MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Licensed Practical Nurses (LPN) Renewal 2018

Information for Licensed Practical Nurses in our provider network

Licensed Practical Nurse (LPN) license renewal must be completed by Oct. 31, 2018.

Renewal may be completed online at www.nursing.ohio.gov under "LPN Renewal." Incomplete applications will not be accepted by the online system. The renewal fee of $65 will be required at the time of renewal in addition to a $3.50 transaction fee charged by Ohio eLicense. A late processing fee of $50 will go into effect on Sept. 16, 2018.

After the Oct. 31, 2018 deadline any license that has not been renewed will lapse on Nov. 1, 2018. If a license has lapsed the applicant will have to apply for a reinstatement.

Complex Claim Review Process

Information for hospital providers in all networks

The Centers for Medicare and Medicaid Services (CMS) requires Molina Healthcare to review services to ensure program integrity. This process includes both pre-payment and post-payment review of claims.

Medical claim reviews are conducted on inpatient claims to ensure our Provider Agreement with the Ohio Department of Medicaid (ODM) is in accordance with Federal, State, and American Medical Association (AMA) billing and coding guidelines.

The review covers:

- Room and Board charges
- Non-routine/patient specific items and services
- Any billing errors identified.

This review identifies disallowed charges and services. The correct payment will be determined based on Federal or State reimbursement methodology and/or provider specific contract terms.

For timely filing, please ensure claims regarding stop loss or payment exceeding the Diagnosis-Related Group (DRG) amount are submitted with an itemized statement.

If disallowable charges are identified, you will be notified and the decision can be disputed through the routine claim appeal/dispute process outlined in the Provider Manual and/or your provider contract.

Contact Provider Services at (855) 322-4079 with questions.

Model of Care Training

Information for providers in the Medicare and MyCare Ohio networks

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers to complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2018.

Face-to-Face Training: Your Provider Services Representative is always happy to train you and your staff in person and address questions.

In This Issue – August 2018

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.

Did You Know?

Did you know that Molina Healthcare has partnered with Care Connections to offer in-home postpartum visits to our Medicaid members? Members are visited by nurse practitioners who provide physical and emotional assessments, health education on the importance of well child checkups and referrals to community resources. After the visit, the Care Connections nurse practitioners coordinate with members' primary care provider to ensure continuity of care. Care

Online Training: Our online "2018 Model of Care Provider Training" is available on the "Communications" tab, under "Resources & Training" on our website. Select the "2018 Model of Care Provider Training."

After reviewing the training, open and sign the "2018 Model of Care Provider Training Attestation."

If one provider is willing to sign off for a group or clinic, he or she must attach an excel spreadsheet of all the providers in the clinic/group and include:

- Name of the provider giving the training
- Clinic/Practice name
- Clinic/Practice address
- TIN
- The method used to train office staff and providers
- Date the office staff and providers were trained
- Date the office staff and providers signs the attestation

Fax it to (866) 713-1894, ATTN: Debbe Snow

Sterilization, Hysterectomy and Abortion Consent Forms

Information for providers in all networks

On Sept. 1, 2018, Molina Healthcare will update the policy for submitting a Signed Consent Form (SCF) for Sterilization, Hysterectomy and Abortion. The forms are available on our website under the "Forms" tab and must be submitted with the claim when these services are billed:

- **Consent to Sterilization Form:** Required except in unique circumstances of an unscheduled clinical event that requires sterilization because of a life-threatening emergency
    - **Codes that require an operative report and a SCF if sterilization occurred**
        - 58661
        - 58700
        - 58720
        - 58940
- **ODM Abortion Certification Form:** Not covered, except when medically necessary to save the life of the woman or in instances of reported rape or incest
- **Consent to Hysterectomy Form:** Required

If the form is missing or incomplete, the claim will be denied. The Claim Reconsideration Request Form must be used when submitting a claim reconsideration. Additional information is available in the Molina Healthcare Provider Manual on our website, under the "manual" tab.

Based on the above amended policy, the below email for the submission of operative reports will be closed effective Sept. 1, 2018.

- MHOOB@MolinaHealthcare.Com

Molina Healthcare Quality Living Program Awardees

Information for all network providers

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

Connections is currently available in Central Southwest and Western regions, and will eventually expand across the state.

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.

Top Claim Denials

Information for all network providers

Look for the "Top Claim Denials" document on the Molina Healthcare website under the "Health Resources" tab, under "Behavioral Health Resources."

The Top Claim Denials includes help with:

- Claim Edits
- Denial Reason
- Correction Process

Outpatient EAPG Services

Information for network hospitals

Recent changes to the EAPG grouper effective July 1, 2018 have been received and are under development by Optum/3M to ensure these updates are finalized as quickly as possible.

