PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Molina Holding Claims Due to Annual Pricing Updates

Information for all network providers

Due to reimbursement updates effective Jan. 1, 2019, Molina will be holding claims until late Jan. or early Feb. for the provider services below:

- Medicaid Hospital Inpatient and Outpatient
- Medicare Hospital Outpatient, Physician Services and End Stage Renal Disease

Claims will be released for immediate payment once updates have been completed.

Long Acting Reversible Contraception (LARC) Payment

Information for all network providers

In addition to submitting a claim for a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) medical visit for a LARC insertion procedure, a separate payment may be made for a LARC device or implant.

FQHCs and RHCs may submit claims for the LARC device or implant using their ambulatory health care clinic provider number (provider type 50). For additional information visit https://www.medicaid.ohio.gov under "Resources" and "Publications" select "ODM Guidance" then "Medicaid Policy" and "MAL 628: Payment of Long-Acting Reversible Contraception (LARC) Furnished at an FQHC or RHC."

Autism Spectrum Disorder T Code Updates

Information for all network providers

The T-Codes (temporary codes) previously used to cover services for children diagnosed with an Autism Spectrum Disorder (ASD) have been discontinued effective Dec. 31, 2018.

The new permanent codes for ASD services have been released along with rates developed by the Ohio Department of Medicaid (ODM). The new Applied Behavioral Analysis (ABA) descriptions are national and in the 2019 Current Procedural Terminology (CPT) professional coding book.

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 doing a claim 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.

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.

How to Join A WebEx Meeting

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.

Did You Know?

Did you know, starting Jan. 1, 2019, more than 150,000 Molina Medicaid members over age 21 now have access to the new Teladoc benefit? This value added benefit allows members to connect with a doctor virtually in one of three ways:
1. Online at
   www.Teladoc.com/Molina-OH
2. Mobile App, which can be downloaded at
   www.Teladoc.com/Mobile
3. Phone by calling (800) 835-2362

No appointment is needed. Members get quick and convenient access to the care they need.

Teladoc doctors are board certified and ready 24/7 to treat and prescribe

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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.

Medicaid ID
Information for all network providers

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels by Jan. 1, 2019.

Providers without a Medicaid ID number will need to submit an application to ODM. Enrollment is available through the MITS portal or providers can start the process at http://medicaid.ohio.gov. Reach out to your Molina Healthcare Provider Services Representative with questions.

Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

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.

Holding Claims Prior to Submission
Information for all network providers

Molina is requesting that providers do not hold claims. When claims are held they can interfere with Molina's ability to identify and resolve processing issues that can delay claim payment.

A provider should promptly submit claims to Molina for covered services rendered to members. All claims need to be submitted in a form acceptable to and approved by Molina, and shall include any and all medical records pertaining to the claim if requested by Molina or otherwise required by Molina's policies and procedures. Claims must be submitted by the provider to Molina within timely filing guidelines after the service has been provided.

For assistance in submitting claims, call (855) 322-4079 or reach out to your Molina Provider Services Representative.

medications to our members for a variety of minor illnesses, such as cold and flu symptoms, sore throat, allergies, respiratory infection and sinus problems.

Notice of Changes to Prior Authorization (PA) Requirements

Molina updates the PA Code list quarterly. Always use the list available on our website, do not print the list.

Provider Training Sessions
Information for all network providers

Molina is offering provider training sessions!

Quarterly Provider Orientation:
- Wed., Feb. 20, 11 a.m. to 12 p.m. meeting number 805 725 335

Monthly Provider Portal Training:
- Thurs., Feb. 28, 2 to 3 p.m. meeting number 806 568 243
- Mon., March 18, 2 to 3 p.m. meeting number 803 489 792

Monthly Claim Submission Training:
- Tues., Feb. 26, 1 to 2 p.m. meeting number 806 150 085
- Wed., March 13, 2 to 3 p.m. meeting number 808 058 460

Click "Join" at WebEx.com or call (866) 499-0396 and follow the instructions. Meetings do not require a password.

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.