## 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 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 www.MolinaHealthcare.com, 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 www.MolinaHealthcare.com. Select Providers, Ohio, Rx Info.

## 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 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.

## 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 or 365 days from the actual date of service 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.

| 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 |

## Member Eligibility Verification

Molina Healthcare Provider Web Portal
www.MolinaHealthcare.com

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

Molina Healthcare IVR
1-866-402-3467

Ohio Medicaid Information System
1-800-686-1516

## Sample Member Identification Cards

# 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

**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
www.MolinaHealthcare.com. Select Providers, Ohio, Forms.