Hepatitis A Vaccine
Information for all network providers

On April 11, 2019, the Hepatitis A vaccine (Havrix and Vaqta) became available through the Molina pharmacy benefit. A Molina member can now receive the Hepatitis A vaccine through a pharmacist or through a provider.

Individuals most at risk for a Hepatitis A infection include, but are not limited to:
- People who currently use recreational drugs (regardless if he or she injects)
- People experiencing homelessness or in a transient living situation
- People in direct contact of someone infected with Hepatitis A
- Children attending child care and their teachers or family members
- People recently released from incarceration
- People with underlying liver disease (including cirrhosis, Hepatitis B and Hepatitis C)
- People with a clotting-factor disorder

For additional questions, please contact your Molina Provider Services Representative or call (855) 322-4079.

Electronic Visit Verification
Information for impacted home and community-based service providers who will bill the following codes: G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019

Electronic Visit Verification (EVV) training for the Ohio Department of Medicaid's (ODM) EVV is mandatory for providers to receive their login credentials to the EVV system. Providers who completed Phase 1 training must complete training again for Phase 2.

To register visit https://Medicaid.Ohio.gov and under "Initiatives" select "Electronic Visit Verification." Click on "EVV Phase 2 Training Registration," then go down to "Phase 2 Provider Training," and under "Agency" select either "Agency Training Registration Quick Reference Guide" or "Agency Training Registration." Registration and who should attend:
- At least one representative from your agency **must** complete all required training to receive your Welcome Kit with login credentials to the Sandata system
  - a maximum of two people per Medicaid ID can attend training
- It is **strongly** recommended that instructor-led classroom training or instructor-led web-based training is attended by at least one employee in your agency
- Training covers an in-depth overview of the ODM EVV program, and an in-depth walk-through of the Sandata EVV system that includes features, usage, reporting and support

For questions on registering for training, call the EVV Provider Hotline at (855) 805-3505. For general EVV questions, email the EVV Unit at EVV@medicaid.ohio.gov or leave a voicemail at (614) 705-1082.

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.

Provider Training Sessions
Information for all network providers

Molina is offering provider training sessions!

Quarterly Provider Orientation:
- Tues., Sept. 17, 1 to 2 p.m. meeting number 802 543 270

Monthly Provider Portal Training:
- Thurs., June 27, 1 to 2 p.m. meeting number 801 044 389
- Tues., July 23, 2 to 3 p.m. meeting number 806 047 762

Monthly Claim Submission Training:
- Thurs., June 13, 2 to 3 p.m. meeting number 806 080 385
- Tues., July 9, 2 to 3 p.m. meeting number 806 699 554

To join WebEx, call (866) 499-0396 and follow the instructions. To view

The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, MyCare Ohio and Health Insurance Marketplace health care plans.

Alzheimer's Association Training
Information for all network providers

Available until May 30, 2019, the Alzheimer's Association and the Academy for Continued Healthcare Learning have joined together to sponsor a free Continuing Medical Education (CME) credit for primary care clinicians including internists, family physicians, nurse practitioners and physicians who are seeking additional education in the assessment, diagnosis and ongoing health care of patients with cognitive impairment and dementia.

For additional details, visit http://training.alz.org and click on "Challenging Conversations about Dementia."

Reconsideration Form Requirements for Authorizations or Claims
Information for all network providers

Effective June 1, 2019, reconsiderations for authorizations or claims submitted with an incorrect, incomplete or missing reconsideration form will be rejected. This change is based on the Jan. 2019 update Molina made to the authorization and claim reconsideration processes.

An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update. 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. 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.

If you receive a rejection due to a missing, incomplete or incorrect form, you will have an opportunity to resubmit the corrected reconsideration.

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.

CAQH Provider Demographic Updates
Information for all network providers

Molina Healthcare is partnering with the Council for Affordable Quality Healthcare (CAQH) to implement the CAQH DirectAssure™ provider data validation tool in an effort to improve the accuracy of provider directory information.

As we implement this tool, providers will receive a communication from CAQH DirectAssure™ requesting permission for Molina to use the data in CAQH to update our provider records, then:
- DirectAssure™ emails reminders to select providers on behalf of Molina to review their directory information.
- Providers then log into CAQH ProView® to review and make updates to the information in the Provider Directory Snapshot. The snapshot includes provider location, contact information, specialty, medical

sessions, log into WebEx.com, click on "Join" and follow the instructions. Meetings do not require a password

Behavioral Health Question and Answer WebEx Training Session
Information for Behavioral Health providers

Molina is hosting question and answer (Q&A) sessions for Behavioral Health (BH) providers. In addition to general questions, the Q&A sessions can also be utilized for billing and claims questions.

