

It Matters to Molina: Availability and Authorization Lookup Tool

2020 | Presented by: Molina Healthcare

Provider Resources on the Molina Provider Website

- Provider Manual
- Dental Manual
- Provider Online Directories
- Provider Portal
- Preventive & Clinical Care Guidelines
- Prior Authorization Information
- Advanced Directives
- Claims Information
- Claims Reconsiderations
- Pharmacy Information
- HIPAA
- Fraud, Waste and Abuse Information
- Frequently Used Forms
- Communications & Newsletters
- Member Rights & Responsibilities
- Contact Information



www.MolinaHealthcare.com/OhioProviders

Provider Resources on the Molina Provider Website

The screenshot shows the Molina Healthcare provider website interface. At the top, there are navigation tabs for 'For Molina Members', 'About Molina', and 'Showing Information For Ohio'. Below this is a search bar and a 'Go' button. The main navigation menu includes 'Home', 'manual', 'forms', 'policies', 'HIPAA', 'EDI ERA/EFT', 'Rx info', 'health resources', 'communications', and 'contact us'. The 'communications' tab is highlighted with a callout box. The main content area features a 'Login to our provider portal' section with fields for 'User ID' and 'Password', and a 'Sign In' button. To the right, there is a 'Your Opinion Matters to Molina' section with an 'Email us' link, and a 'Monthly It Matters to Molina Provider Forum Topic' section with details about a meeting. Below the login section, there is an 'Alert!' banner about COVID-19 resources and a 'Recent Updates' section with several news items. A 'COVID-19 NEWS' icon is also present. Callout boxes point to the 'communications' tab, the 'Provider Portal Login' section, the 'Urgent Updates from Molina' banner, the 'Recent Updates' section, and the 'communications' tab.

“Communications” tab which houses the Provider Bulletins

Provider Portal Login

Urgent Updates from Molina

Recent Updates

It Matters to Molina

Available Training

Molina Provider Bulletin

Information for all network providers

A monthly Provider Bulletin is sent to Molina's provider network to report updates.

The Provider Bulletin includes:

Information for providers in all networks

- Prior authorization (PA) changes
- Provider training opportunities
- Updates to the Molina Drug Formulary
- Changes in policies that could effect claim submission, billing procedures or appeals
- Updates to the Molina Provider Portal

Visit our website at

www.MolinaHealthcare.com/OhioProviders

to join our distribution list.

MOLINA HEALTHCARE PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider network

"It Matters to Molina" Corner
Information for all network providers
Thank you for the wonderful response to the "It Matters to Molina" December question! Our monthly winner is Denise Grow from Memorial Health.
The "It Matters to Molina" December question was: The Centers for Medicare and Medicaid Services (CMS) requires contracted medical providers complete basic training on the Medicare and MyCare Ohio Medicare Model of Care. When is the deadline for providers to complete training and email the attestation form to OHAttestationForms@MolinaHealthcare.com?
a. Nov. 30, 2019 b. Dec. 31, 2019 c. Jan. 21, 2020
The correct answer was b. Dec. 31, 2019

January Question: In a previous Molina Healthcare Provider Bulletin we discussed Molina's partnership with the Council for Affordable Quality Healthcare (CAQH) to improve the accuracy of provider directory information. Excluding Provider Types B4/B5, what are three ways a provider can update information?
a. CAQH Pro/View®
b. Sending a letter to Molina
c. Filling out the Provider Information Update Form
d. Selecting the "Report data change in the Provider Directory" on the Provider Portal

