MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Provider Satisfaction Survey

Information for all network providers

Molina Healthcare of Ohio will soon be sending our annual 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. You can mail back the survey, fill it out online, or complete it by telephone.

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.

The survey will give your office the opportunity to share your opinions about the care and service we provide at Molina Healthcare.

Each completed survey is reviewed and analyzed. The information is then used by Molina Healthcare to find ways to better serve you and to find out how we can better work with you to serve our membership. We know that your time is valuable. We want to thank you in advance for taking the time to share your opinions and thoughts with us.

Molina Healthcare Quality Living Program Awardees

Information for all network providers

On March 6, 2018, Molina Healthcare had the opportunity to host Ohio Department of Medicaid Director, Barbara Sears, and the awardees of the Molina Healthcare Quality Living Program in our Columbus office. The meeting included announcements of awards to our top performing MyCare Ohio nursing facility partners and a roundtable discussion on the successes and opportunities for the MyCare Ohio Program as we enter the 5th year of the demonstration.

A special thank you to Director Sears, our roundtable participants and congratulations to all of our awardees:

Platinum Level	Gold Level	Silver Level
Bethany Village	Bayley	Diversicare of Bradford Place
Brookwood Retirement Community	Mt. Washington Care Center	Friends Care Community
		Glencare Center
Otterbein Lebanon		Greenewood Manor
		Mary Scott Nursing Home
		Terrace View Gardens

About the Molina Healthcare Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select Centers for Medicare and Medicaid Services (CMS) quality measures when providing care to Molina Healthcare MyCare Ohio members in custodial care.

Concurrent and Post Payment Denials

Information for all network providers

When a prior authorization (PA) has been denied, a provider has 30 days to appeal the PA decision. Providers should submit a Claim

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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.)

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

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Notice of Changes to Prior Authorization (PA) Requirements

Molina Healthcare updates the PA Code list quarterly. Always use the list posted to our website under the "Forms" tab, do not print the list.

Did You Know?

Did you know that 5.2 million children under three years of age live in poor or low-income families? There is no government safety net program that provides diapers for babies and one in three moms suffer from diaper need. Molina Healthcare is having a diaper drive for our members to help moms have access to this basic necessity.

Reconsideration Request if the service was still performed and billed for without an approved PA.

Provider PA Reconsideration – submission timeframe is 30 days from the date of the PA denial.

Member PA Appeals – submission timeframe is 60 days from the date of the PA denial. A provider can submit an appeal on behalf of his or her patient, but must also submit the Authorized Appeal Representative Form within 15 days of the date the appeal was received by the health plan. Providers also must specify on the request that this is an appeal on behalf of the member.

Claims Reconsideration – submission timeframe is 120 days from the date of the original remit, or the timeframe a provider has specified in his or her provider contract. **It is important to note that if the claim is denied for a PA denial, the timeframe defaults backs to the Provider PA Reconsideration timeframe of 30 days from the date of the PA denial.**

Corrected Claims

Information for all network providers

Submission of Corrected Claims: Effective April 1, 2018, corrected claims must be submitted with the Molina Healthcare claim ID number from the original claim being corrected, and with the appropriate corrected claim indicator based on claim form type.

Corrected claims received without this information will not be accepted and will receive the following denial information on the Molina Healthcare remittance:

- Category Code A3
- Status Code 748
- Entity Code 41
- Error Description: "Missing incomplete/invalid payer claim control number"

Submission of Final Claims after Interim Billing: Also effective April 1, 2018, inpatient facility claims billed on a UB claim form, bill type 0117 will no longer be accepted as the final original claim. Facilities which have submitted interim claims should submit a final claim upon patient discharge using the 0111 bill type.

Please Remember: Corrected claims are used to change or add information to a previously submitted claim. Corrected claims should be sent through the original claim submission process with a corrected claim indicator and Molina Healthcare claim ID number as outlined in the "Corrected Claim Billing Guide," located on our website under the "Forms" tab. Corrected claims are not adjustments.

- Submit electronically with payer ID 20149 or on the Provider Portal at http://Provider.MolinaHealthcare.com
- Include all elements that need correction and all originally submitted elements
- Do not submit only codes edited by Molina Healthcare
- Do not submit via the claims reconsideration process
- Do not submit paper corrected claims

When submitting attachments through the Provider Portal:

Partners in Care Newsletter

Information for all network providers

Molina Healthcare's Partners in Care Newsletter has been revamped! Our new Provider Newsletter will be available quarterly on our website under the "Communications" tab.

Look for the Spring 2018 Provider Newsletter on our website at the beginning of April!

Americans with Disabilities Act

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affectpublic accommodations, including health care. By eliminating barriers to health care access, we can improve the quality of life for people with disabilities. To learn more, visit the Americans with Disabilities Act FAQ on our website under MyCare Ohio, in the "Manual" tab, under "Provider Manual" beneath "Quick Reference Guides & FAQs."