To avoid incorrect payment of EAPG-priced claims, Molina Healthcare will pend impacted claims with dates of service on or after July 1, 2018.

Deployment of the July 1, 2018 changes are currently expected by Aug. 17, 2018. Molina Healthcare will automatically release all pended claims for processing as soon as the updates are deployed. If you have any questions, please contact your Provider Service Representative.

Provider Newsletter

Information for all network providers

The Spring 2018 Provider Newsletter is available on our website under the "Communications" tab.

Articles in this edition include:

- Updating Provider Information
- Provider Credentialing Rights
- Molina Healthcare Utilization Management
- Drug Formulary and Pharmaceutical Procedures

Platinum Level	Gold Level	Silver Level
Mt. Washington Care Center	Bayley	Diversicare of Bradford Place
	Bethany Village	Friends Care Community
		Mother Angeline McCrory Manor
		Mary Scott Nursing Home
		Judson Care Center
		Logan Elm Health Care Center
		Mason Health Care Center
		Woods Edge Pointe

About the Molina Healthcare 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 Healthcare MyCare Ohio members in custodial care.

Inpatient Admission and Review

Information for providers in all networks

Elective Inpatient Admission: Prior Authorization is required for all elective inpatient admissions to any facility, or the services performed may not be eligible for payment.

Emergent Inpatient Admissions: Notification to Molina Healthcare is required within 24 hours of admission or by the close of the next business day when emergent admissions occur on weekends or holidays. Notifications have to include:

- member demographic information
- facility information
- date of admission
- clinical information sufficient to document the medical necessity of the admission

Emergent inpatient admission services performed without meeting notification and medical necessity requirements will result in a denial of authorization for the inpatient admission.

Concurrent Inpatient Review: Molina Healthcare will request updated original clinical records from inpatient facilities at regular intervals during a member's inpatient admission. Requested clinical information updates need to be received from the inpatient facility:

- within 24 hours of the request and
- 24 hours prior to the last approved day of the stay

Failure to provide timely clinical information updates will result in denial of authorization for the remainder of the inpatient admission.

Nursing Facility Care Coordination Visit Guide

Information for Nursing Facility providers in the MyCare Ohio network

Look for the "MyCare Ohio Nursing Facility Care Coordination Visit Guide" coming soon to the MyCare Ohio Molina Healthcare website under the "Manual" tab. This guide is intended as a tool to help Nursing Facility staff understand the types of visits Molina Healthcare staff make to members and the purpose of each visit including:

- Compliance Related Visits
- Transition of Care Visits
- Acuity Visits
- Complex Case Management
- Website
- Translation Services
- Patient Safety
- Care for Older Adults
- Hours of Operation
- Non Discrimination
- Member Rights and Responsibilities
- Health Management Programs Improve Member Health
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination and Transitions

Also available on our website:

- Disease management programs
- Privacy notices
- Provider manuals
- Utilization Management (UM) affirmative statement/how to obtain copies of UM criteria

Updated – Corrected Claims

Information for all network providers

Update: Corrected claims must be received by Molina Healthcare no later than the filing limitation stated in the provider contract or within **365 days** of the original remittance advice.

Submission of Corrected Claims: Effective April 1, 2018, corrected claims must be submitted with the Molina Healthcare claim ID number from 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 are no

Rendering Provider NPI

Information for all network providers

Effective July 1, 2018, the Ohio Department of Medicaid (ODM) will require rendering practitioner National Provider Identifiers (NPI) on claims for:

- Behavioral Health (BH) dependently licensed and paraprofessionals
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Occupational Health Facility (OHF)
- Accredited Health Care Clinic (AHCC) clinics
- Freestanding birth center staff

As a reminder, effective Jan. 1, 2018, ODM began requiring rendering practitioner NPI on claims for:

- Independently licensed BH professionals

ODM fee-for-service is requiring the NPI of the professionals referenced above to be on the claim and will deny claims that do not include the rendering NPI. Home health and waiver providers are not required to have an NPI on the claim and will continue to submit claims with the current process.

If Community Behavioral Health providers are concerned about their ability to complete the Medicaid registration process prior to claims submission, please use the Molina BH Provider Form located on our website under the "Forms" tab, under "Contracted Practices" and send the completed roster to our contracting team at MHOProviderUpdates@MolinaHealthcare.com to ensure that we have your practitioners loaded in our claims system. All other providers should use the Molina "Provider Information Form" located on our website under the "Forms" tab.

Behavioral Health Carve-In Information for Primary Care Providers

Information for primary care providers in our Medicaid network

Effective July 1, 2018 Behavioral Health (BH) services accessed through community behavioral health centers and Substance Use Disorder (SUD) treatment agencies by Medicaid consumers enrolled in Managed Care Plans will be coordinated and billed through Medicaid Managed Health Plans instead of Fee-for-Service Medicaid. Members currently receiving treatment from non-par providers will be able to continue those services through Dec. 31, 2018 in order to give the providers enough time to contract.

