

Dental Updates

Information for dental providers in the all networks

Effective Jan. 1, 2017 Molina Healthcare implemented several changes to the prior authorization (PA) requirements. D8670 and D8680 were added to the list of codes that require PA. Billing for D8670 is limited to seven quarters per lifetime while D8680 is limited to two (upper arch and lower arch) per lifetime. When submitting a PA request, the units should mirror the billing limits. For example, when requesting PA for D8670, providers should request seven units so claims will process correctly once the PA is approved. When submitting PA for D8680, two units should be requested. The Dental Provider Manual is posted on our website at MolinaHealthcare.com/Providers. If you have any questions, please email us at OHProviderDental@MolinaHealthcare.com.

Prescriptions for Insect Repellent Now Covered

Information for providers in the Medicaid networks

Effective Aug. 1, 2016, prescriptions for DEET products are covered to assist in preventing the spread of the Zika virus. The product can be purchased from a network pharmacy with a valid prescription. Visit MolinaHealthcare.com/ProviderSearch for a list of network pharmacies. These items are now covered:

Repel Sportsmen Max	Off Deep Woods Sportsmen
Repel Sportsmen Dry	Ultrathon Insect Repellent Spray
Repel Sportsmen	Ultrathon Insect Repellent Lotion
Off Active	Cutter Backwoods
Off Deep Woods	Cutter Backwoods Dry
Off Familycare Insect	Natrapel
Off Deep Woods Dry	

ODM Behavioral Health Redesign

Information for providers in the Medicaid and MyCare Ohio networks

The Ohio Department of Medicaid (ODM) is making changes to Medicaid Community Behavioral Health (BH) services.

Registration:

Providers must have all applicable rendering practitioners registered with Medicaid and linked to their organization through the Medicaid Information Technology System (MITS) portal.

Provider groups can give information on their rendering practitioners to Molina Healthcare via a BH Practitioner Template by going to MolinaHealthcare.com/OhioProviders under the 'Forms' tab select the BH Provider Form.

Please Note: The Q/A sessions originally scheduled for July 6, 12 and 18 have been cancelled. New Q/A sessions will be scheduled, and providers will be notified as soon as possible.

For questions on the BH redesign, contact your BH Provider Services representative at BHProviderServices@MolinaHealthcare.com.

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Questions?

Provider Services – (855) 322-4079
 8 a.m. to 5 p.m., Monday to Friday
 (MyCare Ohio available until 6 p.m.)

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Website Roundup

- Recently updated at MolinaHealthcare.com/Providers
- [New Medicaid/MMP Medicaid Only/Marketplace PA Code List](#)
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 - [Updated Provider Manual](#)
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Hospital Rates Update

Information for providers in the Medicaid and MyCare Ohio network

The inpatient DRG weights and rates have been delayed from July 1, 2017 to July 4, 2017. Molina has configured the claim's payment system to coincide with this date.

Care Plan Coordination

Information for providers in the Medicaid network

Molina Healthcare strives to promote the health and well-being of our members. This includes our collaboration with their healthcare providers. The main purpose of care coordination is to meet the members'

Additional resources are located on the Behavioral Health Redesign website at <http://bh.medicaid.ohio.gov/training>.

Submitting Electronic Data Interchange (EDI) Claims

Information for providers in all networks

Molina Healthcare is going green! In order to streamline the exchange of claim and payment information, we are focused on ensuring our provider partners are taking advantage of electronic solutions.

Electronic Data Interchange (EDI) is the safest and easiest method to submit claims to Molina Healthcare, receive payments and remittance advices. Benefits include reducing operational costs, increased accuracy of data and you can easily check claim status.

Electronic claim submission can be done in one of two ways:

- through your own clearinghouse, or through Molina Healthcare's contracted clearinghouse Change Healthcare,
- Molina Healthcare's Provider WebPortal - <https://Provider.MolinaHealthcare.com>

Accepted claims for EDI transmission include 837P (Professional Claims) and 837I (Institutional Claims).

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) saves your staff trips to the bank and gives you faster payments than the mail. To Enroll in ERA/EFT, go to MolinaHealthcare.com/Providers and select "Enrollment Information for ERA/EFT" from the "EDI ERA/EFT" dropdown menu, then click on the hyperlink for registration.

If you have questions regarding electronic solutions please contact your Provider Services representative or call 855-322-4079.

Comprehensive Perinatal Care

Information for providers in all networks

Molina Healthcare is committed to ensuring our members receive the best quality perinatal care possible and quality care starts with your office!

Pregnancy Notification & Risk Assessment

The Ohio Department of Medicaid (ODM) released a new pregnancy risk assessment form (PRAF) at Medicaid.Ohio.gov, located under "Resources" then "Publications" and "Medical Forms." Search for ODM 10207. For instructions search ODM 10207i. In the future, providers will be able to submit the risk assessment information online using ODM's web-based version of the form. Molina Healthcare is in the process of updating our website with the new PRAF form.

