PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA® HEALTHCARE

Prevent Claim Denial – EPSDT
Information for providers in the Medicaid and MyCare Ohio networks

Don't forget to complete the referral field indicator (field 24) on Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims. Your claim may be denied if this field is not complete. To learn more, visit www.MolinaHealthcare.com/Providers/OH and select "Provider Training" under the "Manual" tab.

ICD-10 Claims Based on Date of Service or Discharge
Information for providers in all networks

ICD-10 is effective as of Oct. 1, 2015. The compliance date is based on when a service is **provided** and not the date a claim is submitted.
- For outpatient/non-institutional service providers, use ICD-10 codes when the date of service was on or after Oct. 1.
- For institutional/inpatient service providers, use ICD-10 codes when the date of discharge was on or after Oct. 1.
- Per timely filing rules, ICD-9 coded claims are accepted after Oct. 1, but **only** for claims with service/discharge dates before Oct. 1.

Ohio Department of Medicaid (ODM) systems cannot convert between ICD-9 and ICD-10 code sets. This means:
- A claim submitted with a date of service/date of discharge prior to Oct. 1 must be billed as an ICD-9 coded claim; and
- A claim submitted with a date of service/date of discharge on or on or after Oct. 1 must be billed as an ICD-10 coded claim.
- Do not submit both code sets on the same claim. Claims submitted with the wrong code set based on the date of service/date of discharge will be denied.

To learn more, view ODM's ICD-10 information on Claims Compliance Date at: http://medicaid.ohio.gov/providers/billing/icd10.

Assigning Members a PCP
Information for providers in the Medicaid network

The Ohio Department of Medicaid (ODM) requires all members to be assigned to a Primary Care Provider (PCP). Members are always encouraged to choose their PCP. However, if a PCP is not selected by the member, Molina Healthcare must assign one.

Providers are held accountable for all their assigned members. If you are assigned as the PCP of a member you have not seen before, you can reach out to members using the information on your member rosters through the Provider Web Portal at https://Provider.Molina Healthcare.com.

Member ID Cards
Members receive a Molina Healthcare ID card upon enrollment that lists assigned PCP, ID number and other information. The member presents the ID card to providers at the time of service.

In This Issue

Questions?
Call Provider Services
(855) 322-4079 – 8 a.m. to 6 p.m.
Monday through Friday

Connect with Us
ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List
To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/ Providers/OH and click "Provider Bulletin" in the "Communications" tab.

PA Code List Update Coming Soon
Stay updated with the most current Prior Authorization (PA) Code List. The list is updated every quarter. Bookmark a link to the list instead of printing to ensure updates are never missed. Find the list at www.Molina Healthcare.com/ Providers/OH.

Website Roundup
To view the Fall 2015 Partners in Care, visit www.MolinaHealthcare .com/Providers/OH and select the "Communications." Articles include:
- 2015 HEDIS®/CAHPS® Results
- Answers About Drug Benefits
- Reminder on Member ID Cards
- 2015 Flu Season
- Translation Services
- Clear Coverage™
- Molina is ICD-10 Ready!
- ICD-10 and Risk Adjustment
- Abuse-Deterrent Opioids

Also available on our website:
- Clinical and preventive guidelines
- Disease management programs
- Quality Improvement programs
- Member rights/responsibilities
- Privacy notices

The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

PCP Assignment

When Molina Healthcare assigns a member a PCP, the assignment is made based on the following:

1. <u>Previous PCP information</u>: If previously a Molina Healthcare member, he/she is automatically assigned to the previous PCP when the PCP is still contracted with the plan.
2. <u>Zip code</u>: If not previously a Molina Healthcare member, the proximity of available PCPs to member's residence – no more than 10 miles or 30 minutes from members' home – is considered. If such cases, age and gender restrictions are considered to ensure members are assigned to PCPs accepting their age and gender.
3. <u>Primary language</u>: Molina Healthcare will search for a PCP who is fluent in member's preferred language or has staff with fluency.
4. <u>Family unit</u>: Whenever possible, the entire family is linked to the same PCP. If the same PCP is not available for the entire family, a PCP within the same location or nearby are the next alternatives.

