



Non-Contracted Provider Billing Guidelines

Prior Authorization

All non-emergent services rendered by non-contracted providers require prior authorization, unless specified otherwise.

Abortions, Hysterectomies and Sterilizations	PA is required for non-contracted providers. In addition, the appropriate ODJFS consent form must be signed by the member and submitted to Molina Healthcare in the timeframes specified. The consent form is posted at www.MolinaHealthcare.com . Select Providers, Ohio, Forms.
Ambulance	No PA is required for emergent situations.
Emergency Room	No PA is required for services billed in conjunction with emergency room visit.
Urgent Care	No PA is required.
Urine Drug Screens	All urine drug screens, as defined by CPT 80101 for a single drug class, will be reimbursed for one unit per date of service, regardless of the number of billed units and drug classes tested.

The Service Request Form is available at www.MolinaHealthcare.com. Select Providers, Ohio, Forms.

Prescription Drugs

Prescription Drug Coverage Change for Ohio Medicaid Managed Care Plan (MCP) Members

- The way that prescription drugs are covered will change for all Ohio Medicaid members enrolled in a MCP. **Effective October 1, 2011**, MHO will pay for all prescription drugs and other medical supplies that MCP members get at the pharmacy instead of ACS/ODJFS.
- Additional information about the pharmacy carve-in will be made available during mid September 2011 that will include updated guidelines.

Prior to October 1, 2011, pharmacy and supply codes are covered based on place of service (POS).

- **POS 11** – Molina Healthcare pays all covered pharmacy and supply codes, other than those specified in the chart below, when rendered in the office of a participating provider. Claims billed with POS 11 should be submitted to Molina Healthcare.
- **POS 12** – Ohio Medicaid covers prescription drugs, retail drugs and the supplies listed below when dispensed by an [Ohio Medicaid participating pharmacy] or by home health or a home infusion provider. Pharmacy services billed with POS 12 should be submitted to ACS, Ohio Medicaid’s pharmacy vendor.



Non-Contracted Provider Billing Guidelines

HCPCS Code	Description
A4206	Syringe with needle, sterile less than or equal to 1cc
A4215	Needles only, sterile, any size, including pen needles
A4245	Alcohol wipes or swabs
A4250	Urine test or reagent strips or tablets
A4252	Blood ketone test or reagent strip
A4253	Blood glucose test or reagent strips for home blood glucose monitor
A4256	Normal, low high calibration solutions/chips
A4258	Spring powered device for lancet
A4259	Lancets
E0607	Home blood glucose monitor complete
E2100	Blood glucose monitor with voice (PA required)
E2101	Blood glucose monitor with integrated lancing/blood sample (PA required)
S5560	Insulin delivery device, reusable pen; 1.5 ml size
S5561	Insulin delivery device, reusable pen; 3 ml size
A4614	Peak Expiratory Flow Rate Meter
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler

For a complete list of covered codes, please see Ohio Administrative Code 5101:3-10-03 and select the Medicaid Supply List link.

Further information about prescription drug coverage is available at www.MolinaHealthcare.com. Select Providers, Ohio, Rx Info.

<i>Ohio Medicaid Covered Pharmacy</i>	<i>Molina Healthcare Covered Pharmacy</i>
ACS Ohio Medicaid pharmacy vendor 1-877-518-1546	Molina Healthcare Provider Services Phone: 1-800-642-4168 TTY: 1-800-750-0750 or 711 Fax: 1-866-449-6843

Disclaimer: Beginning October 1, 2011, prescription drug coverage for members of Medicaid MCPs will be the responsibility of MHO and the information provided on this page related to ACS will not apply to MHO enrollees.

Emergency Services

For emergency services, submit a CMS-1500 or UB-04 claim. Go to www.MolinaHealthcare.com to review the Provider Manual for current information about claims billing and payment guidelines or call Molina Healthcare Provider Services for assistance at 1-800-642-4168.

Post-Stabilization Services

For post-stabilization services, submit a CMS-1500 or UB-04 claim. Go to www.MolinaHealthcare.com to review the Provider Manual for current information about claims billing and payment guidelines or call Molina Healthcare Provider Services for assistance at 1-800-642-4168.



