

2018 HEDIS® Data Collection

Information for providers in all networks

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina Healthcare will be collecting this data from **Feb. 2 through April 30, 2018**.

Molina Healthcare is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability (HIPAA) regulations permit a covered entity (physician practice) to disclose protected health information (PHI) to another covered entity (health plan) without enrollees' consent for the purpose of facilitating health care operations.

Molina Healthcare will reach out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Fax, mail or secure email
- An onsite visit by Molina Healthcare; based on the volume of records
- Providers may allow Molina Healthcare access to their Electronic Health Records (EHR) for quick access to records pertaining to the specific HEDIS® project.
 - For EHR setup email
RegionB_EMRSupport@MolinaHealthCare.com

Thank you for your continued collaboration.

Cures Act Prescriber MAT Training

Information for providers in all networks

A new training program is available to providers. Per the Ohio Department of Mental Health and Addiction Services (OhioMHAS) website, training dates and registration information is available at <http://workforce.mha.ohio.gov/Workforce-Development/> under "Health Professionals" then "Cures Act - Prescriber MAT Training".

A description of the training is as follows, "The 21st Century Cures Act enacted by Congress in December 2016 recognized that states need significant help to combat the opioid epidemic. Ohio is receiving federal funds over two years to focus on developing a skilled workforce that can prescribe buprenorphine for medication assisted treatment (MAT). Currently, buprenorphine availability is limited in Ohio because it is the only form of MAT that requires prescribers to have a unique DEA license. Prescribers must obtain additional training to obtain this license through one eight-hour course and then apply for a DATA 2000 waiver through the Substance Abuse and Mental Health Services Administration (SAMHSA). OhioMHAS has designed a training agenda that will allow any medical professional with prescribing privileges to freely obtain the DATA 2000 waiver to meet the growing need of Ohio's patients with opioid use disorder."

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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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Notice of Changes to Prior Authorization (PA) Requirements

Molina Healthcare updates the PA Code list quarterly. Always check for the most updated information at MolinaHealthcare.com/OhioProviders under the "Forms" tab, under "Provider Forms" and "Prior Authorizations." Molina Healthcare recommends providers do not print the PA Code list, but always check the website for the most up-to-date list of codes that require PA.

Physician Office Laboratory Tests

Information for providers in all networks

Effective Feb. 1, 2018, providers are required to submit specific laboratory specimens to in-network independent clinical laboratories. A list of testing services that can be performed in a physician's office is available at MolinaHealthcare.com/OhioProviders under the "Forms" tab under "Claims." Our "Laboratory Testing Payment Policy" is under the "Policies" tab, under "Payment Policy."

This ensures laboratory services are provided by a credentialed laboratory,

Body Mass Index (BMI) Reporting

Information for providers in all networks

Report patient's BMI as a diagnosis on claims to ensure you are meeting quality measures for National Committee for Quality Assurance (NCQA), the Ohio Department of Medicaid (ODM) and the Centers for Medicare & Medicaid Services (CMS) programs. It will also identify members who may benefit from specific interventions and/or case management.

Adult BMI:

Code	Range
Z68.1	19 or lower
Z68.20 – Z68.24	20 – 24
Z68.25 – Z68.29	25 – 29
Z68.30 – Z68.39	30 – 39.9
Z68.41 – Z68.45	40 or higher

Pediatric BMI:

Code	Percentile
Z68.51	< 5 th percentile
Z68.52	5 th percentile to < 85 th percentile
Z68.53	85 th percentile to < 95 th percentile
Z68.54	≥ to 95 th percentile

For patients 2- 20, providers need to perform and report counseling for nutrition and physical activity along with pediatric BMI diagnosis codes.

Nutritional Counseling (Report one):

Codes	Description
ICD-10: Z71.3	Dietary counseling and surveillance
CPT: 97802-97804	Medical nutrition therapy
HCPCS: S9452	Nutrition classes, non-physician provider
HCPCS: S9470	Nutritional counseling, dietitian

Physical Activity (Report one):

Codes	Description
HCPCS: G0447	Face-to-face behavioral counseling for obesity
HCPCS: S9451	Exercise classes, non-physician provider

Payment for these codes is based on all applicable reimbursement policies.

