

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 <u>www.MolinaHealthcare.com</u> . 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 <u>www.MolinaHealthcare.com</u>. 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 <u>www.MolinaHealthcare.com</u>, or you can call Molina Healthcare Provider Services for assistance at 1-800-642-4168.

For a complete list of covered codes, please see Ohio Administrative Code 5101:3-10-03 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 <u>www.MolinaHealthcare.com</u>, the Ohio Medicaid Supply List, 5101:3-10-03 - Appendix A, and Supplies Billed by Ohio Medicaid Pharmacy Providers, 5101:3-9-02 - Appendix A.

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



Contract Requests

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

Emergency Services

For emergency services, submit a CMS-1500 or UB-04 claim. Go to <u>www.MolinaHealthcare.com</u> 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 <u>www.MolinaHealthcare.com</u> 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.

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 <u>www.MolinaHealthcare.com</u>, 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 <u>www.MolinaHealthcare.com</u>. 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 <u>http://emanuals.odjfs.state.oh.us</u>.

Claim Submissions (Medical and Behavioral Health Services)

Refer to <u>www.MolinaHealthcare.com</u> 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 or 365 days from the actual date of service by submitting a Claims Reconsideration Form, available at <u>www.MolinaHealthcare.com</u>. 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.

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



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

Member JAYMIE L. TEST Identification # 51234553903	Date of Birth: 04/20/1988	CFC Effective Date: 07/01/2009	MIMBLES: To reach Member Services please call (BOD) 643-4168 or fer hearing impoind, call the TTY/Ohio Balay Service at (BOD) 750-0750 or (711). Monday to Friday, 7 a.m. and 7 p.m. To schedule transportation please call, (B66) 642-9279. Imergency Services: Call 911 (d unabiability or to the nearest emergency scon, or other appropriate sering. If you are not some whether you need to go to the emergency scon, call your Frinary Cam Physician (CP) to the number on the first of this cand for instructions, You may also contact our 24 Hear Malans Heathcone Name Advice Line at (B88) 275-8750 or (B66) 648-3537 (Esponde). For learning impoined, call TTY (B66) 735-2922. Follow up with your PCP also all emergency room visite.	
Primary Care Provid Primary Care Provi www.s # \$1224553903	er:TEST PCP der Phone: (740)375- BIN #610473	6030 Issue Date: 96/23/2009	PRACTITIONIES/PROVIDERS/HOSPITALS; for prior authorization, post stabilization, eligibility, claim or benefit information call (800) 642-4168. Yoophiti 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 w w w . Mol i no Health care.com	
Member ROBERT M. TEST		ABD	MEMBERS: To much Mamber Services please call (800) 642- 4168 or for hearing impoined, call the TTr/Chio Relay Service at (800) 750-0750 or (711). Monday to Friday, 7 a.m. and 7 p.m. To schedule transportation please call, (866) 642-9279. Emergency Services: Call 911 (if available) or go to the nearest emergency room or other opporchise testing, if you are not sum whether you need to go to the emergency room,	
Identification# 17123457705	Date of Birth: 04/17/1985	Effective Date: 07/01/2009	coil your Primary Care Physician (PCP) at the number on the last of this coil for instructions. You may also contact au: 24 Hour Molina Healthcare Nune Advice Line at (888) 275-8750 or (866) 648-3537 (Isponia), for hearing impaired, call TTY (866) 733-2922. Follow up with your PCP after all emergency room visits.	
Primary Care Provid Primary Care Provide www.5 # 17123457705	er:TEST PCP rr Phone: (740)375-60 IIN #610473	030 have Date: 66/25/2009	PRACTITIONIES/PROVIDES/HOSPITALS; for prior authorization, port stabilization, eligibility, daim or banefit information call (BO0) 642-4168. Mapping Admission: Authorization must be obtained by the hospital prior to all non-emergency admission. PHARMACISTS; for pharmacy questions, please call (BOO) 642-4168. Claims Submission: P.O. Box 22712, Long Beach, CA 90801 - EDI Claims: WebMDRoyor #20149 www.MolinaHealthcare.com	



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

- \checkmark Prior authorization request
- ✓ Case management referral

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

✓ Inpatient concurrent review

✓ Provider contracting

 \checkmark Provider education and training



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, 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 <u>www.MolinaHealthcare.com</u>. Select Providers, Ohio, Forms.