

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” June question! Our monthly winner is Cindy Carpenter from Licking County Health Department.

The “It Matters to Molina” June question was: In addition to offering monthly Provider Training Sessions on the Provider Portal, Molina offers the “Provider Web Portal Quick Reference Guide” presentation on the Molina Provider Website. Where is this document located on our Provider Website?

- Under the “Manual” tab, under “Provider Manual & Training”
- Under the “Manual” tab, under “Quick Reference Guides & FAQs”
- Under the “Forms” tab, under “Provider Forms”
- Under the “Health Resources” tab, under “Provider Toolkits and Resources”

The correct answer was b.

July Question: Molina is happy to announce the creation of a Claims Payment System Errors (CPSE) page on the Molina Website. The linked monthly reports are Molina’s required communication to our network. Where would providers locate the CPSE page on our Provider Website?

- Under the “Communications” tab
- Under the “Policies” tab
- Under the “Health Resources” tab

Email your answer to OHProviderBulletin@MolinaHealthcare.com by July 15 to be entered into the July drawing. The correct answer and drawing winner will be announced in the August Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Notice of Changes to Prior Authorization (PA) Requirements

Information for all Medicaid and MyCare Ohio Medicaid providers

The Ohio Department of Medicaid (ODM) has lifted the COVID-19 State of Emergency requirements for PA. The PA Code List effective July 1, 2020 has resumed the standard PA requirements.

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.

Updated State Fiscal Year-End Provider Payments

Information for providers in the Medicaid network

The final fee-for-service provider payments for State Fiscal Year (SFY) 2020 were issued on Thurs., June 25, 2020. Per usual fiscal year-end processing and the July 4 holiday, the Ohio Administrative Knowledge System (OAKS) that processes Medicaid provider payments may still

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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 Provider Website at MolinaHealthcare.com/OhioProviders

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meetings passwords are case sensitive. For trouble connecting to a Molina training, email Molina at OHProviderRelations@MolinaHealthcare.com and we'll assist you with getting connected immediately.

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Join Our Email Distribution List

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

Provider Training Sessions

Monthly It Matters to Molina
Provider Forum Topic: Federally Qualified Health Center (FQHC) 101:
Molina is hosting a forum for FQHCs to provide guidance on challenges faced in your office and to assist with questions.

experience a brief delay related to the July 2 provider payment date. If there is a delay, that payment will be made during the week of July 6.

30-Day Readmissions Policy Update

Information for Medicaid, MyCare Ohio and Marketplace providers

Molina has updated our 30-day Readmissions Review Policy to include the Marketplace line of business effective Aug. 1, 2020. The policy is posted on the Molina Provider Website at www.MolinaHealthcare.com/Ohio.

Home Health Updates

Information for Home Health providers in all networks

Molina has conducted a review of its skilled and non-skilled home health services review and authorization process. The review was conducted in response to both member and provider feedback received to date.

Molina's updated home health services review process ensures that clinically appropriate decisions are made utilizing medically necessary evidence to uphold the decisions, including:

- Review of current comprehensive member clinical information, including obtainment of necessary clinical documentation
 - Please refer to Molina Quick Reference Guide: [Home Health Prior Authorization Request Quick Tips](#)
- If member has Medicare coverage: CMS guidelines, Medicare Benefit Policy Manual Chapter 7-Home Health Services
- If member has Ohio Medicaid coverage: Ohio Administrative Code (OAC) Chapter 5160-12 Ohio Home Care Program
- If member has Marketplace coverage: Molina Marketplace Ohio 2020 Molina Healthcare of Ohio, Inc. Agreement and Individual Evidence of Coverage
- Applicable State of Ohio Laws, Regulations, Rules and Guidance
- Use of a personal care service screening and calculation tool (that's based upon similar nationally-recognized tools), which can be utilized telephonically and/or face-to-face as indicated
- Nationally recognized evidence-based guidelines
- Third-party guidelines
- Guidelines from recognized professional societies
- Advice from authoritative review articles and textbooks
- Independent professional medical judgment

We appreciate your cooperation in sending us the necessary clinical documentation to ensure that a timely review and decision can be made.

Evaluation and Management (E/M) Update

Information for providers in all networks

On August 1, 2020, Molina will be implementing a program to evaluate and review high-level Evaluation and Management (E/M) services for practitioners that appear to have been incorrectly coded based upon diagnostic information that appears on the claim and peer comparison.