It is essential that Molina Healthcare is notified of each member's pregnancy as early as possible within the 1st Trimester or within 42 days of the member enrolling with Molina Healthcare and you can earn a **\$50 provider incentive** when you return the completed, compliant form and bill the H1000 HCPCS code at the time of service. Upon receipt of a PRAF, Molina Healthcare will enroll her in the proper level of case management and ensure progesterone is part of her care plan as required.

Please include ALL pertinent information regarding prenatal risk factors, including but not limited to:

needs and preferences in the delivery of quality healthcare. As part of our Care Management program, members will be linked with a care manager to develop individualized health care goals. A Molina care manager may attempt to reach you by fax or phone for collaboration. We appreciate your attention and input into the development of each member's care plan.

Updated Home Health Care MyCare Ohio Uniform Authorization Request Form

Information for Home Health Care providers in the MyCare Ohio network

The MyCare Ohio Uniform Authorization Request Form has been updated under "Requested Services" for RN assessments.

The document is located at MolinaHealthcare.com/providers/oh/duals. Select "I'm a Health Care Professional" then select "Ohio" and "MyCare Ohio". The document is located under the "Forms" tab, "Provider Forms" beneath "Home Health Care."

EAPG Payment Methodology

Information for providers all networks

Effective Aug. 1, 2017, Molina Healthcare of Ohio/Ohio Department of Medicaid will adopt the Enhanced Ambulatory Patient Group (EAPG) payment methodology for outpatient hospital claims.

OAC Draft Rule/Final rules can be verified at <http://medicaid.ohio.gov> under the "Resources" tab, on the "Legal and Contract" line under "Rules."

Molina Healthcare is Incorporating Milliman's MCG Tool

Information for providers all networks

Beginning July 1, 2017 Molina Healthcare of Ohio will begin incorporating MCG (previously known as Milliman) criteria to support a medical necessity determination for inpatient authorization requests and outpatient behavioral health.

The MCG criteria for inpatient admissions will be phased from July 1, 2017 to Oct. 1, 2017. The use of MCG outpatient behavioral health

- Outcome of previous pregnancies
- Drug and smoker status
- Chronic conditions (diabetes, hypertension, rheumatoid disorders, etc.)
- Behavioral Health conditions (current or historical)
- Any social factors identified as risks

Pregnancy Rewards Program

Molina Healthcare offers members an incentive program to help emphasize the importance of getting all needed perinatal services. Promote this program to all pregnant Molina Healthcare members and stress the importance of routine perinatal care with all pregnant patients. Our Pregnancy Rewards includes the following member incentives:

- **\$50 Gift Card:** 1st prenatal visit within the 1st Trimester or within 42 days of joining Molina Healthcare for newly enrolled members.
- **\$25 Gift Card:** Complete 1 prenatal visit during the 2nd Trimester (13-24 weeks pregnant).
- **\$50 Gift Card:** Complete a postpartum visit within 21-56 days after delivery (does not include visit to remove staples from a C-section).

Postpartum Visits

Molina Healthcare wants to ensure the continuation of care for new mothers. A postpartum visit is important to help new mothers know what to expect during the postpartum period. It is imperative that postpartum visits be conducted **21 to 56 days after delivery**. We suggest scheduling the postpartum visit before the patient is discharged from the hospital.

Global Billing

When billing Global OB codes for pregnancy related care, submit CPT II Code 0503F to indicate the date of the postpartum visit. Without this code we will not know the service took place and will not be able to provide members with their Pregnancy Rewards incentive for completing this visit.

If, for any reason, your office billed Global OB codes for pregnancy related care but was unable to complete a postpartum visit, please send a corrected claim to reflect the change in services rendered.

For more information concerning our perinatal programs please visit: MolinaHealthcare.com/OhioProviders and select the "Pregnancy Rewards Toolkit" under the "Health Resources" tab, or contact your Provider Services Representative.

Provider Manual Update

Information for providers in the Medicaid and MyCare Ohio networks

The Provider Manual has been updated with changes. It is located at MolinaHealthcare.com/Providers under the "Manual" tab. For questions contact your Provider Services representative.

criteria will begin on Aug. 7, 2017. Additional communications will be shared with impacted providers throughout this timeframe. This change is being made to align with industry-standard criteria widely used within the inpatient setting.

Co-Surgery Services

Information for providers in the Medicaid and MyCare Ohio networks

Effective July 1, 2017, the Ohio Department of Medicaid (ODM) will recognize co-surgery under the Ohio Administrative Code Rule (OAC) 5160-4-22, "Surgical services."

Molina Healthcare also recognizes covered surgical procedures to be reimbursed as co-surgery only for procedures that the Medicare physician fee schedule has a co-surgery indicator of 2, meaning these procedures may be billed direct by each surgeon with modifier 62 (two surgeons). Surgeries billed with a modifier 62 are reimbursed at 62.5% of the maximum allowable Medicaid fee. Multiple surgery pricing reduction applies to surgical services, even when performed as a co-surgery.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.