

CAHPS® and HSAG Survey Administration

Information for providers in all networks

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and Health Services Advisory Group (HSAG) will be conducting two member surveys that will run concurrently with one another.

The HSAG survey launched mid-February and will be administered through the end of April. The CAHPS® survey will be administered in February and will run through May 2017. If you have questions on either of these surveys, please contact your Molina Healthcare representative for assistance.

Molina Healthcare values all feedback from our members. The CAHPS® survey helps to provide specific feedback from our member's perspective about the services received from Molina Healthcare and their providers.

Key provider specific categories include:

- Receiving needed and timely care
- Provider communications

The HSAG survey of Molina Dual Options MyCare Ohio Medicare-Medicaid Plan (MMP) members is being conducted on behalf of the Ohio Department of Medicaid. The survey seeks to evaluate member experience and satisfaction with the care management services they received. If a member happens to receive both surveys, please encourage him/her to complete both.

Molina Healthcare appreciates the service that your office provides our members. Thank you in advance, for ensuring every interaction with a Molina Healthcare member is a positive experience. If you have any questions regarding these surveys, please reach out to your Provider Services representative.

Comprehensive Primary Care (CPC) Program

Information for providers in the Medicaid Ohio networks

As part of the State Innovation Model (SIM), Molina Healthcare is participating in the Ohio Department of Medicaid's (ODM) Comprehensive Primary Care (CPC) program. This program will allow approved primary care providers (PCPs) to earn value-based payments for providing high-quality primary care to patients. CPC offers two payment streams: a per-member-per-month (PMPM) payment to compensate practices for activities that are required for the CPC program and a shared savings payment for achieving total cost of care savings.

Enrollment in the CPC program will occur annually in the fall of each year. Practices must apply through ODM to be accepted into the program. Once accepted, practices are required to meet certain activity, efficiency and quality requirements. Details are available at <http://medicaid.ohio.gov>, under the "Providers" tab, on the "Payment Innovation" page.

Hospice Rates Effective Fee for Service (FFS) 2017

Information for providers in the Medicaid and MyCare Ohio networks

Based on the Ohio Department of Medicaid's (ODM) Hospice fee schedule posted for Federal Fiscal Year (FFY) 2017, changes reflect a

In This Issue

- [CAHPS® and HSAG Survey](#)
- [CPC Program](#)
- [Hospice Rates](#)
- [Child Birth Codes](#)
- [Behavioral Health Redesign](#)
- [Submitting EDI Claims](#)
- [Provider Satisfaction Matters](#)
- [Newborn Claims Billing](#)
- [Access Standards](#)
- [Changing NPI in MITS](#)
- [New Billing for Hospice & NF](#)

Questions?

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

Connect with Us

OHProviderRelations@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Clear Coverage

Provides instant approval on most outpatient services. To learn more, join the next training session at <http://molina.webex.com>.

Request on-site training:
OHProviderRelations@MolinaHealthcare.com

Fri., April 21 from 9 to 10 a.m.,
Meeting Number: 808 271 767
Wed., May 17 from 9 to 10 a.m.,
Meeting Number: 802 649 854

Provider Satisfaction Matters

Information for providers in the Medicaid networks

In April, Molina Healthcare will mail the **2017 Provider Satisfaction Survey** to a cross section of our provider network. If you receive a survey, please take a few moments to complete it. Your opinion and feedback matter to us.

The results of our Provider Satisfaction Survey are used to identify opportunities for improvement to make us the managed care plan choice among providers.

tiered payment methodology for Routine Home Care, code T2042 and the addition of Service Intensity Add-On (SIA) payment code G0155.

- Tiered payment methodology - Routine Home Care will be paid at a single per day rate for days 1-60 and at a different single per day rate for days 61+.
 - Currently, Molina Healthcare is updating this payment methodology and will pay the 0-60 per day rate for all Routine Home Care services until our payment system is updated by the end of FFY 2017.
 - At that time, overpayments will be identified and recouped for all claims that would have paid the single per day rate for days 61+.
- Service Intensity Add-On (SIA) – This benefit has been updated in our payment system, is available for payment and does require a prior authorization for payment.

Child Birth Delivery Procedures and Diagnosis Codes

Information for providers in the Medicaid and MyCare Ohio networks

Effective March 1, 2017, providers must include one of the ICD-10 diagnosis codes indicating the mother's weeks of gestation on claims submitted to the Ohio Department of Medicaid (ODM) and Medicaid Managed Care (MCP) plans. This will be effective for claims processed on or after March 1, 2017, and is based on date processed, **not** on the date of service.

On professional claims, the current procedural terminology (CPT) codes must be tied to an ICD-10 diagnosis code. Diagnosis code validation edits allow four diagnoses pointers per line detailed service line. If weeks of gestation codes are missing on the delivery detail of the claim, the delivery service line will deny.

