2018

MMIS NUMBER

000000000000

MEMBER PORTAL

MyParamount.org

PROVIDER AREA

PROVIDER PORTAL: MyParamount.org

PROVIDER INQUIRY: 1-855-522-9076

PROVIDERS CALL FOR PRIOR AUTH:

CVS/CAREMARK RXGROUP: RX 6407

RXBIN: 004336 • RXPCN: MCAIDOH

PHARM. HELP DESK: 1-800-364-6331



MEMBER SERVICES

1-800-462-3589 • TTY 1-888-740-5670 • Mon.-Fri. • 7am - 7 pm

Call for eligibility, claims, translator, benefit & services, provider information, prescription information, questions & concerns.

EMERGENCY SERVICES, URGENT CARE, PCP VISIT

In case of an emergency medical condition, call 911 or go to the nearest emergency room. If you are unsure if you should use the ER, Urgent Care, or your PCP, call your PCP or Paramount's 24-hour Nurse Hotline first.



24-hour Nurse Hotline

1-800-234-8773 • TTY 1-800-750-0750 • 24 Hours, every day

PCP: If the PCP listed on this card is incorrect or changes, contact Member Services first so that you can begin using your new PCP immediately. Before seeing a specialist, you should always contact your PCP first.

HOSPITAL ADMISSIONS: Prior Authorization must be obtained by the hospital prior to all non-emergency admissions.

MAILING ADDRESS: P.O. Box 928 • Toledo, OH 43697-0928

OFFICE ADDRESS: 1901 Indian Wood Circle • Maumee, OH 43537

TRANSPORTATION SCHEDULING

1-866-837-9817 • TTY 1-800-750-0750 • Mon.-Fri. • 7am - 7 pm



Perennial Advantage of Ohio – Medicare Advantage



Name

ID **00028668**

Issuer

RxBin **610602**

RxPCN **NVTD**

RxGRP **H8797001**

Medicare^{Rx}
Prescription Drug Coverage

H8797 001


In case of emergency, call 911. Then, call plan within 24 hours or as soon as possible.
Member Services (including prior authorization requests): 1-844-788-6986 , TTY: 711
Prescription Drug Customer Services: 1-844-788-6986, TTY: 711
Pharmacy Help desk: 1-866-270-3877, TTY: 711

Mail Medical Claims to:
PO Box 21593
Eagan, MN 55121

Mail Pharmacy Claims to:
Navitus Health Solutions, LLC
PO Box 1039 Appleton, WI 54912-1039

Members: <http://PerennialAdvantage.com/for-members>
Providers: <http://PerennialAdvantage.com/providers>

United Health Care Medicaid Adv

| | |
|--|---------------|
|  UnitedHealthcare Community Plan | |
| Health Plan (80040) 999-99999-99 | |
| <u>Member ID: 999999999</u> | |
| Member: | |
| SUBSCRIBER BROWN | |
| MMIS: 999999999999 | |
| PCP Name: | |
| DR. PROVIDER BROWN | |
| PCP Phone: (999)999-9999 | |
| Brown Medical Associates | |
| Payer ID: 99999 | |
| <div>Prescription Solutions</div> | |
| Rx Bin: 610494 | |
| Rx Grp: ACUOH | |
| Rx PCN: 9999 | |
| 0501 | OH - Medicaid |
| Administered by UnitedHealthcare Community Plan of Ohio, Inc. | |

United Health Care Medicare Adv, Commercial and MyCare


Health Plan (80840) 911-87726-04
Member ID: 123456789 Group Number: 98765
Member:
SUBSCRIBER SMITH
Dependents
SPOUSE SMITH
CHILD1 SMITH
CHILD2 SMITH
CHILD3 SMITH
Customer Name Line 1
Customer Name Line 2
Payer ID 87726

UnitedHealthcare Choice Plus
Administered by [Appropriate Legal Entity]
Copays:
Office: \$25 ER: \$300
UrgCare: \$150 Spec: \$30
0508

Printed: 03/27/20
Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more.
Web: myuhc.com
Phone: 888-555-4444
Providers: 877-842-3210 or UHCprovider.com
Medical Claims: PO Box 740800, Atlanta GA 30374-0800
Pharmacists: 888-290-5416
Pharmacy Claims: OptumRx PO Box 650540 Dallas, TX 75265-0540

Veterans Administration - Optum





Motor Vehicle Accident

MVA cases can be difficult to navigate due to legal ramifications and determination of fault.

Please obtain auto insurance information of all drivers involved (if possible) along with the health insurance card of the patient.



VA Referral Process

- Referral Source contacts the VA to start the case management process
- VA provides the authorization to the site and it is forwarded to Central Auth to add to payer
- Case management is then handled through the VACCN Network



Worker's Compensation

- A fully completed C9 must be completed for every referral
- The listed MCO on the C9 lists where claims should be submitted (self-funded, CorVel, Sheakley, Sedgewick, etc)

Worker's Compensation (cont)

C9

| Ohio Bureau of Workers' Compensation | | Request for Additional Medical Documentation for C-9 Psychological Services |
|---|---------------------|---|
| Injured worker name | Claim number | Date C-9 received |
| Provider name | Provider fax number | Date mailed/faxed |
| Please return the requested documented to the attention of: | | |
| MCO name (print, type or stamp) | Fax number { } | Telephone number |
| <p>We received the <i>Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease</i> (C-9), dated _____. However, we require additional medical documentation before we can determine your request. Please submit the documentation checked below and return it within 10 business days to allow for a treatment decision. Failure to submit requested medical documentation may result in dismissal of the treatment request.</p> <p>Please provide the items checked below.</p> <p><input type="checkbox"/> Duration of each previously authorized treatment was _____ minutes. If the anticipated duration of treatment will change with this C9, please explain. _____</p> <p><input type="checkbox"/> Has the injured worker missed any counseling/psychotherapy sessions in the last six months? If yes, please specify the total number, dates and reason, if known. _____</p> <p><input type="checkbox"/> Medication prescription and monitoring (List prescribed medications, prescriber's name and frequency of medication-management visits.): _____</p> <p><input type="checkbox"/> Have there been recent medication changes? <input type="checkbox"/> No <input type="checkbox"/> Yes, please note the changes. _____</p> <p><input type="checkbox"/> Document medication side effects reported/observed and compliance with current medications. _____</p> <p><input type="checkbox"/> Results of psychological testing approved on: _____</p> <p><input type="checkbox"/> Treatment plan (Include symptoms, assessment, plan, frequency of psychotherapy treatment and rationale, progress to date, and how the allowed psychiatric conditions are affecting the injured worker's ability to function (ADL's, etc.). _____</p> <p><input type="checkbox"/> Information on long-term plan for the injured worker, including initiation of self-coping skills and mechanisms: _____</p> <p><input type="checkbox"/> Return-to-work barriers for the injured worker and the plan to address barriers: _____</p> | | |
| Mental health provider name (please print or type) | | |
| Mental health provider's signature | Date | |

BWC-1112 (Rev. Nov. 9, 2016)
C-9-A Psych