PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

Now Available – Online Claim Reconsideration Requests
Information for providers in all networks

Effective Sept. 7, 2017, Molina will offer providers the ability to submit claim reconsideration requests online. Providers have the capability to submit claim reconsideration requests via the Provider Portal in addition to the current fax process.

Providers can access submission of online claim reconsiderations by doing a claim search by claim number or a general claim search in the Provider Portal. Attachments totaling up to 20MB can be included with the reconsideration request. When completing the request for reconsideration through the Provider Portal, **please include your fax number in order to receive a timely response**. Providers must sign in using the **same email address that they utilize for the Provider Portal** to receive an electronic acknowledgment letter in their portal inbox.

Cleveland Clinic Joins Medicaid Network
Information for providers in the Medicaid network

The Cleveland Clinic joined Molina Healthcare of Ohio's Medicaid network on Aug. 1, 2017. An extended enrollment period for Ohio Medicaid is currently available now through Nov. 30, 2017 to give patients an opportunity to change their Medicaid health insurance plan.

Waiver Authorizations
Information for LTSS providers

The Molina Healthcare Long Term Services and Supports (LTSS) team is happy to announce the implementation of a newly created Waiver Service plan assessment.

Effective Aug. 14, 2017 all Molina care managers and waiver service coordinators will use this new assessment to streamline our process and improve information accuracy. This assessment allows our authorization team to create a more user-friendly waiver service plan document. The newly designed authorization form will clearly identify the authorization number for approved services. Molina conducted a testing phase to ensure the updated forms meet our partners' needs, so providers are already receiving them. Providers can expect to receive a PDF document outlining the requested service, approved units of service and authorization number. All questions should continue to be sent directly to the OHMyCareLTSS@MolinaHealthcare.com mailbox.

All-Cause Readmission and Potentially Preventable Readmission (PPR)
Information for Medicare, Medicaid and MyCare Ohio providers

Molina Healthcare has updated our 30-day readmission policy to include Potentially Preventable Readmissions effective Oct. 1, 2017. The policy has been posted to our website www.MolinaHealthcare.com/Ohio Providers under the "Manual" Tab. Readmissions identified as PPR will be reviewed using the 3M™ Health Information System Division PPR measure based on the Ohio Department of Medicaid's (ODM) customization, which identifies avoidable and unnecessary care. The focus on "potentially preventable" events identifies areas of opportunity

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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Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Notice of Changes to Prior Authorization Requirement Effective Oct. 1, 2017
On Oct. 1, 2017 the updated Prior Authorization Code List will be posted online at MolinaHealthcare.com/OhioProviders.

Observation Billing Guidelines
Information for providers in all networks

Effective Aug. 1, 2017 the Ohio Department of Medicaid (ODM) adopted Medicare's billing guidelines on the use of HCPCS G0378 (per unit) and G0379 (direct admit) as the preferred method of reporting observation services. Hospitals should not report more than 48 units/hours of observation on a fee-for-service outpatient claim, to prevent denials through MITS.

Molina Healthcare will be following ODM's guidelines with regards to

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The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

that will have the greatest impact on improved patient care while decreasing unnecessary readmits.

Important Reminder for Transportation Claims
Information for providers in all networks

Transportation Services from an eligible provider require an information modifier. Claims without the required information modifier will be denied.
- UA indicates an additional trip taken by the same individual:
  - On the same day
  - In the same vehicle type
  - To or from the same type of location
- UB indicates a second additional trip:
  - On the same day
  - In the same vehicle type
  - To or from the same type of location

For additional information refer to Ohio Administrative Code (OAC) 5160-15-28.

Encounter Requirements
Information for providers in all networks

On all UB claims, valid values in CL1 segment are required to be submitted. These segments cannot be submitted with a code that is "reserved for Assignment by the NUBC." Below are the CL1 segments that require valid values:
- Valid Admit Type (CL101)
- Admit Source (CL102)
- Patient Stats Code (CL103)

These guidelines are for UB Claims – (8371 CL segments). For more information please visit https://www.Medicaid.ohio.gov and review the ODM Hospital Billing Guidelines located under "Resources," then "Publications" and "ODM Guidance."

Benefits of Molina Healthcare's Care Management Program
Information for providers in the Medicaid networks

Your patient can enroll in Molina Healthcare's Care Management program for **free**. We want your patient to have the information and resources to move toward self-management and be as healthy as possible.

All Molina Healthcare Care Managers are licensed or registered professionals. Our professional staff will help your patient become familiar with his or her benefits and appropriate health care resources.

When your patient enrolls in Molina Healthcare's Care Management Program, he or she will be assigned to a Care Manager, who is part of an interdisciplinary team.
- Minimizes fragmentation of health care delivery system, such as transitions of care
- Improves patient safety and satisfaction
- Reduces duplication of services
- Helps patient with appointment setting
- Makes optimum use of Molina Healthcare benefits, including medical, transportation and behavioral community resources
- Assists patient with questions to ask during provider appointments
- Increases medication compliance via reconciliation with medical staff

configuration and requirements for EAPG pricing and limitations. For additional information please review the Hospital Billing Guidelines available at Medicaid.ohio.gov located under "Resources," then "Publications" and "ODM Guidance."