Please email your answer and contact information by Jan. 15 to OHProviderBulletin@MolinaHealthcare.com to be entered into the January drawing. The correct answer and drawing winner will be announced in the February Provider Bulletin. In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Required Annual Trainings
Information for Medicaid, MyCare Ohio and Medicare network providers
CMS requires Molina to offer annual trainings on the following:
• **Model of Care:** Contracted medical providers, are required to complete a basic training on the Medicare and MyCare Ohio Medicare Model of Care by Dec. 31, 2019 based on CMS guidelines. Find additional information at www.cms.gov under "Regulations & Guidance" then "Manuals" and "Internet-Only Manuals (IOMs)" in the CMS [100-16 Medicare Managed Care Manual](#) Chapter 5 – Quality Assessment, under "Section 20.2.1 – Model of Care Elements" then "3. SNP Provider Network" and "C. MOC Training for the Provider Network." This includes primary care providers and specialists, including behavioral health providers.
• **Cultural Competency:** Participating network providers are required to receive Cultural Competency training to ensure providers meet the unique and diverse needs of all members based on National Committee for Quality Assurance (NCQA) requirements.

Updated Prior Authorization Form Information for all network providers
On Jan. 1, 2020, look for an updated "Prior Authorization Request Form and Instructions" on our provider website. Changes will include:
• The new Molina Medicare D-SNP line of business
• The addition of eviCore for select outpatient utilization management services
The "Prior Authorization Request Form" contains a list of services that require prior authorization. Providers can find a more detailed list of required codes in the Molina PA Code List, available on our website, under the "Forms" tab.

In This Issue – January 2020
→ It Matters to Molina Corner
→ Required Annual Trainings
→ SA/DO Claim Holds
→ CCS Claim Holds
→ Hospital Form Updates
→ CAR 1 Call Therapy
→ Marketplace Name Updates
→ United Preferred Drug List
→ New PA Requirements - eviCore
→ Updated Prior Authorization Form
→ Provider Training
→ Changes to PA Code List
→ Changes to Provider Manual
→ Did you know?
→ NCQA: Reminder
→ Reauthorization Requirements

Questions?
Provider Services - (855) 322-4379
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 8 p.m.)
Email us at OHProviderRelations@MolinaHealthcare.com
Visit our Provider Website at MolinaHealthcare.com/OhioProviders

Connect with Us
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List
Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail

Updated Prior Authorization Form Information for all network providers

The Provider Bulletin is a monthly newsletter distributed to all network providers joining beneficiaries of Molina Healthcare of Ohio: Medicaid, MyCare Ohio and Health Insurance Marketplace health plan years.

Availity

Information for all network providers

Molina has chosen Availity as its exclusive Provider Portal provider.

Coming in 2021, Molina's Provider Portal including all features, functionality and resources will transition to Availity.

This will be a phased transition, with access to both the Molina Provider Portal and the Availity Portal being available as features and functionality are deployed on Availity's Portal.

Providers who currently utilize Availity for other Managed Care Plans will have access to Molina on Availity on Nov. 14, 2020.

For providers who do not currently utilize Availity, Molina will be sending out additional information and training opportunities in the coming months to support this transition.

Prior Authorization Lookup Tool on the Provider Website

Information for all network providers

Providers will soon have a new supplemental lookup tool on the Molina Provider Portal and the public Provider Website.

This new feature allows providers to enter a Current Procedural Terminology (CPT) code for outpatient services into a search engine to help determine if a code requires PA, if there are limitations to the code and if the PA request should be sent to Molina or eviCore.