Postpartum Care Coding Tips

Information for providers in all networks

Providers who bill globally for delivery services must submit postpartum care claims using CPTII code 0503F with a nominal fee and diagnosis code Z39.2 to ensure they receive credit toward meeting quality measurements.

0503F is a non-payable code and providers will receive a \$0.00 payment on their remittance advice. Without this code Molina Healthcare will not know the service took place.

Claims data is used to determine if providers have met quality requirements, but bundled payment structures mean that providers rarely submit separate claims to report postpartum services. Postpartum care is a

and that Molina Healthcare has access to laboratory data needed to measure HEDIS® performance quality and outcomes.

Non-Par Laboratory Testing PA

Information for providers in all networks

Effective Feb. 1, 2018, non-par providers **are 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 list of testing services that can be performed in a physician's office is available at MolinaHealthcare.com/OhioProviders under the "Forms" tab under "Claims." Our "Laboratory Testing Payment Policy" is under the "Policies" tab, under "Payment Policy."

National Drug Code (NDC) Billing Guidelines

Information for providers in all networks

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

Drugs acquired through the 340B drug pricing program **must** 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>

quality measure under the State of Ohio's Comprehensive Primary Care (CPC) program, Ohio's State Innovation Model (SIM) Episodes of Care and the National Committee for Quality Assurance (NCQA).

Providers who do **not** bill globally should submit claims for postpartum services using CPT 59430 code.

It is also imperative that postpartum visits be conducted **21 to 56 days after delivery**. We suggest scheduling the postpartum visit before the patient is discharged from the hospital.

ODM Behavioral Health (BH) Redesign

Information for providers in all networks

On Jan. 1, 2018, MyCare Ohio's BH Redesign went into effect. Continue to submit your prior authorization (PA) 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:

- Sat., Feb. 3, 9 to 10 a.m. meeting number 803 256 470
- Sat., Feb. 10, 10 to 11 a.m. meeting number 806 226 585
- Tues., Feb. 13, 1 to 2 p.m. meeting number 800 645 715
- Thurs., Feb. 15, 2 to 3 p.m. meeting number 800 295 397
- Sat., Feb. 17, 10:30 to 11:30 a.m. meeting number 800 576 612
- Sat., Feb. 24, 11:30 a.m. to 12:30 p.m. meeting number 804 170 729
- Mon., Feb. 26, 11 a.m. to 12 p.m. meeting number 809 016 896
- Thurs., March 1, 1 to 2 p.m. meeting number 805 886 933
- Thurs., March 8, 2 to 3 p.m. meeting number 806 905 953
- Wed., March 14, 1:30 to 2:30 p.m. meeting number 807 581 716
- Mon., March 26, 11:30 a.m. to 12:30 p.m. meeting number 803 333 248

Web Portal Claims Training sessions:

- Tues., Feb. 6, 1 to 2 p.m. meeting number 808 312 948
- Wed., Feb. 14, 1 to 2 p.m. meeting number 807 158 535
- Thurs., Feb. 22, 2 to 3 p.m. meeting number 800 048 286
- Tues., Feb. 27, 1 to 2 p.m. meeting number 801 019 297
- Tues., March 20, 10:30 to 11:30 p.m. meeting number 803 724 628

BH Provider Forums:

- Columbus: Thurs., Feb. 1, 10:30 a.m. to 1:30 p.m.
- Athens: Fri., Feb. 2, 10:30 a.m. to 1:30 p.m.
- Cleveland: Tues., Feb. 6, 9:30 to 11:30 a.m. or 1 to 3 p.m.
- Dayton: Fri., March 2, 9:30 a.m. to 12:30 p.m.
- Akron: Tues., March 6, 10:30 a.m. to 1:30 p.m.
- Toledo: Mon., March 12, 10:30 a.m. to 1:30 p.m.

Register for the forums at <http://www.eventbrite.com> and search "MCO BH Provider Forum."

Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

by searching "Medicare 340B Reimbursement."

Online Claim Reconsiderations *Information for providers in all networks*

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 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.