

Episode Based Payment Model Reports

Information for providers in all networks

The Ohio Department of Medicaid (ODM) has instituted the Episode-Based Payment Model. Providers will be eligible for gain and risk sharing payments based on their yearly performance.

Molina Healthcare will send quarterly Episode Provider Reports for Asthma, COPD and Perinatal episodes to primary accountable providers with at least one episode in the 12-month reporting period. Reports for all other episode types will be posted quarterly to the Medicaid Information Technology System (MITS).

The Episode-Based Payment Model supports the state's goal to have 50 percent of Medicaid provider reimbursement tied to value by 2020. 2016 is the first measurement year tied to gain and risk sharing, as outlined in [Ohio Administrative Code \(OAC\) 5160-1-70](#).

To learn more or access your reports for the other episode types, visit www.medicaid.ohio.gov/providers/paymentinnovation/episodes.aspx.

Transportation Claim Modifiers

Information for transportation providers in all networks

The **UA** and **UB** modifiers **must** be appended to claims billed for second trips for the same member on the same day in the same vehicle to or from the same location to prevent claims from being considered a duplicate submission.

In addition to point-of-transport modifiers that indicate origin and destination, transportation providers must submit the following informational modifiers:

- **U3** – Wheelchair van service in an ambulance vehicle; use only with HCPCS codes A0130, S0209, and T2001
- **U6** – Service is unavailable when vehicle arrives at the destination
- **UA** – Additional trip for the same individual on the same day in the same type of vehicle to or from the same type of location
- **UB** – Second additional trip for the same individual on the same day in the same type of vehicle to or from the same type of location

Home Health Claim Modifiers

Information for providers in the MyCare Ohio network

Medicaid and waiver home health services and private duty nursing (PDN) services **must** be billed with the appropriate modifiers:

- **HQ** – Group visit
- **U1** – Infusion therapy
 - Home health and waiver: report with G0154
 - PDN: report with T1000
- **U2** – Second visit on the same date for the same type of service
- **U3** – Each additional visit beyond the second on the same date for the same type of service

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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.)

Connect with Us

OHProviderRelations@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/Providers/OH and click “Provider Bulletin” in the “Communications” tab.

Website Roundup

Recently updated at www.MolinaHealthcare.com/Providers/OH:

- [Marketplace Provider Orientation](#)
- [Marketplace Provider Manual](#)
- [Behavioral Health Toolkit](#)
- [PCP Behavioral Health Toolkit](#)

Clear Coverage™

Provides instant approval on most outpatient services. To learn more, join the next training session.

Fri., Aug. 19 from 9 to 10 a.m.,
Meeting Number: 803 503 811

Fri., Sept. 16 from 9 to 10 a.m.,
Meeting Number: 805 028 013

1. Go to <http://molina.webex.com>.
2. Enter the meeting number.
3. If asked, enter name and email.
4. Give your number for a call back.
5. Follow the instructions.

Request on-site training: OHProviderRelations@MolinaHealthcare.com.

- U5 – Service provided under Healthchek (EPSDT)
- U4 – PDN visit more than 12 hours but not more than 16 hours
- U6 – Increased PDN service provided with authorization

Passport and Home Care waiver services are paid per unit. Bill all units for a date of service on one line; these services do not need a second visit modifier for this waiver.

Evaluation and Management Billing Guidelines

Information for the Medicaid and MyCare Ohio networks

Payment can be made for both a well visit and sick visit for the same member on the same date of service if the diagnosis codes support need for both services. The well visit must be billed with modifier 25.

Claims Processing

Information for the MyCare Ohio network

Molina Healthcare's policy is to pay no more than the provider's billed charges. If the billed charge is less than the Molina Healthcare contractual rate in place with you as the provider, the amount paid will be reduced to the billed charge.

Member Level of Care Changes

Information for providers is all networks

To coordinate the best care possible, our Care Managers need to know of any changes to the member's level of care, including:

- Entering a nursing facility
- Custodial care
- Non-skilled to skilled
- Inpatient to critical care
- Nursing facility to inpatient
- Long-term acute care (LTAC)
- Home to custodial care
- Transfer to Home & Community Based Services setting
- Transfer to another facility

Contact the Care Manager directly. If the direct number is unknown, call Provider Services and follow prompts.

Access Standards

Information for providers in all networks

Find Molina Healthcare's appointment availability standards in our Provider Manual, Section XI at www.MolinaHealthcare.com/Providers/OH.

Based on industry and NCQA guidelines, our standards are approved by our Executive Quality Improvement Committee. We conduct an annual survey to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Best Practices Verify Eligibility

For faster turnaround in claim adjudication and authorization response, **verify eligibility/benefits** on our Web Portal at <http://Provider.MolinaHealthcare.com> or via MITS.

Provider Demographic Changes

Notify Molina Healthcare 30 days in advance of any of these changes:

- **Ownership**
- Location, hours, phone/fax, email
- Addition or closure of location
- Provider addition or termination
- Tax ID and/or NPI
- Open or closure of practice to new patients (PCPs only)

Provider Satisfaction Matters

In June, Molina Healthcare mailed the **2016 Provider Satisfaction Survey** to a cross section of our provider network. If you received a survey, please take a few moments to complete it. Your opinion and feedback matter to us.

The survey is conducted by SPH Analytics, a National Committee for Quality Assurance (NCQA) certified survey vendor. SPH Analytics and your Provider Relations representative will conduct follow-up calls as a friendly reminder to return the survey.

Health Care Coding Tips

Molina Healthcare has posted [Health Care Coding Tips](http://www.MolinaHealthcare.com/Providers/OH) to www.MolinaHealthcare.com/Providers/OH under the "Health Resources" tab.

The tips provide information on coding and documentation rules applied by the Centers for Medicare and Medicaid Services (CMS) to help providers identify codes and document patients' health statuses.

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.