Physician Office Laboratory Tests

Information for all network providers

Effective Feb. 1, 2018, providers **are required** to submit specific laboratory specimens to in-network clinical laboratories. Once the provider has a distinct NPI number and Medicaid ID number for a CLIA-certified lab, they may begin the contracting process for the lab. Please access the Non-Par Contract Request Form located on Molina's website. Visit our website for:

- A list of testing services that can be performed in a physician's office is located under the "Forms" tab.
- Our "Laboratory Testing Payment Policy" is under the "Policies" tab.
- To locate an in-network laboratory select "Find a Provider," then enter your location, select the coverage line of business (LOB) and under "Provider Type" select "Laboratory."

Non-Par Laboratory Testing PA

Information for all network providers

Effective Feb. 1, 2018, non-par providers **are required** to submit a

- Supported file formats are PDF, TIFF, JPG, BMP and GIF
- Only 1 file is allowed per claim
- If a file exceeds 128 MB an alert will be sent and the claim will not process. For files that exceed 128MB contact your Provider Representative for submission alternatives.

Corrected claims must be received by Molina Healthcare no later than the filing limitation stated in the provider contract or within 120 days of the original remittance advice.

2018 HEDIS® Data Collection

Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) season will be from **Feb. 2 through April 30, 2018**.

Molina Healthcare will reach out to providers via phone and fax with instructions and a member list. Records may be submitted by:

- Fax, mail or secure email
- An onsite visit by Molina Healthcare; based on the volume of records
- Providers may allow Molina Healthcare access to their Electronic Health Records (EHR). For EHR setup assistance email RegionB_EMRSupport@MolinaHealthCare.com

Health Insurance Portability and Accountability (HIPAA) regulations permit a covered entity (physician practice) to disclose protected health information (PHI) to another covered entity (health plan) without enrollees' consent for the purpose of facilitating health care operations. Molina Healthcare is required to collect and provide medical record documentation from our providers to fulfill state and federal requirements.

Cures Act Prescriber MAT Training

Information for all network providers

A new training program is available to providers. Per the Ohio Department of Mental Health and Addiction Services (OhioMHAS) website, training description, dates and registration information is available at http://workforce.mha.ohio.gov/Workforce-Development/ under "Health Professionals" then "Cures Act - Prescriber MAT Training".

Provider Training Sessions

Information for all network providers

Molina Healthcare is now offering monthly training sessions!

- **Provider Portal**: These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!
- **Provider Claim Submission**: Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!

Provider Portal Training:

- Thurs., April 26, 2 to 3 p.m. meeting number 805 367 064
- Thurs., May 24, 2 to 3 p.m. meeting number 800 794 830

Claim Submission Training:

- Tues., April 24, 1 to 2 p.m. meeting number 804 281 323
- Tues., May 22, 1 to 2 p.m. meeting number 806 663 386

Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

prior authorization (PA) for laboratory services.

Marketplace non-par providers will be required to submit specific laboratory specimens to in-network independent clinical laboratories.

Online Claim Reconsiderations

Information for all network providers

Providers can access submission of online claim reconsiderations in the Provider Portal by doing a claim search. Attachments totaling up to 20MB can be included with the reconsideration request. When completing the reconsideration request **include your fax number to receive a timely response**. Sign in using the same email address **you utilize for the Provider Portal** to receive an electronic acknowledgment letter in your portal inbox.

National Drug Code (NDC) Billing Guidelines

Information for all network providers

Effective Jan. 1, 2018, all professional and outpatient claims with CPT/HCP CS/Rev drug code details **must** have the corresponding valid NDC code submitted with the CPT/HCPCS drug code or the claims will be **denied**.

Drugs acquired through the 340B drug pricing program **must** be billed with an SE modifier so they can be properly excluded from federal drug rebates. For more information, see the Provider Manual on our website.

Per the final Medicare 2018 Outpatient Prospective Payment System rule, modifiers JG and TB will be used to signify use of a 340B drug. For claims that crossover directly to ODM from Medicare, ODM will request rebates for eligible drugs, as appropriate. If a provider submits a claim for a dually eligible individual directly to ODM, ODM will expect proper reporting of the SE modifier in accordance with ODM guidelines. **This is important for providers who serve both Medicaid and MyCare Ohio members.**

More information is available at http://www.healthlawpolicymatters.com by searching "Medicare 340B Reimbursement."

ODM Behavioral Health (BH) Redesign

Information for all network providers who are certified by the Ohio Department of Mental Health and Addiction services to provide community Medicaid behavioral health services

MyCare Ohio's BH Redesign went into effect on Jan. 1, 2018. To prevent a delay in service, continue to submit your prior authorization (PA) requests.

For questions, contact BHProviderServices@MolinaHealthcare.com. Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Question and Answer Sessions:

- Mon., April 9, 10:30 to 11:30 a.m. meeting number 809 749 425
- Wed., April 25, 2:30 to 3:30 p.m. meeting number 804 429 252
- Thurs., May 10, 8 to 9 a.m. meeting number 808 276 842
- Mon., May 21, 12 to 1 p.m. meeting number 801 598 161

Provider Portal Claims Training sessions:

- Wed., April 4, 10:30 to 11:30 a.m. meeting number 801 661 260
- Mon., April 16, 2:30 to 3:30 p.m. meeting number 801 308 183
- Tues., May 1, 8 to 9 a.m. meeting number 800 243 130
- Wed., May 16, 12 to 1 p.m. meeting number 800 331 389

Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

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.