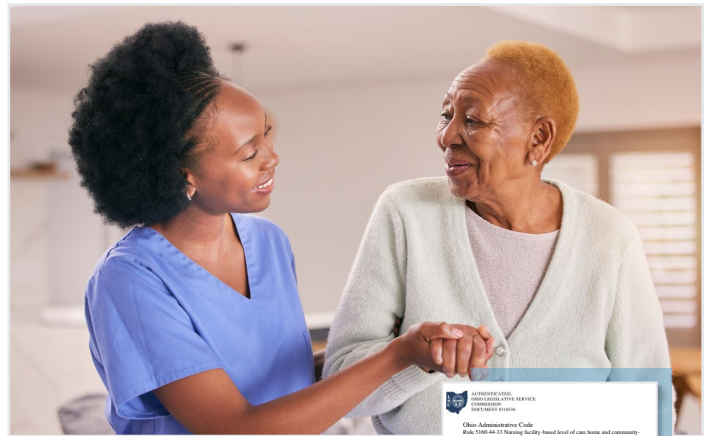


# WPN WAIVER PROVIDER NEWS



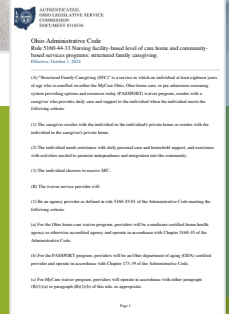
## STRUCTURED FAMILY CAREGIVING

The Ohio Department of Medicaid (ODM) has a new rule for a service called **“Structured Family Caregiving”**. The new service, which became effective 10/1/24, permits agency providers to employ a caregiver who resides with the individual to provide daily care and support to the individual based on the individual’s daily care needs. This new service is offered to individuals at least 18 years of age who are enrolled in the MyCare Ohio, Ohio Home Care, and PASSPORT waiver programs.



### Learn More

[https://codes.ohio.gov/assets/laws/administrative-code/authenticated/5160/0/44/5160-44-33\\_20241001.pdf](https://codes.ohio.gov/assets/laws/administrative-code/authenticated/5160/0/44/5160-44-33_20241001.pdf)



# NEW SELF-DIRECTION OPTIONS FOR OHIO HOME CARE WAIVER (OHCW) AND MYCARE OHIO WAIVER

At Buckeye Health Plan, we recognize that members understand their own care needs best. That's why we encourage members to explore Self-Directed Care, which empowers them to arrange care on their own schedule with the support of care management and the State.

## ! Overview of Self-Directed Care Updates

### Effective Dates:

- A new self-directed option for the Ohio Home Care Waiver (OHCW) was introduced on October 1, 2024.
- Enhanced self-direction options for the MyCare Ohio (Medicaid-Medicare) Waiver will be available beginning November 15, 2024.

### Policy Changes:

- The Ohio Administrative Code (OAC) 5160-45-03.2 was updated to clarify the distinctions between self-directed and provider-managed services, providing members with more control over their care within established guidelines and program oversight.



## Simplified Application and Payment Process

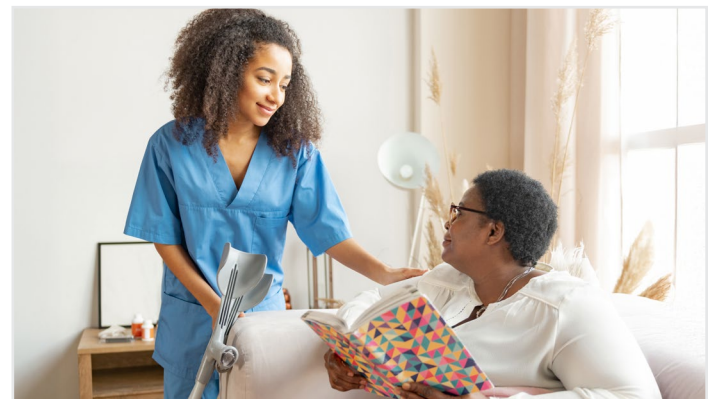
To support the ease of self-direction, the Financial Management Group, PPL, now offers a streamlined application and payment system. Key improvements include:

- **Service Start Flexibility:** Providers can begin offering services while their background check is in progress, with ODM covering the cost of background checks through the HireRight system.
- **Weekly Payroll:** Starting October 15, 2024, ODM has transitioned to a weekly payroll schedule for self-directed providers, managed by PPL.

## Services Available Under Self-Direction

Members using the self-direction option can manage a variety of services, including:

- Choices Home Care Attendants (CHCAS), including Home Maintenance and Chores
- Personal Care Aide
- Alternative Meals
- Waiver Nursing
- Home Modifications
- Home Medical Equipment and Supplies
- Supplemental Adaptive and Assistive Devices
- Self-Directed Goods and Services



## Member Support and Resources

To assist members in understanding their self-directed care options, Buckeye Health Plan will create a dedicated information page on our MyCare member website. We'll also keep our members and provider partners informed of these changes.

For more detailed information and resources,



please visit the Ohio Department of Medicaid's website at [medicaid.ohio.gov/families-and-individuals/self-direction](https://medicaid.ohio.gov/families-and-individuals/self-direction).



