MOLINA HEALTHCARE

# PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

## Authorization Reconsideration Update

***For providers in all networks***

As a reminder, on Jan. 1, 2019, Molina Healthcare updated the Authorization Reconsideration process.

Pre-service and post-service authorization reconsiderations have been combined into a single process, and claims reconsiderations now follow a separate process.

This change impacted claim reconsiderations and authorization reconsiderations received on or after Jan. 1, 2019.

## Authorization and Claim Reconsideration Process Provider Training

***For providers in all networks***

Molina is offering provider training sessions on the updated Authorization and Claim Reconsideration Processes:

- Mon., July 22, 2 to 3 p.m. meeting number 801 349 392
- Thurs., Aug. 1, 9:30 to 10:30 a.m. meeting number 802 967 724

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.

## Authorization Reconsideration Process

***For providers in all networks***
***(note line of business-specific processes below)***

# Pre-Service and Post-Service Authorization Reconsiderations:

## Medicaid and Marketplace Providers

**Molina Healthcare Medicaid and Marketplace providers have the following recourse for a denied authorization request.**
(see Quick Reference Grid below)

1. **You can ask for one Peer-to-Peer Review**
   The treating provider can request a Peer-to-Peer Review with the physician reviewer within 5 calendar days of the date on the authorization denial letter.

   **To make the request:**
   - Call Molina Healthcare Utilization Management at (855) 322-4079 or Advance Imaging at (877) 731-7218 from 8:30 a.m. to 5 p.m., Monday to Friday.
   - Include 2 possible dates and times a **licensed professional** is available to conduct the review with a Molina Medical Director.

2. **You can ask for one Authorization Reconsideration**
   An Authorization Reconsideration can be submitted within 30 calendar days of the date on the authorization denial letter. Requests may be submitted whether a Peer-to-Peer is requested or not.

### In This Issue – June 2019



**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

**Join Our Email Distribution List**
Get this bulletin via email. Sign up at www.MolinaHealthcare.com/ProviderEmail.

**Requests may be submitted through the Provider Portal or fax and must include:**

- The completed **Authorization Reconsideration Form** which is available at www.MolinaHealthcare.com/OhioProviders.
- Justification for the reconsideration.
- Appropriate medical documentation supporting overturn of the decision (must be information to supplement the original request). If you will be submitting an encrypted disc, please write the password on the completed Authorization Reconsideration Form and indicate that the disc is to follow to ensure secure disc submission.
- Disc Submission: Larger files may not be able to process through our Provider Portal or fax. These large files can be submitted by disc to ensure they are received and processed timely. Follow the policy below when submitting as a disc:
  - Submit one medical record per disc. Discs received with more than one medical record will not be processed and the provider will be notified.
  - If the Authorization Reconsideration submission is received with incomplete or missing information it will not be processed and the provider will be notified.
  - Place the Molina-assigned claim ID number on the disc.
  - Mail discs to: Molina Healthcare of Ohio
    Attn: Provider Inquiry Research and Resolution
    P.O. Box 349020
    Columbus, OH 43234-9020

3. **You can ask for one Member Appeal represented by the provider**
   A member appeal can be requested within 60 calendar days of the date on the authorization denial letter. If your patient wants you to appeal on his or her behalf, your patient **must** tell us this in writing using the **Authorized Representative Form** posted at www.MolinaHealthcare.com/OhioProviders.

Please consult your contractual agreement for any additional details.

## Medicare and MyCare Ohio Providers

**Molina Healthcare Medicare and MyCare Ohio Providers have the following recourse for a non-approved/denied authorization request.**
(see Quick Reference Grid below)

1. **You can ask for one Peer-to-Peer Review**
   The treating provider can request a Peer-to-Peer Review with the physician reviewer within 5 calendar days of the date on the authorization non-approval/denial letter, or up to the date of discharge.

   **To make the request*:**
   - Call Molina Healthcare Utilization Management at (855) 322-4079 from 8:30 a.m. to 5 p.m., Monday to Friday.
   - Include 2 possible dates and times a licensed professional is available to conduct the review with a Molina Medical Director.

   *Due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.

2. **Inpatient Only: You can ask for one Authorization Reconsideration**
   (Due to regulatory requirements, for outpatient decisions an authorization reconsideration is not available. Please refer to member appeal rights noted below.)

An Authorization Reconsideration can be submitted within 30 calendar days of the date on the authorization non-approval letter, or until the claim is processed. Requests may be submitted after the Peer-to-Peer is completed, or if a Peer-to-Peer was not requested within the stated timeframe.

