PROVIDER BULLETIN

MOLINA® HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

Physician Office Laboratory Tests
Information for providers in all networks

Effective Feb. 1, 2018, providers will be required to submit specific laboratory specimens to in-network independent clinical laboratories. A full list of testing services that can be performed in a physician's office and our "Laboratory Testing Payment Policy" will be made available at MolinaHealthcare.com/OhioProviders.

This ensures laboratory services are provided by a credentialed laboratory, and that Molina Healthcare has access to laboratory data needed to measure HEDIS® performance quality and outcomes.

Non-Par Laboratory Testing Prior Authorization
Information for non-par providers in the Marketplace network

Effective Feb. 1, 2018, non-par providers **will be required** to submit a prior authorization (PA) for laboratory services. Marketplace non-par providers will be required to submit specific laboratory specimens to in-network independent clinical laboratories. A full list of testing services that can be performed in a physician's office and our "Laboratory Testing Payment Policy" will be made available at MolinaHealthcare.com/OhioProviders.

ODM Behavioral Health (BH) Redesign
Information for providers in the Medicaid and MyCare Ohio networks

On Jan.1, 2018, MyCare Ohio's BH Redesign will go live. Please continue to submit your prior authorization requests as to not prevent a delay in service. For questions, contact BHProviderServices@MolinaHealthcare.com. Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Question and Answer Sessions: Meetings do not require a password.
- Sat., Jan. 6, 8:30 to 9:30 a.m. meeting number 804 824 138
- Sat., Jan. 6, 12:30 to 1 p.m. meeting number 809 993 996
- Tue., Jan. 9, 11 a.m. to 12 p.m., meeting number 808 957 520
- Sat., Jan 13, 9:30 to 10:30 a.m. meeting number 801 994 285
- Sat., Jan. 13, 12 to 12:30 p.m. meeting number 807 731 822
- Wed., Jan. 31, 2 to 3 p.m., meeting number 805 164 819

Web Portal Claims Training sessions: Meetings do not require a password.
- Thurs., Jan. 18, 2 to 3 p.m. meeting number 806 491 008
- Wed., Jan. 24, 10:30 to 11:30 a.m. meeting number 805 088 799

Stay tuned for updates being made to Molina Healthcare's portal for easier claim submission!

Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions.

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

Effective Jan. 1, 2018, all professional and outpatient claims with CPT/HCPCS/Rev drug code details must have the corresponding valid NDC code submitted with the CPT/HCPCS drug code or it will be denied.

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.

Website Roundup
Recently updated at MolinaHealthcare.com/OhioProviders:
- Combined Medicaid/MyCare Ohio Provider Manual

Updated: Notice of Changes to Prior Authorization Requirements Effective Feb. 1, 2018
Changes to Molina Healthcare's Prior Authorization (PA) Code list will be effective Feb. 1, 2018. The updated PA Code list will be posted on our website by Jan. 1 at MolinaHealthcare.com/OhioProviders.

Online Claim Reconsiderations
Molina Healthcare offers providers the ability to submit claim reconsideration requests online via the Provider Portal.

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

Drugs acquired through the 340B drug pricing program <u>must</u> be billed with an SE modifier so they can be properly excluded from federal drug rebates. For more information, see the Provider Manual on our website.

Per the final Medicare 2018 Outpatient Prospective Payment System rule, modifiers JG and TB will be used to signify use of a 340B drug. For claims that crossover directly to ODM from Medicare, ODM will request rebates for eligible drugs, as appropriate. If a provider submits a claim for a dually eligible individual directly to ODM, ODM will expect proper reporting of the SE modifier in accordance with ODM guidelines. **This is important for providers who serve both Medicaid and MyCare Ohio members.**

More information is available at http://www.healthlawpolicymatters.com by searching "Medicare 340B Reimbursement."

receive an electronic acknowledgment letter in their portal inbox.

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.