On hospital claims, the weeks of gestation codes are not tied to the delivery procedure codes, but are required on childbirth delivery claims. If the weeks of gestation code is missing from the inpatient claim, the entire claim will deny. If they're missing from the outpatient claim, the delivery and all services provided on the same date as the delivery will deny.

Additional information is available at <http://medicaid.ohio.gov>. Go to the "Providers" tab, then "Billing" and click on "ICD-10" to view the [ODM ICD-10 Tips](#).

ODM Behavioral Health Redesign

Information for providers in the Medicaid and MyCare Ohio networks

On July 1, 2017, the Ohio Department of Medicaid (ODM) is making changes to Medicaid community behavioral health (BH) services.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) and ODM recently released updated resources including:

- Draft versions of the BH service definitions, coverage, and payment policy as well as recipient and provider eligibility.
- OhioMHAS will be releasing new Ohio Administrative Code (OAC) rules supporting the reframing of OhioMHAS certification focusing on recognition of practitioner scopes of practice as recognized by the professional regulatory boards, and on patient health, welfare and safety standards.

ODM developed documents assisting providers in modifying their information technology (IT) systems for compliance including:

The survey will be conducted by SPH Analytics, a National Committee for Quality Assurance (NCQA) certified survey vendor. SPH Analytics will mail the survey in two waves and conduct follow-up phone calls.

Newborn Claims Billed on Uniform Billing (UB) Claims

Information for providers in the Medicaid and MyCare Ohio networks

Based on the Ohio Department of Medicaid (ODM) Hospital Billing Manual, all newborn claims billed must include valid birth weight and will be denied if the birth weight is missing or invalid based on the billing guidelines. Additional information is available on <http://medicaid.ohio.gov> under the "Resources" tab, in the [ODM Hospital Billing Guidelines](#), on page 59 under code 54.

Access Standards

Information for providers in all networks

Find Molina Healthcare's appointment availability standards in our Provider Manual, Section XI at MolinaHealthcare.com/OhioProviders.

Based on industry and NCQA guidelines, our standards are approved by our Executive Quality Improvement Committee. We conduct an annual survey to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

How to Update Information and Change NPI in MITS

Information for providers in Medicaid and MyCare Ohio networks

The Ohio Department of Medicaid (ODM) is providing guidance on how to update provider information and change National Provider identifier (NPI) in the Medicaid Information Technology System (MITS). To change provider information, log into the Ohio MITS website www.ohiomits.com and select "Demographic Maintenance," then "Location Name Address." Once the updates are complete, click on "Save" at the bottom of the screen.

To change NPI, the provider must write a letter requesting that the NPI be changed, state the reason why they're changing it with effective and end dates of the new and the old NPI, and

- Rendering, supervising and ordering claim field specifications*
- Crosswalk showing interactions of procedure codes
- Services in conjunction with ACT/IHBT Diagnosis code groups
- Services billable to Medicare
- Medical Information Technology System (MITS) edits/audits

*Provider organizations of this type must have all applicable rendering practitioners registered with Medicaid and linked to their organization through the MITS portal. Visit <http://mha.ohio.gov> and select "MITS Claims Processing" under the "Funding" tab for updates. Additional resources are available at <http://bh.medicaid.ohio.gov/manuals>.

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 way to submit claims to us and to receive payments and remittance advices.

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

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

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

Electronic Claims Submission:

- Ensures HIPAA compliance
- Helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claims delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina Healthcare faster

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) can save your staff from trips to the bank and faster payments than mailing.

ERA/EFT offer:

- Quicker turnaround time to claim payment
- Ability to search for a historical ERA (aka Explanation of Payment – EOP) by claim number, member name, etc.
- View, print, download and save a PDF version of the ERA for easy reference with no paperwork to store
- Files can be routed to FTP and/or a provider clearinghouse

To enroll in ERA/EFT and view registration instructions go to MolinaHealthcare.com/OhioProviders, click on the "EDI ERA/EFT" tab and select "[Enrollment Information for ERA/EFT](#)."

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

it must also be signed by the owner (i.e., it cannot be initiated by a billing company). Please fax the letter to: (614) 995-5904.

MITS online tutorials are available at <http://medicaid.ohio.gov>. Click on the "Providers" tab, then "Training" and "Basic Billing" to view the [tutorials](#).

New Billing Information for Hospice and Nursing Facilities

Information for providers in the Medicaid, MyCare Ohio and Marketplace networks

Effective for services dated March 1, 2016 and after, participating hospice providers **cannot** bill directly for hospice room and board (revenue code 065X and HCPCs code T2046). The participating nursing facility **must** bill room and board on a UB claim using revenue code 065X with HCPCs code T2046 and bill only for overnight stays. The facility will be reimbursed 95% of the facility per diem rate in accordance to OAC 5160-56-06, Hospice services reimbursement, plus any applicable contract rate. Molina Healthcare is not responsible for reimbursing room and board to hospice providers. This billing practice only applies to participating providers.

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.