

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” November question! Our monthly winner is Ashley Bush from Meridian Healthcare.

The “It Matters to Molina” November question was: What are the two appropriate ways to submit a claim reconsideration form?

- a. Paper b. Fax c. Provider Portal

The correct answer is: b and c. Providers may either submit claim reconsiderations in the Provider Portal by selecting the “Appeal Claim” button, or by filling out the Claim Reconsideration Request Form and faxing the form and any supporting documents to (800) 499-3406.

December Question: The Centers for Medicare and Medicaid Services (CMS) requires contracted medical providers complete basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care. When is the deadline for providers to complete training and email the attestation form to OHAttestationForms@MolinaHealthcare.com?

- a. Nov. 30, 2019
b. Dec. 31, 2019
c. Jan. 21, 2020

Please email your answer and contact information by Dec. 16, 2019 to OHProviderBulletin@MolinaHealthcare.com to be entered into the December drawing. The correct answer and drawing winner will be announced in the January Provider Bulletin. In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina Healthcare. Your feedback is important, and It Matters to Molina.

Unified Preferred Drug List

Information for all Medicaid network providers

Effective Jan. 1, 2020, all Ohio Medicaid managed care plans (MCPs), in partnership with the Ohio Department of Medicaid (ODM), will prefer the same medications and use the same prior authorization (PA) criteria for all drug categories.

Throughout the course of 2020, prescribers may need to transition certain patients from their current medication(s) or complete a PA for the patient to stay on his/her current medication(s).

Molina’s Over-The-Counter (OTC) and Durable Medical Equipment (DME) list of products are covered for Medicaid members under the pharmacy benefit.

Effective Jan. 1, 2020, Molina Healthcare will prefer the following insulin syringes and pen needles:

- Arkray – TechLITE insulin syringes and pen needles
- Trividia – TRUEplus insulin syringe and 5-Bevel pen needles

All brands not listed above will reject as not covered.

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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.)

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our Provider Website at MolinaHealthcare.com/OhioProviders

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Home Health Prior Authorization

Information for Home Health providers

Effective Jan. 1, 2020, Molina will allow a medical necessity review for home health services up to four days prior to the date of the submitted Prior Authorization Request.

Provider Training Sessions

Information for all network providers

Monthly It Matters to Molina Provider Forum Topic: General Question and Answer (Q&A)

Session: Molina is hosting an open forum. In addition to general questions, the Q&A session can be utilized for billing and claims questions.

New Member Cards for 2020

Information for all network providers

Starting in 2020, Molina member identification (ID) cards will have a new design. The differences include:

- ID Card will be plastic instead of paper
- ID Card will be in color instead of black and white

Existing Molina members will continue to use the member ID card that issued at the time of enrollment. Providers may see the current paper, black and white ID cards in addition to the new plastic, color ID cards issued as new members enroll with Molina or lost ID cards are reissued.

Ownership and Control Disclosure Form Requirements

Information for providers in the Medicaid and MyCare Ohio networks

As a reminder, providers are required to complete the [Ownership and Control Disclosure Form](#) during the initial contracting process and re-attempt every 36 months during the recertification process, or at any time disclosure needs to be made to the managed care plan. The form is available on the Molina website, under the "Forms" tab, under "Other Forms and Resources."

Notice of Medicare Non-Coverage (NOMNC) Reminder

Information for all network providers

After the last covered date on a Molina-issued Notice of Medicare Non-Coverage (NOMNC), providers must:

- Issue a complete NOMNC on the correct CMS form
- Deliver the NOMNC to the member and receive a valid signature dated at least two calendar days before the "Services Will End" date
- Fax the signed NOMNC to Molina at (877) 708-2116 within 48 hours

Important Note: Requesting a copy of a NOMNC or missing the patient signature will not extend the coverage period of the authorization.

If requesting an appeal after the last covered date on a Molina-issued NOMNC, providers must:

- Send the request for appeal no later than 12 p.m. on the day before the effective date indicated on the NOMNC to the Quality Improvement Organization (QIO) Livanta. All medical records requested by the QIO must be faxed with a copy of the signed NOMNC. A copy of the signed NOMNC must also be faxed to Molina at (877) 708-2116.
- If the deadline to request an immediate appeal is missed, refer to the NOMNC for instructions on how to file an appeal through Molina. Providers may contact Molina Appeals at (877) 902-1203, TTY 711. Providers must fax the signed NOMNC to Molina Appeals at (562) 499-0610 in addition to Molina at (877) 708-2116.

