MOLINA HEALTHCARE

PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

"It Matters to Molina" Corner
Information for all network providers

Thank you for the wonderful response to the "It Matters to Molina" December question! Our monthly winner is Denise Grow from Memorial Health.

The "It Matters to Molina" December question was: The Centers for Medicare and Medicaid Services (CMS) requires contracted medical providers complete basic training on the Medicare and MyCare Ohio Medicare Model of Care. When is the deadline for providers to complete training and email the attestation form to OHAttestationForms@MolinaHeathcare.com?
 a.   Nov. 30, 2019   b. Dec. 31, 2019   c. Jan. 21, 2020

The correct answer was b. Dec. 31, 2019

January Question: In a previous Molina Healthcare Provider Bulletin we discussed Molina's partnership with the Council for Affordable Quality Healthcare (CAQH) to improve the accuracy of provider directory information. Excluding Provider Types 84/95, what are three ways a provider can update information?
   a.   CAQH ProView®
   b.   Sending a letter to Molina
   c.   Filling out the Provider Information Update Form
   d.   Selecting the "Report data change in the Provider Directory" on the Provider Portal

Please email your answer and contact information by Jan. 15 to OHProviderBulletin@MolinaHealthcare.com to be entered into the January drawing. The correct answer and drawing winner will be announced in the February 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. Your feedback is important, and It Matters to Molina.

Required Annual Trainings
Information for Medicaid, MyCare Ohio and Medicare network providers

CMS requires Molina to offer annual trainings on the following:
- **Model of Care**: Contracted medical providers, are required to complete a basic training on the Medicare and MyCare Ohio Medicare Model of Care by Dec. 31, 2019 based on CMS guidelines. Find additional information at www.cms.gov under "Regulations & Guidance" then "Manuals" and "Internet-Only Manuals (IOMs)" in the CMS 100-16 Medicare Managed Care Manual Chapter 5 – Quality Assessment, under "Section 20.2.1 – Model of Care Elements" then "3. SNP Provider Network" and "C. MOC Training for the Provider Network." This includes primary care providers and specialists, including behavioral health providers.
- **Cultural Competency**: Participating network providers are required to receive Cultural Competency training to ensure providers meet the unique and diverse needs of all members based on National Committee for Quality Assurance (NCQA) requirements.

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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Updated Prior Authorization Form
Information for all network providers

On Jan. 1, 2020, look for an updated "Prior Authorization Request Form and Instructions" on our provider website. Changes will include:
- The new Molina Medicare D-SNP line of business
- The addition of eviCore for select outpatient utilization management services

The "Prior Authorization Request Form" contains a list of services that require prior authorization. Providers can find a more detailed list of required codes in the Molina PA Code List, available on our website, under the "Forms" tab.

What providers need to do by the Dec. 31, 2019 deadline:

- Complete the Model of Care and Cultural Competency training
- Fill out the specific attestation forms for Model of Care and Cultural Competency
- Return the attestation forms by email to OHAttestationForms@MolinaHealthcare.com

For additional details read the Model of Care and Cultural Competency Provider Bulletins on our website under the "Communications" tab.

Claim Hold on EAPG Payment System
Information for Medicaid and MyCare Ohio Outpatient Hospital and Ambulatory Surgical Center providers

Based on the new Enhanced Ambulatory Patient Grouping (EAPG) payment system being updated from version 3.9 to 3.14 by the Ohio Department of Medicaid (ODM), Molina will be holding all outpatient hospital and ambulatory surgical center claims for dates of service Jan. 1, 2020 through Jan. 23, 2020. These claims will remain on hold until the updates have been implemented on Jan. 24, 2020.

Claim Hold on Marketplace Prospective Payment System
Information for Marketplace providers

Based on scheduled updates for the Medicare Outpatient Prospective Payment System (OPPS) and End-Stage Renal Disease Prospective Payment System (ESRD PPS), Molina will be implementing a Prospective Payment System (PPS) Hold for impacted claims. These claims will remain on hold until the updates are deployed on Feb. 7, 2020.

Hospital Rate Updates
Information for Medicaid and MyCare Ohio network providers

As a reminder, providers cannot submit outpatient claims that span across Dec. 31, 2019 through Jan. 2, 2020, based on standard practice and due to the Jan. 1, 2020 Common Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) code updates.

In addition, ODM is implementing both the EAPG system and the Cost Coverage Add-on (CCA) on Jan. 2, 2020. Therefore, it will be necessary for a provider to submit up to three separate claims for services occurring between Dec. 31, 2019 through Jan. 2, 2020 for the same member:

- Claim 1 – Outpatient Services on or before Dec. 31, 2019
- Claim 2 – Outpatient Services on Jan. 1, 2020
- Claim 3 – Outpatient Services on or after Jan. 2, 2020

Chimeric Antigen Receptor (CAR) T-Cell Therapy
Information for all Medicare network providers

On Sept. 6, 2019, the Centers for Medicare and Medicaid Services (CMS) announced that Chimeric Antigen Receptor (CAR) T-cell transfer immunotherapy for selected patients with relapsed or refractory cancers are covered under Original Medicare Fee-for-Service. Medicare Advantage beneficiaries that meet the criteria will also be covered by Original Medicare through Dec. 31, 2020. Medicare Advantage plans will begin to cover the benefits starting on Jan. 1, 2021.

Hospitals may submit claims to Original Medicare for payment as indicated under the CMS Medicare Learning Network (MLN) Reference Number: SE19024. For additional information visit www.cms.gov and

Provider Training Sessions
Information for all network providers

Monthly It Matters to Molina Provider Forum Topic: Claim Reconsideration Process Session: Learn how to use the Provider Portal to request a claim reconsideration when disputing a payment denial, payment amount or code edit and more.

- Wed., Jan. 22, 1:30 to 2:30 p.m. meeting number 283 642 470

Monthly Provider Portal Training:
- Thurs., Jan. 23, 11 a.m. to 12 p.m. meeting number 801 483 555
- Mon., Feb. 17, 11 a.m. to 12 p.m. meeting number 804 265 409

Monthly Claim Submission Training:
- Tues., Jan. 14, 3 to 4 p.m. meeting number 803 035 156
- Wed., Feb. 12, 10 to 11 a.m. meeting number 801 897 563

Quarterly Provider Orientation:
- Fri., Feb. 28, 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.

Notice of Changes to Prior Authorization (PA) Requirements

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.

under "Outreach & Education" select "Medicare," under "Look up topics" and "Medicare Learning Network® (MLN) Homepage" followed by "MLN Matters Articles" and "2019" to read "SE19024 Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decisions Memo CAG-00451N."

Marketplace Name Updates

Information for Marketplace providers

Molina offers three levels of affordable health plans for our members:
- Constant Care Silver: Affordable plans with lowest costs for doctor visits and urgent care
- Core Care Bronze: Lower cost plans, free preventive care and higher out-of-pocket costs
- Confident Care Gold: Plans with lower costs for things like doctor visits and out-of-pocket costs; generally higher premiums

Unified Preferred Drug List

Information for all Medicaid network providers

Effective Jan. 1, 2020, all Ohio Medicaid managed care plans (MCPs), in partnership with 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.

New Prior Authorization Requirements through eviCore

Information for all network providers

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

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

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

Did You Know?
Information for all Medicaid and MyCare Ohio providers

Did you know ODM has released a new "Standard Authorization Form" for the release of information from covered entities? View it at https://medicaid.ohio.gov under "Resources," select "Resources for Providers" then "More Medicaid Forms" and search "ODM 10221."

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.

Look for additional details in the December Provider Bulletin on our website under the "Communications" tab.

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.

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.