

CAQH Provider Demographic Updates

Information for all network providers

Molina Healthcare is partnering with the Council for Affordable Quality Healthcare (CAQH) to implement the CAQH DirectAssure™ provider data validation tool in an effort to improve the accuracy of provider directory information.

As we implement this tool, providers will receive a communication from CAQH DirectAssure™ requesting permission for Molina to use the data in CAQH to update our provider records, then:

- DirectAssure™ emails reminders to select providers on behalf of Molina to review their directory information.
- Providers then log into CAQH ProView® to review and make updates to the information in the Provider Directory Snapshot. The snapshot includes provider location, contact information, specialty, medical group, institutional affiliation and whether the provider is accepting patients.

Additions or terminations of practitioners should be updated via the [Provider Information Update Form](#), available on our website under the “forms” tab, or by logging into the [Provider Portal](#), available at <https://Provider.MolinaHealthcare.com> and selecting “Account Tools,” then “View/Update Profile,” click on “Report data change in the Provider Directory: Submit Here.”

Molina is committed to increasing the accuracy of our provider directories to ensure our members have proper access to care, and we are working with CAQH to continue to improve this experience for our providers. The CAQH ProView® and DirectAssure™ credentialing tools are available at no charge to providers. For additional information please call Molina Provider Services at (855) 322-4079.

Reconsideration Form Requirements for Authorizations or Claims

Information for all network providers

Effective June 1, 2019, reconsiderations for authorizations or claims submitted with an incorrect, incomplete or missing reconsideration form will be rejected. This change is based on the Jan. 2019 update Molina made to the authorization and claim reconsideration processes.

An [Authorization Reconsideration Form](#) must be attached to any request involving an authorization denial or update. A [Request for Claim Reconsideration Form](#) must be submitted for any dispute that is related to a claim denial that is not due to an authorization. The appropriate form will be required to process the reconsideration. These forms have been updated and are available on our website under the “Forms” tab.

If you receive a rejection due to a missing, incomplete or incorrect form, you will have an opportunity to resubmit the corrected reconsideration.

As a reminder, Molina updated the Authorization and Claim Reconsideration processes on Jan. 1, 2019. For more information regarding our Authorization and Claim Reconsideration processes please

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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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Provider Training Sessions

Information for all network providers

Molina is offering provider training sessions!

NEW! Quarterly Provider Question and Answer Sessions: Each session will have a different focus topic. The May topic includes: Molina Preferred Drug List and the Rx Prior Authorization Process.

- Wed., May 8, 2 to 3 p.m. meeting number 808 528 572

Quarterly Provider Orientation:

- Thurs., May 30, 11 a.m. to 12 p.m. meeting number 281 154 853

Monthly Provider Portal Training:

- Tues., May 21, 2 to 3 p.m. meeting number 285 690 659
- Thurs., June 27, 1 to 2 p.m. meeting number 801 044 389

see the reference guides on our website on the “Manual Tab” under the section titled **Quick Reference Guides & FAQs**.

These guides are specific to each line of business. Please confirm the line of business the member is eligible under and reference the correct guide for the reconsideration process and appeal rights.

Multiple Procedure Payment Reduction (MPPR) on Advanced Imaging Procedures

Information for Medicaid providers

As a reminder, under Ohio Administrative Code (OAC) [5160-4-25 Radiology and imaging services](#), if more than one advanced imaging procedure is performed by the same provider or provider group for an individual patient in the same session, then the procedure with the highest payment amount specified in appendix DD of OAC [5160-1-60 Medicaid payment](#), is considered to be the primary procedure with reduced payment for any secondary procedures.

The payment amount for a covered advanced imaging procedure is the lesser of the submitted charge or a percentage of the amount specified in appendix DD of OAC [5160-1-60 Medicaid payment](#).

Electronic Visit Verification

Information for impacted home and community-based service providers who will bill the following codes: G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019

Training registration for the Ohio Department of Medicaid's (ODM) Electronic Visit Verification (EVV) Phase 2 opened on April 1, 2019. Training begins on May 6, 2019.

