

“It Matters to Molina” Corner

Information for all network providers

Molina Healthcare of Ohio is now offering the opportunity for your office to be entered into a monthly drawing for a prize! To enter, follow the “It Matters to Molina” Corner article instructions. Each month will be a new and exciting opportunity to enter that can include:

- Responding to a question posed by Molina about a previous Provider Bulletin article
- Attending one of our Provider Training Sessions and/or It Matters to Molina Provider Forums
- Responding to a Molina survey
- And more!

July Question: In a previous Molina Provider Bulletin we discussed the Authorization Reconsideration process. If you receive a denial for a prior authorization request, you can submit a reconsideration of the authorization denial on which form?

- a. [Claim Reconsideration Request Form](#)
- b. [Authorization Reconsideration Request Form](#)

Please email your answer and contact information by July 15, 2019 to OHProviderBulletin@MolinaHealthcare.com to be entered into the July “It Matters to Molina” drawing. The correct answer and drawing winner will be announced in the Aug. Provider Bulletin.

Therapeutic Duplication Prospective DUR Program

Information for all network providers

On May 1, 2019, Molina implemented the Therapeutic Duplication Prospective Drug Utilization Review (DUR) program. The DUR program identifies possible therapeutic duplication based on excessive, and potentially clinically inappropriate, overlapping claims.

The DUR program will support, but is not intended to replace, a pharmacist’s role of efficiently identifying possible therapeutic duplication via prospective DUR review across multiple pharmacies. Due to the potentially inappropriate clinical use and associated safety risks, such claims will reject as:

Reject 88 <<DUR for further clinical review>>

We understand that many factors are considered when a medication is prescribed for a patient, and that the provider may need to request prior authorization or an exception to a DUR reject for medical necessity. For more information on these options, contact Molina at (855) 322-4079. Visit the Molina website for more information or to review the entire Drug Formulary.

Claim Reconsideration Request Form Requirements

Information for all network providers

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.

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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 website at MolinaHealthcare.com/OhioProviders

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Provider Training Sessions

Information for all network providers

Molina is offering provider training sessions!

Monthly It Matters to Molina Provider Forum:

- **Topic: Federally Qualified Health Center (FQHC) 101.** Molina is hosting a forum for FQHCs to provide guidance on challenges faced in your office and to assist with questions.
Tues., July 30, 1 to 2 p.m. meeting number 807 946 960

Monthly Provider Portal Training:

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.

Paper Authorization and Claim Reconsiderations

Information for all network providers

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 Management for Member Match Requirements

Information for all network providers

Member information is required on each billed claim. Molina providers are subject to certain coding requirements for claim submission including:

- Member ID – located on the member’s identification card
- Name – first and last
- Date of birth – month, day and year

- Tues., July 23, 2 to 3 p.m. meeting number 806 047 762
- Thurs., Aug. 22, 2 to 3 p.m. meeting number 805 406 661

Monthly Claim Submission Training:

- Tues., July 9, 2 to 3 p.m. meeting number 806 699 554
- Tues., Aug. 13, 2 to 3 p.m. meeting number 806 690 396

Quarterly Provider Orientation:

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

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

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:

- Wed. June 26, 1 to 2 p.m. meeting number 807 727 000

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

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

- Correct plan address – the Molina plan where the member has coverage, this may not be in the state in which the provider is located

To ensure claims are processed in a timely manner and not returned, providers should:

- Verify member insurance information during each visit
- Include current and correct member information when submitting a claim
- Check that claims are being submitted to the appropriate Molina health plan address

Remember: When a claim has been returned with the following, the claim has not been denied:

- “Message: Cannot find member in plan database”

The correct member information should be submitted to Molina as a new claim submission, not as an adjustment.

Updated Medicaid Drug Formulary

Information for providers in the Medicaid network

Effective July 1, 2019, Molina will update the [Medicaid Drug Formulary](#) with the following changes:

Drug Name	Description of Change	Alternative Drug/ Criteria
Cinryze	PA Required	Requires Clinical Review
Uniretic	Non-Preferred/Not Covered	Requires Clinical Review
Talwin Nx	Non-Preferred/Not Covered	Requires Clinical Review
Disalcid	Non-Preferred/Not Covered	Requires Clinical Review
Tricor	Lower Cost Alternative	Fenofibrate 48 mg, 54 mg, 120 mg, 145 mg
Lopressor 75mg	Lower Cost Alternative	Metoprolol Tartrate 25 mg, 50 mg
Anaprox	Lower Cost Alternative	Naproxen 250 mg, 500 mg
Polyethylene Glycol 3350 Packets	Lower Cost Alternative	Polyethylene Glycol Bulk Bottle
Phenergan	Non-Preferred/Not Covered	Requires Clinical Review
Calan	Lower Cost Alternative	Diltiazem 24 Hour
Campral	Removed from PA List	No PA Required
Abilify	Removed from PA List	No PA Required
Cymbalta	Removed from PA List	No PA Required
Crestor	Removed from PA List	No PA Required
Fluticasone/Salmeterol Diskus 100mcg-50mcg	Added to PDL	No PA Required

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 Home Healthcare Providers

An efficient Prior Authorization (PA) process is important to Molina. We want to partner with our provider network so our members can receive the right care, at the right time, in the right place. Molina Healthcare offers a [Home Health Prior Authorization Request Quick Tips Guide](#) to help providers identify what information should be filled out on a PA request form for home health services. The guide is located on our website, under the “Quick Reference Guides & FAQs” on the “Forms” tab. Following these quick tips will ensure Molina has all of the information needed to process your request as quickly as possible so that you can focus on providing care to your patients.

