

## “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 winner is Connie Taylor from Full Circle Recovery Services.

The “It Matters to Molina” July question was: 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? The correct answer was a. Under the “Communications” tab.

**August Question:** As a provider, what should you do when disputing a payment amount, payment denial or a code edit?

- Submit an Authorization Reconsideration
- Submit a Claim Reconsideration
- Submit a Corrected Claim

Email your answer to [OHProviderBulletin@MolinaHealthcare.com](mailto:OHProviderBulletin@MolinaHealthcare.com) by August 17 to be entered into the August drawing. The correct answer and drawing winner will be announced in the September 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.

## 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 commits you to ensuring the health and safety of our members. We appreciate this dedication. As you return your workforce to service the Molina member community, please ensure 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 (PPE) and social distancing measures. For additional information and the latest updates, please visit the CDC’s website: [www.cdc.gov](http://www.cdc.gov).

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

As a reminder, billing members for PPE or additional COVID-19-related charges during the COVID-19 pandemic falls under the Balance Billing restrictions. For additional details see the “Balance Billing” article in this Provider Bulletin.

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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](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our Provider Website at  
[MolinaHealthcare.com/OhioProviders](http://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](http://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](mailto:OHProviderRelations@MolinaHealthcare.com) and we’ll assist you with getting connected immediately.

## Connect with Us

[www.facebook.com/MolinaHealth](https://www.facebook.com/MolinaHealth)  
[www.twitter.com/MolinaHealth](https://www.twitter.com/MolinaHealth)

## Join Our Email Distribution List

Get this bulletin via email. Sign up at  
[MolinaHealthcare.com/ProviderEmail](http://MolinaHealthcare.com/ProviderEmail).

## Provider Training Sessions

**Monthly It Matters to Molina  
Provider Forum Topic: Notice of  
Medicare Non-Coverage (NOMNC)  
Form Question and Answer (Q&A):**  
Molina is hosting a Q&A forum on the  
NOMNC Form.

- Thurs., Aug. 27, 1 to 2 p.m.  
meeting number 133 725 9902,  
password 3PmYpJhEN44

**Molina Quality Living Program Awardees**

**Information for all network providers**

Molina is proud to announce the most recent quarter’s performance for nursing facilities in the Molina Quality Living Program.

Level	Nursing Facility
Platinum Level	Bethany Village
Gold Level	Crowne Pointe Care Center
	Friends Care Community
	Pinnacle Point Nursing Rehab
	Terrace View Gardens
Silver Level	Garden Manor Extended Care Facility
	Golden Years Nursing Center
	Venetian Gardens

The Molina Quality Living Program recognizes and awards nursing facility partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

**Did You Know?**

**Information for all network providers**

Did you know Molina created a “Molina Healthcare of Ohio Provider Services” page on the Provider Website under the “Contact Us” tab to make it easier for providers to contact their Provider Services Representative? Contact emails include:

- For Behavioral Health questions email [BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com)
- For Hospital or hospital-affiliated physician group questions email [OHProvider.ServicesHospital@MolinaHealthcare.com](mailto:OHProvider.ServicesHospital@MolinaHealthcare.com)
- For MyCare Ohio LTSS and Ancillary questions email [OHMyCareLTSS@MolinaHealthcare.com](mailto:OHMyCareLTSS@MolinaHealthcare.com)
- For Nursing Facilities questions email [OHProviderServicesNF@MolinaHealthcare.com](mailto:OHProviderServicesNF@MolinaHealthcare.com)
- For Physician practice questions email [OHProviderServicesPhysician@MolinaHealthcare.com](mailto:OHProviderServicesPhysician@MolinaHealthcare.com)
- For general questions not related to any of the above groups email [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

**Cologuard™ Coverage**

**Information for all network providers**

As of June 1, 2020, Molina covers Cologuard™, a Food and Drug Administration (FDA) approved noninvasive colorectal cancer screening test that uses stool DNA technology to find both precancer and cancer. Cologuard™ has been approved by the FDA for testing men and women, 45 years of age and older, who are at average risk for colorectal cancer.

Cologuard™ is covered by the following lines of business:

Medicaid	Marketplace	Medicare
Covered with PA, No PA if Diagnosis is Pregnancy-Related	No PA, Covered as Preventive	No PA, Covered with Diagnosis Restriction. Visit limit – one (1) every three (3) years

**Monthly Provider Portal Training:**

- Thurs., Aug. 20, 2 to 3 p.m. meeting number 288 537 344, password 3agMH379FRM
- Tues., Sept. 15, 2 to 3 p.m. meeting number 133 618 9688, password U5BpeFM7mp3

**Monthly Claim Submission**

**Training:**

- Mon., Aug. 10, 2 to 3 p.m. meeting number 285 060 282, password YXh7Emw3TH7
- Thurs., Sept. 17, 11 a.m. to 12 p.m. meeting number 281 076 174, password sQ9vMmMPp89

**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 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.

**Balance Billing**

**Information for all network providers**

Per Ohio Administrative Code (OAC) [5160-26-05 Managed health care programs: provider panel and subcontracting requirements](#) and OAC [5160-1-13 Medicaid consumer liability](#), providers contracted with Molina are prohibited from billing a member for any covered benefit. This includes asking the member to pay

## 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.

## 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](mailto:OHAttestationForm@MolinaHealthcare.com)

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

- Wed., Aug. 19, 12 to 1 p.m. meeting number 286 378 131, password Hp5R3tS2xDW
- Mon., Sept. 14, 2 to 3 p.m. meeting number 284 495 069, password 32PEiWgg6p6

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

the difference between the discounted and negotiated fees, and the provider's usual and customary fees. Providers may not charge members fees for covered services beyond copayments, deductibles or coinsurance.

Providers are responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

For additional information view the Balance Billing section of the [Provider Manual](#) on our website, under the "Manual" tab.

## 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 under the "Policies" tab on the Molina Provider Website.

## 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 providers in the MyCare Ohio and D-SNP networks**

Find additional information at [www.cms.gov](http://www.cms.gov) under “Regulations & Guidance” then “Manuals” and “Internet-Only Manuals (IOMs)” in the CMS [100-16 Medicare Managed Care Manual](#) Chapter 5 – Quality Assessment, under “Section 20.2.1 – Model of Care Elements” then “3. SNP Provider Network” and “C. MOC Training for the Provider Network.” or read the Model of Care Provider Bulletin on our website, under the “Communications” tab.

## 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.

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

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

### 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.