Provider Portal

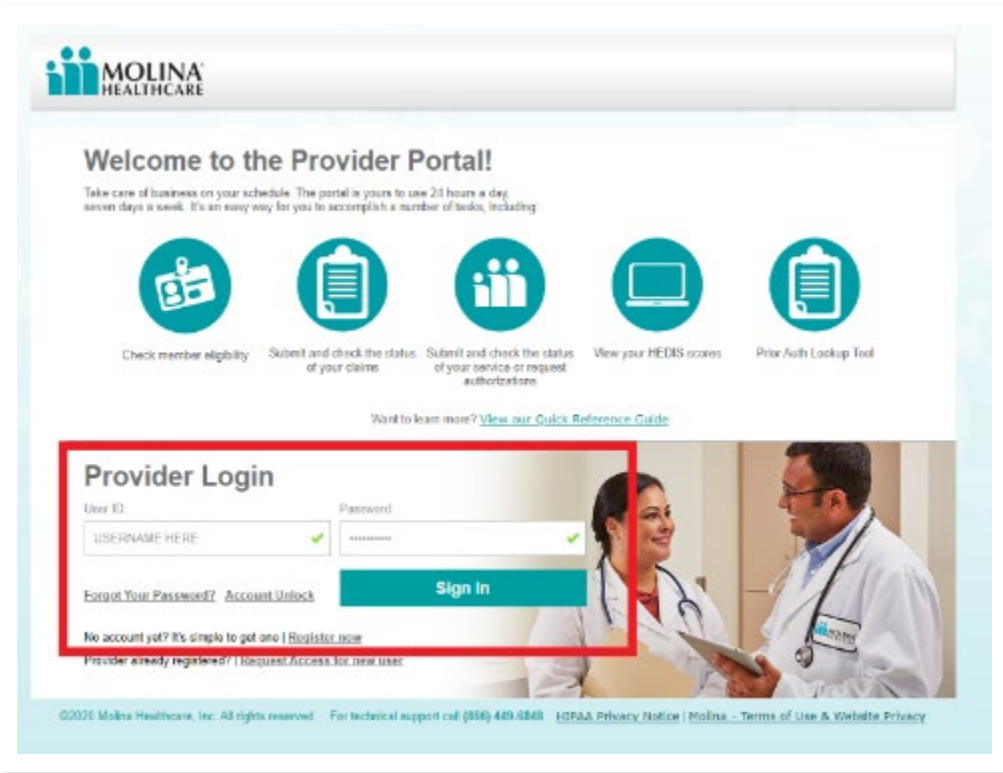
- On the Provider Portal under the “Quick Member Eligibility Search” and under the “Service Request/Authorization” drop-down menu

Molina Homepage

- On the Molina homepage at www.MolinaHealthcare.com, under “Health Care Professionals”

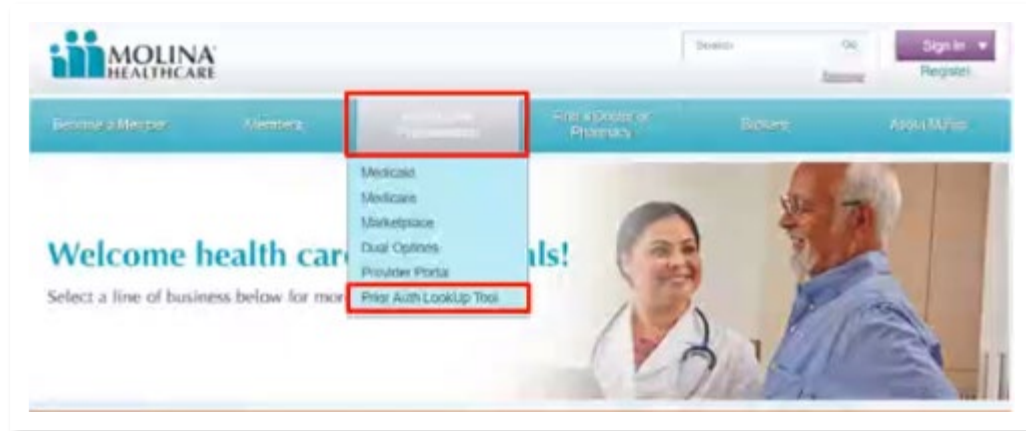
The new lookup tool is an enhancement to the PA Code lookup process and will not replace the PA Code Lists that Molina posts to the Provider Website under the “Forms” tab.