Medicaid BH services have expanded through the BH Redesign project to allow for many new services available for our members with Medicaid coverage, including:

- Intensive Community Based Services (ACT, IHBT)
- SUD treatment services at all levels of care (outpatient, intensive outpatient, partial hospitalization, residential)
- Opioid treatment program (OTP - comprehensive Medication Assisted Treatment for Opioid Use Disorder)

Molina Healthcare offers care management services to members who need assistance with treatment coordination and linking to community resources. To refer any of your patients to Molina Healthcare's Care Management program, contact Provider Services.

longer 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 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. Corrected claims are not adjustments. Find additional information in our Provider Manual under the "Claims and Encounter Data" under "Claim Corrections."

Updated In-Office Laboratory Testing List

Effective June 1, 2018, the following tests were approved for payment in the physician office setting:

- Urine Drug Testing: CPT Codes 80305 and 80306
- Hemoglobin A1c: CPT Codes 83036 and 83037

Look for our updated In-Office Laboratory Testing list under the "Forms" tab on our website.

Provider Training Sessions

Information for all network providers

Molina Healthcare is offering monthly training sessions!

Provider Portal Training:

- Thurs., Aug. 23, 2 to 3 p.m. meeting number 801 287 457
- Thurs., Sept. 27, 2 to 3 p.m. meeting number 809 361 929

Claim Submission Training:

- Tues., Aug. 28, 1 to 2 p.m. meeting number 805 644 452
- Tues., Sept. 25, 1 to 2 p.m. meeting number 801 156 434

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

Non-Par Laboratory Testing PA

Information for all network providers

Non-par providers **are required** to submit a PA for laboratory services.

As a reminder, Molina Healthcare members can use their 30 one way or 15 round trips non-emergent transportation benefit to get to behavioral health appointments for services that include:

- Mental Health visits (including BH Therapy, Psychiatrist, Psychologist, Counselor and Social Worker)
- SUD services provided by the Ohio Department of Mental Health and Addiction Services (OMHAS) certified facilities

For additional information on the modernization of community BH services and the transition of these services to managed care visit the Ohio Department of Medicaid (ODM) website at http://bh.medicaid.ohio.gov. For questions call (855) 322-4079.

Molina Healthcare is offering training for Community Behavioral Health providers to support this transition.

Behavioral Health Member Eligibility Assistance

Information for all Behavioral Health network providers

On July 1, 2018, Behavioral Health (BH) services were carved in to the Ohio Medicaid Managed Care Plans.

Providers should use the EDI 270 / 271 Eligibility transaction from the Ohio Department of Medicaid (ODM) MITS system to identify members who are enrolled in the Ohio Medicaid Managed Care program.

If you are not currently authorized to send the EDI 270 / 271 transaction and have an interest in adding this transaction please contact the EDI Support team by calling 1-844-324-7089 or by email at OhioMCD-EDI-Support@dxc.com for assistance in sending your first test file.

ODM Behavioral Health (BH) Redesign

Information for all Community Behavioral Health providers

Ohio's BH Redesign went into effect on Jan. 1, 2018, impacting community behavioral health providers.

As of July 1, 2018 claims for these services need to be submitted to the Medicaid Managed Care Plans for members enrolled in managed care. To prevent a delay in service, ensure you have information about claims billing with Molina Healthcare. For questions, contact BHProviderServices@MolinaHealthcare.com. Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Question and Answer Sessions:

- Wed., Aug. 1, 11:30 a.m. to 12:30 p.m. meeting number 803 556 866
- Wed. Aug. 22, 3 to 4 p.m. meeting number 808 012 182
- Mon. Aug. 27, 11 a.m. to 12 p.m. meeting number 807 863 111

Provider Portal Claims Training sessions:

- Tues., Aug. 7, 1 to 2 p.m. meeting number 801 718 905
- Fri., Aug. 17, 1:30 to 2:30 p.m. meeting number 802 005 677

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

Marketplace non-par providers will be required to submit specific laboratory specimens to in-network independent clinical laboratories.

Outpatient Therapy Caps

Information for providers in the Medicare network

In accordance with the Bipartisan Budget Act (BBA) of 2018, Medicare claims are no longer subject to the therapy caps:

- one cap for occupational therapy services
- one cap for physical therapy and speech-language pathology combined

For Molina Healthcare Medicare Plans, claims for therapy services above a certain amount of incurred expenses, which is the same amount as the previous therapy caps ($2,010 in 2018), continue to require prior authorization.

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.