

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

Molina Healthcare will pay for medically necessary prescription drugs and certain medical supplies, dispensed by a pharmacy (diabetic supplies, inhaler spacers, peak flow meters, syringes, needles, alcohol wipes, and condoms).

Payment will only be made for those covered by Ohio Medicaid obtained from pharmacies and medical equipment suppliers contracted with Molina Healthcare. 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 (855) 322-4079.

For a complete list of covered codes, please see Ohio Administrative Code 5160-10-03 and select the Medicaid Supply List link.

Please follow the guidelines for limits and prior authorization requirements as referenced in Molina Healthcare's Preferred Drug List (PDL) available at www.MolinaHealthcare.com, the [Ohio Medicaid Supply List, 5160-10-03 - Appendix A](#), and [Supplies Billed by Ohio Medicaid Pharmacy Providers, 5160-9-02 - Appendix A](#).

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



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

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 (855) 322-4079.

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 (855) 322-4079.

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 (855) 322-4079. 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 (855) 322-4079.

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.

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."

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 for dates of service prior to July 1, 2013.

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

Following are Molina Healthcare's Medicaid provider numbers for use when submitting documents for wrap-around payments for dates of service on and after July 1, 2013.

Line of Business - Statewide	Molina Medicaid ID Numbers
ABD	0077182
CFC	0077186



Non-Contracted Provider Billing Guidelines

Member Eligibility Verification

Molina Healthcare Provider Web Portal

www.MolinaHealthcare.com

Molina Healthcare Provider Services

(855) 322-4079

8:00 a.m. to 5:00 p.m., Monday - Friday

Molina Healthcare IVR

1-855-402-3467

Ohio Medicaid Information System

(800) 686-1516

Sample Member Identification Cards

		Molina Medicaid
Member DUMMY NAME		
Identification # XXXXXXXXXXXX	Date of Birth: 01/01/01	Effective Date: 01/01/01
Primary Care Provider: DUMMY PCP		
Primary Care Provider Phone: (XXX) XXX-XXXX		
BIN# XXXXXX PCN# XXX RXGRP# XXXXXX, XXXXXX, XXXXXX MMIS# XXXXXXXXXXXX Issue Date: 01/01/01		

MEMBERS: If you have any questions, please visit our website at www.MolinaHealthcare.com or call Member Services at (800) 642-4168 or for hearing impaired TTY/Ohio Relay (800) 750-0750 or 711, 7 a.m. to 7 p.m. Monday to Friday.

Transportation Services: To arrange a ride to your appointment at no cost to you, call (866) 642-9279 or for hearing impaired TTY/Ohio Relay (800) 750-0750 or 711. Call to schedule your trip as early as possible, but at least 48 hours before your appointment.

24-Hour Nurse Advice Line: If you have questions about your health, call our 24-Hour Nurse Advice Line at (888) 275-8750 or (866) 648-3537 (Español). For hearing impaired, call TTY (866) 735-2929.

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 Provider (PCP) at the number on the front of this card for instructions. Follow up with your PCP after all emergency room visits.

PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, eligibility, claims or benefits, visit the Molina Web Portal at www.MolinaHealthcare.com or call (800) 642-4168

Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.

PHARMACISTS: For pharmacy questions, please call (800) 642-4168.

Claims Submission: P.O. Box 22712, Long Beach, CA 90801 - EDI Claims: WebMD-Payor #20149

www.MolinaHealthcare.com



Non-Contracted Provider Billing Guidelines

Contact Information

Member Services

PO Box 349020
Columbus, OH 43234-9020

Phone: (800) 642-4168
TTY: (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: (855) 322-4079
TTY: (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: (855) 322-4079
TTY: (800) 750-0750 or 711
Fax: (866) 713-1893
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

Phone: (855) 322-4079

Fax: (800) 499-3406

Molina Healthcare Provider Self-Service Web Portal

www.MolinaHealthcare.com

✓ Denied claim review

Cost Recovery

Phone: 1-866-642-8999, select the option 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.