MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

2018 Open Enrollment
Information for all network providers

Ohio Medicaid and MyCare Ohio consumers can change their Medicaid managed care plans from now until Nov. 30, 2018. The Ohio Department of Medicaid (ODM) sent letters in July and August to notify consumers of the open enrollment period.

Consumers can get more information on plan options or change plans by calling the Medicaid Hotline at (800) 324-8680. If a consumer changes plans, the change will be effective the first day of the following month. Consumers can submit a request online at www.ohiomh.com. Current Molina Healthcare members do not need to take any action to stay enrolled with us. The Marketplace 2019 Open Enrollment will run from Nov. 1 to Dec. 15, 2018.

Medicare Reimbursement – SNF VBP Program
Information for SNF providers in the Medicare network

As of Oct. 1, 2018, Skilled Nursing Facilities (SNFs) now receive a 2% cut rate in addition to the 2% sequestration reduction for payments of service on or after Oct. 1, 2018. This change is due to the SNF Value-Based Purchasing (VBP) program enacted by the Centers for Medicare and Medicaid Services (CMS). Molina is in the process of loading the new rates and will be holding claims until early Nov.

Home Health Fax Number Changes
Information for all Home Health providers

Effective Dec. 1, 2018, fax numbers used to submit Home Health Prior Authorization (PA) requests will change.

Molina understands that an efficient PA process is important, and has posted a Home Health Quick Tips guide on our website to ensure providers receive all the information needed to process authorization requests in the most expedient manner. New PA request forms, with updated fax numbers, are coming soon to the provider website. For questions please email your Provider Services Representative or call (855) 322-4079.

New Home Health Authorization Fax Numbers:
- Medicaid/MyCare Ohio Opt-Out Fax: (866) 449-6843
- Medicare/MyCare Ohio Opt-In Fax: (877) 708-2116
- Marketplace Fax: (855) 502-5130

Transportation Billing
Information for all network providers

The following information is required on all transportation claims, if the information is not submitted the claim will be denied.
- Accurate place of ambulance service 41 (land) or 42 (air or water) need to be used for transportation claims
- Ambulance pick up location (2310E Loop) and drop off location (2310F Loop) addresses need to be accurate for emergency and

Questions?
Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

Email us at OHProviderRelations@MolinaHealthcare.com

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Did You Know?

Did you know Molina is partnering with Ohio Department of Medicaid (ODM) on the State Innovation Model (SIM) through two key programs that will improve quality care and cost efficiency: Comprehensive Primary Care (CPC) and Episodes of Care.

CPC is a patient-center medical home program with the primary goals of improving care coordination and patient access. Participating practices are eligible for payment for meeting a majority of activity, quality and efficiency metrics. Payment can be on a per-member-per-month basis or by a shared savings plan.

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.

non-emergency transportation claims including a valid street, state, city and zip code
- If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered, e.g. "crossroad of State Road 34 and 45" or "exit near mile marker 265 on Interstate 80"

Accident state (CLM11-1 and CLM11-2) should be accurately billed for accident claims to indicate in which state the accident occurred.
- AA – Auto Accident
- EM – Employment
- OA – Other Accident

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

Effective Jan. 1, 2019, claims submitted with an SE modifier by providers not listed as an approved 340B drug supplier 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.

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.

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 the claims will be denied.
Additional information is available by searching "Medicare 340B Reimbursement" at http://www.healthlawpolicymatters.com or in the Provider Manual on our website.

Third Party Biller Functionality on Provider Portal
Information for all network providers

Third Party Biller Functionality has been added to the Provider Portal. This update allows the administrator to grant access to third party billers by following the same process used to invite a new user under "Account Tools", under "Manage Users" at https://provider.MolinaHealthcare.com.

Select "Biller" for the type of role and confirm the invitation is for a third party biller outside of your organization. Both of the attestation boxes have to be selected for the invitation to be sent successfully. Third party biller access can be removed by following the same process an administrator would use to remove any other user.

