MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Effective Feb. 1 – Update to Medicare Prior Authorization Process

Information for providers in the Medicare and MyCare Ohio networks

As of Feb. 1, 2017, the toll-free fax number to submit prior authorization (PA) requests for the services listed below will change to **(844) 251-1450**. Faxes submitted to the incorrect number will be forwarded to the correct number during a transition period.

This change will help centralize submissions, excluding Advanced Imaging, and accelerate PA review for Medicare and MyCare Ohio members. Services include:

- Durable Medical Equipment
- Outpatient Procedures
- Home Health
- Outpatient Therapy
- Infusions
- Surgical Procedures (Inpatient and Outpatient)
- Pain Management
- Non-Par Office Visits (including Behavioral Health)
- Transportation
- Neuropsychiatric Testing
- Pharmacy Part B
- Genetic Counseling & Testing
- Hyperbaric Therapy
- Sleep Studies

The PA request and submission process for all other services has not changed and these requests should be submitted to **(877) 708-2116**.

To submit, complete a PA Request Form with all pertinent information and medical notes, posted at MolinaHealthcare.com/OhioProviders under the "Forms" tab.

Requests for inpatient services can still be submitted through the provider web portal and requests for outpatient services can be submitted through Clear Coverage.

Call Provider Services at (855) 322-4079 with questions.

Billing Guidelines for Federally Qualified Health Centers (FQHC)

Information for Federally Qualified Health Centers (FQHC) when Benefit is Covered Under Medicare

Federally Qualified Health Centers (FQHC) are required to bill for all services provided and HCPCS codes are required to be reported on the service lines since Jan. 1, 2011.

These services are paid under one of five G codes and the Evaluation & Management (E&M) code, which is used for information only and bundles into the G code payment.

The following HCPCS codes must be reported on FQHC claims:

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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.)

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OHProviderRelations@MolinaHealthcare.com
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Website Roundup

Recently updated at MolinaHealthcare.com/OhioProviders

- Medicaid and MyCare Ohio Combined Provider Manual
- Marketplace Provider Manual
- Medicare Provider Manual
- Dental Provider Manual
- PA Code List
- Cultural Competency Training
- Episode Based Payment Model

Clear Coverage™

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

Fri., Feb. 24 from 9 to 10 a.m., Meeting Number: 807 128 702
Wed., March 22 from 9 to 10 a.m., Meeting Number: 801 943 841

Request on-site training: OHProviderRelations@MolinaHealthcare.com.

NOC Billing Requirements

The Not Otherwise Classified (NOC) code description is **required** on all claims submitted for all networks.

The requirement is part of the 5010

- G0466 FQHC visit, new patient
- G0467 FQHC visit, established patient
- G0468 FQHC visit, IPPE or AWV
- G0469 FQHC visit, mental health, new patient
- G0470 FQHC visit, mental health, established patient

When FQHCs began the transition to the Prospective Payment System (PPS) on Jan. 1, 2015, claims submitted with missing G codes or E&M codes began rejecting.

If you have received a rejection because you are missing the G code or the E&M code, you must submit a corrected claim following the Corrected Claims Billing Guide posted at MolinaHealthcare.com/OhioProviders under the "Forms" tab.

Complex Claim Review Process

Information for facilities in all networks

The Center for Medicare and Medicaid Services (CMS) requires Molina Healthcare to review services to ensure program integrity. This process includes both pre- and post-payment review of claims.

Medical claim reviews are conducted on inpatient claims to ensure our Provider Agreement with ODM is in accordance with the Federal, State and American Medical Association (AMA) billing and coding guidelines.

The review covers:

- Room and board charges
- Non-routine/patient-specific items and services
- Any identified billing errors

This review identifies disallowed charges and services. The correct payment will be determined based on Federal or State reimbursement methodology and/or provider-specific contract terms.

If disallowed charges are identified, you will be notified and the decision can be disputed through the routine claim appeal/dispute process outlined in the Provider Manual and/or your provider contract.

For timely processing, please ensure claims regarding stop loss or payment exceeding the Diagnosis Related Group (DRG) amount are submitted with an itemized statement.

Call Provider Services at (855) 322-4079 with questions.

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, the Ohio Department of Medicaid (ODM) will require rendering providers' names 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 updates.

implementation and is mandatory for both professional and facility claims. When billing a NOC code, provide a description of the service in the Electronic Data Interchange (EDI) field SV101-07.

Claim Reconsideration Update

Molina Healthcare's Request for Claim Reconsideration form was changed to reflect the following:

- Submit claim disputes **only** when disputing a denial, payment amount or clinical code edit.
- Primary insurance Explanation of Benefits (EOB) and corrected claims are **not** accepted via claim reconsideration.
  - Follow the standard claim process within timely filing requirements outlined in the Provider Manual.
- Effective **Nov. 1, 2016**, the form must be filled out entirely or it will be returned with request for additional information.
  - Find the form at Molina Healthcare.com/Ohio Providers under "Forms."
- **Fax** the form and supporting documents to **(800) 499-3406**.
- We're going green! Mail submission is **not** accepted and will be returned.
  - **Exception:** Submit large files by mailing a disc or USB to:

    Molina Healthcare of Ohio
    Attn: Claim Disputes
    P.O. Box 349020
    Columbus, OH 43234-9020

  - Please include all identifying (Patient Name, DOB) and contact information with disc or USB submission in case follow-up is required.

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.