**Requests may be submitted through the Provider Portal or fax and must include:**

- The completed Authorization Reconsideration Form which is available at www.MolinaHealthcare.com/OhioProviders.
- Justification for the reconsideration.
- Appropriate medical documentation supporting overturn of the decision (must be information to supplement the original request). If you will be submitting an encrypted disc, please write the password on the completed Authorization Reconsideration Form and indicate that the disc is to follow to ensure secure disc submission.
- Disc Submission: Larger files may not be able to process through our Provider Portal or fax. These large files can be submitted by disc to ensure they are received and processed timely. Follow the policy below when submitting as a disc:
  - Submit one medical record per disc. Those received with more than one medical record will not be processed and the provider will be notified.
  - If the Authorization Reconsideration submission is received with incomplete or missing information it will not be processed and the provider will be notified.
  - Place the Molina-assigned claim ID number on the disc.
  - Mail discs to: Molina Healthcare of Ohio
    Attn: Provider Inquiry Research and Resolution
    P.O. Box 349020
    Columbus, OH 43234-9020

3. **You can ask for one Member Appeal represented by the provider**
   A member appeal can be requested within 60 calendar days of the date on the authorization denial letter. If your patient wants you to appeal on his or her behalf, your patient must tell us this in writing using the **Authorized Representative Form** posted at www.MolinaHealthcare.com/OhioProviders.

Please consult your contractual agreement for any additional details.

## Quick Reference Grid:

The grid below summarizes your options by type of authorization by line of business.

| | Outpatient | | | Inpatient | | |
|---|---|---|---|---|---|---|
| | **Peer-to-Peer** | **Authorization Reconsideration** | **Provider Rep. Member Appeal** | **Peer-to-Peer** | **Authorization Reconsideration** | **Provider Rep. Member Appeal** |
| **Medicaid/ Marketplace** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Medicare/ MyCare Ohio** | Yes* | No | Yes | Yes | Yes | Yes |

*As noted above, due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.

## Claims Reconsideration Process (Not Related to an Authorization)

***For providers in all networks***

Submit a claim reconsideration only when disputing a payment denial, payment amount or code edit. Claim reconsiderations are applicable for disputes unrelated to clinical appeals or reconsiderations associated with pre-service and post-service authorization.

- Primary insurance Explanation of Benefits (EOB), corrected claims, and itemized statements are not accepted via claim reconsideration. Please refer to the Corrected Claims submission process guidelines.
- The Claim Reconsideration Request form (CRRF) must be filled out entirely and include the claim number, or it will not be processed and the provider will be notified. Find the form at: MolinaHealthcare.com/OhioProviders under "Forms." (Paper submissions received by mail will not be processed and the provider will be notified.)
  - Fax the form and supporting documents to (800) 499-3406
  - The form and supporting documents can also be submitted through our Provider Portal

## Paper Authorization and Claim Reconsiderations

***For providers in all networks***

**As a reminder**, paper authorization and claim reconsideration submissions received by mail will not be processed and the provider will be notified.

Providers must submit a claim reconsideration only when disputing a payment denial, payment amount or code edit. Claim reconsiderations are applicable for disputes unrelated to clinical appeals or reconsiderations associated with pre-service and post-service authorization.

- The Claim Reconsideration Request Form (CRRF) is available on the Molina website under "Forms."
  - Fax the form and supporting documents to (800) 499-3406
  - The form and supporting documents can also be submitted through our Provider Portal

Providers must submit an authorization reconsideration when disputing a level of care determination, a medical necessity denial with new/additional clinical information, or a retro authorization for Extenuating Circumstances.

- The Authorization Reconsideration Form is available on the Molina website under the "Forms" tab. The process for requesting an Authorization Reconsideration is specific to each line of business. For additional information view the guides below on our website, under the "Manual" tab:
  - Medicaid and Marketplace Authorization and Claim Reconsideration Guide
  - MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide

## Claim Reconsideration Request Form Requirements

***For providers in all networks***

Effective 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. This change is based on the Jan. 2019 update Molina made to the authorization and claim reconsideration processes.

A Request for Claim Reconsideration Form must be submitted for any dispute that is related to a claim denial that is not due to an authorization. An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update. The appropriate form will be required to process the reconsideration. These forms have been updated and are available on our website under the "Forms" tab. Please be sure you are accessing the current version of the form on our website.

As a reminder, Molina updated the Authorization and Claim Reconsideration processes on Jan. 1, 2019. For more information regarding our Authorization and Claim Reconsideration processes please see the reference guides on our website on the "Manual Tab" under the section titled **Quick Reference Guides & FAQs.** These guides are specific to each line of business. Please confirm the line of business the member is eligible under and reference the correct guide for the reconsideration process and appeal rights.