PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

New Nursing Facility Guide

Information for all network providers

The Nursing Facility (NF) Guide is now available on our website under the "Manual" tab, under "Quick Reference Guides & FAQs."

The NF Guide topics were chosen based on the most frequently asked questions and the most common feedback from nursing facilities regarding delivery of care to Molina Healthcare members.

Topics include:
- Utilization Management and Authorizations
- Claims Billing Information
- Case Management Information

For additional questions, email our NF Provider Services Representative at OHProviderServicesNF@MolinaHealthcare.com.

Active Medicaid ID Number

Information for all network providers

In order to comply with federal rule 42 CFR 438.602 providers are required to be fully enrolled with Ohio Department of Medicaid (ODM) with an active Medicaid ID to receive payment for submitting clean claims to Molina Healthcare.

Molina Healthcare may not pay a network provider on or after Jan. 1, 2019 if the provider has not begun the enrollment process with ODM.

Providers without a Medicaid ID number will need to submit an application to ODM to continue as a contracted provider with Molina Healthcare and receive payment for submitted clean claims.

Enrollment is available through the MITS portal or providers can start the process at http://medicaid.ohio.gov. Reach out to your Molina Healthcare Provider Services Representative with questions.

Behavioral Health Carve-In Information for Primary Care Providers

Information for primary care providers in our Medicaid network

Effective July 1, 2018 Behavioral Health (BH) services accessed through community behavioral health centers and Substance Use Disorder (SUD) treatment agencies will be coordinated and billed through Medicaid Managed Health Plans instead of Fee-for-Service Medicaid. Members currently receiving treatment from non-par providers will be able to continue those services through Dec. 31, 2018 in order to give the providers enough time to contract.

Medicaid BH services have expanded through the BH Redesign project to allow for many new services available for our members with Medicaid coverage, including:
- Intensive Community Based Services (ACT, IHBT)
- SUD treatment services at all levels of care (outpatient, intensive outpatient, partial hospitalization, residential)

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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Did You Know?

Did you know that all Medicare members are being mailed a new Medicare card? The new cards use a unique Medicare Beneficiary Identifier (MBI) instead of the member's Social Security Number to help protect them from identity theft.

Mailings began in April 2018 and will continue through April 2019. This card does not replace a member's Molina Healthcare ID card.

For more information, visit www.Medicare.gov/newcard/

Notice of Changes to Prior Authorization (PA) Requirements

On July 1, 2018 the updated PA Code lists will be posted on our website

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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.

- Opioid treatment program (OTP - comprehensive Medication Assisted Treatment for Opioid Use Disorder)
- BH respite for youth at risk of out of home placement

Molina Healthcare offers care management services to members who need assistance with treatment coordination and linking to community resources. To refer any of your patients to Molina Healthcare's Care Management program, contact Provider Services.

As a reminder, Molina Healthcare members can use their 30 one way or 15 round trips non-emergent transportation benefit to get to behavioral health appointments for services that include:
- Mental Health visits (including BH Therapy, Psychiatrist, Psychologist, Counselor and Social Worker)
- SUD services provided by the Ohio Department of Mental Health and Addiction Services (OMHAS) certified facilities

For additional information on the modernization of community BH services and the transition of these services to managed care visit the Ohio Department of Medicaid (ODM) website at http://bh.medicaid.ohio.gov. For questions call (855) 322-4079.

Molina Healthcare is offering training for our Behavioral Health providers to support this transition.

Behavioral Health Rendering Provider NPI
Information for all network providers

Effective July 1, 2018, the Ohio Department of Medicaid (ODM) will require rendering practitioner National Provider Identifiers (NPI) on claims for:
- Behavioral Health (BH) dependently licensed and paraprofessionals
- Federal Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Occupational Health Facility (OHF)
- Accredited Health Care Clinic (AHCC) clinics
- Freestanding birth center staff

As a reminder, effective Jan. 1, 2018, ODM began requiring rendering practitioner NPI on claims for:
- Independently licensed BH professionals

ODM fee-for-service is requiring the NPI of the professionals referenced above to be on the claim and will deny claims that do not include the rendering NPI. Home health and waiver providers are not required to have an NPI on the claim and will continue to submit claims with the current process.

If providers are concerned about their ability to complete the Medicaid registration process prior to claims submission, please use the Molina BH Provider Form located on our website under the "Forms" tab, under "Contracted Practices" and send the completed roster to our contracting team at OHBehavioralHealthReferrals@MolinaHealthcare.com to ensure that we have your practitioners loaded in our claims system.

Independence, Ohio BH Training
Information for all Behavioral Health network providers

Please join the Molina Healthcare BH Provider Services team for a face to face orientation on July 18, 2018, in our Independence, Ohio office near Cleveland.

under the "Forms" tab for an Aug. 1, 2018 effective date. Always use the list on our website, do not print the list.

Updated – Corrected Claims
Information for all network providers

Update: Corrected claims must be received by Molina Healthcare no later than the filing limitation stated in the provider contract or within **365 days** of the original remittance advice.

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 are no longer 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. Find additional information in our Provider Manual under the "Claims and Encounter Data" under "Claim Corrections."

Updated In-Office Laboratory Testing List

Molina Healthcare will offer two sessions times:
- 10 a.m. to 12 p.m.
- 1 to 3 p.m.