2018/2019 Flu Season Recommendations
Information for all network providers

Molina has adopted the Advisory Committee on Immunization Practices' (ACIP) Influenza Vaccination Recommendations that all people six months of age and older who do not have contraindications should receive licensed, recommended and age-appropriate flu vaccinations.

Note: Please review the entire set of recommendations, including information about persons at risk for medical complications due to severe

Episodes of Care include all care related to a medical event (e.g. pregnancy, appendectomy). For each defined episode, a principal accountable provider (PAP) is identified and responsible for quality measures and total cost. Providers are eligible for additional payment based on their performance against an ODM-determined threshold.

Payments are either:
- Gain-sharing: received if the average cost is below the threshold and quality metrics are met
- Risk-sharing: Owed back to Molina if the average cost is above the threshold

Molina has 13 live episodes, with an additional 30 set to go live by 2021.

Notice of Changes to Prior Authorization (PA) Requirements

Molina Healthcare updates the PA Code list quarterly. Always use the list posted to our website under the "Forms" tab, do not print.

Provider Training Sessions
Information for all network providers

Molina is offering monthly training sessions!

Provider Portal Training:
- Wed., Nov. 21, 2 to 3 p.m. meeting number 807 808 195
- Thurs., Dec. 27, 2 to 3 p.m. meeting number 809 515 791

Claim Submission Training:
- Tues., Nov. 27, 1 to 2 p.m. meeting number 807 743 754
- Thurs., Dec. 20, 2 to 3 p.m. meeting number 807 232 227

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

Poll on the Provider Portal
Information for all network providers

Molina wants your feedback! We launched a new segment on the Provider Portal for providers to supply feedback based on poll questions.

After logging into the Provider Portal at provider.MolinaHealthcare.com, the poll is on the bottom right-hand side of the homepage.

flu, on the Centers for Disease Control (CDC) website at: www.cdc.gov/flu under "CDC on Flu Vaccine."

Important updates this year include:
- Inactivated Influenza Vaccines (IIVs), Recombinant Influenza Vaccines (RIV) and Live Attenuated Influenza Vaccines (LAIV) are expected to be available. Standard-dose, unadjuvanted, inactivated influenza vaccines will be available in quadrivalent (IIV4) and trivalent (IIV3) formulations. Recombinant influenza vaccine (RIV4) and live attenuated influenza vaccine (LAIV4) will be available in quadrivalent formulations. High-dose inactivated influenza vaccine (HD-IIV3) and adjuvanted inactivated influenza vaccine (aIIV3) will be available in trivalent formulations.
- While LAIV4 was not recommended during the last two flu seasons, ACIP has voted to recommend this vaccine for the current season under certain conditions.
- Visit the CDC website for more information about the flu vaccination recommendations and to get brochures and posters for your office.

As a reminder, the flu vaccine is a covered benefit for Molina members. Members can receive the flu shot at a contracted pharmacy and/or Primary Care Physician office. For more information about the flu benefit, members can contact Member Services using the number included on the back of their member ID cards. Thank you for helping keep your patients healthy during this flu season!

Your patients may receive one or more of the following communications from Molina:
- a verbal flu shot reminder when members contact Molina
- a newsletter with an article about the importance of getting a flu shot
- preventive tips available on the Molina website
- calls from Molina Care Managers and Pharmacists encouraging members to receive a flu shot
- social media messages encouraging members to get a flu shot
- a planner to keep track of recommended preventive care services, including the flu shot

ODM Behavioral Health (BH) Redesign
Information for all Community Behavioral Health providers

Ohio's BH Redesign went into effect on Jan. 1, 2018, impacting community behavioral health providers. As of July 1, 2018, claims for these services need to be submitted to the Medicaid Managed Care Plans for members enrolled in managed care. To prevent a delay in service, ensure you have information about claims billing with Molina. For questions, contact BHProviderServices@MolinaHealth care.com. Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Question and Answer Sessions:
- Fri., Nov. 16, 9 to 10 a.m. meeting number 806 159 746

Provider Portal Claims Training sessions:
- Tues., Nov. 6, 2:30 to 3:30 p.m. meeting number 808 911 776

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

Skilled Therapy
Information for all network providers

As of Oct. 1, 2018, the provisions of skilled therapy in non-institutional settings OAC 5160-8-30 through 5160-8-34 have been rescinded and combined into a single new OAC 5160-8-35 Skilled therapy services.

