

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” October question! Our monthly winner is Pam Sloan from Anesthesia Associates PPL.

The “It Matters to Molina” October question was: Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim. How should you file an Explanation of Benefits (EOB) or itemized statement that needs to be attached to a claim?

- Submit a reconsideration
- Submit as a corrected claim
- Mail to the Claims PO Box

The correct answer is: b. Submit as a corrected claim. Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim, or it may result in the claim being denied.

November Question: What are the two appropriate ways to submit a claim reconsideration form?

- Paper
- Fax
- Provider Portal

Please email your answer and contact information by Nov. 15, 2019 to OHProviderBulletin@MolinaHealthcare.com to be entered into the November drawing. The correct answer and drawing winner will be announced in the December 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 Healthcare. Your feedback is important, and It Matters to Molina.

Ohio State Medical Association (OSMA) Winners: Molina wants to thank all the providers who attended the OSMA conferences in 2019 and provided feedback on an “It Matters to Molina” card. The winners of the OSMA “It Matters to Molina” drawings include:

- Canton OSMA: Heather Hopp from the office of Dr. Gary Volfre
- Columbus OSMA: Rebecca Murphy from the Portsmouth City Health Department
- Dayton OSMA: Neila Hall from Western Medicine Inc.
- Toledo OSMA: Sydney German from Gastroenterology of West Central Ohio
- Westlake OSMA: Jennifer Penwell from Dermatology Partners

Provider Training Sessions

Information for all network providers

Molina is offering provider training sessions!

Monthly It Matters to Molina Provider Forum Topic:

Long-Term Care (LTC): Molina is hosting a Q&A/forum on long-term care to discuss recent and upcoming changes for providers, and gather

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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

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Claim Reconsideration Training for Behavioral Health Providers

Information for Behavioral Health providers

Effective Jan. 1, 2020, claim processing disputes should no longer be sent to the Molina Behavioral Health (BH) Provider Services Representatives. BH providers will be required to follow the standard claim reconsideration process when disputing how a claim was processed.

Molina is offering claim and authorization reconsideration trainings for BH providers. Learn how to use the Provider Portal to request a claim reconsideration when disputing a payment denial, payment amount or code edit and more.

recommendations from providers on ways Molina can reduce administrative burden for LTC providers.

- Fri., Nov. 22, 9 to 10 a.m. meeting number 804 789 689

Monthly Provider Portal Training:

- Thurs., Nov. 21, 2 to 3 p.m. meeting number 809 057 438
- Tues., Dec. 17, 2:30 to 3:30 p.m. meeting number 809 653 869

Monthly Claim Submission Training:

- Tues., Nov. 12, 2 to 3 p.m. meeting number 808 155 380
- Tues., Dec. 10, 2019, 2 to 3 p.m. meeting number 806 473 210

Quarterly Provider Orientation:

- Tues., Nov. 26, 2 to 3 p.m. meeting number 809 465 833

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. Meetings do not require a password.

Billing Molina Dual Options MyCare Ohio Medicare-Medicaid Plan (MMP) for Medicare Cost-Sharing

Information for providers in the MyCare Ohio network

This communication serves as a reminder that providers may not bill and/or collect any Medicare cost-sharing amounts, including deductibles, coinsurance and copayments that may be represented on the Explanation of Payment (EOP) for Molina MyCare Ohio MMP members, as they are not the member’s responsibility.

This practice, known as “balance billing,” is prohibited by federal law and as stipulated under your Molina Provider Services Agreement.

If your patient presented a member identification (ID) card with the following identifiers, then you provided services to a Molina MyCare Ohio MMP member:

- Molina Healthcare is written in the top left corner of the ID card
- MyCare Ohio is written in the top right corner of the ID card

For more information regarding balance billing please refer to the Molina Provider Manual located on the Molina website, under the “Manual” tab, contact Molina Provider Services at (855) 322-4079 or email your Provider Services Representative.

Remind Patients about Healthchek

Information for PCPs in the Medicaid and MyCare Ohio networks

Remind your patients, or their parents/guardians, when it’s time to get important Healthchek Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. These services are covered by Molina at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services.

For additional information visit the Ohio Department of Medicaid (ODM) website at www.medicaid.ohio.gov, and under “For Ohioans,” select “Programs,” then “Young Adults,” and “Healthchek/Early and Periodic Screening, Diagnostic and Treatment.” Click on “[More Information](#).”