# IMPORTANT UPDATE ON ASSISTED LIVING WAIVER RATE INCREASE

Effective July 1, 2024, the Centers for Medicare and Medicaid Services (CMS) approved a new Critical Access Rate (CAR) for assisted living waiver members. Here's what assisted living providers need to know about this rate, also referred to as Tier 2/U2.



## Key Points on the CAR (Tier 2/U2) Rate:

- **New Certification Requirement:** Assisted living facilities must be certified by the Ohio Department of Medicaid (ODM) to bill using the CAR (Tier 2/U2) rate. Note that this is different from the previous Tier 2/U2 rate.
- **Eligibility Criteria:** To qualify for CAR certification, facilities needed to apply and demonstrate that 50% or more of their patient census included waiver (all waiver types) participants over a set lookback period. Only facilities that meet this threshold and are CAR-certified may bill at the Tier 2/U2 rate.

## Completing Your Attestation

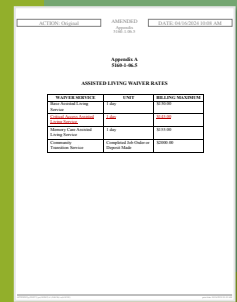


The Ohio Department of Aging (ODA) has provided instructions on completing the necessary attestation process. This step ensures your facility's contract and service authorizations are properly updated for CAR billing. Please refer to the ODA's provider memo for more information on the attestation process: [aging.ohio.gov/see-news-and-events/Provider+Memos/provider-memo-may-24-24](https://aging.ohio.gov/see-news-and-events/Provider+Memos/provider-memo-may-24-24)

## Access Updated Billing Information and Rates

The latest Assisted Living Waiver Rates were published in April 2024. Providers can view these rates here:

[registerofohio.state.oh.us/pdfs/5160/0/1/5160-1-06\\$5\\_PH\\_OF\\_A\\_APP1\\_20240416\\_1008.pdf](https://registerofohio.state.oh.us/pdfs/5160/0/1/5160-1-06$5_PH_OF_A_APP1_20240416_1008.pdf)



Waiver Type	Rate	Effective Date
Assisted Living Waiver	\$5,000	7/1/24
Memory Care Waiver	\$10,000	7/1/24
Base Waiver	\$3,000	7/1/24



## Additional Assisted Living Rate Updates

This CAR rate update joins recent adjustments, including those made in January for other assisted living rates, such as the Base (Tier 1/U1) and Memory Care (Tier 3/U3) rates. Further details on these changes are available in the [Q2 2024 Waiver Provider Bulletin](#).

For questions or additional guidance on the new CAR rate or certification process, please reach out to Buckeye Health Plan Provider Services.



# HCBS WAIVER TOWNHALL FAQ

Thank you to those who joined Buckeye's Waiver Townhall this summer. We've compiled the most frequently asked questions from the discussion. For additional questions or more information, please contact Provider Services.

## Service Definitions

**Q: What is the difference between a Home Care Attendant, Homemaker Service, and Personal Care Attendant?**

- **Home Care Attendants** provide health-related support.
- **Personal Care Attendants** assist with activities of daily living, such as:
  - Dressing
  - Grooming
  - Bathing and showering
  - Toileting and incontinence care



- **Homemaker Services** focus on helping maintain the member's home and organize daily activities to support personal wellness. These services include:
  - Meal preparation, grocery shopping, meal planning, and storing meals
  - Light housekeeping
  - Laundry services
  - Transportation for social gatherings
  - Scheduling appointments and transportation services

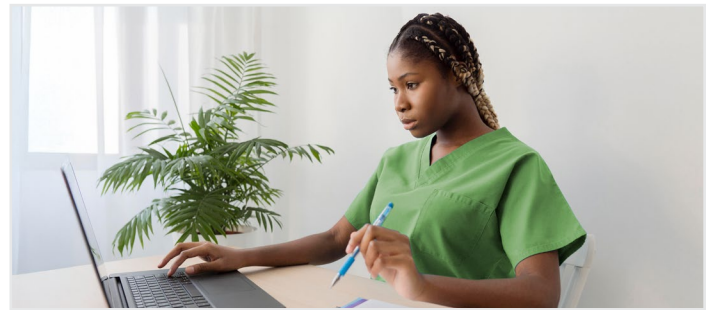
## Prior Authorization and Billing

**Q: What is the turnaround time for chemotherapy prior authorizations?**

- Medicare prior authorizations for Part B drugs, like chemotherapy, are processed within 72 hours for standard requests and 24 hours for expedited requests.

**Q: What is the Prior Authorization Check Tool and where can I find it?**

- To check if a PA is required:  
[Buckeyehealthplan.com/providers/prior-authorization/preauth-check.html](https://Buckeyehealthplan.com/providers/prior-authorization/preauth-check.html)
- You can submit a PA request and check on the status on the portal found at:  
[Buckeyehealthplan.com/providers.html](https://Buckeyehealthplan.com/providers.html)



**Q: How do we bill for Home Delivered Meals—should we create a service line for each day or enter the total units on the delivery date?**

- Please bill by the Date of Service (DOS) for the day each meal is intended to be consumed, not the delivery date.