New Prior Authorization Requirements through eviCore

Information for all network providers

Effective Dec. 16, 2019, eviCore will begin accepting PA requests for dates of service (DOS) on or after Jan. 1, 2020.

eviCore will manage PA requests for the following specialized clinical services, effective for DOS on or after Jan. 1, 2020:

- Imaging and Special Tests
 - Advanced Imaging (MRI, CT, PET, non-OB Ultrasounds)

- Fri., Dec. 13, 1 to 2 p.m. meeting number

Monthly Provider Portal Training:

- Tues., Dec. 17, 2:30 to 3:30 p.m. meeting number 809 653 869
- Thurs., Jan. 23, 11 a.m. to 12 p.m. meeting number 801 483 555

Monthly Claim Submission Training:

- Tues., Dec. 10, 2019, 2 to 3 p.m. meeting number 806 473 210
- Tues., Jan. 14, 2020, 3 to 4 p.m. meeting number 803 035 156

Quarterly Provider Orientation:

- Fri., Feb. 28, 2020, 11 a.m. to 12 p.m. meeting number 809 645 718

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into [WebEx.com](#), click on "Join" and follow the instructions. Meetings do not require a password.

Claim Reconsideration Training for Behavioral Health Providers

Information for Behavioral Health providers

Effective Jan. 1, 2020, claim processing disputes should no longer be sent to the Molina Behavioral Health (BH) Provider Services Representatives. BH providers will be required to follow the standard claim reconsideration process when disputing how a claim was processed.

Molina is offering claim and authorization reconsideration trainings for BH providers. Learn how to use the Provider Portal to request a claim reconsideration when disputing a payment denial, payment amount or code edit and more.

Claim Reconsideration Training:

- Mon. Dec. 2, 3 to 4 p.m. meeting number 805 362 425
- Wed. Dec. 18, 10:30 to 11:30 a.m. meeting number 805 937 027

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into [WebEx.com](#), click on "Join" and follow the instructions. Meetings do not require a password.

Notice of Changes to Prior Authorization (PA) Requirements

On Dec. 1, 2019, the updated PA Code Lists will be posted on our

- Cardiac Imaging
- Radiation Therapy
- Sleep Covered Services and Related Equipment
- Molecular and Genomic Testing

For additional information, including training dates, visit the Provider Bulletin archive on our website, located under the “Communication” tab and “Provider Bulletin.”

Annual Cultural Competency Training

Information for providers in the Medicaid and MyCare Ohio networks

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by the Centers for Medicare and Medicaid Services (CMS) to ensure providers meet the unique and diverse needs of all members.

Once the review of the [Cultural Competency Training](#) is completed, fill out and sign the [Cultural Competency Attestation](#) form available on the Molina website by selecting “Provider Manual & Training” under the “Manual” tab. Email the completed Cultural Competency Attestation form by Dec. 31, 2019 to OHAttestationForms@MolinaHealthcare.com.

Annual Mandatory SNP Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

CMS requires contracted medical providers complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019. This includes primary care providers and specialists, including behavioral health providers.

SNP Model of Care should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers who only participate in the Medicaid and Marketplace LOB do not need to complete this training. Read the “[Model of Care](#)” Provider Bulletin on our website, under the “Communications” tab for more details.

What providers need to do – Deadline: Dec. 31, 2019

- Complete training and fill out the Model of Care Attestation Form
- Return the Model of Care Attestation Form by email to OHAttestationForms@MolinaHealthcare.com

Prior Authorization Requirements for UDS

Information for all Medicaid providers

As of Oct. 7, 2019, Molina requires Prior Authorization (PA) for Urine Drug Screening (UDS) tests **per member, per calendar year** for:

- greater than 30 dates of service for Presumptive UDS tests
- greater than 12 dates of services for one or more Definitive UDS tests

UDS billing codes include:

- Presumptive: 80305-80307
- Definitive: 80320-80377, 83992, G0480-G0483* and G0659*

*Use of G-codes will be required depending on the contractual provisions of your agreement with Molina

The requirement is not facility based. Molina will be utilizing the [Ohio Urine Drug Screen Prior Authorization \(PA\) Request Form](#) that has been published by the Ohio Department of Medicaid (ODM), and is posted on the Molina provider website under the “Forms” tab.

website under the “Forms” tab for a Jan. 1, 2020 effective date.

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the “Forms” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s PA requirements.

Notice of Changes to the Provider Manual

Molina posts a new comprehensive Provider Manual to our website semi-annually. However; changes can be made to the manual between comprehensive updates. Always refer to the manual posted on our website under the “Manual” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s Provider Manual.

Did You Know?

Information for all network providers

Did you know Molina Healthcare of Ohio added Medication Assisted Treatment (MAT) videos on the homepage of the Provider Website at: MolinaHealthcare.com/OhioProviders? Video topics include:

- Addiction is Not a Choice
- The Basics of MAT
- MAT Safety and Compliance

Reconsideration Request Form Requirements

Information for all network providers

As a reminder, as of Aug. 1, 2019, claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked.

For additional information visit the Provider Bulletin archive on our website, located under the “Communication” tab and “Provider Bulletin.”

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.