

Inpatient Stays for Behavioral Health

Information for behavioral health providers in all networks

Effective Feb. 2017, Molina Healthcare will evaluate inpatient behavioral health stays for observation level of care. All inpatient stays require either notification or prior authorization (PA) depending on the type of service.

Treatment provided in an observation setting does not require PA at participating facilities. Treatment in an observation or inpatient setting at non-participating facilities requires PA. Some exceptions to this policy include:

- Member leaves against medical advice (AMA)
- Member transferred to acute care facility
- Member admitted for dialysis and/or end stage renal disease

PA requests are reviewed to ensure procedures are medically necessary and provided in the most appropriate setting. Review decisions are supervised by qualified medical professionals. All medical necessity denial decisions are made by a Medical Director.

Observation services are provided on a hospital's premises, including use of a bed and periodic monitoring that are reasonable and necessary to evaluate an outpatient's condition or determine need for hospital admission.

MedXM Providing Health Assessments to Members

Information for providers in the MyCare Ohio and Medicaid networks

Molina Healthcare partners with MedXM to help schedule and provide individual health assessments to Molina MyCare Ohio members. MedXM will work with Care Managers to contact members' skilled nursing facilities.

The 45 to 60-minute assessments cost nothing for members and facilities. They are used to assess members' needs and make recommendations for services and do not replace a visit with the primary care provider.

MedXM will also help schedule annual bone density and test eye exams for MyCare Ohio and Medicaid members diagnosed with diabetes or osteoporosis.

New Populations Joining Molina Healthcare

Information for providers in the Medicaid network

Effective, Jan. 1, the Ohio Department of Medicaid (ODM) will transition the following new populations into managed care from Fee-for-Service Medicaid: Foster Care, Adoption Assistance, Bureau for Children with Medical Handicaps, Breast and Cervical Cancer Project, Developmentally Disabled, and 1915(i).

New members may continue to receive physician and specialist services from non-participating providers during the following transition of care (TOC) periods:

- Members 21 and older – during the first month of enrollment

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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 receive this bulletin via email, submit the form at www.MolinaHealthcare.com/ProviderEmail.

Website Roundup

Recently updated at <http://www.molinahealthcare.com/providers/oh>:

- [Provider Manual](#)
- [Patient Liability Guide](#)
- [PA Code List](#)
- [Cultural Competency Training](#)
- Episodes of Care – coming soon

Dental Benefit Change for 2017

Information for providers in the Medicaid network

Effective Jan. 2017, the dental benefit for Molina Healthcare adult Medicaid members will increase to a cleaning and checkup once every **six months**.

Clear Coverage™ Training

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

Fri., Nov. 18 from 9 to 10 a.m.,
Meeting Number: 807 641 914
Fri., Dec. 16 from 9 to 10 a.m.,

- Members under 21 – during the first three months of enrollment

Molina Healthcare also will honor PAs during TOC for services like:

- Durable medical equipment
- Surgeries
- Chemotherapy and radiation
- Transplant services

For more information or questions about new members, contact Provider Services at (855) 322-4079. For training, contact your Provider Services Representative or email OHProviderRelations@MolinaHealthcare.com.

ODM Behavioral Health Redesign

Information for providers in the Medicaid and MyCare Ohio networks

Effective July 1, 2017, as part of the Behavioral Health Redesign, ODM will require rendering providers on claims for Medicaid community behavioral health services.

All provider organizations of this type must have all applicable rendering practitioners registered with Medicaid and linked to their organization through the Medicaid Information Technology System (MITS) portal before July 1. Visit <http://mha.ohio.gov> and select “MITS Claims Processing” under the “Funding” tab for update.

Transportation Changes

Information for providers in all networks

Secure Transportation, Molina Healthcare’s transportation vendor, has made the following changes:

- Added a new phone number for facilities calling to schedule rides for patients at **(855) 740-2130**.
- Changed the call ahead requirement from 48 hours to **2 business days** before the appointment.

Mandatory Cultural Competency Training

Information for providers in the Medicaid and MyCare Ohio networks

Medicaid and MyCare Ohio providers are required to complete cultural competency training.

- **Face-to-Face Training:** Your Provider Relations Representative can give the training in person and answer questions.
- **Online Training:** Visit www.MolinaHealthcare.com/Providers/OH under the “Manual” tab.

After reviewing the training, open and sign the “Cultural Competency Attestation Form” or sign the form on the next page. Return by:

- Fax to (866) 713-1894, ATTN: Latanya Powell
- Email to OHProviderRelations@MolinaHealthcare.com

If one provider will sign for a group or clinic, attach a spreadsheet of all providers in the group that includes:

- | | |
|------------------------|-------------------------------|
| • Provider name | • Date attestation received |
| • Clinic/practice name | • State |
| • Method sent | • TIN |
| • Date sent | • Date providers were trained |

Meeting Number: 803 339 966

Request on-site training from your Provider Services Representative or by email at OHProviderRelations@MolinaHealthcare.com.

Earn \$50 for Timely Prenatal Care Information for OBGYN providers in the Medicaid network

To receive a \$50 incentive, complete a [Prenatal Risk Assessment Form \(PRAF\)](#) for each newly identified pregnant patient. For more information on how to qualify for the incentive, view the PRAF online at www.MolinaHealthcare.com/Provider/s/OH under the “Forms tab.”

For questions, contact Kevin St. Clair at Kevin.StClair@MolinaHealthcare.com.

Flu Season Tips

Thank you for your help keeping your patients healthy this flu season with the covered flu shot for Molina Healthcare members.

To continue this effort:

- Educate patients on the importance of the vaccine.
- Provide a list of local pharmacies if you do not offer the vaccine.
- Turn flu vaccine reminders and prompts on for patient records.

Molina Healthcare uses the Advisory Committee on Immunization Practices recommendations, including annual flu shots for those 6 months and older. It is especially important for those who are, live with or care for persons with high-risk of serious flu-related complications.

For more, visit www.cdc.gov/flu/professionals/vaccination.

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.

CULTURAL COMPETENCY TRAINING CONFIRMATION 2016

Centers for Medicare and Medicaid Services (CMS) – Mandatory Requirement

Please sign below to attest you have received Cultural Competency training in 2016 from Molina Healthcare. Send the signed and dated form by Dec. 31, 2016:

- Fax to (866) 713-1894, ATTN: Latanya Powell
- Email to OHProviderRelations@MolinaHealthcare.com

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by CMS to ensure providers meet the unique and diverse needs of all members. Thank you for your immediate response and cooperation.

I have received and reviewed the written materials for the Cultural Competency training.

Clinic/Practice Name: _____

Group Tax Identification Number (TIN): _____

Signature: _____ Date: _____ State: _____

Physician Information

Please complete for all participating providers in your practice. This information will be available to our members to reference when selecting a provider who meets their cultural needs. A spreadsheet containing this information can be attached if needed.

Provider Name: _____

Provider Ethnicity: _____

Language(s) Spoken: _____

Provider Name: _____

Provider Ethnicity: _____

Language(s) Spoken: _____