Prior Authorization Lookup Tool on the Provider Website



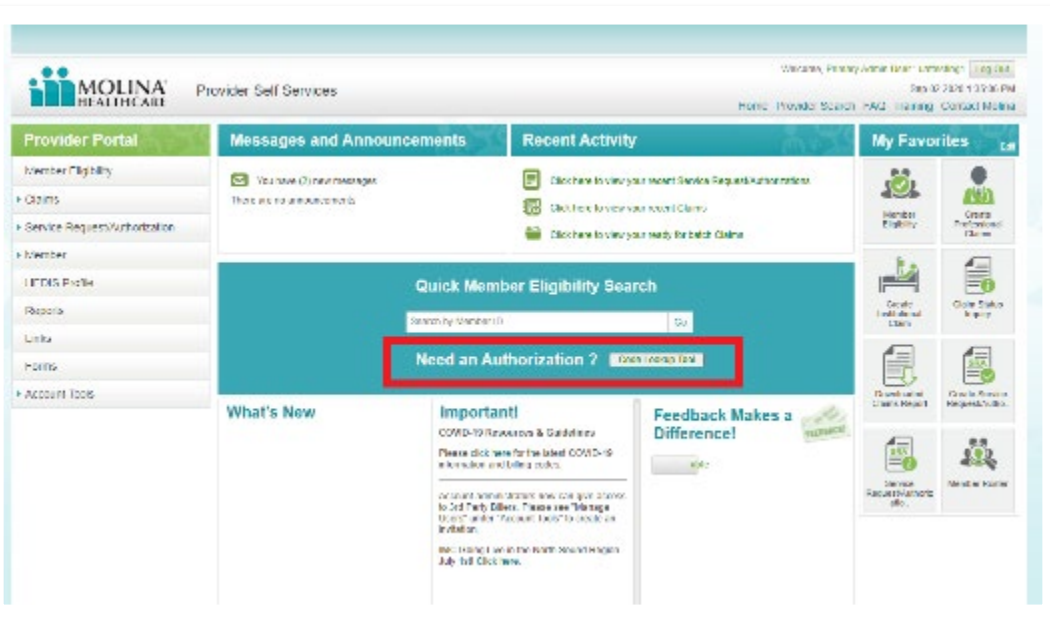
After accessing the Provider Portal landing page for Molina Healthcare, log into the system with your assigned username and password. Click Sign In.

Providers will also be able to access the Lookup Tool without logging into the Provider Portal by selecting “Prior Auth LookUp Tool” from the drop-down menu under “Healthcare Professionals” on the Molina homepage.