PCP Changes

<u>Member Request</u>**:** If a member wants to change PCPs, he/she may either call Member Services at (800) 642-4168 or log on to My Molina.com for self-services. PCP changes are permitted every 30 days. Most PCP changes are effective the first day of the month after the request. New ID cards are sent to members who change PCPs.

Although your claims will not be impacted if you are not the provider on the member's ID card, we ask you to encourage members to have their ID card updated when they want to change PCPs.

<u>Automated Process</u>**:** Members who have an office visit with a PCP who is not their assigned PCP will fall into an automated enrollment process with that PCP if both the following are satisfied:
1. Member has two consecutive visits to PCP/practice in 12 months
2. PCP fulfills requirements to accept the member as a new patient.

<u>Schedule of PCP Reassignment</u>: Automatic reassignment occurs on the second Tuesday of the second month of every quarter to be effective the first day of the third month of each quarter.

Annual Mandatory SNP Model of Care Training

Information for providers in the Medicare network

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training about the Special Needs Plan (SNP) Model of Care by Dec. 31, 2015.

Face-to-Face Training: Your Provider Relations Representative can give the training to you and your staff in person and answer questions.

Online Training: Visit www.MolinaHealthcare.com/Providers/Common/Medicare. Under "Compliance Training," select "2015 Model of Care Provider Training."

After reviewing the training, open and sign the "2015 Model of Care Provider Training Attestation" or sign the form on the next page. Fax it to (866) 713-1894, ATTN: Latanya Powell or email it to OHProviderRelations@MolinaHealthcare.com.

- Provider manuals
- Utilization Management (UM) affirmative statement/How to obtain copies of UM criteria
- Drug formulary and pharmaceutical

NDC Requirements Expanding

Changes are coming soon to National Drug Code (NDC) requirements to expand the current list of procedure codes that require NDCs for both physician and hospital claims. See future bulletins for more information.

Federal Requirement for Revalidation

A requirement of the Affordable Care Act (ACA) to renew provider agreements every five years applies to Medicare and Medicaid providers. Providers who fail to revalidate will be terminated from the Medicaid program, meaning they cannot be reimbursed for services.

Revalidation began in 2013, and letters were sent to impacted providers. The initial revalidation only applies to providers enrolled for more than five years. After initial revalidation, all providers will be on a five-year cycle. Visit ODM's website at http://medicaid.ohio .gov to learn more and see a list of providers required to revalidate.

Clear Coverage™ Corner

Start using Clear Coverage™ to reap the benefits of an authorization system that may provide an automatic decision. To learn more, join the next training session, also available on mobile devices.

Friday, Nov. 20, 9 to 10 a.m.
Meeting Number: 806 276 815
Friday, Dec. 18, 9 to 10 a.m.
Meeting Number: 805 273 116

1. Go to http://molina.webex.com.
2. Enter the meeting number.
3. If requested, enter your name and email address. (No password)
4. Give your number for a call back.
5. Follow the instructions.

You can request an on-site training from your Provider Services Representative or from OHProvider Relations@MolinaHealthcare.com.

MODEL OF CARE TRAINING CONFIRMATION CY 2015
Centers for Medicare and Medicaid Services (CMS) – **mandatory requirement**

Molina Healthcare is required to provide annual training to our care network regarding its Model of Care program. The Model of Care is the architecture for Molina Healthcare's care management policy, procedures and operational systems. Please sign this form as evidence of your training on the Molina Healthcare Model of Care.

Thank you for your immediate response and cooperation. This training requirement is mandated by CMS and must be performed annually.

Please fax this signed and dated form to (866) 713-1894, ATTN: Latanya Powell or email a signed copy to OHProviderRelations@MolinaHealthcare.com.

I have received and reviewed the written materials for the SNP Model of Care training.

Print Provider Name: _____

Print Clinic/Practice Name: _____

Group Tax Identification Number: _____

Signature: _____

Date: _____

State: _____