

Outpatient and Inpatient Payment

Information for providers in the Medicaid and MyCare Ohio networks

As of Jan. 1, 2016, services provided in an outpatient setting within three days prior to an inpatient admission will be paid as part of the inpatient claim, not as a separate claim. This includes emergency room and observation services.

Outpatient services must be received at a hospital or an off-site unit and include a patient who is admitted as an inpatient, but the inpatient stay does not extend beyond midnight on the admission date.

Exceptions include patient death or transfer to another inpatient unit, hospital or state psychiatric facility. Outpatient services can include:

- Diagnostic, therapeutic, rehabilitative or palliative treatment
- Services by a physician or dentist provided to an outpatient member at a hospital

Outpatient services do not include direct-care services provided by physicians, podiatrists and dentists. For more, reference Ohio Administrative Code (OAC) [5160-2-02](#), [5160-2-01](#) and [5160-4-01](#).

Pre-Release Pilot for Justice-Involved Members

Information for providers in the Medicaid network

Molina Healthcare partnered with the Ohio Department of Medicaid (ODM) and the Department of Rehabilitation and Corrections (DRC) to manage Medicaid benefits for justice-involved enrollees prior to their release. As of Sept. 1, Molina has 609 members in this program. Ohio's entire prison system will be enrolled by end of 2016.

Care Managers will conduct a video conference before release, develop a written transition plan, assess care and remove barriers. We ask network providers to:

- Help members navigate the transition back into the community
- Assist the Care Manager with new patient appointments/referrals and collecting/exchanging medical information and records

Panel Limitations Reminder for Primary Care Providers

Information for providers in the Medicaid Network

The ODM Provider Services Agreement limits providers to a maximum of 2,000 assigned patients per provider. The limit is the total for all groups and locations. It cannot be increased by the number of service locations or provider groups with which the provider participates.

Earn \$50 for Timely Prenatal Care

Information for OBGYN providers in the Medicaid network

On Aug. 1, 2016, Molina Healthcare implemented a **\$50 provider incentive** for timely prenatal care visits. To receive the \$50 incentive, complete a [Prenatal Risk Assessment Form](#) (PRAF) for each newly identified pregnant patient and meet the following:

- Bill with HCPCS code H1000 at the time of service⁽¹⁾
- Complete the service within the first trimester or 42 days of the member's enrollment with Molina Healthcare

In This Issue

- [Outpatient and Inpatient Payment](#)
- [Pre-Release Pilot](#)
- [Clear Coverage™](#)
- [Panel Limitations for PCPs](#)
- [Earn \\$50 for Prenatal Care](#)
- [Americans with Disabilities Act](#)
- [Insect Repellent Coverage](#)
- [Cultural & Linguistic Competency](#)
- [Corrected Claims Tips](#)
- [NOC Billing Requirements](#)
- [Providing Preventive Care](#)
- [Health Care Coding Tips](#)

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:

- [Preferred Drug List Updates](#)
- [Consent to Sterilization Form](#)
- [Claim Reconsideration Form](#)
- **Coming soon** – Updated Medicaid and MyCare Ohio Provider Manual.
- **Coming soon** – Fighting Opioid Abuse

Clear Coverage™

Provides instant approval on most outpatient services. To learn more, join the next training session at <http://molina.webex.com>.

Fri., Sept. 16 from 9 to 10 a.m.,
Meeting Number: 805 028 013
Fri., Oct. 21 from 9 to 10 a.m.,
Meeting Number: 808 286 688

Americans with Disabilities Act

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying

- Fax to (866) 504-7256. Find the PRAF on our website at www.MolinaHealthcare.com/Providers/OH under the “Forms” tab.

Molina Healthcare will send monthly consolidated incentive checks for each PRAF completed and appropriately submitted via claim, with a limit of one per member. Expect incentive payments six to eight weeks after delivery of a live birth. For questions, contact Kevin St. Clair at Kevin.StClair@MolinaHealthcare.com or (614) 212-2385.

⁽¹⁾ Regardless of compliance, the H1000 Code will be paid at your contracted ODM fee schedule. Additional H1000 claims may be submitted if significant risk factors that were not noted on the original PRAF are identified during the course of the pregnancy. The \$50 Incentive is only paid once per pregnancy.

Prescriptions for Insect Repellent Now Covered

Information for providers in the Medicaid networks

Effective Aug. 1, 2016, prescriptions for DEET products are now covered to assist in preventing the spread of the Zika virus. The product must be purchased from a network pharmacy with a valid prescription. Visit www.MolinaHealthcare.com/ProviderSearch for a list of network pharmacies. These items are now covered:

- MAXI DEET
- CUTTER SKINSATIONS
- CUTTER BACKWOODS
- SAWYER INSECT REPELLENT C
- ULTRATHON
- CUTTER ALL FAMILY
- CUTTER DRY
- CUTTER SKINSATIONS
- CUTTER BACKWOODS DRY
- CUTTER SPORT
- CUTTER BACKWOODS
- NATRAPEL
- INSECT REPELLENT
- CUTTER ALL FAMILY MOSQUIT
- REPEL TICK DEFENSE
- CUTTER NATURAL
- CUTTER LEMON EUCALYPTUS
- REPEL LEMON EUCALYPTUS IN CUTTER NATURAL

Corrected Claims Submission Tips

Information for providers in all networks

View the Corrected Claims Billing Requirements guide at www.MolinaHealthcare.com/Providers/OH under the “Forms” tab. Remember:

- **Always** submit corrected claims via Web Portal (<https://Provider.MolinaHealthcare.com>) or electronically (payer ID: 20149).
- **Include** all elements that need correction **and** all other elements originally submitted.
- **Do not** submit only codes edited by Molina Healthcare.
- **Do not** submit via the claims reconsideration process.

Provide Preventive Care During Other Types of Care

Information for providers in the Medicaid Network

Members may receive preventive care at any time, *regardless of the primary intent of the visit*. To ensure patients get the care they need, consider performing an annual well exam during a visit for another reason, such as a sick visit. Record the following services in the medical record during a preventive exam:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

Bill the appropriate diagnosis, procedure and modifier codes to support each service provided. Submit the new/established E&M with modifier 25.

individuals with disabilities. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to health care access, we can improve the quality of life for people with disabilities. To learn more, visit the [Americans with Disabilities Act FAQ](http://www.MolinaHealthcare.com/Providers/OH/Duals) at www.MolinaHealthcare.com/Providers/OH/Duals.

Cultural & Linguistic Competency

Providers are required to participate in Molina Healthcare cultural competency education and training. We have resources to assist providers including translated materials and accessible formats like Braille. For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800) 750-0750 or 711.

To learn more, view our Disability Awareness & Sensitivity Training at www.MolinaHealthcare.com/Providers/OH/Duals by clicking “Provider Training” under the “Manual” tab.

NOC Billing Requirements

The Not Otherwise Classified (NOC) code description is **required** on all claims submitted for all networks. The requirement is part of the 5010 implementation and is mandatory for both professional and facility claims. When billing a NOC code, provide a description of the service in the EDI field SV101-07.

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.