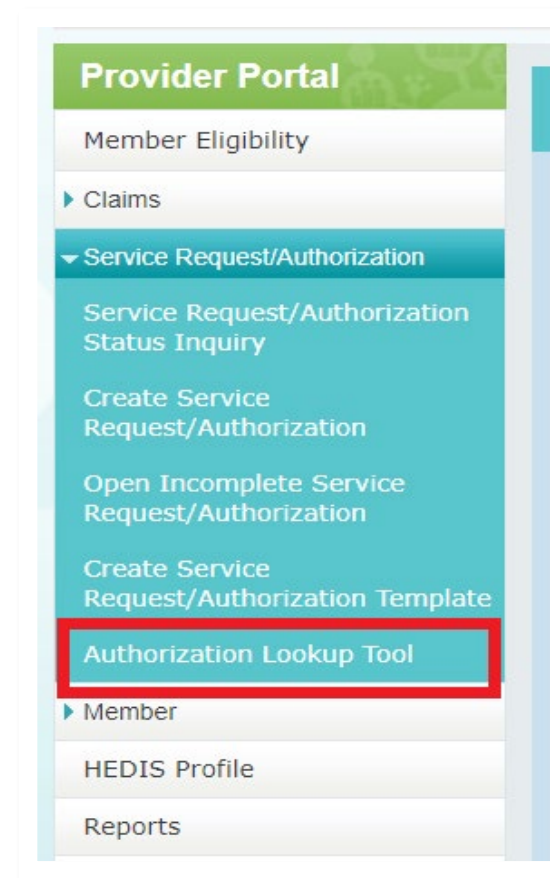


Prior Authorization Lookup Tool on the Provider Website

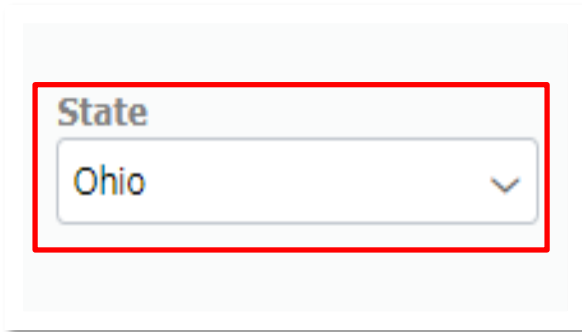
The first option for accessing the Lookup Tool includes clicking on the “Code Lookup Tool” icon next to “Need an Authorization?” on the Provider Portal homepage.



The second option is to select “Authorization Lookup Tool” under the “Service Request/ Authorization” tab.



Prior Authorization Lookup Tool on the Provider Website



Providers will then select the state (Ohio).

Once Ohio is selected the state specific information will populate.

A screenshot of the 'Prior Authorization Lookup Tool' interface. The page title is 'Prior Authorization Lookup Tool'. Below the title, there is a warning: 'THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.' followed by a red notice: 'FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 - PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.' The main content area is titled 'Ohio:' and lists various services with their respective PA requirements for Medicare, Medicaid, and Marketplace. At the bottom, there is a note: 'Plan has developed own Matrix, click below:' followed by a URL: 'http://www.molinahealthcare.com/providers/oh/medicaid/forms/pages/fuf.aspx'.

Prior Authorization Lookup Tool

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 - PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

We attempt to provide the most current and accurate information on this PA Look-Up Tool. Prior Authorization is not a guarantee of payment for services. Payment is dependent on Member Eligibility, Benefit Coverage and limitations, Provider Agreements and submission of accurate claims. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request form.

This Look-Up tool is for Out-Patient Services only. All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR) and Long Term Acute Care Hospitals (LTACH) require Prior Authorization.

No PA is required for office visits at Participating (PAR) Network Providers. All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services.

Ohio:

Home Health:
Medicare: Plan allows initial evaluation plus two visits, after which PA would be required. This is for a combination of services, not per discipline. This is the member's benefit per calendar year, not per provider or start of care.
Medicaid: Plan allows initial evaluation plus six visits, after which PA would be required. This is for a combination of services, not per discipline. This is the member's benefit per calendar year, not per provider or start of care.
Marketplace: Plan allows initial evaluation plus six visits, after which PA would be required. This is for a combination of services, not per discipline. This is the member's benefit per calendar year, not per provider or start of care.

Occupational and Physical Therapy:
Medicare: Authorization required after benefit limit is reached, please refer to member handbook.
Medicaid: Authorization required after benefit limit is reached, please refer to member handbook.
Marketplace: Authorization required after benefit limit is reached, please refer to member handbook.

Speech Therapy:
Medicare: Authorization required after benefit limit is reached, please refer to member handbook.
Medicaid: Authorization required after benefit limit is reached, please refer to member handbook.
Marketplace: Authorization required after benefit limit is reached, please refer to member handbook.