The following are example remittance messages which may be included on, but are not limited to, future E/M claims processed:

- Line [X] Service Code '99204, 99205, 99215, 99214' visit level lowered to '99203, 99204, 99213, 99214'.
- This claim line was processed using a code that more accurately represents the treatment received.

- Wed., July 29, 2 to 3 p.m. meeting number 133 802 5123, password uMdVpA69yn4

Monthly Provider Portal Training:

- Thurs., July 23, 9 to 10 a.m. meeting number 286 739 320, password W947k32AJQi
- Thurs., Aug. 20, 2 to 3 p.m. meeting number 288 537 344, password 3agMH379FRM

Monthly Claim Submission Training:

- Wed., July 15, 1 to 2 p.m. meeting number 280 204 975, password rP4M8nWxqF5
- Mon., Aug. 10, 2 to 3 p.m. meeting number 285 060 282, password YXh7Emw3TH7

Quarterly Provider Orientation:

- Tues., Aug. 25, 2 to 3 p.m. meeting number 281 096 189, password 4RNmASdBr56

To join WebEx, follow the instructions under "[How to Join WebEx](#)."

Notice of Changes to the Provider Manual

Molina posts a new comprehensive Provider Manual to our website semi-annually. However; changes can be made to the manual between comprehensive updates. Always refer to the manual posted on our website under the "Manual" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's Provider Manual.

Provider Newsletter

Information for all network providers

The [Q2 2020 Provider Newsletter](#) is available on the "Communications" tab on the Molina website. Articles in this edition include:

- Updating Provider Information
- Practitioner Credentialing Rights
- Molina Healthcare's Utilization Management
- Drug Formulary and Pharmaceutical Procedures
- Complex Care Management
- Website
- Translation Services
- Member Safety
- Care for Older Adults
- Hours of Operation
- Non-Discrimination
- Member Rights and Responsibilities

- The information submitted on the claim does not support the code originally billed. The provider has been reimbursed using the level [insert level] Evaluation and Management code which more appropriately supports the information submitted on the claim.
- Payer deems the information submitted does not support this level of service.
- Alert: Payment based on an appropriate level of care.

If you disagree with Molina's findings after this review, you have the right to appeal the decision. Please follow the standard claim reconsideration process indicated in your Provider Manual.

Obtaining a Home Blood Pressure Monitor for Members with Hypertension

Information for providers in the Medicaid and MyCare Ohio networks

When providers want to obtain a Blood Pressure (BP) monitor for a member to utilize between office appointments, a prescription is needed with the following information:

- Member demographics (name, date of birth, address)
- Diagnosis
- Cuff size (standard or extra-large)
- Molina ID number
- Physician signature, NPI number and office phone number
- Date

The prescription for the BP monitor will be filled by a Durable Medical Equipment (DME) company. Depending on the DME company chosen, the prescription can be faxed, called in or the member can take the prescription to the DME location. For telephone orders a prescription will be faxed to the provider to sign and fax back.

The DME company will either ship the BP monitor to the member's home, or the member will be required to pick up the equipment at the DME location.

For assistance with locating a DME company in the selected area, reach out to Molina Member Services at (800) 642-4168 for Medicaid, or (855) 665-4623 for MyCare Ohio.

COVID-19 (Coronavirus) Updates

Information for providers in all networks

Molina would like to thank you for the care you provide to our members. We understand how challenging practice has become during the COVID-19 pandemic. Your agreement with Molina Healthcare of Ohio (Molina), commits you to ensuring the health and safety of Molina's members. We appreciate this dedication. As you return your workforce to service the Molina member community, Molina asks that you please ensure that your workforce follows all appropriate measures, and at a minimum is in line with the Centers for Disease Control and Prevention (CDC) guidance, including but not limited to use of personal protective equipment and social distancing measures. For additional information and the latest updates, please visit the CDC's website: www.cdc.gov

If, for any reason, you believe you cannot follow CDC guidelines and/or you are aware of any breach in your safety protocols while servicing Molina's member community, please notify Molina immediately by calling (855) 322-4079.

- Population Health
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination & Transitions
- Verifying NPPES Data
- Coronavirus Information
- Provider Portal Corner

Also available on our website:

- Privacy Notices
- Provider Manuals
- Quick Reference Guides and FAQs

Ohio's "Hard Stop" Labor Induction Rule

Information for prenatal care providers in the Medicaid network

Cesarean sections, labor inductions or any deliveries following labor induction that occur prior to 39 weeks gestation, that are not considered medically necessary, are not eligible for payment per Ohio Administrative Code [5160-1-10 Limitations on elective obstetric deliveries](#).

