MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Medicaid Unified Preferred Drug List

Information for all network providers

The Ohio Department of Medicaid (ODM), along with the Medicaid Managed Care Plans (MCPs), previously communicated moving towards creating a unified preferred drug list (PDL). The initiative to implement the unified PDL on Jan. 1, 2019 has been **delayed indefinitely**.

However, effective Jan. 1, 2019, ODM, both fee-for-service and managed care, **will move forward** with the elimination of prior authorization (PA) on all brand and generic forms of oral short acting buprenorphine-containing products for all prescribers of Medication Assisted Treatment (MAT), in an effort to remove administrative barriers to MAT. This means that all oral MAT drugs will be considered preferred, but will still reject for PA if the prescription exceeds the safety dosing recommendations per Food and Drug Administration (FDA) guidelines.

Thank you in advance for your understanding and we apologize for any confusion. Providers may refer to the ODM Pharmacy website at https://pharmacy.medicaid.ohio.gov/ under "Drug Coverage" for more information or email MEDICAID_PHARMACY@medicaid.ohio.gov with questions or concerns.

New Size Online Claim Reconsideration File Submission

Information for all network providers

Now available! Molina has increased the file submission size for uploading appeals on the Provider Portal from 20 MB to 125 MB!

Providers can access submission of online claim reconsiderations by doing a claim search by claim number or a general claim search in the Provider Portal. Attachments totaling up to **125 MB** can be included with the reconsideration request.

When completing the request for reconsideration through the Provider Portal, **please include your fax number in order to receive a timely response**. Providers must sign in using the **same email address they utilize for the Provider Portal** to receive the electronic acknowledgment letter in their portal inbox.

Prior Authorizations: Urgent vs. Non Urgent

Information for all network providers

Molina is committed to ensuring a timely response to prior authorization (PA) requests. An indication of the appropriate service type is an important step to completing the request. Please be certain to use the indicator that correctly reflects the urgency of need.

- Expedited/Urgent
- Elective/Routine

Service requests marked with the "Expedited/Urgent" designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition will be handled as "Elective/Routine."

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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

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

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

How to Join A WebEx Meeting

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.

Did You Know?

Did you know, during the past six months over 700 Molina Medicaid members were automatically enrolled in the Coordinated Services Program (CSP)? The CSP is a key effort in Molina's battle against opioid abuse, aiming to reduce prescription drug misuse and accidental overdose.

Members were enrolled when they have 12 or more controlled substance prescriptions, four or more prescribers or four or more pharmacies within a 90-day look back period.

In Jan. 2019 additional changes will be made when the Ohio Department of Medicaid (ODM) revises the CSP

For additional details on PA, please visit the Prior Authorization section of our website under the "Forms" tab. The turnaround time for urgent requests is 48 hours, non-urgent requests will be completed within 10 business days.

Nursing Facility Ventilator Program and Rate Update

Information for Nursing Facility providers in the Medicaid and MyCare Ohio networks

Effective Jan. 1, 2019, ODM is expanding the Nursing Facility (NF) Ventilator Program to include criteria and an enhanced payment rate for ventilator weaning services.

ODM will pay begin to pay NFs an enhanced rate for ventilator weaning for a maximum of 90 days per calendar year. These enhanced rates apply to both fee-for-service and MyCare Ohio individuals who participate in the NF Ventilator Program, including those receiving hospice services.

The new criteria includes a quality payment component that is based on participating NF's ventilator-associated pneumonia (VAP) rates. The NFs are required to submit quarterly VAP information to ODM and the data will be used to determine the VAP threshold rate.

For additional information visit https://medicaid.ohio.gov and select "Provider Types" under "Providers." Next to "Long Term Care" select "More Information" and then Under "Nursing Facilities – Fact Sheets" select "Nursing Facilities Ventilator Program."

Medicaid ID

Information for all network providers

Effective Jan. 1, 2019, in order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with Ohio Department of Medicaid (ODM) at both the group practice and individual levels.

Providers without a Medicaid ID number will need to submit an application to ODM. 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.

Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

National Drug Code (NDC) Billing Guidelines

Information for all network providers

Effective Jan. 1, 2019, claims submitted with an SE modifier by providers not listed as an approved 340B drug supplier 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.

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.

criteria to include the following substances of potential abuse:

- Any schedule II, III, IV, V drug
- Cyclobenzaprine
- Gabapentin
- Metaxalone
- Methocarbamol
- Tizanidine
- Benzodiazepine, muscle relaxant and opioid within a 90-day look back

Notice of Changes to Prior Authorization (PA) Requirements

The Jan. 1, 2019, PA Code list is located on our website under the "Forms" tab. Molina updates the PA Code list quarterly. Always use the list available on our website, do not print the list.

Provider Training Sessions

Information for all network providers

Molina is offering provider training sessions!

Quarterly Provider Orientation:

- Wed., Feb. 20, 11 a.m. to 12 p.m. meeting number 805 725 335

Monthly Provider Portal Training:

- Thurs., Jan. 24, 2 to 3 p.m. meeting number 802 004 721
- Thurs., Feb. 28, 2 to 3 p.m. meeting number 806 568 243

Monthly Claim Submission Training:

- Tues., Jan. 22, 1 to 2 p.m. meeting number 805 966 751
- Tues., Feb. 26, 1 to 2 p.m. meeting number 806 150 085

Click "Join" at WebEx.com or call (866) 499-0396 and follow the instructions. Meetings do not require a password.

Holding Claim Prior to Submission

Information for all network providers

Molina is requesting that providers do not hold claims. When claims are held they can interfere with Molina's ability to identify and resolve processing issues that can delay claim payment.

A provider should promptly submit claims to Molina for covered services rendered to members. All claims need to be submitted in a form acceptable to and approved by Molina, and shall include any and all medical records pertaining to the claim if requested by Molina or otherwise required by

All professional and outpatient claims with CPT/HCPCS/Rev drug code details must have the corresponding valid NDC code submitted with the CPT/HCPCS drug code or the claims will be denied.

Find additional information at http://www.healthlawpolicymatters.com or in the Provider Manual on our website.

Molina's policies and procedures. Claims must be submitted by the provider to Molina within timely filing guidelines after the service has been provided.

For assistance in submitting claims, call (855) 322-4079 or reach out to your Molina Provider Services Representative.

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.