PROVIDER BULLETIN

MOLINA HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

Corrected Claims
Information for all network providers

Submission of Corrected Claims: Effective April 1, 2018, corrected claims must be submitted with the Molina Healthcare claim ID number of 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 Healthcare 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: Also effective April 1, 2018, inpatient facility claims billed on a UB claim form, bill type 0117 will no longer be 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 are not adjustments and should be sent through the original claim submission process with a corrected claim indicator and Molina Healthcare claim ID number as outlined in the "Corrected Claim Billing Guide," located on our website under the "Forms" tab.

- Submit electronically with payer ID 20149 or on the Provider Portal at http://Provider.MolinaHealthcare.com
- Include all elements that need correction and all originally submitted elements
- Do not submit only codes edited by Molina Healthcare
- Do not submit via the claims reconsideration process
- Do not submit paper corrected claims

When submitting attachments through the Provider Portal:
- Supported file formats are PDF, TIFF, JPG, BMP and GIF
- Only 1 file is allowed per claim
- If a file exceeds 128 MB an alert will be sent and the claim will not process. For files that exceed 128MB contact your Provider Representative for submission alternatives.

Corrected claims must be received by Molina Healthcare no later than the filing limitation stated in the provider contract or within 120 days of the original remittance advice.

Provider Training Sessions
Information for all network providers

Molina Healthcare is now offering monthly training sessions!
- **Provider Portal**: These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!

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 website at MolinaHealthcare.com/OhioProviders

Connect with Us
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

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

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 the list.

Facility Claims
Information for MyCare Ohio and Medicaid providers

Effective April 1, 2018, Medicaid and MyCare Ohio Medicaid facility claims submitted to Molina Healthcare will be subjected to Medicaid National Correct Coding Initiative (NCCI) edits on a pre-payment basis. These edits will include Medicaid Medically Unlikely Edits (MUE) and bundling edits.

Cultural & Linguistic Competency
Information for all network providers

Providers are required to participate in Molina Healthcare cultural competency education and training. We have

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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.

- **Provider Claim Submission**: Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!

Provider Portal Training:
- Thurs., March 22, 2 to 3 p.m. meeting number 808 301 312
- Thurs., April 26, 2 to 3 p.m. meeting number 805 367 064

Claim Submission Training:
- Tues., March 27, 1 to 2 p.m. meeting number 801 964 832
- Tues., April 24, 1 to 2 p.m. meeting number 804 281 323

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

Physician Office Laboratory Tests
Information for all network providers

Effective Feb. 1, 2018, providers **are required** to submit specific laboratory specimens to in-network clinical laboratories. This ensures laboratory services are provided by a credentialed laboratory, and that Molina Healthcare has access to laboratory data needed to measure HEDIS® performance quality and outcomes. Visit our website for:
- A list of testing services that can be performed in a physician's office is located under the "Forms" tab.
- Our "Laboratory Testing Payment Policy" is under the "Policies" tab.
- To locate an in-network laboratory select "Find a Provider," then enter your location, select the coverage line of business (LOB) and under "Provider Type" select "Laboratory."

2018 HEDIS® Data Collection
Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) season will be from **Feb. 2 through April 30, 2018**.

Molina Healthcare will reach out to providers via phone and fax with instructions and a member list. Records may be submitted by:
- 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 EHR setup assistance email RegionB_EMRSupport@MolinaHealthCare.com

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 is required to collect and provide medical record documentation from our providers to fulfill state and federal requirements.

Cures Act Prescriber MAT Training
Information for all network providers

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

resources to assist providers including translated materials and accessible formats like Braille. For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800) 750-0750 or 711.

To learn more, view our Disability Awareness & Sensitivity Training on our website under the "Manual" tab in the MyCare Ohio LOB.

Access Standards
Information for all network providers

Find Molina Healthcare's appointment availability standards in our Provider Manual, available on our website.

Based on industry and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Executive Quality Improvement Committee. We conduct an annual survey to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Non Par Laboratory Testing PA
Information for all network providers

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.

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

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

ODM Behavioral Health (BH) Redesign

Information for all network providers who are certified by the Ohio Department of Mental Health and Addiction services to provide community Medicaid behavioral health services

MyCare Ohio's BH Redesign went into effect on Jan. 1, 2018. To prevent a delay in service, continue to submit your prior authorization (PA) requests.

For questions, contact BHProviderServices@MolinaHealthcare.com. Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Question and Answer Sessions:
- 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
- Mon., April 9, 10:30 to 11:30 a.m. meeting number 809 749 425
- Wed., April 25, 2:30 to 3:30 p.m. meeting number 804 429 252

Provider Portal Claims Training sessions:
- Tues., March 20, 10:30 to 11:30 p.m. meeting number 803 724 628
- Wed., April 4, 10:30 to 11:30 a.m. meeting number 801 661 260
- Mon., April 16, 2:30 to 3:30 p.m. meeting number 801 308 183

BH Provider Forums:
- 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.

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 by searching "Medicare 340B Reimbursement."

Online Claim Reconsiderations
Information for all network providers

Providers can access submission of online claim reconsiderations in the Provider Portal by doing a claim search. Attachments totaling up to 20MB can be included with the reconsideration request. When completing the reconsideration request **include your fax number to receive a timely response**. Sign in using the same email address **you utilize for the Provider Portal** to receive an electronic acknowledgment letter in your 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.