Recommended Well Care Visits from the American Academy of Pediatrics Bright Futures™ include the following ages:

- Infancy: Newborn, 3-5 days, 1 month, 2 months, 4 months, 6 months and 9 months

Claim Reconsideration Training:

- Fri., Nov. 8, 1 to 2 p.m. meeting number 804 102 450
- Tues., Nov. 19, 9 to 10 a.m. meeting number 808 576 180
- Mon. Dec. 2, 3 to 4 p.m. meeting number 805 362 425
- Wed. Dec. 18, 10:30 to 11:30 a.m. meeting number 805 937 027

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. Meetings do not require a password.

Notice of Changes to Prior Authorization (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.

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.

Did You Know?

Information for all network providers

Did you know that if a provider from outside the State of Ohio treats an Ohio Molina member, the provider must submit payment under the Ohio Payer ID.

As a reminder, the state where the provider is located may not be the same state where the member’s plan is active.

Molina has an “[All State Molina Information](#)” document on our website under the “Forms” tab that provides the payer ID information and mailing address for all Molina state locations.

- Early Childhood: 12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
- Middle Childhood: 5 years, 6 years, 7 years, 8 years, 9 years and 10 years
- Adolescence: 11 years, 12 years, 13 years, 14 years, 15 years, 16 years, 17 years, 18 years, 19 years, 20 years and 21 years

Annual Cultural Competency Training

Information for providers in the Medicaid and MyCare Ohio networks

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by the Centers for Medicare and Medicaid Services (CMS) to ensure providers meet the unique and diverse needs of all members.

Once the review of the [Cultural Competency Training](#) is completed, fill out and sign the [Cultural Competency Attestation](#) form available on the Molina website by selecting “Provider Manual & Training” under the “Manual” tab. Email the completed Cultural Competency Attestation form by Dec. 31, 2019 to OHAttestationForms@MolinaHealthcare.com.

Annual Mandatory SNP Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

CMS requires all contracted medical providers complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019. This includes primary care providers and specialists, including behavioral health providers and dentists.

SNP Model of Care 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. Read the “[Model of Care](#)” Provider Bulletin on our website, under the “Communications” tab for more details.

What providers need to do – Deadline: Dec. 31, 2019

- Complete training and fill out the Model of Care Attestation Form
- Return the Model of Care Attestation Form by email to OHAttestationForms@MolinaHealthcare.com

Prior Authorization Requirements for Urine Drug Screenings (UDS)

Information for all Medicaid providers

Effective Oct. 7, 2019, Molina requires Prior Authorization (PA) for Urine Drug Screening (UDS) tests **per member, per calendar year** for:

- greater than 30 dates of service for Presumptive UDS tests
- greater than 12 dates of services for one or more Definitive UDS tests

UDS billing codes include:

- Presumptive: 80305-80307
- Definitive: 80320-80377, 83992, G0480-G0483* and G0659*

*Use of G-codes will be required depending on the contractual provisions of your agreement with Molina

The requirement is not facility based. Molina will be utilizing the [Ohio Urine Drug Screen Prior Authorization \(PA\) Request Form](#) that has been published by the Ohio Department of Medicaid (ODM), and is posted on the Molina provider website under the “Forms” tab.

Medicare Inpatient Rate Updates Effective Oct. 1, 2019

Information for providers in the MyCare Ohio network

Molina is in the process of updating the Medicare Inpatient Reimbursement rates effective Oct. 1, 2019. As these updates were not completed prior to the effective date, Molina will be holding Medicare inpatient claims until the updates are deployed, at which times claims will be released for payment. This hold impacts Inpatient Hospital, Long Term Care (LTC), Inpatient Rehabilitation Facility (IRF), Inpatient Psychiatric Facility (IPF) and Skilled Nursing Facility claims.

Molina estimates to have these updates completed on Oct. 27, 2019; except for Skilled Nursing Facility, which is estimated to be completed on Oct. 31, 2019.

Anesthesia Services Modifiers

Information for all network providers

As a reminder, per the Appendix to Ohio Revised Code Rule [5160-4-21](#) Anesthesia Services, each non-dental anesthesia procedure code reported on a claim must be accompanied by specific modifiers.

For a list of these modifiers view the [Oct. Provider Bulletin](#) on our website under the “Communications” tab.

Reconsideration Request Form Requirements

Information for all network providers

As a reminder, as of Aug. 1, 2019, claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked.

For additional information visit the Provider Bulletin archive on our website, located under the “Communication” tab and “Provider Bulletin.”

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.