Medication Assisted Treatment

On Jan. 1, 2019, Molina joined the Ohio Department of Medicaid (ODM) and other Medicaid Managed Care Plans (MCPs) in eliminating prior authorizations (PA) on all brand and generic forms of oral short-acting buprenorphine-containing products for all prescribers of Medication-Assisted Treatment (MAT).

In favor of eliminating PA for all forms of oral short-acting buprenorphine-containing products, ODM and the MCPs have implemented safety edits and a retrospective drug utilization review process for all brand and generic forms of oral short-acting buprenorphine-containing products.

For additional information view the [MAT Provider Bulletin](#) on our website under the “Communications” tab or look at the “[Opioid Safety Provider Education Resources](#)” under the “Health Resources” tab.

Claim Corrections for Primary EOB

Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim, or it may result in the claim being denied. As a reminder: Primary

Fluticasone/Salmeterol Diskus 250mcg-50mcg	Added to PDL	No PA Required
Fluticasone/Salmeterol Diskus 500mcg-50mcg	Added to PDL	No PA Required
Wixela Inhub 100mcg-50mcg	Added to PDL	No PA Required
Wixela Inhub 250mcg-50mcg	Added to PDL	No PA Required
Wixela Inhub 500mcg-50mcg	Added to PDL	No PA Required

We understand that many factors are considered when a medication is prescribed for a patient, and that the patient may need to request Prior Authorization (PA) or an exception for medical necessity. For more information on these options, visit our website or contact Molina at (855) 322-4079.

Update: National Drug Rebate Agreement Requirements
Information for Medicaid network providers

Effective Sept. 1, 2019, drugs manufactured or distributed by labelers who have not signed a drug rebate agreement with the federal Department of Health and Human Services (DHHS) are excluded from coverage through the Ohio Medicaid Managed Care Organizations' (MCOs) benefit and will not be covered through the Ohio Medicaid fee-for-service (FFS) program.

Find out which medications are covered by viewing the [2019 Drug Formulary](#) on our website.

Molina Quality Living Program Awardees
Information for all network providers

Molina is proud to announce the most recent quarter's performance for nursing facilities in the Molina Quality Living Program.

Platinum Level	Gold Level	Silver Level
Mother Angeline McCrory Manor	Mt. Washington Care Center	Meadow Grove Transitional Care
		Terrace View Gardens
		Tri County Extended Care Center

About the Molina Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select Centers for Medicare and Medicaid Services (CMS) quality measures when providing care to Molina MyCare Ohio members in custodial care.

Molina Provider Portal
Information for all network providers

The Molina Provider Portal is an easy-to-use online tool designed to meet provider needs. All our providers can register and use the following features:

- Online claim submission
- Check claim status
- Online claim reconsiderations
- Correct claims

insurance Explanation of Benefits (EOB) and itemized statements are not accepted via claim reconsideration. Please submit as corrected claims.

Hepatitis A Vaccine

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.

CAQH Provider Demographic Updates

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

- Member eligibility
- Submit prior authorization (PA) requests
- Check claim status
- And more!

Registration is easy, just visit <https://Provider.MolinaHealthcare.com>, click on “Register now,” and follow the instructions.

For more information view the [Provider Web Portal Quick Reference Guide](#) on our website, under the “Manual” tab, or join us for one of the upcoming monthly Provider Portal training sessions available:

- Tues., July 23, 2 to 3 p.m. meeting number 806 047 762
- Thurs., Aug. 22, 2 to 3 p.m. meeting number 805 406 661

Molina offers provider training sessions on a variety of topics including the Provider Portal, Claims Training, It Matters to Molina forums and Provider Orientations. For additional training topics and times, view our [Provider Training Sessions](#) in the side panel of this Provider Bulletin.

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) will be mandatory for Phase 2 services on Aug. 5, 2019. Molina is partnering with the Ohio Department of Medicaid (ODM) to get the word out about EVV and the training that providers are required to take.

If you are a new EVV user, you must complete the training before you can access the EVV system. You can begin using the system once training is complete, so you can become familiar with it before Aug. 5, 2019.

There are several types of trainings you can choose from:

- Instructor-led classroom training - Offered in seven different locations in Ohio
- Instructor-led webinar training - Offered online
- Self-paced online training - Offered online

Classroom and Webinar trainings are only offered until Aug. 3, 2019. The feedback from providers has shown Classroom and Webinar trainings are the most effective ways to train. To sign up for training visit <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/Training>. Agency and non-agency providers have separate trainings. Please be sure to sign up for the training that applies to you. To sign up for training, you MUST have your ODM issued Provider Medicaid ID. If you are unsure what your ODM issued Medicaid Provider Medicaid ID is, please contact your Molina Provider Representative for assistance locating your number.

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

If you experience any trouble registering for training, please contact the EVV Provider Hotline at (855) 805-3505. If you have general questions about EVV, email the ODM EVV Unit at EVV@medicaid.ohio.gov.

Provider Directory Snapshot. The snapshot includes provider location, contact information, specialty, medical 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.

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.