**Q: How are retro authorizations approved? What can we do to support the approval process?**

- Buckeye does not process retro authorizations. However, retro services or authorizations are sometimes completed through an update to the Service Plan for waiver services.

**Q: Should providers use the G0156 code for both State plan Medicaid and Waiver services, or is it specific to one?**

- The G0156 code is specific to State plan Medicaid and should not be used for Waiver services.



# HCBS WAIVER TOWNHALL FAQ

## Claims and Reimbursements

**Q: How do we handle denied claims for Home Delivered Meals due to “exceeding units”?**

- Waiver authorizations are based on day-by-day service consumption. For accurate billing, use the Date of Service rather than the delivery date.

**Q: How can I get assistance with a denied claim?**

- Contact Provider Services at **1-866-296-8731**. If further assistance is needed, follow the claims escalation and research process on [Buckeye’s website](#).

**Q: How do I submit a corrected claim if the original lacked an authorization?**

- Re-submit the claim as corrected with the authorization indicated on the claim itself, not as an attachment.

**Q: How do we bill for reimbursement differences between new and old rates?**

- Once Buckeye’s system is updated, claims will reprocess automatically, and the new reimbursement amount will be issued.

**Q: If a provider is facing issues with Part B claims payments, who can they contact for assistance?**

- Providers should initially contact Provider Services at 1-866-296-8731 for claims payment issues. If further support is needed, follow the claims escalation and research process on [Buckeye’s website](#).

## Service Delivery and Member Preferences

**Q: Can you tell me if state hours are more skilled nursing than home health care?**

- State hours are provided through the state and require a doctor’s order as well as monitoring by a registered nurse (RN).

**Q: Is a provider given specific consumers for repeat services to maintain comfort and familiarity for the consumer?**

- Members may request a change in providers. Otherwise, they will generally continue with the same provider.

## Provider Contracting and Credentialing

**Q: My agency has submitted an application to become a network provider. Is there a number I can call for credentialing inquiries? Also, what is the turnaround time if we submit a claim via mail, and is there an alternative for out-of-network providers?**

- Please reach out to your designated contact for contract status inquiries. Unfortunately, until you’re contracted, you’ll need to submit claims by mail, with a 30-day turnaround time from receipt.



**Q: We are a waiver provider. How can we get approved to offer state hours as well?**

- You must first be credentialed as a Medicaid Home Health Agency (HHA) through Medicaid. Once credentialed, you can apply for a contract addendum via the “Join Our Network” page on Buckeye’s website.

**Q: Once a provider signs a contract with an effective date set 30 days in the future, must we wait until that effective date to start providing services? Will the provider receive next steps or a contact person?**

- Services must start on or after the contract’s effective date. For continuity of care services, confirm if you have a NON-PAR affiliation and an authorization that starts before the contract effective date. For further support, please visit Buckeye’s Provider Engagement Administrators Page to find your Provider Engagement Administrator.

# HCBS WAIVER TOWNHALL FAQ

## Additional Questions, Contacts and Resources

### Q: Where can I find the live-in exception waiver form for Passport Providers?

- Visit the Ohio Department of [Aging's Passport services website](#).

### Q: How do I locate the Waiver Service Coordinators' contact information?

- The Care Manager or Waiver Service Coordinator is listed on the member's Waiver Service Plan, viewable in the provider portal at [buckeyehealthplan.com/providers.html](http://buckeyehealthplan.com/providers.html) or by calling Member Services at **1-866-549-8289**. Buckeye Care Management is exploring additional ways to make this information more accessible.

### Q: Who should I contact if we haven't received a service plan update from Utilization Management within 20 days?

- Contact Provider Services at **1-866-296-8731** or Shawnda Noble, Waiver UM Supervisor, at [shawnda.r.noble@centene.com](mailto:shawnda.r.noble@centene.com).



### Q: Who should I contact to correct errors in a service plan?

- Reach out to the Waiver Service Coordinator (WSC) or Care Manager (CM) listed on the Service Plan for corrections.

### Q: Is there a contact for contracting updates?

- Please reach out to [OhioContracting@centene.com](mailto:OhioContracting@centene.com) for contract status updates.



### Q: Where can I find the Authorization Acknowledgement section in the provider portal?

- For assistance with signing the electronic Service Plan, request portal training via your Provider Engagement Administrator.

### Q: How do we access authorizations online instead of by fax?

- Authorizations are available on the Provider Portal in each member's individual chart.

### Q: Is Buckeye's reimbursement for services negotiable?

- Contact [OhioContracting@centene.com](mailto:OhioContracting@centene.com) to discuss possible contract changes.

### Q: How do we get on the list to receive referrals?

- Send your information to Ellen LaSalvia at [elasalvia@centene.com](mailto:elasalvia@centene.com).

### Q: Agencies and facilities often experience delays or issues receiving care plans. Who should we contact if a care plan is missing?

- For missing Service Plans, please reach out to the Program Coordinator listed on the authorization form.

For any further questions or clarifications, please reach out to Buckeye Health Plan Provider Services. We appreciate your partnership in delivering quality care to our members.