To register visit <https://Medicaid.Ohio.gov> and under “Initiatives” select “Electronic Visit Verification.” Click on “EVV Phase 2 Training Registration,” then go down to “Phase 2 Provider Training,” and under “Agency” select either “[Agency Training Registration Quick Reference Guide](#)” or “[Agency Training Registration](#).” Registration and who should attend:

- At least one representative from your agency **must** complete all required training to receive your Welcome Kit with login credentials to the Sandata system
 - a maximum of two people per Medicaid ID can attend training
- It is **strongly** recommended that instructor-led classroom training or instructor-led web-based training is attended by at least one employee in your agency
- Training covers an in-depth overview of the ODM EVV program, and an in-depth walk-through of the Sandata EVV system that includes features, usage, reporting and support

For questions on registering for training, call the EVV Provider Hotline at (855) 805-3505. For general EVV questions, email the EVV Unit at EVV@medicaid.ohio.gov or leave a voicemail at (614) 705-1082.

Alzheimer's Association Training

Information for all network providers

Available until May 30, 2019, the Alzheimer's Association and the Academy for Continued Healthcare Learning have joined together to sponsor a free Continuing Medical Education (CME) credit for primary care clinicians including internists, family physicians, nurse practitioners

Monthly Claim Submission Training:

- Thurs., May 16, 1 to 2 p.m. meeting number 282 775 074
- Thurs., June 13, 2 to 3 p.m. meeting number 806 080 385

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions.

Notice of Changes to Prior Authorization (PA) Requirements

On May 1, 2019, the updated PA Code Lists will be posted on our website under the “Forms” tab for a June 1, 2019 effective date.

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the “Forms” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's PA requirements.

2019 HEDIS® Data Collection

Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina Healthcare started collecting this data in Feb. and appreciates your prompt response to requests.

Molina is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability Act (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 will reach out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Fax, mail or secure email

and physicians who are seeking additional education in the assessment, diagnosis and ongoing health care of patients with cognitive impairment and dementia.

For additional details, visit <http://training.alz.org> and click on “Challenging Conversations about Dementia.”

All-Cause Readmission and Potentially Preventable Readmission (PPR) Policy Update

Information for Medicaid and MyCare Ohio providers

Molina has updated our [30-day Readmission Review Policy](#). All-Cause Readmissions and Potentially Preventable Readmissions (PPR) both apply to readmissions that occur within a 30-day window; specifically, to readmissions occurring at the same facility. View the updated policy on our website under the “policies” tab.

All-Cause Readmission are reviewed by clinical staff for both medical necessity and a potentially preventable readmission. As a reminder, readmissions identified as PPR will be reviewed using the 3M™ Health Information System Division PPR measure based on the Ohio Department of Medicaid’s (ODM) customization, which identifies avoidable and unnecessary care.

Providers may appeal a determination of All-Cause Readmission or PPR through the claim reconsideration process.

Hospital-Based Clinic Visit Facility Fees

Information for providers in the Marketplace Network

Effective April 1, 2019, Molina will not separately reimburse a clinic fee or any other facility fee associated with space used to provide Evaluation and Management (E&M) services in the event they are billed on a UB-04 claim form (“facility fee”), regardless of the office location and/or uses the hospital tax identification number for the Molina Marketplace product.

The following are conditions under which claims will be denied:

- Type of Bill: 13X
- Revenue Code: 51X
- E&M Procedure Codes: 99201-99205, 99211-99215 or G0463

Review the [Molina Hospital-Based Clinic Visits Payment Policy](#) on our Marketplace website, under the “Policies” tab.

- An onsite visit by Molina; based on the volume of records
- Providers may allow Molina access to their Electronic Health Records (EHR) for quick access to records pertaining to the specific HEDIS® project.
 - For EHR setup email RegionB_EMRSupport@MolinaHealthCare.com

Thank you for your continued collaboration.

Notice for Institutions for Mental Disease (IMD)

Information for all IMDs (freestanding Psychiatric Hospitals operating with more than sixteen (16) beds)

Starting in July 2017, Ohio Medicaid implemented federal rule 42 CFR 438.6(e) allowing recipients age 21 through 64, enrolled through Medicaid Managed Care and MyCare Ohio plans, to have access to medically necessary psychiatric treatment in Institution for Mental Disease (IMD) settings. Per federal rule 42 CFR 438.6(e), Medicaid cannot be used to cover an IMD stay that is expected at the time of admission to be longer than 15 days in a calendar month.

Length of stay is determined by medical necessity, and the Medicaid Managed Care and MyCare Ohio plans must be involved in the level of care determination and admission process. Molina Healthcare will address lengths of stay exceeding 15 calendar days with individual IMDs if a longer length of stay is needed than anticipated at admission.

Please see the [Questions about Institutions for Mental Diseases \(IMDs\) FAQ](#) posted on the Ohio Department of Medicaid website at: <https://bh.medicaid.ohio.gov/manuals>.

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.