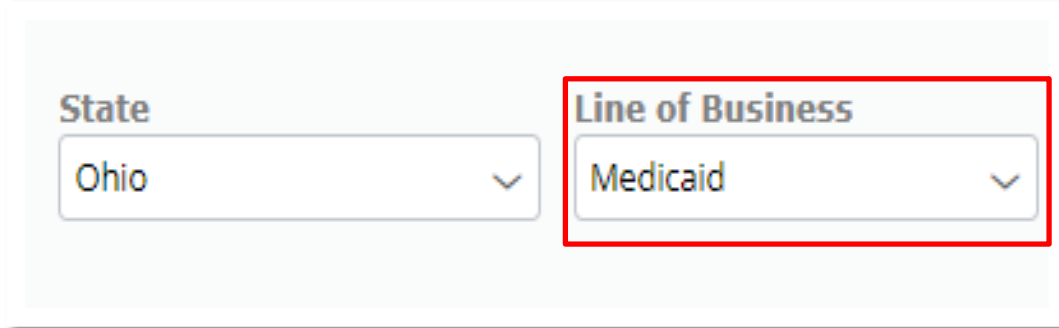
Sleep Studies:
Medicare: PA required, non-covered if in home/POS 12.
Medicaid: PA required, non-covered if in home/POS 12.
Marketplace: PA required, non-covered if in home/POS 12.

Genetic Counseling and Testing:
Medicaid: Prior Authorization Required except for Prenatal diagnoses of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.

Hospice:
Medicare: No PA Required
Medicaid: No PA required
Marketplace: No PA required

Plan has developed own Matrix, click below:
<http://www.molinahealthcare.com/providers/oh/medicaid/forms/pages/fuf.aspx>

Prior Authorization Lookup Tool on the Provider Website



The screenshot shows a web form with two dropdown menus. The first menu is labeled "State" and has "Ohio" selected. The second menu is labeled "Line of Business" and has "Medicaid" selected. A red rectangular box highlights the "Line of Business" dropdown menu.

Select the “Line of Business” which includes Medicare, Medicaid and Marketplace.

Specific plan information:

- MyCare Ohio Medicare benefit (Opt-In), select Medicare
- MyCare Ohio Medicaid benefit (Opt-In), select Medicaid
- MyCare Ohio Opt-Out, select Medicaid
- Medicaid (Aged, Blind and Disabled [ABD], Healthy Families, Adult Extension), select Medicaid
- Marketplace (all plans), select Marketplace
- Dual Special Needs Plan (D-SNP) Medicare, select Medicare

Prior Authorization Lookup Tool on the Provider Website

State	Line of Business	CPT / HCPCS Code	Lookup
Ohio	Medicaid	97110	

Next, enter the specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPC) code.

Then select “Lookup” to view results.

Prior Authorization Lookup Tool on the Provider Website

State	Line of Business	CPT / HCPCS Code	Lookup
Ohio	Medicaid	97110	

Prior Authorization Status: Required <https://www.molinahealthcare.com>

Code Description	Notes
THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES	PA required after 30 dates of service

The results will show if a code requires PA, if there are limitations to the code and if the PA request should be sent to Molina or eviCore

Commitment to Provider Satisfaction

Molina Healthcare of Ohio is committed to increasing our Provider Partners' satisfaction by obtaining your feedback.

Some of the ways we do this include:

- Dedicated Provider Services Representatives in each region of the state for training and questions
- An annual Provider Satisfaction Survey
- It Matters to Molina online survey
- Provider Forums



Your Opinion Matters to Molina

[Email us](#) to share your comments, concerns or ideas. Your feedback is important to us. Let us know what we're doing well and what we can do to improve.

Please share your feedback with us so we can continue to provide you with excellent customer service!

Contact Information

Physician practice specific questions:

- OHProviderServicesPhysician@MolinaHealthcare.com

Hospital or hospital-affiliated physician group specific questions:

- OHProviderServicesHospital@MolinaHealthcare.com

Behavioral Health specific questions:

- BHProviderServices@MolinaHealthcare.com

MyCare Ohio specific questions:

- OHMyCareLTSS@MolinaHealthcare.com

Nursing Facilities specific questions:

- OHProviderServicesNF@MolinaHealthcare.com

Contact for general questions or training:

- OHProviderRelations@MolinaHealthcare.com

Provider Services:

- (855) 322-4079