Non-Contracted Provider Billing Guidelines

Referrals

Molina Healthcare will not approve referrals to non-contracted providers. Authorization is not required for referrals to contracted providers. A complete list of participating providers is available in the Molina Healthcare online provider directory at www.MolinaHealthcare.com, or you can call Molina Healthcare Provider Services for assistance at 1-800-642-4168. A listing of participating Behavioral Health, Radiology and Lab providers are available for your convenience in the Non-Contracted Providers Information section at www.MolinaHealthcare.com. Select Providers, Ohio, Forms.

When requesting prior authorization for a service that will be rendered by another provider, fill out the Service Request Form completely, including the name and address of the refer-to provider.

Benefits and Payment Policy

Molina Healthcare's benefits and payment policy adhere to the Ohio Administrative Code. For more information, please visit <http://emanuals.odjfs.state.oh.us>.

Claim Submissions (Medical and Behavioral Health Services)

Refer to www.MolinaHealthcare.com to review the Provider Manual for current information about claims billing and payment guidelines or call Molina Healthcare Provider Services for assistance at 1-800-642-4168.

Submit hard copy (CMS-1500 and UB-04) claims to:
Molina Healthcare of Ohio, Inc.
PO Box 22712
Long Beach, CA 90801

Submit electronic claims using EDI payer ID 20149.

Timely Filing Guidelines

Standard timely filing

Non-participating providers have up to 365 days from the date of service to submit claims for reimbursement.

Coordination of Benefits

If submitted claim has an explanation of benefits (EOB) from member's primary carrier, providers have up to 180 days to submit claims from the date of the EOB.

Corrected Claims

Non-participating providers have 365 days from the date of service to submit corrected claims.

Disputes

Non-participating providers can dispute a claim payment and/or denial up to 180 days from the original remittance date by submitting a Claims Reconsideration Form, available at www.MolinaHealthcare.com. Select Providers, Ohio, Forms.



Non-Contracted Provider Billing Guidelines

Member Eligibility Verification

Molina Healthcare Provider Web Portal
www.MolinaHealthcare.com

Molina Healthcare IVR
1-866-402-3467

Molina Healthcare Provider Services
1-800-642-4168
8:00 a.m. to 5:00 p.m., Monday - Friday

Ohio Medicaid Information System
1-800-686-1516

Sample Member Identification Cards

 <p style="text-align: right;">CFC</p> <p>Member JAYMIE L. TEST</p> <table border="0"> <tr> <td>Identification #</td> <td>Date of Birth:</td> <td>Effective Date:</td> </tr> <tr> <td>51234553903</td> <td>04/20/1988</td> <td>07/01/2009</td> </tr> </table> <hr/> <p>Primary Care Provider: TEST PCP</p> <p>Primary Care Provider Phone: (740)375-6030</p> <p>MMIS # 51234553903 BIN #610473 Issue Date: 06/23/2009</p>	Identification #	Date of Birth:	Effective Date:	51234553903	04/20/1988	07/01/2009	<p>MEMBERS: To reach Member Services please call (800) 642-4168 or for hearing impaired, call the TTY/Ohio Relay Service at (800) 750-0750 or (711). Monday to Friday, 7 a.m. and 7 p.m.</p> <p>To schedule transportation please call, (866) 642-9279.</p> <p>Emergency Services: Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) at the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at (888) 275-8750 or (866) 648-3537 (Español). For hearing impaired, call TTY (866) 735-2922. Follow up with your PCP after all emergency room visits.</p> <p>PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, post stabilization, eligibility, claim or benefit information call (800) 642-4168. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.</p> <p>PHARMACISTS: For pharmacy questions, please call (800) 642-4168.</p> <p>Claims Submission: P.O. Box 22712, Long Beach, CA 90801 - EDI Claims: WebMD-Payor #20149</p> <p style="text-align: center;">www.MolinaHealthcare.com</p>
Identification #	Date of Birth:	Effective Date:					
51234553903	04/20/1988	07/01/2009					

