

Prior Authorization Form

Information for providers in all networks

Molina Healthcare is making continuous enhancements to improve your experience. To ensure timely and accurate processing of authorizations, only **standard authorization forms will be accepted by Molina Healthcare after Sept. 1, 2017.**

Standard forms are available at MolinaHealthcare.com/OhioProviders under the “Forms” tab for Medicaid, MyCare Ohio and Marketplace. On the Medicare website this document is in the medical section located in the middle of the webpage under “Prior Authorization Forms” then choose “Ohio – Effective 1/1/16” from the drop down menu provided.

NDC Billing Guidelines

Information for providers in all networks

Molina Healthcare and the Ohio Department of Medicaid (ODM) are requesting that all professional and outpatient claims with dates of service on or after Jan. 1, 2018, with CPT/HCPCS/Rev drug code details must have the corresponding valid National Drug Code (NDC) code submitted with the CPT/HCPCS drug code. If the CPT/HCPCS drug detail does not contain a valid corresponding NDC code, then the detail will be denied.

Report all drugs billed to the Managed Care Plan (MCP) that were acquired through the 340B drug pricing program using standard modifiers so they can be properly excluded from federal drug rebates. The following provides some of the required billing data elements:

- NDC format (5-4-2)
- Valid units of measure are:
 - F2 (international unit)
 - GR (gram)
 - ML (milliliter)
 - UN (unit)
- Dispensing quantity
- You must use the decimal point if reporting a fraction of a unit

For further details on billing NDC numbers on claims please refer to our Provider Manual at www.MolinaHealthcare.com/OhioProviders.

ACR Guidelines Added to All Lines of Business

Information for providers in all networks

Effective Oct. 1, 2017, Molina Healthcare will be incorporating American College of Radiology (ACR) guidelines into our criteria for clinical decision support for advanced imaging in the Medicaid, Medicare, MyCare Ohio, and Marketplace lines of business.

If questions arise, please contact our Provider Services department at (855)-322-4079 or email at OHProviderRelations@MolinaHealthcare.com.

HNCC Dissolving Medical Management Program

Information for providers in all networks

Effective Sept. 1, 2017, the Health Network by Cincinnati Children’s (HNCC) is dissolving their medical management program. HNCC is currently delegated for Care Management (CM) and Utilization

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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.)

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Clear Coverage Update

Information for providers in all networks

Effective Oct. 1, 2017, Molina Healthcare will no longer use Clear Coverage for prior authorization (PA) requests for any services. You will no longer have access to the Clear Coverage web-based system to submit PA requests, or review decisions after Sept. 30, 2017.

Providers will still be able to submit PA requests through the WebPortal at <http://Provider.MolinaHealthcare.com> or by using the Prior Authorization Request Form standard authorization process available at MolinaHealthcare.com/OhioProviders under the “Forms” tab.

Interpreter Services

Management (UM) for Molina Healthcare's child members residing in HNCC's eight counties including Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren.

Molina Healthcare will resume CM activities for these children effective Aug. 1 and UM activities on Sept. 1, 2017. Providers can continue to send prior authorization (PA) requests to HNCC until Sept. 1; after that date providers must send PA requests directly to Molina Healthcare.

If you have questions regarding this change please contact your Provider Services representative or call 855-322-4079.

Claim Reconsideration Request Form

Information for providers in all networks

Reminder: Effective **Nov. 1, 2016**, Molina Healthcare went green. Find answers to your questions at: MolinaHealthcare.com/Providers/OH under the "Forms" tab.

Disc Submission: It may be necessary to submit larger files than our web portal or fax process can handle. Therefore, to ensure the submissions are received and identified timely, please follow the below policy when submitting discs:

- Submit one member per disc. Discs received with more than one member will be returned to the provider unprocessed.
- Complete a Claim Reconsideration Request Form (CRRF) (in the link above) and save it to the disc.
 - Discs received without, a CRRF, or with an incomplete CRRF will be returned to the provider unprocessed.
- Place the member's first name initial, last name, date of birth and shipped date on the disc.
- For encrypted discs use Molina's standard password **MOLINA2017**. Discs will be returned unprocessed if we cannot access the data.
- Mail **discs** to: **Molina Healthcare of Ohio**
Attn: Provider Inquiry Research and Resolution
P.O. Box 349020
Columbus, Ohio 43234-9020

Behavioral Health Respite Care

Information for providers in all networks

Caregiving can be a highly demanding and stressful responsibility, and no one is equipped to do it without some help. Respite care provides short-term breaks for caregivers that can relieve stress, renew energy and restore a sense of balance while the child continues to receive the care they require in a safe environment with qualified providers.

Children under 21 years of age who meet the following requirements may receive 100 hours of respite services per calendar year in order to prevent an out-of-home stay:

- Reside with unpaid primary caregiver in the home
- Not a foster child
- Enrolled in the managed care plan's case management program
- Behavioral Health Respite services are available for children diagnosed with Severe Emotional Disturbance as long as the child is not perceived as a risk to self or others

Helpful links for Respite Care:

- Managed Health Care Programs: Covered Services under Ohio Administrative Code (OAC) 5160-26-03 available at

Information for providers in all networks

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. Compliance with this provision includes providing interpretation and translation services for members. Translation and interpretation services are the responsibility of the provider. Under no circumstances are members responsible for the cost of these services.