BH Q&A Sessions:
- Fri. May 24, 1 to 2 p.m. meeting number 803 228 537
- Wed., May 29, 11:30 a.m. to 12:30 p.m. meeting number 800 981 367

To join a WebEx call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on "Join" and follow the instructions.

Behavioral Health Corrected Claim WebEx Training Session
Information for Behavioral Health providers

Molina is offering a WebEx training for BH Providers to learn more about submitting corrected claims.

BH Corrected Claims Training:
- Tues., May 7, 3 to 4 p.m. meeting number 802 802 910
- Wed., May 15, 1 to 2 p.m. meeting number 803 541 443

To join a WebEx call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on "Join" and follow the instructions.

Notice of Changes to Prior Authorization (PA) Requirements

On June 1, 2019, the updated PA Code Lists will be posted on our website under the "Forms" tab for a July 1, 2019 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.

group, institutional affiliation and whether the provider is accepting patients.

Additions or terminations of practitioners should be updated via the Provider Information Update Form, available on our website under the "forms" tab, or by logging into the Provider Portal, available at https://Provider.MolinaHealthcare.com and selecting "Account Tools," then "View/Update Profile" click on "Report data change in the Provider Directory: Submit Here."

Molina is committed to increasing the accuracy of our provider directories to ensure our members have proper access to care, and we are working with CAQH to continue to improve this experience for our providers. The CAQH ProView® and DirectAssure™ credentialing tools are available at no charge to providers. For additional information please call Molina Provider Services at (855) 322-4079.

Multiple Procedure Payment Reduction (MPPR) on Advanced Imaging Procedures
Information for Medicaid providers

As a reminder, under Ohio Administrative Code (OAC) 5160-4-25 Radiology and imaging services, if more than one advanced imaging procedure is performed by the same provider or provider group for an individual patient in the same session, then the procedure with the highest payment amount specified in appendix DD of OAC 5160-1-60 Medicaid payment, is considered to be the primary procedure with reduced payment for any secondary procedures.

The payment amount for a covered advanced imaging procedure is the lesser of the submitted charge or a percentage of the amount specified in appendix DD of OAC 5160-1-60 Medicaid payment.

All-Cause Readmission and Potentially Preventable Readmission (PPR) Policy Update
Information for Medicaid and MyCare Ohio providers

Molina has updated our 30-day Readmission Review Policy. All-Cause Readmissions and Potentially Preventable Readmissions (PPR) both apply to readmissions that occur within a 30-day window; specifically, to readmissions occurring at the same facility. View the updated policy on our website under the "policies" tab.

All-Cause Readmission are reviewed by clinical staff for both medical necessity and a potentially preventable readmission. As a reminder, readmissions identified as PPR will be reviewed using the 3M™ Health Information System Division PPR measure based on the Ohio Department of Medicaid's (ODM) customization, which identifies avoidable and unnecessary care.

Providers may appeal a determination of All-Cause Readmission or PPR through the claim reconsideration process.

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.

Notice for Institutions for Mental Disease (IMD)
Information for all IMDs (freestanding Psychiatric Hospitals operating with more than sixteen (16) beds)

Starting in July 2017, Ohio Medicaid implemented federal rule 42 CFR 438.6(e) allowing recipients age 21 through 64, enrolled through Medicaid Managed Care and MyCare Ohio plans, to have access to medically necessary psychiatric treatment in Institution for Mental Disease (IMD) settings. Per federal rule 42 CFR 438.6(e), Medicaid cannot be used to cover an IMD stay that is expected at the time of admission to be longer than 15 days in a calendar month.

Length of stay is determined by medical necessity, and the Medicaid Managed Care and MyCare Ohio plans must be involved in the level of care determination and admission process. Molina Healthcare will address lengths of stay exceeding 15 calendar days with individual IMDs if a longer length of stay is needed than anticipated at admission. Please see the Questions about Institutions for Mental Diseases (IMDs) FAQ on the ODM website at: https://bh.medicaid.ohio.gov/manuals.

Hospital-Based Clinic Visit Facility Fees
Information for providers in the Marketplace network

Effective April 1, 2019, Molina will not separately reimburse a clinic fee, or any other facility fee associated with space used to provide Evaluation and Management (E&M) services in the event they are billed on a UB-04 claim form ('facility fee'), regardless of the office location and/or uses the hospital tax identification number for the Molina Marketplace product. The following are conditions under which claims will be denied:

- Type of Bill: 13X
- Revenue Code: 51X
- E&M Procedure Codes: 99201-99205, 99211-99215 or G0463

Review the Molina Hospital-Based Clinic Visits Payment Policy on our Marketplace website, under the "Policies" tab.