To be considered for payment the induction must meet the following:

1. Gestational age of the fetus must be determined to be at least 39 weeks
2. If a delivery occurs prior to 39 weeks gestation, maternal and/or fetal condition must indicate medical necessity for the delivery.

Supporting documentation should be submitted through the PA process prior to claims submission.

Notice of Medicare Non-Coverage (NOMNC) Reminder

Information for all network providers

After the last covered date on a Molina-issued Notice of Medicare Non-Coverage (NOMNC) providers must:

- Issue a complete NOMNC on the correct CMS form
- Deliver the NOMNC to the member and receive a valid signature dated at least two calendar days before the "Service Will End" date
- Fax the signed NOMNC to Molina at (877) 708-2116 within 48 hours

For additional information, view the COVID-19 (Coronavirus) page on our provider website under the “Communications” tab.

Prior Authorization Buy and Bill Updates

Information for providers in all networks

Please be advised that when a provider submits a request for buy and bill medication, the medication itself should be submitted on its own [Molina Prior Authorization \(PA\) Request Form](#). The PA Request Form is located on our website under the “forms” tab.

Along with the Molina PA Request Form, providers should submit supporting clinical documentation to support the request. A separate Molina PA Request Form should be submitted for any additional procedural codes, administration supplies or home health services (Current Procedural Terminology [CPT] and/or Healthcare Common Procedure Coding System [HCPCS] codes) with supporting clinical documentation for the service.

Molina will review each request separately to ensure proper clinical reviews follow the correct clinical review criteria (i.e. Ohio Administrative Guidelines, Molina Clinical Policies) for each individual service being requested. If the service is not listed on a separate Molina PA Request Form, there could be a delay in the review process and a provider getting a timely determination response.

Annual Mandatory Medicare Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

The Centers for Medicare and Medicaid Services (CMS) requires contracted medical primary care providers and specialists complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) and MyCare Ohio Medicare Model of Care (MoC) by Dec. 31, 2020. MoC should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers who only participate in the Medicaid and Marketplace LOB do not need to complete this training.

What providers need to do – Deadline: Dec. 31, 2020

- Complete training and fill out the MoC Attestation Form and send to OHAttestationForm@MolinaHealthcare.com

WebEx Training: Molina will be hosting monthly MoC provider training sessions to help train you and your staff, and address questions.

- Thurs., July 23, 10 to 11 a.m. meeting number 282 513 943, password WVy7qTdTm64
- Wed., Aug. 19, 12 to 1 p.m. meeting number 286 378 131, password Hp5R3tS2xDW

To join WebEx, follow the instructions under “[How to Join WebEx](#).”

For additional details, read the Model of Care PB on our website, under the “Forms” tab.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina 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.

Important Note: Requesting a copy of a NOMNC or missing the patient signature will not extend the coverage period of the authorization.

Molina Prepayment Claim Reviews

Information for all network providers

Molina is committed to program integrity and accurate claims payment through ongoing analysis of submitted claims and review of billing trends to identify unusual billing behavior. Molina utilizes widely-acknowledged national guidelines for billing practices and supports the concept of uniform billing for all payers.

In July 2020, Molina in partnership with Optum will begin performing additional prepayment claim reviews to support ongoing program integrity efforts. The claims reviews will look for overutilization of services, or other practices that directly or indirectly result in unnecessary costs to the healthcare industry.

As part of this review process, impacted providers will receive letter requests to submit medical records and billing documents that support the charges billed. Providers will receive instructions regarding how to submit the requested documentation. The electronic 835 file will note M127; please reference the ProviderNet account for additional details to determine whether or not the remark is related to this Optum review. Providers who do not submit the requested documentation may receive a technical denial; resulting in the claim being denied until all information necessary to adjudicate the claim is received. After review, if it is determined that a coding and/or payment adjustment is applicable, the provider will receive the appropriate claim adjudication. Providers retain their right to dispute results of these reviews.

Electronic PA Requests for Pharmacy

Information for providers in the Medicaid and Marketplace network

For providers utilizing the CoverMyMeds Portal to submit electronic prior authorization (ePA) requests for medications to Molina, please be sure to include the member’s diagnosis, previous therapies tried/failed and any relevant chart notes in the submission.