Molina Healthcare can help your office arrange translation and interpretation services. Contact us at 1-800-642-4168 for the following services:

- **Translation Services:** Assistance with locating translation services. The cost for translation services is the responsibility of the provider.
- **Interpretation Services:** Assistance with locating interpreter services. The cost for interpretation services is the responsibility of the provider.
- **Limited Sight:** Obtain documents in large print, Braille or audio. Molina Healthcare covers the cost of these member materials.
- **Limited Reading Proficiency:** Molina Healthcare representatives will explain or read the Molina Healthcare information to the member. The representative can also provide documents in audio version.

Limited Hearing Ability: Use the Ohio Relay Service (TTY) at 1-800-750-0750 or 711. There is no cost associated with use of the Ohio Relay Service.

Pregnancy Check Up

Information for providers in all networks

If a Molina Healthcare member misses a check-up, please contact us immediately and we will do our best to get the member back in to see you. This is especially important for women who are at high risk for preterm delivery. Our case managers will work with members to encourage progesterone use to reduce preterm birth. We want the very best outcomes for our new Molina Healthcare babies!

Evaluation and Management (E&M) Services

<http://codes.ohio.gov/oac>

- MITS BITS Provider Information Release- Ohio Medicaid Coverage of Respite: MITS BITS 10/24/2016 available at <http://mha.ohio.gov> under "Funding", then "Medicaid" and "MITS (Medicaid Information Technology System) BITS Updates", choose "2016" then "10/24/2016"

EDI Companion Guides

Information for providers in the Medicaid and MyCare Ohio networks

The Ohio Department of Medicaid (ODM) has updated the ODM Electronic Data Interchange (EDI) Companion Guides located at <http://Medicaid.Ohio.gov> under "Providers," then "Billing," and "HIPPA 5010 Implementation."

Molina Healthcare is Incorporating Milliman s MCG Tool

Information for providers in all networks

Beginning July 1, 2017, Molina began incorporating MCG (previously known as Milliman) criteria to support a medical necessity determination for inpatient authorization requests and outpatient behavioral health.

The MCG criteria for inpatient admissions are being phased in from July 1, 2017 to Oct. 1, 2017. The use of MCG outpatient behavioral health criteria will begin on Aug. 7, 2017. Additional communications will be shared with impacted providers during this timeframe. This change aligns with the industry-standard criteria widely used within the inpatient setting.

EAPG Payment Methodology

Information for providers in all networks

Effective Aug. 1, 2017, Molina Healthcare of Ohio and the Ohio Department of Medicaid (ODM) are adopting the Enhanced Ambulatory Patient Grouping (EAPG) payment methodology for outpatient hospital claims and Ambulatory Surgical Centers (ASC). Additional information will be available in a FAQ posted at MolinaHealthcare.com in the coming weeks.

Ohio Administrative Code (OAC) Draft Rule/Final rules can be verified at <http://Medicaid.Ohio.gov> under the "Resources" tab, on the "Legal and Contract" line under "Rules."

Important Reminder for Transportation Claims

Information for providers in the Medicaid and MyCare Ohio networks

In accordance with OAC 5160-15-28 Transportation Services from an eligible provider require a valid point-of-transport modifier representing a combination of the trip origin and destination. Claims without the required modifier will be denied.

Billing Requirements for Claims Involving an Accident

Information for providers in all networks

When submitting a claim to Molina Healthcare of Ohio where the member was involved in an accident, the date of the accident and '439' date time qualifier must be included on the claim. This requirement is based on the 5010 guidelines for reporting accident-related services on professional claims.

For EDI Claims report the information in the following Loop and Segments:

- EDI837P – Loop 2300, Segment DTP, Qualifier 439
- Field DTP0

Information for providers in all networks

The Ohio Department of Medicaid (ODM) has updated the Ohio Administrative Code (OAC) 5160-4-06 with a new rule of the same number, titled "Specific Provisions for Evaluation and Management (E&M) services." OAC 5160-4-06 and 5160-4-06.1 have been rescinded, and all relevant provisions are incorporated into new rule 5160-4-06.

The text of new rule 5160-4-06 is reorganized, streamlined, and clarified. Unnecessary definitions, explanations, and claim-submission instructions are removed. The word "physician" is replaced by other terms such as "practitioner" or "consultant" in recognition of the expanded scope of non-physician medical professionals.

New Diabetes Provider Toolkit

Information for providers in all networks

A new Diabetes Provider Toolkit is available containing a diabetes care overview, HEDIS® tips, provider tools, cultural competency information and patient handouts. It is available at MolinaHealthcare.com/OhioProviders under the "Health Resources" tab.

Submitting Electronic Data Interchange (EDI) Claims

Information for providers in all networks

Molina went **GREEN** as of July 1, 2017 and all claims need to be submitted through an EDI Clearinghouse or via Molina Healthcare's Provider Portal. Please contact our Provider Services team if you have any questions.

ODM Behavioral Health Redesign

Information for providers in the Medicaid and MyCare Ohio networks

Behavioral Health Redesign has been delayed; the new codes and services planned for July 1, 2017 are not yet available. Please visit <http://bh.medicicaid.ohio.gov/manuals> for updates and provider resources.

OP Hospital BH Redesign Codes

As a reminder, the Ohio Out Patient (OP) Billing BH Redesign Codes are effective Aug. 1, 2017 and are subject to the Prior Authorization (PA) Code list at www.MolinaHealthcare.com/

[OhioProviders](#)