

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” September question! Our monthly winner is Shannon Christy from Hagerman Family Physicians, Inc.

The “It Matters to Molina” Sept. question was: In a previous Molina Provider Bulletin we discussed Molina contracting with eviCore to provide outpatient utilization management services. Which of the services below will NOT be handled by eviCore?

- a. Radiation Therapy
- b. Molecular and Genomic Testing
- c. Durable Medical Equipment (DME)
- d. Advanced Imaging

The correct answer is: c. Durable Medical Equipment (DME).

October Question: Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim. How should you file an Explanation of Benefits (EOB) or itemized statement that needs to be attached to a claim?

- a. Submit a reconsideration
- b. Submit as a corrected claim
- c. Mail to the Claims PO Box

Please email your answer and contact information by Oct. 15, 2019 to OHProviderBulletin@MolinaHealthcare.com to be entered into the Sept. drawing. The correct answer and drawing winner will be announced in the Nov. 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.

Medicare Inpatient Rate Updates Effective Oct. 1, 2019

Information for providers in the MyCare Ohio network

Molina is in the process of updating the Medicare Inpatient Reimbursement rates effective Oct. 1, 2019. As these updates will not be completed prior to the effective date, Molina will be holding Medicare inpatient claims until the updates are deployed at which times claims will be released for payment. This hold impacts Inpatient Hospital, Long Term Care (LTC), Inpatient Rehabilitation Facility (IRF), Inpatient Psychiatric Facility (IPF) and Skilled Nursing Facility claims. Molina estimates to have these updates completed in late October; except for Skilled Nursing Facility, which will be completed in November.

Provider Website Update with Provider Services Page

Information for all network providers

Molina has created a new page on the Provider Website to make it easier for providers to contact their Provider Services Representatives.

Visit the Provider website, and under the “Contact Us” tab, select “[Provider Services](#).” You will find a list of email addresses for Behavioral

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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 Provider Website at
MolinaHealthcare.com/OhioProviders

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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!

Monthly It Matters to Molina Provider Forum:

Topic: General Question and Answer (Q&A) Session. Molina is hosting an open forum. In addition to general questions, the Q&A sessions can also be utilized for billing and claims questions.

- Tues., Sept. 24, 10 to 11 a.m. meeting number 800 966 230
- Thurs., Oct. 24, 1 to 2 p.m. meeting number 808 179 336

Monthly Provider Portal Training:

- Tues., Oct. 22, 2 to 3 p.m. meeting number 806 258 171

Health Providers, Hospitals or hospital-affiliated physician groups, MyCare Ohio LTSS Providers, Nursing Facilities and Physicians.

Anesthesia Services Modifiers

Information for all network providers

As a reminder, per the Appendix to Ohio Revised Code Rule [5160-4-21](#) Anesthesia Services, each non-dental anesthesia procedure code reported on a claim must be accompanied by one of the following modifiers:

- AA – Service provided by an anesthesiologist
- QZ – Services provided by a Certified Registered Nurse Anesthetist (CRNA) without the medical direction of an anesthesiologist
- QX – Services provided by a CRNA or Anesthesiologist Assistant (AA) without the medical direction of an anesthesiologist
- QY – Medical direction provided by an anesthesiologist to one qualified non-physician anesthesiologist
- QK – Medical direction provided by an anesthesiologist to two, three, or four qualified non-physician anesthesiologists performing concurrent anesthesia procedures
- AD – Medical supervision provided by an anesthesiologist to more than four qualified non-physician anesthetists performing concurrent anesthesia procedures

The information modifier QS reported with an anesthesia procedure code indicates monitored anesthesia care service.

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.

Gold Level	Silver Level
Garden Manor Extended Care Facility	Residence at Huntington Court
	Terrace View Gardens
Pinnacle Point Nursing Rehab	Tri County Extended Care Center
	Venetian Gardens

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.

Prior Authorization Requirements for Urine Drug Screenings (UDS)

Information for all network providers

Effective Oct. 7, 2019, Molina will require Prior Authorization (PA) on each Urine Drug Screening (UDS) tests **per member, per calendar year** for:

- greater than 30 for Presumptive and/or
- greater than 12 for Definitive

The requirement is not facility based.

Molina will be utilizing the [Ohio Urine Drug Screen Prior Authorization \(PA\) Request Form](#) that has been published by the Ohio Department of Medicaid (ODM) at <https://bh.medicaid.ohio.gov/manuals>. The Ohio Urine Drug Screen PA Request Form will be posted on Molina’s provider website under the “Forms” tab in coming weeks.

- Thurs., Nov. 21, 2 to 3 p.m. meeting number 809 057 438

Monthly Claim Submission Training:

- Thurs., Oct. 17, 2 to 3 p.m. meeting number 802 209 822
- Tues., Nov. 12, 2 to 3 p.m. meeting number 808 155 380

Quarterly Provider Orientation:

- Tues., Nov. 26, 2 to 3 p.m. meeting number 809 465 833

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., Sept. 25, 10:30 to 11:30 a.m. meeting number 808 813 413

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.

UPDATE: Notice of Changes to Prior Authorization (PA) Requirements

On Sept. 1, 2019, Molina posted the PA Code Lists on our website under the “Forms” tab for an Oct. 1, 2019 effective date. Molina split the PA Code List by line of business, one for Medicaid, one for Medicare and one for Marketplace.

Molina added an update on Urine Drug Tests under “Unlisted/Miscellaneous Codes,” effective Oct. 7, 2019.

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.

Annual Mandatory SNP Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019. This includes primary care providers and specialists, including behavioral health providers and dentists.

SNP Model of Care should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers who only participate in the Medicaid and Marketplace LOB do not need to complete this training.

What providers need to do – Deadline: Dec. 31, 2019

- Complete training
- Complete the 2019 Model of Care Attestation Form
- Return the Model of Care Attestation Form by email to OHAttestationForms@MolinaHealthcare.com

Read the “Model of Care” Provider Bulletin on our website, under the “Communications” tab for more details.

Americans with Disabilities Act

Information for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to health care access, we can improve the quality of life for people with disabilities. To learn more, visit the [Americans with Disabilities Act FAQ](#) on our website under MyCare Ohio, in the “Manual” tab, under “Quick Reference Guides & FAQs.”

Provider Satisfaction Survey

Information for all network providers

Molina recently mailed our annual Provider Satisfaction Survey to a cross-section of our provider network. If you receive a survey, please take a few minutes to complete it. Your opinion and feedback matter to us. You can mail back the survey, fill it out online or complete it by telephone.

The survey will give your office the opportunity to share your opinions about the care and service we provide at Molina.

Each completed survey is reviewed and analyzed. The information is then used by Molina to find ways to better serve you and work with you to serve our membership. We know that your time is valuable. We want to thank you in advance for taking the time to share your opinions and thoughts with us.

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 and “Provider Bulletin.”

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.

Did You Know?

Information for all network providers

Did you know Molina posts available Provider Trainings on the Provider Website? Look for upcoming sessions on the left-hand side of the Molina homepage.

Molina offers the following trainings:

- **Provider Portal:** These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!
- **Provider Portal Claim Submission:** Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!
- **“It Matters to Molina” Provider Forum:** An open forum for providers to ask questions and discuss billing and claim concerns.
- **Provider Orientation:** Learn about Molina History, Provider Resources, Billing and Claims, MyCare Ohio and more!

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.