Each session time has space for 12 attendees, so please RSVP to BHProviderServices@MolinaHealthcare.com advising of the time you would like to attend. Molina Healthcare will confirm your participation with an email reply that will include the address of the Independence office.

Springdale, Ohio BH Training
Information for all Behavioral Health network providers

Please join the Molina Healthcare BH Provider Services team for a face to face orientation on July 10, 2018, in our Springdale, Ohio office near Cincinnati.

Molina Healthcare will offer two sessions times:
- 10 a.m. to 12 p.m.
- 1 to 3 p.m.

Each session time has space for 12 attendees, so please RSVP to BHProviderServices@MolinaHealthcare.com advising of the time you would like to attend. Molina Healthcare will confirm your participation with an email reply that will include the address of the Springdale office.

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, impacting community behavioral health providers.

Only July 1, 2018 claims for these services need to be submitted to the Medicaid Managed Care Plans for members enrolled in managed care. To prevent a delay in service, ensure you have information about claims billing with Molina Healthcare. For questions, contact BHProviderServices@MolinaHealthcare.com. Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Question and Answer Sessions:
- Mon., July 9, 11 a.m. to 12 p.m. meeting number 803 368 902
- Tues., July 17, 8:30 to 9:30 a.m. meeting number 809 898 687
- Wed., July 25, 12 to 1 p.m. meeting number 802 583 187
- Tues., July 31, 3 to 4 p.m. meeting number 809 481 824

Provider Portal Claims Training sessions:
- Wed., July 11, 11 a.m. to 12 p.m. meeting number 802 607 764
- Mon., July 23, 2 to 3 p.m. meeting number 803 931 383

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

Behavioral Health Member Eligibility Assistance
Information for all Behavioral Health network providers

On July 1, 2018, Behavioral Health (BH) services will be carved in to the Ohio Medicaid Managed Care Plans.

Effective June 1, 2018, the following tests were approved for payment in the physician office setting:
- Urine Drug Testing: CPT Codes 80305 and 80306
- Hemoglobin A1c: CPT Codes 83036 and 83037

Look for our updated In-Office Laboratory Testing list under the "Forms" tab on our website.

Provider Training Sessions
Information for all network providers

Molina Healthcare is offering monthly training sessions!

Provider Portal Training:
- Thurs., July 26, 2 to 3 p.m. meeting number 802 316 122
- Thurs., Aug. 23, 2 to 3 p.m. meeting number 801 287 457

Claim Submission Training:
- Tues., July 24, 1 to 2 p.m. meeting number 808 005 202
- Tues., Aug. 28, 1 to 2 p.m. meeting number 805 644 452

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

Non-Par Laboratory Testing PA
Information for all network providers

Non-par providers **are required** to submit a PA for laboratory services.

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

Durable Medical Equipment (DME) Q&A Session
Information for DME network providers

Molina Healthcare of Ohio is now offering monthly question and answer sessions to all Durable Medical Equipment (DME) providers.

Question and Answer Sessions:
- Tues., July 24, 2:30 to 3:30 p.m. meeting number 800 012 052

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

Outpatient Therapy Caps
Information for providers in the Medicare network

Providers should use the EDI 270 / 271 Eligibility transaction from the Ohio Department of Medicaid (ODM) to identify members who are enrolled in the Ohio Medicaid program.

If you are not currently authorized to send the EDI 270 / 271 transaction and have an interest in adding this transaction please contact the EDI Support team by calling 1-844-324-7089 or by email at OhioMCD-EDI-Support@dxc.com for assistance in sending your first test file.

Medicaid Redetermination

Information for all network providers

Your patients' Medicaid renewal deadline may be approaching soon. Ohio Medicaid patients must renew their Medicaid eligibility every 12 months with their local County Department of Job and Family Services (CDJFS) or they will lose their benefits. The renewal process is called Medicaid Redetermination.

Four (4) ways your patients can complete the renewal process to remain eligible for Medicaid benefits:

- **By Phone:** Call the Medicaid Renewals Hotline, (844) 640-6446 and select option 2 or call their local CDJFS office
- **By Mail:** Complete the form they received and mail to their local CDJFS. The return address is on the front page of the letter or may be located at www.jfs.ohio.gov under the "County Directory" tab
- **In Person:** Complete the form they received in the mail and drop it off at the front desk of their local CDJFS office or bring the documents they need to report their income and fill out a form in person
- **Online:** Go to http://ssp.benefits.ohio.gov/ and log into or sign up for an account, then click the "Renew my Benefits" tab.

Additional resources:

- Ohio Medicaid Hotline at (800) 324-8680 (TTY 711)
- 2-1-1 connects people with community resources in 70 Ohio counties, the 211-map is available at http://ouw.org/211-map/
- Visit the Benefit Bank website at www.thebenefitbank.org
- Find a Certified Application Counselor at www.uhcanohio.org

In accordance with the Bipartisan Budget Act (BBA) of 2018, Medicare claims are no longer subject to the therapy caps:

- one cap for occupational therapy services
- one cap for physical therapy and speech-language pathology combined

For Molina Healthcare Medicare Plans, claims for therapy services above a certain amount of incurred expenses, which is the same amount as the previous therapy caps ($2,010 in 2018), continue to require prior authorization.

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.