PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

2019 HEDIS® Data Collection
Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina Healthcare started collecting this data in Feb. and appreciates your prompt response to requests.

Molina is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. 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 will reach out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:
- Fax, mail or secure email
- An onsite visit by Molina; based on the volume of records
- Providers may allow Molina access to their Electronic Health Records (EHR) for quick access to records pertaining to the specific HEDIS® project.
    - For EHR setup email RegionB_EMRSupport@MolinaHealthCare.com

Thank you for your continued collaboration.

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

Look for the Molina Hospital Based Clinic Visit Payment Policy coming soon to our Marketplace website, under the "Policies" tab.

MyCare Ohio Newborn Coverage
Information for providers in the MyCare Ohio network

Molina has canceled coverage for newborns that were enrolled in error during a six-month period in 2018 due to recently retracted language in the Provider Agreement. A letter has been sent to each mother advising she will need to go to her local County Department of Job and Family

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

Notice of Changes to Prior Authorization (PA) Requirements

On March 1, 2019, the updated PA Code list will be posted on our website under the "Forms" tab for an April 1, 2019 effective date.

Molina updates the PA Code list quarterly. Always use the list available on our website, do not print the list. Check our website for the most up-to-date list of codes that require P.A.

Provider Training Sessions
Information for all network providers

Molina is offering provider training sessions!

Quarterly Provider Orientation:

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.

Services to enroll the baby in a Managed Care Plan from the baby's date of birth.

Molina will be recouping claims that were paid during this time for the newborns. For additional information call (855) 322-4079.

SACWIS Newborn Coverage
Information for providers in the Medicaid networks

The Ohio Department of Medicaid (ODM) has determined that Managed Care Plans are not required to report the birth, nor to provide coverage, from the date of birth for a child who is born to a mother who is in the custody of a Protective Children's Service Agency (PCSA) or receiving an adoption assistance subsidy. Molina has canceled coverage for newborns who were enrolled to Statewide Automated Child Welfare Information System (SACWIS) mothers.

Molina will be recouping claims for these newborns. For additional information visit the ODM website at https://Medicaid.Ohio.gov and under "Resources" go to "Publications," then "ODM Guidance" and select "Managed Care" and read the Policy Guidance Letter "MCPPGL 6-18-12 Newborns and Mothers in SACWIS" or call (855) 322-4079.

Authorization and Claim Reconsideration Process Updates
Information for all network providers

On Jan. 1, 2019, Molina updated the Authorization and Claim Reconsideration processes. Please review these updates in the Authorization and Claim Reconsideration Guides available on our website, under the "Forms" tab on the Marketplace website, and under the "Manual" tab on all other lines of business.

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.

Standard Authorization Form
Information for providers in the Medicaid and MyCare Ohio networks

Now available on the Molina website! The Ohio Department of Medicaid (ODM) has developed a Standard Authorization Form for the use and disclosure of protected health information (PHI). This form was created to improve care coordination for all patients across multiple providers by making it simpler to share PHI in a secure manner, and as part of the broader statewide initiative to integrate physical and behavioral health care services within Medicaid managed care. Providers are not required to use this form, but the form can improve efficiency for providers as it is universal across managed care plans.

Look for the Standard Authorization Form and Standard Authorization Form Instructions on our website, under the "Forms" tab, under "Other Forms and Resources."

Provider Demographic Update on Provider Portal
Information for all network providers

Molina has updated the Provider Portal to include a feature that assists providers to report data corrections regarding demographic information. Submittals are limited to one instance per provider at a time.

- Thurs., May 30, 11 a.m. to 12 p.m. meeting number 281 154 853

Monthly Provider Portal Training:
- Mon., March 18, 2 to 3 p.m. meeting number 803 489 792
- Thurs., April 18, 11 a.m. to 12 p.m. meeting number 286 886 568

Monthly Claim Submission Training:
- Wed., March 13, 2 to 3 p.m. meeting number 808 058 460
- Thurs., April 11, 2 to 3 p.m. meeting number 801 480 015

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.

Americans with Disabilities Act

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."

Cultural & Linguistic Competency

Providers are required to participate in Molina cultural competency education and training. We have 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 line of business.

New Size – Online Claim Reconsideration File Submission
Information for all network providers

Now available! Molina has increased the file submission size for uploading appeals on the Provider Portal from 20 MB to 125 MB!

Providers can access submission of online claim reconsiderations by

To update provider information select "Account Tools" on the Provider Portal at https://Provider.MolinaHealthcare.com and under "View/Update Profile" click "Report data change in the Provider Directory: Submit Here."

Prior Authorization Requirements for Non-Par Providers

Information for non-par providers in all networks

As a reminder, if a provider is non-par for a line of business, all non-emergent services rendered by non-contracted providers require prior authorization (PA), unless otherwise specified.

For additional questions, please view the "Non-Contracted Provider Billing Guidelines" or the "Molina Healthcare Prior Authorization Request Form and Instructions" available at MolinaHealthcare.com/OhioProviders.

National Drug Code (NDC) Billing Guidelines

Information for all network providers

On Jan. 1, 2019, claims submitted with an SE modifier by providers not listed as an approved 340B drug supplier started being 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.

Per the final Medicare 2018 Outpatient Prospective Payment System rule, modifiers JG and TB need to be used to signify use of a 340B drug. For claims that crossover directly to ODM from Medicare, ODM requests rebates 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.

All professional and outpatient claims with CPT/HCPCS/Rev drug code details must have the corresponding valid NDC code submitted with the CPT/HCPCS drug code or the claims will be denied.

Find additional information at http://www.healthlawpolicymatters.com or in the Provider Manual on our website.

completing a search by claim number or a general claim search in the Provider Portal. Attachments totaling up to **125 MB** can be included with the reconsideration request.

When completing the request for reconsideration through the Provider Portal, **please include your fax number in order to receive a timely response**. Providers must sign in using the **same email address they utilize for the Provider Portal** to receive the electronic acknowledgment letter in their 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.