Clear Coverage™ Update
Effective Oct. 1, 2017, Molina will no longer use Clear Coverage™ for prior authorization requests for any services. You will no longer have access to the Clear Coverage™ web-based system to submit authorization requests, or review decisions after Sept. 30, 2017. Providers will still be able to submit authorization requests through the Web Portal at https://Provider.MolinaHealthcare.com or by using the Prior Authorization Request Form standard authorization process; this form is available at MolinaHealthcare.com/OhioProviders under the "Forms" tab.

Not Otherwise Classified (NOC) Billing Guidelines
Information for providers in all networks

Submission of Not Otherwise Classified (NOC) service codes requires more descriptive meanings of the procedure. The description must be present when NOC or generic Healthcare Common Procedure Coding System (HCPC) codes are billed when submitted for Medicaid Medicare Plan (MMP) and Medicare Advantage Prescription Drug (MAPD) programs.

Non-Specific Procedure Codes are codes that may include terms such as: "Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug Generic; or Prescription Drug, Brand Name". If a procedure code containing any of these descriptor terms is billed, a corresponding description of that procedure is required; otherwise, the claim is not HIPAA compliant. Please refer to the list of codes available at https://www.cms.gov under "Medicare" select "HCPSC Release & Code Sets" then "Alpha-Numeric HCPCS" and "2016 NOC Codes for HCPCS."

For further questions please refer to the Electronic Billing Companion Guides available at https://www.cms.gov under "Medicare" select "Electronic Billing & EDI

- Connects all members of the care team, including health care providers, community-based professionals, facility-based professionals, and patient's support system
- Helps Molina Healthcare members navigate the health care system with the guidance of a Care Manager every step of the way

National Drug Code (NDC) Billing Guidelines
Information for providers in all networks

Molina Healthcare and the Ohio Department of Medicaid (ODM) are requesting that all professional and outpatient claims with dates of service on or after Jan. 1, 2018, with CPT/HCPCS/Rev drug code details must have the corresponding valid National Drug Code (NDC) code submitted with the CPT/HCPCS drug code. If the CPT/ HCPCS drug detail does not contain a valid corresponding NDC code, then the detail will be denied.

Report all drugs billed to the Managed Care Plan (MCP) that were acquired through the 340B drug pricing program using standard modifiers so they can be properly excluded from federal drug rebates. The 340B covered entities will be available mid-September at https://opanet.hrsa.gov/340B under "Search" select "Search Covered Entities."

The following provides some of the required billing data elements:
- NDC format (5-4-2)
- Valid units of measure are:
  - F2 (international unit)
  - GR (gram)
  - ML (milliliter)
  - UN (unit)
- Dispensing quantity
- You must use the decimal point if reporting a fraction of a unit

For further details on billing NDC numbers on claims, please refer to our Provider Manual at www.MolinaHealthcare.com/OhioProviders.

Compound Drugs Billing Requirements
Information for providers in all networks

Effective Aug. 1, 2017 providers are permitted to submit multiple National Drug Codes (NDCs) for the same pharmaceutical Healthcare Common Procedure Coding System (HCPCS) code. If the claim is submitted via the Electronic Data Interchange (EDI), each NDC must be submitted on a separate detail line with the pharmaceutical HCPCS code.

For compound drugs that do not have an assigned NDC, the NDC that makes up the greatest component of the compound drug should be submitted with modifier KP. Each subsequent NDC should be submitted with modifier KQ. For each line item, the amount of units per NDC should be reported.

New Provider Orientations
Information for providers in all networks

Molina Healthcare will be offering New Provider Orientations on:
- Fri., Sept. 15, 2017
  - 10-11 a.m. Meeting Number 806 617 640
  - 2-3 p.m. Meeting Number 801 758 804

To join a Molina Healthcare WebEx, call (855) 665-4629 and follow the instructions. To view the screens, log into www.webex.com, click on "Join" and follow the instructions. Meetings do not require a password.

Transactions" and then "Medicare Fee-for-Service Companion Guides."

HealthInHand App Available for Android and iOS
Information for providers in all networks

Molina Healthcare members can now manage their health care anytime, anywhere with the Molina HealthInHand app. Members can update their contact information, find a doctor or facility nearby, contact Molina and much more. Members can also view their Member ID card and present it at a provider's office if needed. Members can sign in using their MyMolina username and password, or sign up with their Molina ID number, located on their ID card.

Prior Authorization Form
Information for providers in all networks

Molina Healthcare is making continuous enhancements to improve your experience. To ensure timely and accurate processing of authorizations, only **standard authorization forms will be accepted by Molina Healthcare after Sept. 1, 2017.** Standard forms are available at MolinaHealthcare.com/OhioProviders under the "Forms" tab for Medicaid, MyCare Ohio and Marketplace. On the Medicare website this document is in the medical section located in the middle of the webpage under "Prior Authorization Forms," then choose "Ohio – Effective 1/1/16" from the drop down menu provided.

ACR Guidelines Added to all LOB
Information for providers in all networks

Effective Oct. 1, 2017, Molina Healthcare will be incorporating American College of Radiology (ACR) guidelines into our criteria for clinical decision support for advanced imaging in the Medicaid, Medicare, MyCare Ohio, and Marketplace lines of business. If questions arise, please contact our Provider Services at OHProviderRelations@MolinaHealthcare.com.

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.