 <p style="text-align: right;">ABD</p> <p>Member ROBERT M. TEST</p> <table border="0"> <tr> <td>Identification #</td> <td>Date of Birth:</td> <td>Effective Date:</td> </tr> <tr> <td>17123457705</td> <td>04/17/1985</td> <td>07/01/2009</td> </tr> </table> <hr/> <p>Primary Care Provider: TEST PCP</p> <p>Primary Care Provider Phone: (740)375-6030</p> <p>MMIS # 17123457705 BIN #610473 Issue Date: 06/23/2009</p>	Identification #	Date of Birth:	Effective Date:	17123457705	04/17/1985	07/01/2009	<p>MEMBERS: To reach Member Services please call (866) 408-9501 or for hearing impaired, call the TTY/Ohio Relay Service at (800) 750-0750 or (711). Monday to Friday, 7 a.m. and 7 p.m.</p> <p>To schedule transportation please call, (866) 642-9279.</p> <p>Emergency Services: Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) at the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at (888) 275-8750 or (866) 648-3537 (Español). For hearing impaired, call TTY (866) 735-2922. Follow up with your PCP after all emergency room visits.</p> <p>PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, post stabilization, eligibility, claim or benefit information call (800) 408-9501. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.</p> <p>PHARMACISTS: For pharmacy questions, please call (866) 408-9501.</p> <p>Claims Submission: P.O. Box 22712, Long Beach, CA 90801 - EDI Claims: WebMD-Payor #20149</p> <p style="text-align: center;">www.MolinaHealthcare.com</p>
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Overpayments

Overpayments as a result of claims processing are auto recouped from future claims for non-contracted providers in lieu of notification letters being sent. For dispute contact information and refund remittance address information, please see below under “Contact Information, Cost Recovery.”



Non-Contracted Provider Billing Guidelines

Contract Requests

For interest in contracting with Molina Healthcare, complete the Non-Par Provider Contract Request Form, available at www.MolinaHealthcare.com. Select Providers, Ohio, Forms

Federally Qualified Health Centers (FQHCs)/Rural Health Clinic (RHC)

Following are Molina Healthcare's Medicaid provider numbers for use when submitting documents for wrap-around payments.

Line of Business - Region	Molina Medicaid ID Numbers
CFC-West Central	2635545
CFC-Central	2635554
CFC-Southeast	2635536
CFC-Southwest	2635572
ABD-West Central	2693509
ABD-Central	2693518
ABD-Southeast	2693536
ABD-Southwest	2693527

Please see next page for Contact Information.



Non-Contracted Provider Billing Guidelines

Contact Information

Member Services

PO Box 349020
Columbus, OH 43234-9020

Phone: 1-800- 642-4168
TTY: 1-800-750-0750 or 711
Fax: (614) 781-1474
7:00 a.m. to 7:00 p.m., Monday through Friday

- ✓ Claim Inquiry
- ✓ Benefit Inquiry
- ✓ Eligibility Verification
- ✓ Primary Care Provider Selection
- ✓ Member Inquiry

Utilization Management

PO Box 349020
Columbus, OH 43234-9020

Phone: 1-800-642-4168
TTY: 1-800-750-0750 or 711
Prior Authorization Fax: 1-866-449-6843
Behavioral Health Prior Authorization Fax: 1-866-553-9262
8:00 a.m. to 5:00 p.m., Monday through Friday

Molina Healthcare Provider Self-Service Web Portal
www.MolinaHealthcare.com

- ✓ Prior authorization request
- ✓ Case management referral
- ✓ Inpatient concurrent review

Provider Services

PO Box 349020
Columbus, OH 43234-9020

Email: ProviderServices@MolinaHealthcare.com
Phone: 1-800-642-4168
TTY: 1-800-750-0750 or 711
Fax: (614) 781-4464
8:00 a.m. to 5:00 p.m., Monday through Friday

- ✓ Address and tax identification number change
- ✓ Provider contracting
- ✓ Provider education and training



Non-Contracted Provider Billing Guidelines

Claim Disputes or Reconsideration Requests

PO Box 349020
Columbus, OH 43234-9020

Phone: 1-800-642-4168
Fax: (614) 781-4464

Molina Healthcare Provider Self-Service Web Portal
www.MolinaHealthcare.com

✓ Denied claim review

Cost Recovery

Phone: 1-866-642-8999, option 4 for Ohio
10:00 a.m. to 7:00 p.m., Monday through Friday

Please make checks payable to Molina Healthcare of Ohio and send the check along with corresponding documentation to:

Molina Healthcare of Ohio, Inc.
PO Box 715257
Columbus, OH 43217-5257

If returning a Molina Healthcare check, please send to:

Molina Healthcare of Ohio, Inc.
PO Box 349020
Columbus, OH 43234-9020

Use the Return of Overpayment Form to submit unsolicited refunds or check returns. Go to www.MolinaHealthcare.com. Select Providers, Ohio, Forms.