Skilled therapies include:
- Physical therapy
- Occupational therapy
- Speech-language
- Pathology services
- Audiology services

Corrected Claims
Information for all network providers

Corrected claims must be received by Molina by the filing limitation stated in the provider contract.

Submission of Corrected Claims: Corrected claims must be submitted with the Molina claim ID number from the original claim being corrected, and with the appropriate corrected claim indicator based on claim form type.

Corrected claims received without this information will not be accepted and will receive the following denial information on the Molina remittance:
- Category Code A3
- Status Code 748
- Entity Code 41
- Error Description "Missing incomplete/invalid payer claim control number"

Submission of Final Claims after Interim Billing: Inpatient facility claims billed on a UB claim form, bill type 0117 are no longer accepted as the final original claim. Facilities which have submitted interim claims should submit a final claim upon patient discharge using the 0111 bill type.

Please Remember: Corrected claims are used to change or add information to a previously submitted claim. Corrected claims should be sent through the original claim submission process with a corrected claim indicator and Molina claim ID number as outlined in the Corrected Claim Billing Guide, located on our website. Corrected claims are not adjustments.

Find additional information in our Provider Manual under the "Claims

Sterilization, Hysterectomy and Abortion Consent Forms
Information for providers in all networks

On Sept. 1, 2018, Molina updated the policy for submitting a Signed Consent Form (SCF) for Sterilization, Hysterectomy and Abortion. The forms are available on our website under the "Forms" tab and must be submitted with the claim when these services are billed:

- **Consent to Sterilization Form:** Required except in unique circumstances of an unscheduled clinical event that requires sterilization because of a life-threatening emergency
  - **Codes that require an operative report and a SCF if sterilization occurred**
    - 58661, 58700, 58720, 58940
- **ODM Abortion Certification Form:** Not covered, except when medically necessary to save the life of the woman or in instances of reported rape or incest
- **Consent to Hysterectomy Form:** Required

If the form is missing or incomplete, the claim will be denied. The Claim Reconsideration Request Form must be used when submitting a claim reconsideration and include the complete SCF. Additional information is available in the Molina Provider Manual on our website.

Based on the above amended policy, the below email address for the submission of operative reports was closed on Sept. 1, 2018.

- MHOOB@MolinaHealthcare.Com

and Encounter Data" under "Claim Corrections."

Updated PIF Form
Information for all network providers

Molina Healthcare has made several changes to the Provider Information Update Form (PIF), including:

- no longer requiring signatures in Attachments A, B and D
- the addition of the Americans with Disabilities Act (ADA) Attestation Form
- separate sections for individual or group service location changes and additions

As a reminder, this form is used to notify Molina of demographic or informational changes. The form is available on our website under the "Forms" tab. Send the completed form to one of the following:

- Email: MHOProviderUpdates@Molina Healthcare.com
- Fax: (866) 713-1893
- Mail: Molina Healthcare of Ohio
  ATTN: PIM
  P.O. Box 349020
  Columbus, Ohio 43234-9904

Outpatient Therapy Caps
Information for providers in the Medicare network

In accordance with the Bipartisan Budget Act (BBA) of 2018, Medicare claims are no longer subject to the therapy caps:

- one cap for occupational therapy services
- one cap for physical therapy and speech-language pathology combined

For Molina Medicare Plans, claims for therapy services above a certain amount of incurred expenses, which are the same amount as the previous therapy caps ($2,010 in 2018), continue to require prior authorization.

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.